Chapter 4
Foregrounding a Functional Body:
The Body in Nattuvaidyam

This chapter attempts to figure out the ideas of body, health and disease in nattuvaidyam. It is also an endeavour to decipher the ideas of standardization and classification in nattuvaidyam which are largely premised on what I would define as the ‘functionality’ of a living body. While attempting to decipher the ideas of body, health and disease, the second part of this chapter deals with the idea of standardization and classification and the life world pertaining to nattuvaidyam. I would also deal with some of the hegemonic positions and perceptions pertaining to nattuvaidyam that are seen as the ‘norm.’ These positions and perceptions that proliferated in the discursive field of nattuvaidyam shared some common ideas. They do not coalesce into a united corpus at all times, but provide certain basic premises to define the body and health.

One of the prominent tendencies noticed while explaining the perceptions that exist within regional or indigenous medical practices is to term them as ‘cultural categories’ and regard that culture as ‘local’, ‘regional’ or ‘contextual’. Through

1 The term ‘functionality’ used here has no connection with the concept ‘functionalism’. The latter is a theory in philosophy about the mental states as identified through the actions and behaviour rather than that of a pre-given one or an internal constitution. Functionalism thus opposes the Cartesian mind-body duality. See http://plato.stanford.edu/entries/functionalism/ accessed on 23.10.15. In sociology, functionalism was a dominant perspective during the 1940s. It sees the society as a system made up of interrelated parts (See Haralambos 1980, 9-12). The idea of ‘functionality’ is the functional nature of a living body in its full potential. In vaidyam, the characteristics and uncertainties of a living body work as a model to design medicines for illness. In order to function, the living body should be conducive to its humoural principle, 96 principles of the body or principles based on pulse, channels etc. and also should be in harmony with the external environment or the humoural nature of the universe. A dead body is not a model to define or design any of the foundational principles of nattuvaidyam including the bodily humours.

2 World Health Organization saw Asian and African indigenous medical practices as “ethno medicine” by giving emphasis to their cultural rootedness as opposed to the universal biomedical science (See Sujatha and Abraham 2009,35-43).
this taxonomy, expressed in the tone of a scientific rationality, an implicit legitimacy is established that presumes to speak authentically, and hence authoritatively, against the ‘cultural categories’. The term ‘cultural categories’ implies that it includes beliefs, rituals and practices of the ‘local’ or ‘regional’ which escape the norms of ‘universal’ scientific validation. At the same time, ‘the local’ is interpreted or deciphered within the conditions and norms set by the global. In other words, the very term ‘cultural categories’ imply a lack of something - scientific rationality - which is crucial for a justifiable share in the knowledge of the world. To be more specific, scientific rationality can be seen as a ‘boundary object’ between local ‘cultural practices’ and universal ‘scientific practices’. But, as Ann Marie Mol succinctly puts it: “The local is not contained in the global. It is somewhere else” (Mol 2002, x).

My intention is not to argue against or furnish evidence for the scientific rationality of regional healing practices. Instead, here I try to lay out the varied ways in which the body is understood in regional medical practices and the association of this knowledge to some of the schools of philosophy such as Samkya, Nyaya and Vaisheshika (Varier 1980, 65). The idea in this endeavour is to gesture towards ‘what alters when rationalization strategies are actively put into practices’ (Mol 2002, 160).

The idea of the body

---

3 ‘Boundary object’ is a concept coined by Susan Leigh Star and James R Griesemer. According to them everyone inhabits different social worlds where each has its own codes, habits, norms and ways of making sense. At the same time they all share something common called the ‘boundary object/s’. It inhabits several intersecting social worlds by satisfying their informational requirements. But the specific meaning of this ‘boundary object’ is different for each social world. As long as the differences are not emphasised, the ‘boundary object’ seems to be one. This also means that the ‘boundary object’ remains fuzzy in absorbing the possible tensions. It also facilitates collaboration across boundaries by blurring the boundaries of different social worlds. Boundary objects are adaptable to contradicting viewpoints (Star and Griesemer 1989, 387-420).
The English word ‘body’ evokes certain meanings, deeply connected with the rationalization of the mind and its prime role in directing the actions of a subject from involuntary bodily actions to thoughtful voluntary ones (Blackman 2008, 1-9). The other concepts include somatic, corporeal and physical. Though they are used interchangeably, they have specific meanings when applied in different paradigms (Blackman 2008, 1-9). What I attempt to explain below is that in nattuvaidyam also, the body is expressed through various concepts and their meaning can change from context to context. The body in nattuvaidyam is to be located within its socio-cultural context as that which needs individual care and cure. The body, the disease that befalls it, and its treatment are interrelated with the outer environment and its changing nature. The body is not an isolated entity to be studied and treated on its own conditions. The conditions of a body are determined by the outer conditions of the environment. In other words, as Foucault presented it in a very different context, “… qualitative variations (owing to temperaments) of the essential qualities that characterize illness” (Foucault 1994, 14) and the restoration of these qualities characterizes health. The idea of classification of diseases, poison, creatures that cause poison, etc. is very much related to the symptoms and related diseases articulated on a living body. The idea of standardization in nattuvaidyam is also interrelated with the essential qualities that characterize the body of each individual.

Sometimes the body is connected with the principles of humour. At other times, it is connected to what the practitioners of kalari describe as the 96 principles of kalari.

---

4 The term, ‘corporeal’ was largely used in the discourse of phenomenology, which implies a lived body and the term ‘somatic’ is used mostly in biology and psychology to indicate the cell body or body of an individual as contrasted with the psyche. Leder argues that Cartesianism tend to entrap the human body in the image of korper, considering it as a mere physical thing (Leder 1990, 5). Merleau-Ponty introduced the notion of ‘lived body’ as that which perceives and interacts with objects and feelings (Spiegelberg 1994, 537-583).
the body. Sometimes the body is listened to through the pulse, at other times it is
perceived through marmas. So, there is not only the humoural principle that
defines the body in nattuvaidyam. But by the twentieth century, all forms of
nattuvaidyam began to claim that their treatment was based on the humoural
principle of ayurveda.\(^5\)

In nattuvaidyam, the living body is neither natural nor cultural.\(^6\) It is a field in
which culture and nature intertwine in such a way that they cannot be separated.
We experience the world through the conditions of the body. It acts as an abstract
milieu\(^7\) to make the world available to us. The discourse on nattuvaidyam does
not believe in the independent existence of a body. Its nature is dependent upon
its response to a set of situations such as weather, environment (sahacharyangal),
food, mode and routine (charyakramangal) of life (Thirumulpad 2002). When
these conditions are conducive, the response the body gives is health and when
they are unfavourable, it is disease. While there is an idea of the body (sareeram)
in general, there are diverse perspectives about different bodies (sareeras) within
a sareeram. The humoural principle is only one among a number of perspectives
to assess health (sukham) and ill-health (asukham). So to say, the body is not a
‘singular bounded entity or substance’, but is a ‘body multiple’ (Mol 2002). Mol
extrapolates from this saying that our bodies always extend and connect to other
bodies both human and non-human, technologies, techniques and objects. This

---

\(^{5}\) See Zimmermann 1979. His argument is that the first concept of the body that informs kalarippayattu is the humoural one. This idea is further reproduced as an authentic one in the works of Zarrilli. (See Zarrilli 1998, 85).

\(^{6}\) In the nature-culture debate, nature is seen as an object to be controlled and regulated by culture. The latter is integral to scientific rationality and the former is seen as something pure and needs to be modified for better use. Body in this debate is seen as a naturally given one to be controlled or disciplined by the culture of science (Petersen 2007, 13). This nature-culture divide is another dualism integral to the body-mind separation.

\(^{7}\) The body is experienced as a given by the subject. But, this materiality of the body is perceived within the fluidity and dynamic nature of the body which changes from moment to moment with the objects and other subjects with which it comes into contact continuously, and therefore functions as an abstract milieu.
produces different kinds of bodies to enact out what it means to be human (Mol 2002).

Body in Kalari

This section deals with the perception of the body in kalari. It is difficult to separate the perspective of the body in kalari from that of nattuvaidyam. Even while they have different principles on which each is based, they also share many common perceptions.

Kalarippayattu (fencing in kalari) is known as a body art (meyyabhyasam or meythozhil8), and daily practice (nithyabhyasam) is crucial in mastering the art (Zarrilli 2008, 18). Kalarippayattu as a body art or embodied practice is primarily premised on the contours of the practitioner’s body. Systematic repetitive practice is essential in developing the full potential of deha bhavam9 (coming into existence of the body) or the expressions and flexibility of a body that is put into practice. In kalarippayattu, the body practices to attain different expressions or do various movements (twists, turns, jumps, steps, etc.), which can be articulated with or without an intentional will. A willed action has no significance in the vigorous practice in kalari. The practised body is defined in kalari as becoming an eye, i.e. the practitioner should train her body in such a way that the body becomes the eyes (Meyyu kannavuka) (Zarrilli 2008, 19). Eyes are for seeing, a primary act that leads to further steps in cognition and is one of the five sense organs (panchendriyas – eyes, ears, nose, tongue and skin). Eyes

8 Gundert translates meythozhil as gymnastic exercise. See http://dsalsrv02.uchicago.edu/cgi-bin/philologic/getobject.pl?p.0:855.gundert accessed on 6.12.13. In the nineteenth century, thozhil is understood as labour.

help in understanding things or correlating meanings to the objects seen. Seeing is the first step that leads to perception, in giving meaning to the things seen, by correlating with our acquired knowledge about those things. When this is the basic condition of perception, there is no norm for individual experience of perception (Ramaswamy, 1985, 13-19). Similarly, there is a norm about how to make particular body postures in defending an attack at each stage of kalarippayattu. Within this structure of rule, an individual has an option to devise one’s own timing, speed and perfection. One has the ability to develop one’s own bodily sharpness, accuracy and timing in defence postures.

