Conclusion

Vidya to Vidyabhyasam:
Ways of Knowing to Knowledge

In the attempt to situate two of the indigenous healing practices of Keralam, to understand the notion of knowledge, skill and education in them, my primary assumption was that I had to situate modern education and the way it shapes our relation to these practices, in order to know the negotiations and reordering of the practices. In the course of the research, I realized that I could not deal with the practices without referring to the hegemonic healing practice ayurveda, which represents itself as a modern and scientific indigenous knowledge. Modern medicine’s approach to ayurveda was not as an equivalent practice even when ayurveda claimed itself to be the indigenous medical knowledge of Keralam. More interestingly, the approach of ayurveda as well as modern medicine to all assorted nattuvaidyam was equally demeaning. In these hierarchical relationships what is undermined is the nature of incessant interaction and sharing amongst diverse healing practices and the institutionalized ayurveda. My study attempts to locate this in-between space of interaction and transition. It heavily draws from vernacular texts by arguing that they are indeed heuristic devices to produce new knowledge in mapping out the transition and liminal space of incessant interaction amongst healing practices.

The analysis presented in the chapters reveals that by the twentieth century, the inevitable separation among the diverse healing practices prevailed within the discursive field of healing traditions. The heterogeneous nature of practices and
their diversity was dealt through the principles of differentiation of practices as modern, rational, materialistic, textual, esoteric, etc. The demarcation was established through the separation and integration of some of the valuable elements in the assorted practices. The naming of one or two practices as superior to the others is established by categorizing the latter as pre-modern, superstitious, religious, oral, exoteric, etc. That is to say, modernity inaugurated the essential conditions that made it necessary to see any practice within bounded structures, and with specific rules to fit them within the paradigm of scientific rationality. The valuable aspects of a prevailing practice are put to use by integrating it into the mainstream practice or by dividing and classifying the valuable elements in the practice.

In this division and classification, another marking of centre-periphery is played out and modern medicine became the centre and ayurveda played the peripheral role. It is impossible to comprehend the field of diversity within this logic. The centre and periphery shift in different contexts and oft-times ayurveda played the central role in situating the diverse healing traditions in its periphery. However, the roles changed continuously and the practices marked as the prime ones were always shaped and enriched by those marked on the fringes as marginalized healing traditions. Differentiation, isolation, projection and simultaneous erasure were the strategies to lay hold of practices that were not easily decipherable. Anything that could not be explained within the logic of certainty and thought was relegated to the realm of the illogical. The transformation in understanding or accessing the diverse ways of knowing consisted of making certain elements of a practice visible by devaluing many other features that constituted its integrated
nature. The visibility of the projected element is assessed by its value in terms of performance, profit, progress and rational nature. Thus *kalari vidya* is known as *kalarippayattu* or an indigenous martial art. Bone setting and *marmavaidyam* within the practice are undermined or partially incorporated into ayurveda. The internal cohesion of this embodied practice and its many elements, including bone setting are devalued in the separation and projection of certain elements. *Kalari* or *vaidyam* was not acknowledged as an educational system because the meaning of education and the aspiration attached to it had changed tremendously by the twentieth century.

The text, the language in which the text is written, the form through which things are explained in the text and the nature of the content etc. determined the logical capacity of a practice. Literacy, a new concept introduced in the nineteenth century with the emergence of print technology, brought out new meanings and new associations between reading, writing and understanding. Literacy initiated a rationalization of knowledge by making this inseparable association amongst the ability of reading, writing and understanding. Eventually the oral, prescriptive, vernacular and verse forms used for preserving knowledge in *vaidyam* was relegated to a lower position and categorized as the tools of *nattuvaidyam*. Till the early nineteenth century, there was only the umbrella concept *nattuvaidyam* to describe all kinds of indigenous practices such as *vishavaidyam*, *siddhavaidyam*, *ottamoolivaidyam*, *kalarivaidyam*, *marmavaidyam*, *balavaidyam*, *netravaidyam* and *chinthamanivaidyam*. By the late nineteenth and early twentieth century, the practices were divided into ayurveda and *nattuvaidyam* in which ayurveda incorporated knowledge of medicine and treatment from all of the other practices.
or nattuvaidyam. Earlier, nadu or indigeneity represented a spatial significance without having fixed boundaries. It is argued that before the introduction of a spatially and geographically bounded nation-state, the vaidya associations and the vaidya magazines envisaged a Keralam through the contours of nattuvaidyam. The idea of this region did not necessarily imply a geographical space with fixed borders. It was rather a region bounded by the camaraderie or fraternity amongst vaidyas, the proponents, patrons and the beneficiaries of vaidyam. They shared the notion of belonging to an imagined region through the contours of their knowledge and practice.

