Introduction

This thesis explores the complementary and constitutive nature of kalari and vishavaidyam, two nattuvaidyam (indigenous healing practices) in Keralam vis-à-vis ayurveda, and the ideas of body, health and disease inherent in these practices. The context of this exploration is the propagation and proliferation of modern education as the prime resource for understanding the world and situating oneself within the world. The thesis looks into how modern education reshapes our relation with nattuvaidyam. The endeavour is to analyse the alternative epistemologies of health and therapy and to have a bird’s eye view of the foundational structure that works as a normative frame at the level of practice.

Ayurveda is now established as the indigenous healing practice of India and all scholars agree that the institutionalization of ayurveda happened through interaction and consolidation of a variety of healing practices, many of which still prevail in India. While everyone accepts that there is an interaction between diverse healing practices, what is lacking is the mapping out of the nature of the sharing/consolidation and the extent of contribution of each practice.

The language of description and analysis does not account for the nature of incessant sharing apart from acknowledging the possibility of sharing. In other words, the theoretical framework of disciplines such as history, sociology and anthropology, often ends up locating the healing practices at the periphery of institutionalized ayurveda, as marginalized practices, thus failing to address the liminal space of interaction and influence amongst them. At the level of

1 Throughout this thesis, I have chosen to use ‘Keralam,’ which is the local usage, instead of the more familiar, anglicized ‘Kerala’. I use Travancore for Tiruvitamkoor/core and Cochin for Kochi whenever I mention the princely states. Kozhikode is also known as Calicut.
theorization, while acknowledging the sharing between diverse medical practices, scholarship focus on studying ayurveda as an already existing or pre-given codified healing practice of India with internal cohesion and having a uniform curriculum and texts. In such formulations, it is inevitable that other healing practices were placed as marginalized practices in relation to ayurveda.

This thesis explores the liminal\(^2\) areas of incessant interaction between diverse healing practices or ayurvedas/nattuvaidyam and points out the specific contributions of some of them that shaped the systematization of ayurveda as the predominant indigenous healing practice of India. This liminality is often visible and accessible at the level of practice as well as within the discursive field constituted by a theoretical framework. While exploring the field of practice, through a close reading of the archival materials, this thesis locates the existing scholarship within the muted spaces of transition. This thesis utilizes vernacular texts as valid sources of knowledge to locate the transition in the practices. I argue that when vernacular texts are approached as heuristic devices, it enables us to see the limitations of the narratives and analysis produced and entrenched around the officially recognized languages.

Two instances from the field hint at the contradictions within and the unfeasibility of the norms set by the state institutions in classifying vaidyas as registered and unregistered practitioners or vaidyam as authorized ayurveda and unrecognized nattuvaidyam. Avanaparambu Maheshwaran Nampoothiripad is an 86 year old

\(^2\) ‘Liminality’ is a concept used in psychology to indicate the threshold between the sensate and the subliminal, the limit below which a certain sensation is not perceptible. Post-colonial theories use the term to describe the ‘in-between’ spaces of cultural change. It is not a simple movement from one state/identity to another, but a constant process of “engagement, contestation and appropriation.” (Ashcroft et al., 1998, 130-131) I do not club liminality and hybridity because this thesis does not see the interactions within a liminal space as that leads to the possibility of a “cultural hybridity that entertains difference without an assumed or imposed hierarchy” (Bhabha 1994, 4).
nattuvaidyan (indigenous medical practitioner) of Wadakancherry Taluk, Thrissur district. He is a wellknown vishavaidyan (expert in indigenous toxicology) and gajavaidyan (expert in the medical treatment of elephants) from central Keralam. Paradoxically, in spite of his fame, till today this celebrity vaidyan does not have an official registration in vishavaidyam or gajavaidyam. According to the State medical rules, he is unregistered and hence an unauthorised medical practitioner. The State has the legal right to arrest him for his unauthorised medical practice. In reality, he is one among the top experts who are invited and consulted for the medical treatment of elephants belonging to the Guruvayur and Thrissur Devaswom Boards run by the State. On the one hand, officially he does not have a right to practice vaidyam. On the other hand, unofficially he is acknowledged as a respected and efficient practitioner in the field of treatment of elephants and snakebites. The Kottakkal Ayurveda College invites him on occasions to deliver classes to the students on vishavaidyam and gajavaidyam.3

Nirmalanadagiri Swami is a 70 year old nattuvaidyan and practices at his ashramam in Ottappalam taluk, Palakkad district. A number of patients including people suffering from cancer, and dengue fever approach him for alternative cure. The ayurveda doctors of the Palakkad district filed a case against the Swami’s unauthorized practice as he is not a registered practitioner and had learnt vaidyam traditionally. During enquiry by officials, Swami informed them that formally he did not offer his medical knowledge to anyone. And he asked the officials to prevent the people who came to consult him from seeking cure, so that he could be free from the task of assisting them with his traditional medical knowledge.4

---

3 Interview with Avanaparambu Maheswaran Nampoothiri, at Wadakancherry on 16.01.2012.
4 Interview with Nirmalanadagiri at Ottapalam on 22.05.12.
Subsequently the case was withdrawn and Ayurveda doctors began to invite Swami to take classes on *vaidyam*.