This works similarly in the medical treatment aspect of kalari such as vital spot massaging and bone-setting. The individual experience of defending, within the broad general principle meant for body postures and movements can be seen as a possibility to improvise within a set of rules. Because in a later stage of independent practice or in life situations, this knowledge, invested in the body of a practitioner through vigorous everyday training, acts as a hands-on tool in dealing with many situations. The reiterative actions are interpreted within modern rationality as a non-creative learning process in which an innovative, thoughtful intervention of the practitioner has no role at all. Such interpretations foreground a mind over a body where an innovative thought or a willed action helps the practitioner to bring out her full ‘potential’. Prasad describes that the reiterative learning in education to preserve knowledge in memory is through

---

10 Perception is a sensitive image of the external structural characteristics of objects and processes of the material world directly affecting the sense organs. (Frolov 1967, 314). Matilal defines perception as mediated experience (See Ganeri 2002, 5).

11 In a similar vein, the way of repeating and memorising the verse forms in the traditional Indian class rooms were labelled as rote learning in which a student has less scope for creativity and understanding. (Kumar 2004, 60).

12 ‘Potential’ here means an inherent nature that is destined for some kind of development on which we may rely (See Jullien 2004, vii-x).
sounds and listening. In the case of kalarippayattu, instead of the sounds the learning is through adavukal and thozhilukal (Prasad 2010,16).

The last stage in kalari is uzhichil which requires utmost care and knowledge about the vital spots in the body. In other words, once the training in kalarippayattu becomes ingrained in the body of a student, she is allowed to enter into the area of treatment of the bodies of other people. Initially, a student is trained to use her own body in defending an attack on it. The next stage is using weapons, in defending one’s own body. In the third stage, the body itself acts like a weapon in defending attacks and injuring the opponent. By this time, a student learns the important marma (vital spots) points in a living body. And the final stage is providing treatment for another body with sensitivity and care. Uzhichil nurtures the seven tissues,\(^{13}\) soften the skin, increases blood circulation and energizes the body (Gurukkal 1996, 127-128). It also ensures health and long life. It has to be done with the utmost care and a body is to be read by the practitioner through touch. The term used in kalari to indicate the efficiency and fluency of a practitioner is “payatti theliyuka “(getting clarity/sharpness through consistent practice). It needs not just sharp observation, but also subtle observation, speed in movements, force in accurate proportion and touch/massage in the appropriate vital spots with proper pressure. As a proverb hints, “Power of medicine increases through grinding and the power of magic increases through repetition”.\(^{14}\)

The present kalari also claims the humour-based ayurvedic knowledge about the body (Gurukkal 2011, 17). But, many practitioners assert that kalari is practiced

\(^{13}\) Rasa (chyle), raktha (blood), mamsa (muscle), medhas (fat), asthi (bone), majja (marrow) and shukra/shukla (reproductive elements) are considered as the seven dhatu or tissues. They work in tandem with tridoshas to maintain the metabolism of the body (Murti 1948, 111-115).

\(^{14}\) Ara kondu marunnum ura kondu manthram sakthi koodikondirikkum. Interview with Dr.Prasad on 31.01.2013, Sunetri Ayurveda Hospital and Research Centre, Ponnakkara, Thrissur District.
on the basis of 96 principles of the body.\textsuperscript{15} These principles describe the idea of body, vital spots (marmas) in the body, and the knowledge about breathing (sara sastram). Some of the practitioners in kalari see the vital points in the body as fixed (Gangadharan 2010).\textsuperscript{16} But, for some others, the marmas are not fixed points on the body. They move from one location to another and is integral to the movement of vitality.\textsuperscript{17}

**Body in language**

*Sareeram* (in Sanskrit sareera) is the common Malayalam word used to invoke the idea of the body. The word *sareeram* indicates the decomposing nature (apachaya) of the body (Thirumulpad 2007, 48).\textsuperscript{18} In the three bodily humours, *pitha* (fire) helps the decomposition of the body as well as the rebuilding of the body (Thirumulpad 2002). There are four layers in a *sareeram*: *sthoola sareera*, *sookshma sareera*, *karana sareera* and *samanya sareera*.*\textsuperscript{19}

Unlike *sareera*, the word *meyyu* in kalari, asserts the physicality of the body in Malayalam. Herman Gundert’s 1872 translation of the word *meyyu*, interestingly brings in a clear mind-body divide when the word is translated as ‘surface’, ‘what covers the mind’, thus making this word translate into the universe of modern rationality also.\textsuperscript{20}

Another term, though not as common as *meyyu* used in kalari to denote the body is *deham*. In *deham*, there is an interconnectedness with *dehi* (that which gives

\textsuperscript{15} Interview with Kishor Gurukkal, Kollam, on 24.01.2013; Prakasan Gurukkal, Kollam on 27.01.2013; Madhu Pudupanam on 27.2011.10; Karunan Gurukkal on 30.05.2010.

\textsuperscript{16} Prakasan Gurukkal sees *marma* as fixed points in the body.

\textsuperscript{17} Kishore Gurukkal sees *marma* as moving from one part of the body to another part.

\textsuperscript{18} “*Ksheeyathe ithi kshethram*” – that which decay is body, *kshethram* is *sareeram* and temple.

\textsuperscript{19} *Sthoola sareera* is the tangible gross body, *sookshma sareera* is the intangible subtle body, *karana sareera* is the body that is essential in creating an individual or the causal body, and *samanya sareera* include the *sookshma* and *karana sareeras* (Ramawamy 1985).

vitality to the body, this can be consciousness or ‘soul’/athman). Without dehi, deham becomes a corpse. Deham indicates the nourishing and the renovating nature (upajayam) of the body. Amongst the three humours, kapha (water) helps in nourishing the body (Thirumulpad 2007, 48). The various words for the body and the various principles of humour seem interconnected.

A third usage (also not frequently invoked to denote a body in Kalari) is udal, another Malayalam (and Tamil) term, which means trunk as well as the fleshy body or meyyu. Kayam, yet another term for body, which is rarely used in kalari, indicates the digestive (pachanam) nature of the body, and the humour vata (wind) represents this nature (Thirumulpad 2002). The nourishing (kapha) and decaying (pitha) processes are induced by vata by coordinating the functions of kapha and pitha (Thirumulpad 2002). In vaidyam, (in this context, kalari, yoga, siddha and ayurveda) there is another idea of the body in which it is seen as layered into multiple sheaths as follows: Anamayakosa is the outer most sheath of the body that works through indriyas or sense organs and is constituted by food. Pranamayakosa is the energy sources of the body and is made of breath or pranavayu (prana or jeevan is vitality/life and vayu is air/wind). Manomayakosa represents the consciousness or mind. Vijnanamayakosa represents the intellect and Anandamayakosa is the subtlest level of the body that enfolds the innermost bliss (Ramaswamy 1985, Vijayaraghavan 2009). However, bliss is not pleasure; it is a stage where one feels a union with the innermost and outermost world, a state of transcendence from pleasure and pain (Vijayaraghavan 2009, 61). In both the perceptions, the tangible body is a gross matter and the intangible body or mind is a subtle body or subtle form of materiality (Holdrege 1998, 341-386). The idea of subtle body or the subtle materiality is strongly followed in tantric tradition
(one of these includes Siddha medical practice) and in Kalari. In this perspective, the subtle body is constituted by a complex system of *nadis* (channels or nerve fibres), *marmas* (vital spots), *chakras* (energy centres) and the ultimate *kundalini* power (Zarrilli 1998, 123-153). The intention of this extrapolation of different descriptions of the body in *Kalari* or rather *vaidyam* is to inform that the umbrella concept used in English – Body – is not layered enough to capture all the above mentioned subtle differences in meanings. These differences are not merely articulated at the surface level of the language, they have deeper shades of meaning when used in different contexts in practices such as *vaidyam* and *kalarippayattu*. They are also inter-related with the humoural principle, the 96 principles of body, the pulse or the idea of body as channels and chakras as the case may be. Each and every healing practice subscribed to one or more ideas of these bodies.

**Action-Thought divide**

Thought cannot exist without an action, i.e., thought itself is an act\(^21\), but projected in western rationality with an element of superiority and is positioned prior to the action.\(^22\) Action is ‘a thing done’, or ‘the process of doing something to achieve an aim’\(^23\) and thought is ‘an idea or opinion produced by thinking’ or ‘the process of thinking’.\(^24\) Mind is known as ‘an element of a person that enables

\(^{21}\) Act is interpreted as a process of doing or moving as well as anything done or being done. (See Webster’s New World College Dictionary 2004, 13). It is also ‘to produce an effect’, ‘to play the part of’ and ‘a law’ (See Oxford Dictionary http://www.oxforddictionaries.com/definition/english/act accessed on 16.02.16.

\(^{22}\) In Cartesian dualism, mind has the superiority in creating the self by giving a form through thinking (Alanen 2003).

\(^{23}\) See Webster’s New World College Dictionary 2004,14 and http://www.oxforddictionaries.com/definition/english/action accessed on 16.02.16.

\(^{24}\) See Webster’s New World College Dictionary 2004, 1491 and http://www.oxforddictionaries.com/definition/english/thought accessed on16.02.16.
them to be aware of the world and their experience’. All these meanings gathered from various sources seem to have some *a priori* relation to the Cartesian dualism. Unlike this, the idea of the mind in *kalari* is not a unitary one: there are different types and levels of mind. The body also enables one to make the world accessible. Let me summarise the intermingled concepts implicit in the idea of a unitary mind/thought without arguing against the hegemonic theories. The objective here is to keep track of what is it that alters when concepts travel from one space to another and what are the concepts and ideas implicit in certain dominant theories.