However, by the twentieth century, ayurveda became the traditional medicinal knowledge of India and all other practices were categorised as nattuvaidyam. Though nattuvaidyam was positioned below ayurveda, in the realm of practice, both worked coextensively and contributed reciprocally for some more time. In the twentieth century, siddhavaidyam became the indigenous medical practice of Tamil Nadu, and kalarippayattu one of the elements in kalari, represented the unique martial art of Keralam. The latter is also associated with a particular caste as its traditional occupation (Vijayakumar 2000, Zarrilli 1998). The linkages of the practices to bounded territories were further strengthened with linguistic identity claims. Ayurveda claimed the Sanskrit codified tradition, Siddhavaidyam represented Tamil language, northern kalari was of Malayalam and southern kalari was of Tamil.

Vishavaidyam, a unique indigenous practice of the region was integrated as one of the specialized subjects in ayurveda. Some aspects of marmavaidyam were assimilated to the panchakarma treatment in ayurveda. Netravaidyam and
balavaidyam, two highly specialized and unique treatments of Keralam were also assimilated to ayurveda. Though now they are specialized subjects within ayurveda, the unique medicinal compounds used and the treatments given earlier by the specialist practitioners did not acquire much significance within this institutionalization and incorporation. The thesis argues that amongst a series of ways of knowing or field of practices, ayurveda was elevated as the knowledge of the modern nation-state and the other practices remained as traditional ways of knowing. The production of a rational and secular ayurveda as the erudite tradition of a region, ended up in declassifying diverse healing practices as nattuvaidyam or folk medicine. Many of the unique contents in practices such as uzhichil, pizhichil, kizhi and talam that prevailed in Keralam become part of ayurveda. They lost their claim of indigeneity, even though these particular treatments are not seen in ayurveda that is practised in other parts of India. These practices were incorporated into the curriculum of the TAP in 1959, as ‘Malabar Special Treatment’, but subsequently replaced with the Panchakarma treatment.

The incorporation of knowledge from nattuvaidyam and the simultaneous erasure of it in the projection of ayurveda as the indigenous practice of a region happened through a series of processes. The vaidyam practiced by the upper caste practitioners is reconfigured as the classical tradition. This is asserted through the production of texts on vaidyam, claimed to be used by the practitioners for practicing vaidyam. The Brhatrayis or the Samhita texts were projected as the basic reference books used for practising vaidyam. In the actual realm of practice, a number of vernacular texts and Sanskrit texts serve as heuristic devices in practicing vaidyam along with oral knowledge. Further, there is the assertion of
this classical tradition as a secular practice by incorporating knowledge from other textual and non-textual nattuvaidyam. The classical tradition or ayurveda enjoyed the status of a scholastic and esoteric tradition by pushing aside and relegating the rest of the incorporated knowledge as exoteric and folk practice. Finally, the practitioners who referred to vernacular and popular texts for their practice were weeded out as folk and quack practitioners. This has to be seen in the context of social hierarchies in which anyone who is in a lower social position is likely to be called a quack (Cleetus 2007).