A number of concepts or ideas are interconnected to the idea of thought vis-à-vis the mind. These concepts are unified in such a way that they are all erased or invisibilized in the process of projecting the superiority of thought over other bodily actions. Thoughtful action presupposes planning or intentionality, however minimal it is, in the process of acting out an action (Vincent 2001). Actions are planned for specific purposes irrespective of the transient or long term nature of that purpose. Planning further presumes mature action aimed towards a future. Planning is for a future moment. The inherent association of a number of concepts with the notion of thought erases the ordering principles of these concepts and projects a thoughtful mind as an intellectual authority to that determines all of them. Thought is seen as essential in a planned and mature action, meant for a prosperous or a useful future moment (Alanen 2003). Usefulness is assessed in terms of values such as utility, progress and profit. Here the values are prized for their quantifiable nature rather than their quality, which

---


26 The most commonly used terms for the mind are *vijñāna* (consciousness), *citta* (mental event) and *manas* (the sensing mind). (See Dreyfus and Thompson 2007, 89-114).
is measurable and also can be felt or experienced (Alanen 2003, 1-30). Visible outcomes are perceived as a measurable product rather than an invisible and sometimes inaccessible quality produced through the reciprocal relations of a number of actors. Thoughtful action is also necessary for avoiding mistakes. Thus, maturity, planning, future, progress, profit and utility are interrelated and yet erased in a thoughtful action. Along with these concepts, an aspiration to attain perfection through the avoidance of mistake is also inherent in thoughtful action. In contrast, spontaneous action is seen as devoid of all these elements. It is seen as a bodily action or alochikkatheyulla pravruthi (action without thought). Sometimes, it is also seen as an action with a fleeting thought. Action without thought or with a fleeting thought is thus inferior to thoughtful actions (even if it produces better results). Fleeting thoughts are not accounted as valuable thoughts meant for productive actions. The role of time in a thought is invisibilized while delegitimizing fleeting thoughts as immature thoughts or less productive thoughts. Investing more time for assessing various aspects and consequences of an action increases the value of a thought and the quality of the act. More time does not mean as much time as one requires. If you have sufficient time to think and plan, your action will be more productive or profitable for that moment and for the future. This sufficient time is a fixed time or rather a controlled time. In fleeting thought, one does not have sufficient control over time. Through controlling time, one can eradicate mistakes and aspire for a moment of perfect actions. In short, controlling diverse elements within a situation, including time and space that one occupies, is essential for a perfect action and the idea of mind and thought initiates this controlling process through mediated actions. The mind

---

27 When we assess an action from the point of view of intention and a pregiven meaning, we make a distinction between its success and failure (Alanen 2003).
acquires a higher position in the field of action, even when thought itself is an act that leads to further actions. An active element amongst a number of equally contributing elements is considered at a higher order because of its projected thinking capacity, which has farfetched repercussions in creating legitimization of the supremacy of intellect over bodily actions.

**Spontaneous Vs thoughtful action**

In *kalarippayattu*, *meyyu* or the body achieves the capacity to defend itself at the moment of attack, by making counterattacks. The body develops a cognitive capacity in the training process. It can act immediately to protect itself without the intervention of thought. In other words, a fleeting thought may or may not support the body at the time of an emergency. The body would not get much time to rethink and make an appropriate choice (choice is a movement in *kalarippayattu* that needs to evolve within seconds or fractions of a second).

Zarrilli pointed out his experience of training in *kalari* thus: “Reflection and questions have no place in the training space, though for me as a reflexive Westerner this was a lesson long in the learning.” (Zarrilli 2008, 20). Body has to act quickly and without any interruption. Therefore, reflex actions are more effective and important than reflective actions. It cannot postpone an action for further application with an appropriate or advanced posture or movement. The action may or may not help in designing a better posture at a later stage of defence or attack. At the moment of attack, the body has to act spontaneously and vigorously to defend itself by utilizing the acquired techniques learned through systematic and repetitive training. While doing this, the body should be careful in utilizing minimum energy, time and space through an economy of movements. *In other words, systematic and repetitive training helps a body in maintaining the
economy of movements, through the utilization of minimum energy, space and time. A maxim in kalari asks one to act/play by knowing body and mind (udalum manavumarinju kalikkuka).28 One should simultaneously focus on one’s body and mind, or focus one’s mind on the fast movements of the body. The body has an agency here, which is interdependent on the mind: without one the other cannot perform within its full potential. If the mind wanders away in thoughts rather than focusing on bodily movements, one cannot perform well with the body. Thoughts need to be frozen for concentrating the mind on bodily movements. Practitioners name this situation as a moment in which a practitioner herself becomes the art form.29 There is no division between a practice and a practitioner, an inner and an outer world, an object and a subject, an embodied practice and a disembodied thought. In other words, the practitioner attains a state of fusion with the practice and acts out wholly in the present moment through reflex actions. What is being talked about is embodied knowledge and not a disembodied, objective knowledge.

Though there is a primacy given to spontaneous actions in kalarippayattu, it is a trained spontaneity. In the course of the training, knowledge of how to move, defend or attack with the body is ingrained in the body of a practitioner. This is similar to the process of learning to cycle or performing cheppadividya.30 One can think about the theory of cycling, but cannot acquire the skill through theory alone. One has to get on a cycle, attempt to pedal it, lose balance, fall, get up, move zigzag, struggle to retain the balance and slowly grasp the technique. One

28 Interview with Madhu Pudupanam, on 27.11.2010.
30 A skill-based magic-like entertainment where the balls placed in the bowls disappear and reappear from unexpected places. The practice is almost extinct today.
also has to focus attention on the way/road in front of the cycle, at the same time pedal properly, and have an abstract idea about the space between other vehicles on the road in order to avoid a collision. Once control over the cycle is acquired, the person who learns it forgets the different levels of hardships in learning to ride. One forgets it so thoroughly as to be not conscious of the act of riding. In *cheppadividya*, the learner has to train herself a thousand times to move an object (say, a ball or a bowl) from one hand to the other. The repetitive and systematic training ensures the accurate coordination of the eyes and the hands in moving objects fast. Because of the speed, the viewer cannot see the movement of the object from one position to another. This helps the practitioner in hiding the objects in certain parts of his/her body while moving them from one position to another. So, the practitioner does not need any other objects, such as a black cloth or boxes as in stage magic, to hide the objects. Because of this, *cheppadividya* is also known as *kankettu* (literally, tying the eyes of the viewer). Similarly, systematic and repetitive training in *kalari* enables a practitioner to use every inch of her body in defending an attack despite its expected or unexpected outcome.\textsuperscript{31}

Physical experience of wisdom is also crucial to understand the surroundings, which may be inexplicable in the form of spoken language.\textsuperscript{32} One proverb, ‘*nithyabhyasi aanaye edukkum*’ (a daily practitioner can lift an elephant) points to the potential of the regular and systematic practice/training and the way it is ingrained as a highly developed skill or sometimes even as magic.

\textsuperscript{31} Thankappan Asan is an *adi-thadai* practitioner from Kanyakumari district. In the far south Keralam and in Tamil Nadu, practices similar to *kalarippayattu* are known as *adi-thadai* or *marmavarma-ati*. Influential people engage the services of the Asan to fight their rivals. Asan lost two fingers of his left hand when he had to defend an unexpected attack from behind by unknown assailants at night. Interview with Asan on 08.05.2011.

\textsuperscript{32} Interview with Jayachandran Palazhi, a choreographer who trained in *kalari*, Bangalore on 21.11.2011.
Spontaneous actions are at the core of *kalarippayattu* practice. Spontaneous is defined as “happening or arising without apparent external cause” or “said or done without having been planned or written in advance”.\(^{33}\) Spontaneity is translated as “the quality of being spontaneous and coming from natural feelings without constraint”.\(^{34}\) But spontaneity can also be acquired through systematic training. An action without planning and yet an appropriate action can be produced through systematic training. This means that spontaneity can be a created one rather than a natural one. Natural is not opposed to unnatural here. Rather, natural actions can be evoked through a systematic training process. Spontaneity can also be created and, in this sense, it subverts its dictionary meaning: “an action without a plan or thought”. Planning happens at the moment of the practice without invoking a free will. Instead, the knowledge embedded in the body through systematic and reiterative practice works as a readily available hands-on mechanism to regulate and defend the body from moment to moment. In fact, this might be true for any embodied practice.

In *vaidyam* it is believed that an application that is done by freezing thought is more effective than a thoughtful action.\(^{35}\) A practitioner is required to remember

---

\(^{33}\) See Webster’s New World College Dictionary 2004, 1385. In Malayalam spontaneous can be translated as *naisargigam*.


Kant describes the spontaneity of the mind as two distinct kinds, one is judgment and the other is sensible synthesis. Judgment is a combination of concepts and sensible synthesis is a combination of intuition. The intuitive understanding or the infinite mind creates the objects of its thought, whereas the object of finite thought or judgment has independent existence. Infinite mind presupposes its objects whereas finite mind is intellectual and rational. (Thomas 2006, 189-220). In this thesis I work with the concept of spontaneity of the body by suspending the mind-body duality.

\(^{35}\) Nirmalandagiri Swamikal, an ayurveda practitioner interviewed on 22.05.2012. Avanaparambu Maheswaran Nampoothiri, a *vishavaidya* interviewed on 16.01.2012. ‘yogam thonnuka’ (getting the medicinal compound intuitively) is a term used by many *vaidyas* to prescribe medicine immediately for the treatment. This ‘thonnuka’ which can also be translated as ‘recalling’ is quite different from a ‘wilful thinking’. ‘Thonnuka’ has to happen involuntarily considering the internal and external environment of the practitioner and the patient. It also considers the availability of the medicines at hand in that particular time and space.
the medicinal compounds needed the moment she detects the nature of a disease or its symptoms. It is better not to spend too much time weighing what kind of medicine would be needed for the patient once a practitioner assesses the symptoms of the disease. Intuitive ideas or revelatory ideas are considered superior to a willed action or a ‘thoughtful thought’. *Nattuvaidyas* also insist that the practitioner has to develop a capacity to assess the illness partially by observing a patient’s body movement while walking, standing, sitting, etc. before beginning to assess it through touching, pulse reading and asking questions. Spending less time in not only assessing symptoms or diseases, but also prescribing medicine is seen as a virtue in giving appropriate treatment. Of course, this does not undervalue the importance of listening to the patient’s history of her illness. Thus, spontaneity of action in practice is considered better compared to wilful action. All instant or intuitive actions of the body are categorized under spontaneous actions where spontaneity is perceived as action which does not need much thoughtful intervention. Spontaneity is often defined in Western rationality, as being against a deliberate and willed action. An action that is “not subject to the control of the will” (involuntary) is mechanical as opposed to non-mechanical activity done with the intervention of mind. Here, bodily actions are equated with mechanical actions or involuntary actions. It is seen as indiscipline or casualness of the mind, as against the rationality and the gravity of a free-willed individual’s wilful action. Spontaneity is associated with the emotional and the uncontrollable realm of the body. The closer the responses are to the body or bodily actions, the lesser the ability to engage with rational knowledge (of the mind). In general, there is a projected division between thought

\[36\] Ibid.
and action, with the further division in action; as spontaneous action and thoughtful action. The separation of a thought from action and projecting thought as a mediator and controller of that action dissociates the inter-connectedness of both as well as the interchanging role of the mind and the body. Making one element superior to the other erases the interdependence and the symbiotic contributions of the erased one and the reciprocity of both.

In *kalari*, training the body acquires a prime role in determining the possibility of systematicity, spontaneity and repetitiveness of the practice. Because of this, *kalari* is viewed as an embodied practice (Zarrilli 2008), though *kalari* practitioners do not see their practice as something that is clearly demarcated as a body-oriented practice. In the contemporary era, the practitioners have begun to evoke the idea of a mind in perfecting *kalari*, the embodied practice.

**Methods of practising *kalari***

A description of the different stages of training in *kalari* follows to demonstrate the gradual manner in which the knowledge is ingrained into the body of the practitioner.

A number of elements are involved in the training process of *kalarippayattu*. Systematicity, repetition, everyday practice, dietary regimen and a code of conduct for life are significant in the training. These elements are equally important in learning all kinds of *vaidyam*, and together create the ethical background to the practice. The training process progresses through different stages.

---

37 Prakasa Gurukkal said that there is nothing pre-planned in *kalari* training except a broad curriculum to follow. Interview dated 27.01.2013.

38 Interviews with Karunu Gurukkal, Vattoli on 28.02.2012; Sathynarayanan on 25.01.2013, C.V.N.Kalari, Trivandrum; Prasad Gurukkal, Valapatanam on 25.11.2010. They stated that training the body through *kalari* enhances the concentration and intellect of the mind. The practitioner will be calm in all kinds of adverse situations.
stages. The advanced form of kalari includes the healing techniques of marma chikitsa and bone settings as mentioned before. These techniques are only taught at the end of the training, based on the assessment of the efficacy of a practitioner. This efficacy is not merely measured as per the efficiency in practising, but also measured in terms of the practitioner’s efficiency in following all the codes and conducts of a kalari practice. This stage of learning vaidyam in kalari is described as a stage of bodham (conscience/cognition), where the trainee commences to know the meaning of what he/she learned in the previous stages (Prasad 2010, 16).

Till the early nineteenth century, training in kalari practice began with a stage called acharakkai in which reverence for the teacher and the gods were expressed through bodily movements. The training in kalari progresses through four main stages and each stage is further divided into many other stages. The four main stages include meythozhil or meythari (hands, legs and body postures), kolthari (defending with sticks), angathari (defending with weapons) and verum kaimura (bare body defence) (Gurukkal 1999, Vijayakumar 2000).

Systematicity

The knowledge in kalari – of both defending an attack and healing a muscle injury or bone fracture – is ingrained in the body of a kalari practitioner through systematic and repetitive practice. Systematic training encodes different movements of kalarippayattu in the body of a practitioner. Systematicity suggests regularity, yet it is not a routinized regularity. A trainee has to pay homage to her guru through particular body postures maintaining proper timings. These postures

39 Now each kalari centre has their own curriculum for teaching students. Very few of them begin their training with acharakkai, and most of the kalari centres do not follow the above said stages and patterns strictly.
can also be utilized as defensive or protective movements to safeguard oneself at the time of an attack. A trainee has the freedom to improvise at a minimal level. The movements are slightly predetermined by emphasizing the fine-tuning of the body. This possibility of minimal level is in relation to time and transformation. Change is perceived not as a gross transformation or a big leap, instead it is made possible in the everyday training process in subtle ways. In other words, if change is seen as an effect, “the effect comes about without making a name for itself” (Jullien 2004, 94). There is no scope for an extraordinary moment here in the perspective of change, because “an effect comes about not when it overflows, but when it begins to happen” (Jullien 2004, 94). Since it is ‘a coming about’, there is no space for projecting the effect as a separate or special moment. This effect or change is neither an end product, nor a departure from a previous moment. “Progress lies not in moving toward a visible ideal, but merely in remaining open to change” (Jullien 2007, 29). The progress is not a vantage point at all; rather a reinstating of an equilibrium that had already been there within the things in their reciprocal relation. So, there is no departure from a past moment. The outcome is not ashamed of its past and does not want to erase the past. It is also not a gross transformation, even if it is so there is no point in projecting it as a separate and extraordinary moment. In other words, this coming about does not create anything new. It is not a move forwarded to an advanced form; rather it is a perfection or equilibrium within a set of trained patterns. The idea of change and transformation in modern thinking perceives change as a visible and measurable outcome. Even the quality of change is assessed in measurable terms as something better than that of a previous stage. This notion of change erases the

---

40 Interview with Jayachandran Palazhi, Bangalore on 21.11.2011.
everydayness of a practice and the subtle changes innate in this systematic everyday training. Systematicity and repetitiveness provide an economy and spontaneity of movements in kalari. In these processes, the body becomes a site of knowledge as well as a medium of that knowledge. Systematic and repetitive training is an important aspect of kalari as it is in vishavaidyam or nattuvaidyam in general. In kalarippayattu this could be systematic training of body movements, and in nattuvaidyam this could be memorizing oral verses or observing and participating in the course of a treatment process. Within such systematic and repetitive practices, a series of actions are modulated within a regulative principle. Later on, this transforms as a readily available, hands-on knowledge that determines the structure and quality of the actions.

In the process of repetition, a practitioner repeats a set of movements in particular ways, according to the verbal commands (vaythari) of a guru. The process of repetition engraves the movements and postures in kalari with their micro-nature in the body of a practitioner. This helps a practitioner to use them spontaneously during defence and attack in which the body as a whole and a particular part/s of the body recalls those movements. At the level of practice, one cannot apply a thought process to recall a particular movement to defend against an opponent. Recalling of the movements occurs within seconds at the level of the body and also without applying a thought about the nature of appropriate movements at each time. This spontaneous action is created through systematic repetition of the practice in a day-to-day basis.

41 Vaythari is the oral commands in kalarippayattu used by the guru or trainer, while training the students. Vaythari do not have any uniform pattern and has regional variations. Zarrilli stated that vaythari had a secret nature and was kept traditionally in palm leaf manuscripts and now available in cheap paperback books (Zarrilli 2008,112). Zarrilli assumes that vaythari is uniform in all kalaris. I found oral commands (vaythari) differing from place to place and having a close relation with the colloquial language of the place. The vaythari used in the kalari of Puduppanam at Vatakara district differs from that of the nearby place, Valapatanam in Kannur district.
Everyday practice denotes two elements: the everydayness of a practice and the practice as an evolving everyday process. Surprises and possibilities are inherent within the repetitive nature of the everyday. So to say, everyday is not a mere repetitive and regularized practice. There are subtle changes, possibilities and astonishment within every day. It can be seen as a potential possibility instead of a regularized package of monotonous repetition. When surprises happen, it is not projected as a big leap/event by detaching it totally from its whole. They evolve through every day and become an event (Jullien 2004). So, in its very basic nature practice questions the extraordinary. Extraordinary is the discernible transformations projected as the outcome of certain things/efforts, etc. even when it is one particular moment in that whole process. By dissociating a particular slot of time from the wholeness, by detaching a particular event from a series of connected events, one creates an extra-ordinary. Special moments and individual identities are created through these processes of separating ideal events/moments/time and so forth from a series of things. Relations with time are totally subverted in the process of projecting extra-ordinary events and slots of time (Jullien 1999). In contrast, everyday practice projects an engagement with the present and the moment to moment subtleties and transformations of life.

In extraordinary or special events, reciprocity is erased in the process of separating or projecting a part from the whole. The nature of the whole is then defined or classified in relation to the separated and projected part or special moments. In other words, reciprocity is erased and replaced with relationality. Here, the whole is understood only in its relation to the part. The separated part-slot of time/event or a particularity is then universalized as the nature of the whole. The norms of this universalized particular determine our understanding of
the whole or the larger part from which the particular is projected. However, the efficacy of an individual in *kalari* or *nattuvaidyam* is not an individualized efficacy;\(^{42}\) it acts as an instrument in bringing out the potential of a particular situation.\(^ {43}\) Efficacy is only one amongst many of the reciprocal elements. Because of this, while a person is scrupulous with the practice through reiteration it is not necessary to apply her creativity to innovate something new. Precisely, excellence gets importance in practice rather than creativity. Imagination is the basic requirement for creativity, and it is indeed a wilful intervention. Thought is the basic premise under which imagination blooms for a thoughtful or planned innovation. In this mode, creativity is produced through imagination and not through reiterative bodily actions. Or even bodily actions are determined through wilful imaginations. Hence, a turn has happened in the understanding of creativity and perfection in the western rationality. When systematic and reiterative practice is seen as equivalent to mechanical and rote learning; creativity is seen as a wilful action. Creativity is also equated with novelty which is implied in the ideas of change and originality. In *kalari* there is no significance attached to new postures or movements beyond the learned postures. In similar vein, in *vaidyam* no importance is attached to the newness of a disease and to the novelty of a treatment (Thirumulpad 2007).

All the postures in *kalari*, the *chuvadukal* (footsteps), *vadivukal* (sturdy body postures), *vanakkangal* (homage expressed through body),\(^ {44}\) *adavukal* (bodily

\(^ {42}\) But the training in *kalari* focused on individual self-defence rather than a group activity like martial art. Within the group practice, each practitioner’s body is an individualized body (Interview with historian M. G. S. Narayanan, Calicut on 05.10.2011).

\(^ {43}\) Interview with Karunan Gurukkal, Vattoli on 30.05.2010.

\(^ {44}\) All the four steps in the first stage of training – *acharakkai*, *chuvadukal*, *vadivukal* and *vanakkangal* - enable a student to use her hands, legs and bodily postures in defending against attacks (Vijayakumar 2000).
postures) and payattukal (bodily strategies or defence)\(^4\) direct a practitioner to pick up the most appropriate bodily strategies to defend an attack. So, there is nothing new or inventive in the kalarippayattu practice or in therapeutic treatment. Similarly, in nattuvaidyam, the diagnosis and further medication are given by considering the imbalance of the bodily humours. The focus is to reinstate the equilibrium of the humours rather than correcting any malfunctions. Reinstating the equilibrium of humours themselves create a conducive environment to rectify the malfunctions. Any new disease or fevers called as dengue, rat fever, etc. is not at all important because of their newness in terms of names or nature. The detection of disease is on the basis of the symptoms and the imbalances of the humours (Thirumulpa 2007, 46-50). Similarly the idea of standardization and classification also is determined on the basis of a functional body. However, within this particular specificity, they enable the possibility of a universalization of these ideas.