Conditions were already set when the texts were considered as the truth bearers and authentic reference for the practice of vaidyam. The text as a tangible document is seen as a primary proof of knowledge. But all tangible documents do not have the credibility to represent knowledge. The nature of a text, the development of argument, the logic of explanation, the manner of elucidation, the selection/elimination of subject matter, etc. are inherent in the idea of a text for it to be considered a valuable and tangible document to preserve truth/knowledge. The form in which the text is documented is important; verse forms are not valid enough to represent knowledge compared to prose. Similarly, all languages do not have equal capacity and status to carry knowledge. Sanskrit gained the privileged position of representing vaidyam over other vernacular languages, though the texts in vaidyam were available in Tamil, Telugu, Arabi-Malayalam, Malayalam etc. Written documents were seen as the only possible way to preserve codification; a criteria that worked in tandem with the above mentioned conditions. This perception rejected the possibility of codification within oral traditions and at the level of memory. Further, writing as an important component
of knowledge production and preservation gained a higher status, which invariably placed oral traditions and their diverse knowledge-preserving mechanisms in a lower position.

Ayurveda was further validated as the traditional knowledge of India through modern educational institutions, the pedagogy and curriculum, the rules and regulations, the policies and programmes of the state and the medical registration and titles given to the students. The segregation between *nattuvaidyam* and ayurveda was not merely a divide between a formal and informal access to knowledge in *vaidyam*. It was a division between social status in terms of titles such as doctors and *vaidyas*, in terms of the place of treatments such as ayurvedic clinics and *vaidyasalas*. It was also a separation between formally educated doctors with degrees and informally learned *vaidyas* with or without certificates or titles. The preliminary condition in accessing knowledge was set as getting an education from the clearly demarcated modern institutions. Mere literacy was not a sufficient condition to access knowledge, and that is why the non-formally educated practitioners were termed as *nattuvaidyas*, which carried the connotation of people without sufficient or proper learning. While their social status was inferior to that of the ayurveda doctors, the knowledge of many of the efficient *nattuvaidyas* was significant and valuable to the ayurveda students.

The idea of body, health and disease in *nattuvaidyam* is premised upon the functionality of a living body. The notions of standardization and classification also functioned on the basis of the symptoms produced in the body. Diverse terms are used to denote the body in different contexts and the layers of meanings change from context to context. Every change in the body is interrelated to the
outer change in the environment. It is not an isolated whole to be studied exclusively on its own. Charyakramangal or change in food, mode of life and routines has to be followed in each seasonal change to avoid illness. The idea of the body in general constitutes different bodies (sareeras) within a sareeram. Both in kalari and vishavaidyam, a willed action of the practitioner has no significance at the level of practice. The knowledge acquired through reiteration and memorization works as a hands-on tool, at the time of application. The systematic and repetitive training in kalari provides an economy of movements and spontaneity. In vishavaidyam they function as a ready-reckoner to recall medicinal yogams. In both the cases, the readily available hands-on knowledge determines the structure and quality of the actions.

In kalari there is no significance for a new posture or movement beyond the learned postures as they are sufficient to improvise/design appropriate defence at the time of the attack. Similarly, in vaidyam, the newness of a disease has no significance at all. The disease is studied on the basis of the symptoms and imbalances of humours in the body, and the treatment is prescribed accordingly. This assessment, based on the functionality of a body has the potential to be universally applicable. The notions of standardization and classification in vaidyam also have the possibility to transcend their specific context and could be applied anywhere. This universalization is not based on a principle in general, but in consideration of the specificity of each and every body. Bodies are not considered as equal or general in this idea of standardization and classification.

The idea of learning in vaidyam is not acquiring mere skills; it is knowledge of how to live better ethically and in a continuous ethical relation with oneself and
with the external world. It is not about changing the world with willed actions, but about being in the world, doing what one can do, and reorder oneself better within the available possibilities and resources by utilizing them in the care and cure. This notion of learning is more akin to *vidya* rather than *vidyabhyasam* or modern education. From the nineteenth to the twentieth century, the transition from *vidya* to *vidyabhyasam* evoked many tensions and ambiguities in the field of *vishavaidyam* and ayurvedic education. Social reformers and religious proponents initiated discussion in reforming from within their communities. Some of them like Makthi Thangal were keen to include a rationalization of learning to the then existing reiteration of the Qur’an without understanding its meaning. The ritual of reiteration and learning as actions were to be replaced with another ritual of interpretation and understanding. Sree Narayana Guru had asked his disciples “to get *vidya* and become free.” In many occasions, Guru contradicts his views of *vidya* and *vidyabhyasam*. When establishing Sanskrit schools and consecrating lower caste idols, Guru was upholding *vidya*. He was bypassing the paradigm of rights and justice, by creating alternative spaces for worship and learning. When Guru asked the lower castes to remove many *acharams* from their customs, abstain from toddy tapping - the traditional occupation of Ezhavas, and abstain from drinking alcohol, the ambiguous tension between the transitions from *vidya* to *vidyabhyasam* can be seen. By the time Ayyankali initiated an agitation for access to the space of education for the lower castes below the Ezhavas, the liberal ideas of rights, justice and freedom were more solidified.