The idea of standardization that is possible within an everyday practice has a unique specificity. Yet a potential to transcend the specificity without negating it is inherent in the idea of standardisation in nattuvaidyam.

**Standardisation: transcending specificity**

A major concern and attempt of the ayurveda educational institutions and medicine manufacturing companies is in bringing standardization and uniformity to indigenous medical practices. This endeavour initially started in the early twentieth century in many fields including nattuvaidyam and includes standardizing treatment methods, medicines produced, curriculum to teach

---

\(^4\) In the second stage of training on adavukal and payattukal, students begin to train their whole body for defense without having recourse to any weapons (Vijayakumar 2000).
texts introduced in the teaching etc. The attempts had created internal tensions because, though the common principle was the same, the methods, practices and medicines were partially different in each practice. The endeavour was based on an assumption either that the indigenous practices did not have an idea of standardization or that the idea of standardization prevalent in them was not sufficiently scientific to decipher and monitor them. Star and Griesemer have presented standardisation of methods and ‘boundary objects’ as the two central activities involved in translating different viewpoints (Star and Griesemer 1989, 387-420). Rather than translating different viewpoints, I would see them as imposing one particular viewpoint (of scientific rationality) as the ‘standard’ for the assessment of diverse viewpoints.

Standardization of medicine (or practices and products) is essential in addressing a population across continents irrespective of their culture, class, caste and gender. In that way, standardization democratizes the availability of products and practices to all. At the same time, standardization does not address the diversity and specificity of cultures, spaces and time, and the body constitution of the people. It is a process that brings conformity with a set standard or norm. Standardization makes the practices and its tools and methods compatible to a set norm and locates a common ground for divergent worlds. In other words, standardization also means normativization of a tested medicine or medicinal compound/ practice/tool. The process of normativizing is essential for any state mechanism to extend its control by monitoring particular practices and exclude/delegitimize practices that do not fall within this normativization. In other words, standardization erases the differences across the region and flattens
the diversity with its normativized homogeneous nature. It also ensures an easy quality check of the products.

Standardization in medicine seems to assure quality of tools used in practices as well as the components used for making medicine within set standards. It also envisages itself as transcending climate and region in addressing a faceless mass or population. In other words, standardization could not address the specificity of a culture because the very idea of standardization is to transcend culture, time, space and the body. It is believed that when individual bodies or specificity of bodies are addressed, only limited customization is possible. Thus, standardization is a way of universalizing not only products, but also certain principles and norms around the product. Standardization implies a standard based on the rationality of some rule which is meant for the whole universe, even when it is determined in one corner of the world under specific or controlled conditions. Here, the specificity of a particular standard becomes the naturalness of a whole universe irrespective of the different results produced by its usage in different spaces and at different time. A desire to control a whole range of fields in a particular practice is inherent in the process of standardization. Quality, standard, proportion of ingredients, the process of making (heating, cooling, drying, bottling, etc.), the particular mode of training etc. are inherent in a standardizing process. Thus, standardization is a regulatory mechanism. It denies the secrecy that operates as a regulative mechanism within nattuvaidyam.

Standardization perceives the human body as a neutral and universal matter, to be assessed and handled within its normative frame. In other words, a concept of equality is inherent within the idea of standardization. From the very beginning, the idea of equality evades the desire to be equal, identical and universal. In order
to be equal, one has to measure up to certain unstated or invisible criteria, one needs to be identical with something else and hence to be neutral. In the context of medicine, in standardization, the body of a patient has to transcend its cultural, temporal and spatial contexts and become a homogenous and neutral body out there available to be interpreted with the tools of a neutral standard and method. Standardization itself requires a certain set of standards and conditions to function at its full potential. And standardization is also a legal discourse. It allows the law and the state to enter into the field which does not conform to the process of normativization.

The very idea of modern standardization does not account for the diverse notions of standardization process available in indigenous practices. The contemporary standardization of indigenous medicine does not address an ayurvedic mode of seeing a healthy body in terms of the equilibrium of bodily humours (samyavastha) and illness as an imbalance in this equilibrium. In spite of this, ayurvedic medicines also get standardized as per the necessity of a new world order. A physician who prescribes standardized medicine does not get a chance to assess the illness of a person in terms of the specificity of the body-mind and prescribe medicine accordingly. If he prescribes according to the bodily constitution of a patient, she has to change the proportion of a composition of the medicine (kashayam /asavam/arishtam – different types of concoction/brew) for each person even when a disease is the same for all. If the person’s pitha state is aggravated, the physician has to reduce the proportion of the medicine that aggravates the pitha. When the vata and pitha state together is aggravated, the physician has to increase the proportion of herbs, minerals and metals that reinstate the aggravated humours. The physician also asks the patient to follow a
strict dietary regimen that helps her to regain the equilibrium of bodily humours. The dietary regimen increases efficiency of the prescribed medicines while acting equivalent to a medicine. A physician cannot prescribe the already prepared bottled medicine because this medicine consists of a given proportion of components of herbs/minerals/metals which do not consider the predominant nature of the bodily humours of each person at the time of illness. In ayurvedic medicines, especially those with a compound of herbs/minerals/metals, the proportion of each of the content varies for each patient according to the intensity of illness, and the imbalance in bodily humours. The medicine prescribed also counts the health, age and climate under which a person lives. For instance, when a person lives in humid condition, the physician counts the dampness of the surroundings which aggravates the *kapha* humour within the body and prescribes medicine accordingly. How does one address this complex nature of a living body while prescribing an available brand of bottled medicine, which consists of only one kind of proportion?

As said earlier, the idea of standardization (as well as classification) in *nattuvaidyam* is based on the functional nature of a living body and not based on already set standards. Standardization is possible in terms of products (*ulpannam*) but not possible in terms of practice or application (*prayogam*).\(^\text{46}\) Instructions for making products or compositions of products are described in ayurveda texts. One can make it according to the instructions given in the text or instructions given by a teacher by considering the bodily constitution of a patient. But in *prayogam*, a product is irrelevant. It is *prayogam* that determines the product and one can standardize neither *prayogam* nor the functionality of a product. The

\(^\text{46}\) Dr. Prasad, Thrissur, interviewed on 31.01.2013
person to whom the practice is applied, always changes. So, the whole process in ayurveda leads to a practitioner applying her independent *prayogam* for treatment. This perspective is irrelevant today within the conception of a universal and generalized idea of human being. The notion of standardization in *nattuvaidyam* is not merely culture-specific. Even within the idea of specificity it addresses the possibility of a universal body, but with an entirely different notion of universality and uniformity. In this notion, a body that transcends culture and space still has a potential specificity. The notion of equilibrium of bodily humours is applicable across countries and culture. So, within the specific constitution of a body, there is a universal idea of equilibrium of humours. The standardization of weapons in *kalari* is another good example for demonstrating the peculiarity of standardization that is based on the specificity of the body and yet transcends the specificity of the body and culture.

A high notion of standardization, which is entirely different from the idea of uniformity, was prevalent at the very heart of indigenous practices. The notion of standardization in *kalari* is unique and is kept as a secret for protecting the essence of the practice. In *kalarippayattu* the length and breadth of all weapons used are designed as per the height and weight of each practitioner, though it has not been followed after the modernization of *kalarippayattu* in the twentieth century. This idea of standardization is based on the specificity of an individual body without negating the possibility of its universal application. Body length of any person is 96 fingers when it is measured with one’s own forefinger (Gurukkal 1999). It is equivalent to eight *chaans* when the *chaan* is measured with each practitioner’s thumb and little finger. A *chaan* is the distance between a thumb

\[ \text{Ibid.} \]
and little finger when they are spread apart. A stick, muchan (three chaans) used for defending is designed in such a way that it is three chaans more than the size of a practitioner (Gurukkal 1999). This also implies that a practitioner cannot use any type of muchan for practice; a practitioner cannot use another practitioner’s muchan unless both of them have the same body measurements. Urumi, a folded sword is measured according to the measurement of the waist of a practitioner. A practitioner’s whole waist and a chaan is the measurement of the urumi. It is different for each practitioner. The pantheeran (12 chaans), another stick used in kolthari stage measures the length of a practitioner plus four more chaans (Gurukkal 1999). Usually no books on kalari and few practitioners who practice kalari reveal this unique idea of the measurements of weapons used in kalari.\textsuperscript{48} This is kept as a secret in protecting the internal logic of the practice. Today, the standardization applied in making the sticks, knifes etc. for kalarippayattu has totally neglected this aspect of the specificity of each body in the practice and its synchronization with the equipments used in practice. Now the practitioners in most of the kalaris use standardized weapons and sticks with uniform length and breadth irrespective of the individual bodies that use the tools.

The specific measurement in proportion with the body of each practitioner allows them to manage the weapon with ease. It also helps the practitioner in maintaining an economy of movement. It further facilitates in utilizing minimum energy with maximum potential, while practising with the weapons. A practitioner can use the weapons more effectively when their proportion is in

\textsuperscript{48} Interview with Madhu Puduppanam, a kalari practitioner, on 27.11.2010. Though I have referred to a number of books on kalari and marma, I have seen the details only in one book that was published in 1999, by Chandran Gurukkal. Most of the practitioners whom I had interviewed either did not know about this peculiar standardization or did not want to reveal it to an outsider, or did not even know the importance of it.
harmony with her body. So the body need not strain to adjust to the size and weight of the weapons. This idea of standardization can be applied in any part of the world. It addresses the specificity of each body and posits the possibility of stretching a standard as the universal norm while denying uniformity. In other words, standardization is based on the functionality of a living body. This is equally applicable in the idea of classification in nattuvaidyam. Standardization, as we know it today as a universal and uniform phenomenon, would not consider the specificity of anything such as a body, place/space, climate and time.

However, the attempt to standardize the vaythari in kalarippayattu ends in erasing the unique regional usages available in the colloquial language. Prasad Gurukkal of Valapatanam is in the process of publishing a new text on vaythari and he says that his endeavour is to produce a standardized vaythari in Malayalam by eliminating “shuddhiyillatha (impure, regional, local, colloquial) Malayalam prayogams (usages)”.

Notion of classification

In nattuvaidyam, classification is a second order activity. Classification of any object is done based on its relationship with the functionality of a living body. A dead body is not considered as a model in assessing the functionality of a living body. Nattuvaidyam does not bother about a structure and labelling the structure. Because of this, nattuvaidyam does not have a responsibility to fill a structure with a number of qualifiers in order to substantiate the possibility of that structure. A structure evolves according to the functional need of the living body.

---

49 Interview with Prasad Gurukkal, Valapatanam, dated 25.11.2010.
In vaidyam, the fundamental basis of all actions (karmam) is a living human body. When a matter (dravyam) is termed as hot (ushnam), it is not an indication of the basic nature of that dravyam. When that dravyam is consumed by a person, if it creates heat in the human body, then its nature is ushnam (Thirumulpad 2007, 52). The central point of ushna-sheetham (hot-cool) is the normal temperature of a human body.\textsuperscript{50} When a dravyam is said to be guru (heavy), it does not indicate the weight or heaviness of that dravyam. It indicates the property of the dravyam in making a body fat (Thirumulpad 2007, 52).\textsuperscript{51} Prabhavam\textsuperscript{52} is the unexplained effect of a medicinal compound when it is digested within a body. It is revealed in a human body only while consuming a single medicine or a compound of medicines. A dravyam as such do not consist of prabhavam.\textsuperscript{53} Poison or medicine or food affects a living body in such a way that their nature changes as per the humourous constitution of the body and the digestive process. It works differently in each living body based on the dominant nature of vata, pitta or kapha prakriti. Though equilibrium of bodily humours is the necessary condition of health, in every person one or two of the humours become predominant. For instance a person with vata prakriti or vata/air as the dominant humour cannot withstand cold weather and is prone to diseases such as rheumatism and pain (Thirumulpad 2007). A person with pitha/fire prakriti will be short tempered, and her body will be hot in nature. A person with kapha/water prakriti is prone to infections easily (Thirumulpad 2007).

\textsuperscript{50} Dr. Prasad, Thrissur, interviewed on 31.01.2013.
\textsuperscript{51} Ibid
\textsuperscript{52} Prabhavam is ‘specific action’ of a composition of medicines. Two drugs show agreement in their rasa (taste), veerya (potency) and vipaka (action of a drug after it has undergone digestive or assimilative transformation). But their combination shows a difference in their therapeutic action. (Murti 1948, 147).
\textsuperscript{53} Ibid.
Like the nature of the body, the genus of the snake, scorpion, rat, poisonous plant, etc. is also determined through the symptoms articulated within the body of a bitten/affected person. Snakes are not already classified and named in order to initiate a treatment for their poison. The work of classification is only a second order activity here too, and is less important to the signs emulated on the surface of a functional body. There is no attempt to delineate meanings from a fixed frame of classification and naming. For instance, snakes are classified as four types based on the symptoms that manifest on the body of a snake-bitten person. They are cobras (moorkhan), vipers (mandali), rajilam and vendiran. The bite of cobra affects the nervous system and aggravates vata humour. The bite of vipers aggravates pitha and affect kidney, and the bite of rajilam aggravates kapha nature of the body. But the bite of vendiran aggravates a composition of these humours. As per the symptom manifesting on the body of the bitten person, the bite of vendiran shows the characteristics of a hybrid poison (Menon n/d, Thampuran 1956). The hybrid nature of a snake or vendiran is a disputed category in modern medicine. They do not believe in the existence of such a hybrid category of snakes (Adiyodi 1965, Komath 2011). But in vishavaidyam, the category of snake is not important. Rather the symptoms produced in the body of a snake-bitten person shows the characteristics of a hybrid poison which leads to the naming of the snake. The symptom articulated within the living body is more important than the name or the classification of the snake (Thampuran 1956, Menon n/d).

A major vantage point in the discussion which is relevant in this context is a debate initiated in the 1970s between an allopathic doctor, Adiyodi, who happened to be the finance minister of the then Congress ministry of Keralam and
a well-known *vishavaidyā* practitioner, Kuttikrishna Menon, about toxicology, body and the variety of snakes in the area.

Adiyodi says it is impossible to see a hybrid snake as cobras never mate with vipers and the latter never mate with the third category *rajilams* (Adiyodi 1965). But in *vishavaidyam*, the category of snake is not important and there are hundred varieties of snakes. The symptoms produced in the body of a snake-bitten person shows the characteristics of a hybrid poison which leads to the classification of the snake under *vendiran*. This does not necessarily hint at a hybrid snake as such. All the four main groups of snakes are sub-divided into many categories. Cobras are further divided into 26 types, vipers are subdivided into sixteen types such as *swethan* (white coloured), *kudilan* (wicked), *peethanethran* (yellow eyed) etc. and *vendirans* are divided into 21 types (Menon n/d). In the case of *peethanethran*, the emphasis is not on a snake with yellow eye. When the eyes of the person who is bitten by a snake become yellow, the snake is named *peethanethran* by considering all the other fundamental symptoms meant for viper poison (Menon n/d). The quantity of poison which has entered the body, the body nature of the bitten person (*dashtan*), the place and time of bite (*desakalangal*), the internal body parts affected by the poison, etc., can be evaluated through a series of symptoms (*lakshana samanwayam* or ‘symptom complex’ as Menon termed it) articulated within the body (Menon n/d, 899-900) including the coloration on the skin. Adiyodi ridiculed the naming of snakes as well as the symptom of their poisons as an imagination of *vishavaidyā* by stating

---

54 Adiyodi uses the term ‘rajilam’, a term used by the *vishavaidyas*, to describe the third category of snakes as per modern medicine.

55 Also see Dhanwantari 1903, August, 1:1; 1903, April, 1:9; 1904, August, 2:1; 1904, April, 2:9, Moossad, *Vishavaidyam* series. In modern medicine such detailed sub-division of snakes is not available. Interview with Govindan, Thalasserry on 17.01.2013 and Mannadan, Nilambur on 30.05.2012.
that ‘system complex’ is a ‘walking stick’ to justify the blunders in naming the snakes and symptoms produced by the poison (Adiyodi 1963). But he as a biomedical practitioner acknowledges that the bite of cobra affects the nervous system, the bite of viper affects the function of the kidney and the bite of rajilam affects the lungs and heart. According to vishavaidyam, the bites of cobra activate vata (wind) and hence affects nervous system, the bite of viper activates pitha (bile/fire) and finally affects the kidney function, and the bites of rajilam activate kapha (sleshma/phlegm/water) and affect the lungs and heart. Whereas, the bites of vendiran activates a combination of the three humours and make the treatment more difficult (Menon n/d, Moossad 1903). The symptoms are more important in starting a proper treatment rather than the name or the classification of the snake (Thampuran 1956).

There are further symptoms to identify the bites of cobra, viper, rajilam and vendiran. The wound would be black and dry if the bite is that of a cobra. For viper, the wound would be hot and yellow in colour and would have edema, and the person would be restless as pitha is activated. For rajilam, the wound would be yellow in colour with edema and coldness, and blood would be oozing out. And for vendiran, all these symptoms together or in combination would be shown (Thampuran 1956, Menon n/d, Vettath 2008). Then there is another observation made about the tooth mark of the snake, if the patient is taken to the vaidyan immediately after being bitten by the snake. All four types of snakes have different types of marks. Also the effect of poison will be more for the cobra

56 Vendiran is someone difficult to handle, tactful, difficult to understand etc.
57 Dhanwantari 1903, August, 1:1, Moossad, Vishavaidyam.
58 Dhanwantari 1903, November, 1:4, Moossad, Vishavaidyam
59 Ibid
during rainy season, for the viper during summer, for the rajilam during winter.\textsuperscript{60}

This is also in correlation with the humour theory as the corresponding humour is aggravated with the seasonal changes (Vettath 2008). The movement of visham (poison) in each part of the body shows different types of symptoms. Thus, a large number of things are observed and considered by the vaidyas in determining the nature of poison and the treatment. So, the classification of snakes is based on ‘symptom complex’ and only is a second order thing in determining the nature of poison in nattuvaidyam. It is also through experience that the practitioners identify the genus of the biting snake or other creatures from the symptoms manifested in the body as well as from the nature of the bite. The emphasis given on experience and subtle observation of a vishavaidya is in contrast to the modern standardized medical procedures and classifications. Nevertheless, a sort of standardization is inherent in the former practice too. It is not predicated on an objective disembodied knowledge that is out there to be acquired through training, rather it is an embodied and subjective way of knowing. This points to a different relationship between the vaidya and the patient and the way indigenous practitioners look at the human body.

Coming to the present scenario, vishavaidyas having to deal with an actual snake bite is very rare. But, they do have to deal with plenty of situations involving other kinds of poisons affected through food, pesticides, plants, honey-bee etc. The common belief is that a vishavaidya is the one who has specialized in the treatment of snake poison. Today vishavaidyas have treatment for various kinds of poisons caused by fertilizers and pesticides also. In Bhopal, the Sambhavna

\textsuperscript{60} Ibid
Clinic relies on indigenous toxicology and *panchakarma* for the treatment of gas victims. Usually *vaidyas* do not have any opportunities to experiment and develop new or different medicines for these kinds of poisons. But people who are affected by different kinds of poison are generally cured by *vishavaidyas*. The side effects of modern medicine can also be cured by the *vishavaidya*. But these kinds of treatment are not established through a foolproof system of scientific research. In laboratory tests, the individual components of plants, herbs or roots show different qualities and a combination of them shows yet another quality.

For *vaidyas*, these combinations are as important as the *prabhavam* produced by those combinations which will express itself only in the body of a person who has taken the medicine to be cured. *Prabhavam* has no existence of its own. This is

---

61 *Panchakarma* is a combination of five actions like body massage with different medicinal compositions, sweating, purgation etc. (Thirumulpad 2007, 67)

62 http://www.bhopal.org/the-clinics/appropriate-treatment/herbal-medicine/ accessed on 20.12.11. Bhopal gas tragedy was an industrial catastrophe that occurred in 1984 at the Union Carbide India Limited pesticide plant in Bhopal. A leak of methyl isocyanate gas killed thousands of people and left hundreds of others permanent victims to the toxicity of the gas that they were forced to inhale.