In the realm of ayurveda education, in 1949-50, the students were taught physiology, anatomy and surgery as part of the curriculum of Integrated Diploma
and Degree course. Those who passed these courses preferred to practice modern medicine rather than ayurveda. The students initiated an agitation for ‘practicing what they learnt’ and the government finally permitted them to practice modern medicine, after attending a two-year course in Diploma in Medicine and Surgery. A condensed course was also started in the Medical College, exclusively for the ayurveda students. As an effect of these new courses, ayurveda was gradually transmuted into modern medicine. Subsequently, the state was forced to reintroduce a shuddha ayurveda course in 1959 to reclaim ayurveda from modern medicine. The transformation of a knowledge into vidyabhyasam introduced a series of confusions and tensions in the field of ayurveda education. This was sorted out by standardizing the courses and curriculum in the institutions across Keralam. The courses, their duration and the titles awarded were different for each institution. Through the reorganization of the courses in 1959, the standardization was complete and the traditionally-learned vaidyas remained as unqualified practitioners in the periphery of vidyabhyasam for ever. By then, the idea of vidya that encompasses a whole lot of expertise and a variety of codes of practices was eroded by the new notion of vidyabhyasam.

One of the drawbacks of the thesis is its inability in addressing gender in the area of vaidyam. Though a number of practitioners are female, many of them were not practicing actively. They have passed on their knowledge to their sons rather than to daughters. The inability to understand the nature of gender play or bias in medicine is because the women practitioners did not see themselves as active knowledge-carrying agents. Even the male practitioners did not see themselves as wilful agents. So, it would be extremely difficult to apply the norms of gender
discrimination in the area of *vaidyam* despite many instances of prejudices prevailing there. Vimala Antharjanam, who learned *vishavaidyam* while helping her father in making medicine, did not resort to practice unless a rabies case was reported in her husband’s village, after her marriage.\footnote{Interview with Vimala dated 22.11.2010} She did not see it as discrimination or as an injustice which prevented her from practicing *vaidyam*. She is of the opinion that when the time opens up itself, that is the right time to practice.\footnote{Ibid.} Annamma Devasya, a 78-year old *nattuvaidya* told that she learned *vaidyam* from her grandfather, not directly but by helping him in collecting herbs and watching him secretly when he checked on the patients and prescribed medicine.\footnote{Interview with Annamma Devasya at Mukkom on 12.08.2012.} She also had begun her career much later, after her father’s death. Now she works twice a week in a hospital at Mokkam, Kozhikode. She is known as *chediyamma* (mother for plants) as she knows a large number of herbs and their medicinal properties.

The idea of *gurukula* is not explored thoroughly in the thesis. Though there is an idea about the *gurukula* tradition and learning from a guru by staying with him/her, this tradition is not prevalent across castes. Ezhavas and the castes below them did not have the right to claim a guru (Kumar 2009, 53-87) inspite of the fact that they also learnt *vaidyam, jyothisham* etc. from the experts, spending many years with the practitioner.\footnote{Sree Narayana Guru was initiated into the spiritual path through Thycaud Ayyavu Swamikal and later through Chattampi Swamikal. But, in the biography of Guru, there is no mention about} So the celebration of a *Gurukula Sampradaya*
prevailed only among Brahmins and the castes up to Sudras, and it could not be applied to study the practices across castes. Further enquiry and close analysis of materials are essential to locate these nuances, which is beyond the premise of this thesis.

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who was his prime guru. Similarly he learned vaidyam from his uncle and from another Krishnan Asan. They were also not seen as his prime gurus in vaidyam (Balakrishnan 1954).