63 Interview with Manmadan, Nilambur, dated 30.05.2012. Manmadan has been practicing for 35 years in his Bhaskaran Vaidyar Smaraka Vishavaidyasala at Pothukal, a village 20 kilometers away from Nilambur. In December 2011, he cured a snake bitten woman who had been treated in a private hospital at Angamali (Little Flower Hospital) and later in Amrita hospital, Ernakulam and returned by the doctors as a hopeless case. He told me that the (messenger) omens at the moment he got the information about the snake bite were positive and hence he decided to go and see the patient. The snake bitten person had high B.P and fever at the time of the treatment and was in a private nursing home near their home. The doctor in that nursing home is said to have made many sarcastic comments just before the treatment was started by Manmadan *vaidyar*. Later on, after a week’s treatment by the *vaidyar*, the doctor asked about the secrets of *vaidyar’s* medicine/treatment. My intention in elaborating the ‘story’ here is to invoke the importance given in biomedicine to physical evidence to fix the truth value of a situation and then assessing it through a mere package of medicine. The *vaidya* sees himself as instrumental in the treatment and curing. According to the *vaidyan* the medical treatment starts at the moment he took the challenge in accepting a medical case returned by modern doctors. He prepared himself right from the moment of positive dhootalakshanam, till curing the patient not only through observing signs from messengers but also through the efficacy of his medicine. He personally did not claim any evidential credit but took it as a responsibility. He says he had done his duty as a *vaidya* and the rest is taken care of by God.

64 *Vaidyan* Thirumulpad stated that the laboratory experiment on *Ksheerabala*, an ayurvedic medicine effectively used for treating rheumatism, did not show the elements and power to cure rheumatism. The result shows only the content of water and fat in the medicine. *Ksheerabala* mainly consist of cow milk and *kurumthotty* (*Sida rhombifolia*), a herb used in treating rheumatism and the medicinal compound is prepared through repeated process. The medicine is named as *Ksheerabala* 101 *avarthichathu* (101 times repeated medicine). (See Thirumulpad 2007,53; Kuttykrishna Menon n/d, 886)
also because of the focus on sookshnam (infinitesimal, subtle, invisible, oblivion, opaque, etc.) rather than sthoolam (visible, obvious, big etc.) aspects of the body. In order to understand or acknowledge the existence of invisible and minute things, one has to develop internal sookshmajnanam (subtle knowledge about the body and its relation with the outer world) rather than an external relation with them because the body is seen only as a miniature cosmology. The body is seen as a whole instead of anatomical parts. The relationship with the world here is not anthropocentric. A celebrity vishavaidaya and gajavaidya of central Keralam, Avanaparambu Maheshwaran Namboothiripad, has seen the decline of sookshnam as the decreasing ability of the people and practitioners to observe and grasp the subtle (sookshma) messages around them and within the cosmos.

The mantram and dhootalakshanam in vishavaidyam treatment has to be seen on the basis of sookshmajnanam of vaidyas. According to ayurveda vis-à-vis nattuvaidyam, this sookshma is something much tinier than the atom. The ability to observe the subtle continuities and discontinuities between a practice and its wider cosmology was very important for all nattuvaidyam practitioners. Their treatment is not based merely on the symptoms shown on the surface of the body; it is simultaneously based on sukshmajnanam. Some of the practitioners still strictly follow dhootalakshanam though they do not use mantras in their treatment. Even in the contemporary, nattuvaidyam practitioners strongly deny

---

66 Interview with Avanaparambu Maheshwaran Nampoothiripad, Wadankancherry on 16.01.2012.
67 Ibid.
69 For instance Avanaparambu Nampoothiripad, and Manmadan Vaidyan still observe dhootalakshanam in their treatment. (Interviews dated 16.01.2012 and 30.05.2012 respectively)
the separation of *sookshmam* from *sthoolam*, rational from irrational, visible from invisible and explicable from the inexplicable.

Today, the treatment for snake poison in modern medicine includes only one type of anti-venom, except for the bites of a king cobra (*rajavembala*). This is seen as a great development because the number of persons dying of snake bite has come down after the introduction of a uniform anti-venom treatment\(^7\) for all kinds of snake poison. Until the development of general anti-venom, if a patient or her bystanders were not aware of the category of the snake, it was very difficult to start the treatment just by observing the bite mark and other bodily symptoms. So, knowing the category of snake was essential in the allopathic treatment. In contrast, in *nattuvaidyam*, most of the *vaidyas* are specialized in identifying the category of the snake through the symptoms emerging on the body and also by observing the bite mark. But even when they identify the category of the snake, it does not influence the nature of medicine given. Instead the symptoms lead to selecting medicine and the nature of the treatment. The living body is the ultimate site in determining the treatment for any kind of poison or other ailments. It is also the body as a site that helps the *vaidyas* in categorising the snakes, medicines, *gunas* and *dhoshas* (humours) etc. The espousal of a variable truth (truth as the nature of the poison of a snake articulated on a living body) leads to the treatment as well as the categorisation in *nattuvaidyam*. Since it is always difficult to locate the genus of a snake, further research is essential in modern

\(^7\) Anti-venom is effective when injected within two hours after a snake-bite. After six-hours of a snake-bite, it does not de-toxicate the poison. More than that anti-venom is not effective at all for the different side-effects of snake-bite (Reference). In the case of viper-bite, the wound, the swelling and the itching persists for some time. It may reappear in subsequent years also. In *vishavaidyam*, immediately after the treatment of poison, *vishavaidyan* would apply medicines for these side-effects and cure them completely. If poison is not completely removed from the body, it slowly turns into *dhooshivisham* (Interview with Govindan, Thalasserry on 17.01.2013)
medicine to overcome this limitation which would end up in developing uniform and universal poly-venom for all kinds of snake poisons.

**Swasthavritham and Aathuravritham: Regime of health and disease**

The World Health Organization interprets health ‘as a state of complete physical, mental and social well being and not merely as the absence of disease or infirmity’. Health is also described as human well-being, a state of being happy and healthy. Though theoretically health is defined as something more than an absence of illness, at the level of practice it is understood as lack of ill health. Moreover, the term health is not an objective description of an already achieved state, rather it is the desirability of a ‘to be attained’ state (*Oru Samoohika Kazchapadilhinnu* 2013, 266). Health in Malayalam is *aarogyam*, which means *arogam* or a state of not having diseases. If health is the lack of illness and a state of well being, then, according to biomedicine, treatment is a better way to cure a disease and regain health. Plenty of methods, with or without technology, are available to identify diseases, as there are plenty of medicines for each disease. Another perspective of modern medicine about illness identifies the disease as something caused to the body from outside through an attack by bacteria/virus/microbe. In this perspective, the binary of inside-outside determines the cause of the disease. The individual body-mind constitutes the inside and the microbes that attack the body are perceived as coming from a world outside the body. In this view, indirectly the outside world is a threatening world and the health of an individual is always within the boundary of a ‘to be

---


72 See [http://www.oxforddictionaries.com/definition/learner/health](http://www.oxforddictionaries.com/definition/learner/health) accessed on 16.02.16.
attacked at any time’ situation. This perspective on health is influenced by the idea of the presence or absence of microbes that live outside the body of a healthy person. Illness is expected at any time in advance (pratheekshitham), at the same time illness is invisibilized (asannihitham) (Oru Samoohika Kazchapadilninnu 2013). The idea of health presupposes an absence of any kind of illness, outside attack or inside mutilations. Health is perceived as a to-be-achieved perfect condition of a body.

In nattuvaidyam health is not a perfect situation of lack of illness. A word swasthyam (having harmony with body-mind) is used in ayurveda to symbolize health (Thirumulpad 1981, Nesamony 1993). Unlike the concept health, swasthyam is not an absence of illness. It is a presence of something else, the balance of the humours in the body in equilibrium with the outer world. As for ill health, there are symptoms for swasthyam too. Symptoms are the conditions that prove the existence of the material state of swasthyam. In order to maintain health, one has to follow a series of practices. Dinacharya or daily routine and the ritucharya or seasonal regimens are important amongst the practices. Dinacharya includes dietary regimen, sleep, exercise and so forth as well as a code of conduct too, in terms of thought, language, sex and relationship to the self and to others (Thirumulpad 2007, Nesamony 1993). The condition, under which equilibrium of the above mentioned humours alters, is one of the prime causes for illness. Any imbalance in the humours causes illness. The nature of humours is not merely equilibrium, but they have ups (vridhi) and downs (kshayam) or they increase and decrease under different conditions. Ill health is not caused by an attack from the outside. Even a crooked or bad thought can cause changes in the bodily humours and function. In other words, the body is capable of defending itself against
external attacks when there is equilibrium of the humours within the body. The equilibrium of humours in the universe is also important for a body to maintain its own equilibrium. So, health is also perceived as the health of a subtle body and not merely of the tangible gross body.\(^{73}\) For achieving *swasthyam*, the primary condition is that a living body should have a harmonious relation with the cosmos. The concept of health is not merely based on the lack of illness or lack of physical fitness. It is a mutually constitutive relation between the subtle and the gross.

It is also important to note that the mere presence of humours is not a condition for health. Equilibrium of humours maintained by the body through *dinacharya* and *ritucharya* is the condition that makes health possible. The idea of equilibrium or balance does not presuppose a subject and an action carried out by the subject. It is impossible to see *vata*, *pitha* or *kapha* nature of a body through a dissection of the body. All the three humours are explained on the basis of the functionality of a living body. In other words, the functioning of the humours can be explained only within the context of a living organism. The dead body and other inanimate objects do not contain these *tridoshas*. They do not function as per the structure of a human body and cannot be explained accordingly. So, *tridoshas* are invariably connected with *pranan* (life, vitality) and are components of *pranan*. They play a causative role in physiology and pathology in ayurveda. Like *tridoshas* one cannot see *jeevan* or *pranan* through dissection. But it exists in a body in its functional level.\(^{74}\) It can be disturbed by any minute variation that occurs within a body or outside. A thought, food, dust, sudden change in the weather, a combination of non-associable food items, etc. disturbs the smooth

---

\(^{73}\) Interview with Dr. Prasad, Thrissur on 31.01.2013; Unnikrishnan, Pattambi on 16.05.2013.

\(^{74}\) Interview with Dr. Prasad, Thrissur on 31.01.2013.
flow and equilibrium of the bodily humours (Thirumulpad 2007). Bodily humours can increase (vridhi), decrease (kshayam) or be in equilibrium (samyam) (Thirumulpad 1981, 17). A body becomes acclimatised to a seasonal change only within a period of two weeks. During this two week period, the possibility of getting diseases is more. Time is a crucial factor in determining the health of the body. Time here denotes mathra (second) or kshanam (fraction of a second), minute, day, week, month, year, seasons and the motion of the sun and moon (ayanangal) (Namboodiri 2013, 4). So, one has to care for the body a little more through appropriate food meant for the season, cleanliness etc. during this transit period in order to avoid diseases.

Feelings are innate (sahajam) to the body. Diseases are also innate to the body in their causal form (kaaranaaroopam) (Thirumulpad 1981, 2). Disease in nattuvaidyam is an imbalance in the equilibrium in which the body does not feel comfortable with itself. One begins to feel the presence of one’s body or parts of the body where the discomfort or injury occurs (Leder 1990, 1-8). Discomfort in the whole body is revealed through discomfort on the parts or discomfort in certain bodily organs. Nattuvaidyam understands illness as also something caused by the changes occurring on the outside. But this outside is an integral part of the living body. The substances (panchabhutas) that are integral to a body and to a world outside the contours of a body are one and the same. The body and all other living and non-living organisms are made up of the panchabhutas; air, water, earth, fire and ether (ap, thejus, prithvi, agni and aakasham) (Thirumulpad 2010, 47; Lakshmipathi 1944). Any change that occurs in the outside world invariably affects the outer and the inner body. In other words, panchabhutas represent the

---

75 Interview with Dr. Prasad, Thrissur on 31.01.2013 and Unnikrishnan, Pattambi on 16.05.2013.
fundamental structure and *tridoshas* represent the fundamental functional characteristics of a living body and each living thing in the universe. Any changes to these elements in the universe invariably affect the body. Looked at in this manner, health is a social condition.\(^7\)  It is in a relation to the gross matter (*pindaandom*) and subtle matter (*brahmaandom*). There is no binary between the inside and the outside in ayurveda, since the basic elements that consists the body-mind of a person and that of the universe are one and the same (Thirumulpad 2010). The body is seen as part of the universe, which mirrors the universe and the subtle changes happening to it.

Body, as that which is made of *panchabhutas*, hints at the fluidity and subtlety of the basic nature of a body. *Bhuta* means that which happens and that which cannot be seen (Nampoothiri 2004, 21-28). They are the basic elements that represent certain qualities or *gunas*. They do not directly represent ether, air, fire, water and earth. *Panchabhutas* show the property or quality of these five elements of the cosmos (Nampoothiri 2004). In the presence of *jeevan*, *panchabhutas* have certain kinds of relations amongst them. The separation between an inner and an outer space and also a separation between a visible body, subtle body and mind are very minimal in this perspective, since all are made up of the same elements. The modern method of teaching ayurveda through anatomy and physiology departs from the very basic approach of ayurveda towards *sareeram*. Anatomy and physiology do not account for the humour based nature of a body and the bodily relation with a humour based nature of a cosmos.\(^7\)

There are different ways to approach and understand a body. In ayurveda itself,

\(^7\) Dr. Nesamony thinks that ayurveda is the one that envisaged a social medicine first, by considering the inter-relation of the individual body, mind and soul and the social world and the soul of the social where the individual inhabits (Nesamony 1993, 5).

\(^7\) Interview with Dr. Prasad, Thrissur on 31.01.13.
there are multiple ways, such as pulse reading (*naadi pareeksha*) and urine testing to detect the disorders and malfunctions of the body. In another perspective, a body is seen as one with full of *sneha* (liquid or rather oil), whereas in yet another perspective body is full of channels. In the yogic perspective, body is filled with pulses and vital spots.

The three bodily humours are known as *tridoshas* and not *trigunas*. *Dosha* cause bad or negative effects when they are not in equilibrium and *gunas* are the good qualities inherent in things. That which functions/acts within a living body is also *dosha* (Thirumulpad 1981, 22). But in a situation of equilibrium or harmony, they do not act as *dosha* per se. Yet they are not termed as *gunas* (quality) or that which produce good effects. But, the word *dosha* as such does not mean bad effects. It may turn bad under certain conditions (*dhushikkavunnava*) (Nampoothiri 2004, 26). *Dosha* is not a mixture of bad and good effects. When the humours are not in equilibrium, a good effect is turned into an adverse effect. Thus, good and bad results are the inherent properties of one and the same matter; they are not a composition of both. The nature of one form changes into another form when the conditions are favourable for that particular form. In *nattuvaidyam*, the preliminary principle is not treating and curing the disease directly.

Treatment is a process in which the imbalances of *tridoshas* are dealt with matters that consist of *panchabhutas*. Medicine is a matter (*dravya*) in *nattuvaidyam*. The elements that cause ill-health are many such as microbes, climate and the food taken by a patient. Food becomes poison not merely in the primary stage of

78 Interview with Unnikrishnan Vaidyan, Pattambi on 16.05, 2013 and Dr. Prasad, Thrissur on 31.01.2013.

79 Interview with Brahmadathan, Thrissur on 22.11.2010.
intake; it acts as poison in the process of *pachanam* or digestion.\(^{80}\) A combination of eatables that cannot be combined as per *nattuvaidyam* also acts as poison after they are consumed.\(^{81}\) The three *gunas* (qualities) – *satwa*, *rajas*, *tamas* - produced during *pachanam* are different and are in the forms of a number of *rasas* (tastes). These *rasas*, play as an important indicator in identifying the nature of an illness. The *doshas*, *dhatus* (seven elements of the body- skin, blood, flesh, fat, bone, marrow and semen) and *malas* (waste, excreta) are gross things, whereas their actions in the internal body, the *athman*, mind and senses are subtle things (Lakshmipathi 1944). Health is a situation where the *sookshma* (subtle) body, in which the *sthoola* (gross) body is situated, in a state of harmony. And they are in harmony with the cosmos (*prabancha*). Thus, ease (*laghavam*) is health. There is an absence of a perfect model that presupposes a non-perfect model. Generality acts as a regulatory principle for the practitioner to practice. The particularity of a body is not generalized in this perspective. Instead, certain regulative principles act as a code of conduct to maintain a general healthy situation. Thus, traditional notion of hygiene and health is an art of management rather than an art of intervention. Health as a lack of ill-health denotes a negative definition. This negatively defined concept is a treatment-oriented concept in which a corrective measure is required through an outside intervention.

The concepts health and disease have a close affinity with another concept, death. Finitude of life is something that has always disturbed thinkers and scientists. The control over death and finitude are everlasting aspirations of science. The project of postponing of death is seen as a victory of medical knowledge. Death has been

\(^{80}\) Interview with Manmadhan, Nilambur on 30.05.2012, Kuzhichathil Appufty, Kondotty on 17.06.2010, Basheer Das, Feroke on 15.11.2010 .(All *vishavaidyas*).

\(^{81}\) For instance *ayurveda* prohibits the intake of curd and meat/fish together, cold and hot food together.
fearful not always as death as such, but as an end to life, the lived body, or rather an end to the control over life. This is a fear of seeing and acknowledging the finitude, the limitation to the boundaries of the body, life, hope and future. A lack of control over death also hints at a lack of control over life as a whole, since death is the end of life. Gadamer considers this as “a limit placed on the modern control of nature acquired through science and technology” (Gadamer 1996, 62).

There is an idea of sukhamaranam (peaceful or comfortable death) in indigenous medicine. In this idea an aged person, who is bound to die, does not want to get admitted to a hospital. She wants her kith and kin around her, and wishes to die in the environment of her home. According to this idea, there is no attempt to extend one’s/her life on earth through medicine unless one suffers from some kind of acute pain or ailments. Care and comfort given is more important than medicine. This notion of sukhamaranam has now changed its location from home to hospital where an aged person is not allowed to die normally or naturally. The hospital environment and the equipments postpone death, even if it is for a day or two through ventilators and medicines.

The patients bring with them certain knowledge into the clinic. When a person approaches a vaidyan for treatment, the common phrase they use to communicate their physical condition to the vaidyan was nalla sukham thonnunnilla or sukhamilla (not feeling good). Now it has changed to asukhamanu (I am ill).82 The former is lack of wellness and the latter one is illness. Lack of wellness shows a temporary situation of lacking something in the course of achieving wellbeing. It denotes a positive attitude in which a person is well and now she is temporarily undergoing some changes that disturbs the wellness. This also indicates the disturbance in the equilibrium of bodily humours. Illness denotes a

82 Interview with Unnikrishnan, Pattambi dated 16.05.2013 and Dr.Prasad, Thrissur dated 31.01.2013.
negative perspective in which a person is ill or a gross change has taken place in her health. The patient has already taken a position that she is ill rather than that she is not well. This idea of sukham (comfort/health) and asukham (ill health) is problematized in medical anthropology as disease vs. illness. Here disease is identified as a clinically tested state and illness as the non-tested realm of the experience of a patient (Taussig 1980, 3-13). Further studies have extended this differentiation as a conflict between natural science and social science, in which disease is a term used in natural science and illness in social science (Mol 2002).

The general assumption about Indian tradition/knowledge is that it gives more credence to intuitive and mystical knowledge where as the western tradition is based on science and reason (Fields 2001, 4). The criteria in dividing knowledge as intuitive, mystical and material (hence objective and rational) which emerged from the late eighteenth century led to the division of knowledge further as divine, spiritual and material. In other words, certain knowledge attained the position of scientific rationality and objectivity only by asserting that it is material, logical and objective and thus disembodied, thereby distancing it from the embodied and subjective ‘practices’. The idea of health in the western perspective foregrounds the well being of a body and mind in physical and psychological unity (Field 2004, 6). In the context of kalarippayattu and vaidyam, the well being is achieved in the materiality of a body by restoring its lost balance, which invariably leads to the well being of the mind.

The next chapter moves from learning through body to other notions of learning in nattuvaliyam, of vidya and vidyabhyasam (education) by laying out a few cases in the history of education in ayurveda. The ideas of vidya or arivu and the transition from vidya to vidyabhyasam lead to many tensions and ambiguities while strictly classifying practices as vishavaidyam or ayurveda.