By twentieth century when registered indigenous healing practitioners and institutionally educated ayurveda doctors are the only ones authorised to practice *vaidyam*, the state of things is different at the level of practice even in the contemporary. A large number of *paaramparya vaidyas* (traditionally trained practitioners) still practice with their unique knowledge and expertise in specialized fields such as *marmavaidyam* (vital spot massage), *vishavaidyam*, *netravaidyam* (treatment for eyes), *ottamoolivaidyam* (single medicine/one time medicine), etc. The discursive field created through the grid of modernity provides us with certain terms of reference to witness some areas of practice as being more visible and authentic while obfuscating many other fields of practice and the interaction amongst them.

This thesis argues that the production of ayurveda as the indigenous medical practice of a region has happened at the cost of the diverse healing traditions existing in the region. The institutionalization and systematization of ayurveda is shaped by the contribution of heterogeneous healing traditions. In the process of this institutionalization activated by the state, ayurveda is elevated as the indigenous healing knowledge amongst a series of ayurvedas or ways of knowing.

The thesis further argues that the process also evokes an imagination of a Keralam through the contours of vaidyam, even before the formation of a Keralam.

---

5 I attended a class of Nirmalanandagiri on ‘Emergency Medicine and Critical Care in Ayurveda’ meant for ayurveda doctors at Changuvetty, Kottakkal on 05.05.13. Majority of the ayurveda doctors were curious to know about the rare remedies that were not available in the learnt/canonical texts, for the treatment of diseases, especially cancer. In the month of December 2015, Swami took another class for the ayurveda doctors in Coimbatore.
geographically bounded united Keralam. While negotiating with the notion of a new scientific rationality, the *vaidyas* got themselves united through associations and published magazines on *vaidyam*, wrote continuously to defend the knowledge and efficacy in *vaidyam* and conducted annual meetings and exhibitions. Their idea of belonging to a region was envisaged through the contours of *nattuvaidyam*, by creating camaraderie amongst the *vaidyas*, patrons, proponents and the beneficiaries. The bounded nature was determined through diverse indigenous healing practices and not through a strictly defined geographical space.

**Structure of the thesis**

The first chapter contextualizes the research and attempts to map the patterns that have emerged within the existing scholarship on indigenous medicine and the significant questions that were raised in them. Whether the pattern is sufficient enough to locate the internal nature of *nattuvaidyam* and the incessant interaction amongst them is a question that the thesis is concerned with. Some of the key terms used in the thesis are discussed along with the disciplinary and methodological questions within the project.

The second and third chapters present a genealogical understanding of the practices and their transformations, continuities and ruptures. In its first section, chapter two looks at the site of print media as a platform for the articulation and assertion of indigenous healing practices. The chapter elaborates the way in which the literate practitioners tapped the potential of the print media in ascribing an authenticity to their practice. This authenticity was ascribed in comparison with modern medicine and in dissociation with other diverse medical practices. It
also analyses the potential of print media for disseminating knowledge amongst the literate as well as the neo- literate and non- literate practitioners. The print media opened up the possibility for all kinds of medical practitioners to bring in their own ideas and knowledge into the field of medicine. The non-literate and neo-literate practitioners enriched their knowledge in *vaidyam* through the articles that appeared in the print media, while also disseminating their own knowledge. The role that print technology played in the reordering of *nattuvaidyas* in their negotiation with the state and with the modernizing ayurveda is also analysed.

A second section in chapter two explains the functions of the Aryavaidya Samajam, the first association of *vaidyas*, and its intervention with the agencies of the colonial state. The Samajam acted as a parallel institution at the time of control and threat from the colonial state, by conducting educational classes and examinations for producing ‘qualified’ *vaidyas*. While interacting with the discourses on health and hygiene, indigenous healing practices created their own mechanisms, and semi-autonomous associations located in between the state and the dominant practices patronised by the state. Invariably, these associations were recognized by the state as being capable of producing qualified practitioners for disseminating indigenous healing practices. Thus these semi-autonomous associations become quasi-legal entities.

Chapter three analyses the process of the production of a modernized and institutionalized ayurveda and a simultaneous separation of the other healing practices as *nattuvaidyam* through the functionalization of knowledge. Various governmental processes institutionalized the protocols, while implementing programmes and plans. Subsequent scholarly works critique many of the existing perspectives, but assimilates their basic premises. This discursive field situates
nattuvaidyam in particular ways and only in relation with a uniform and universal ayurveda. The analysis concludes with elaboration of the reconfiguration of the ayurveda as the classical tradition of Keralam as well as India.

Chapter four deals with the multiple ideas of the body, or the bodies in nattuvaidyam. The terms used in describing the body in different contexts are indicators of the intricate contextual meanings of the body. The body is seen as a site through which technologies for ‘care of the self’ is articulated. The body and the mind are not always separate entities in which one gains supremacy over the other. It is through bodily actions that one can reorient and sharpen one’s mind. In these ideas of the body, thought did not get prioritized. The body here is not the original body, but one which is trained and controlled through reiterative practices. It is a disciplined body that possesses certain knowledge through systematic and strict training and through a trained economy of movements. The chapter also analyses the notion of classification, standardization and health in nattuvaidyam, which foreground the functionality of a body.

Chapter five has three sections. The first section analyses the role of modern education in shaping our relationship with the self and with nattuvaidyam. It also addresses the reverse relationship and the negotiations of indigenous practices with modern education. Here I probe the idea of vidya (knowledge, skill, craft, art, ability, strategy) in nattuvaidyam, looking at the works of a few thinkers and reformers who were born in the late nineteenth century and lived through the early twentieth century in Keralam. Avidya is not ignorance and lack of knowledge, or the opposite of vidya. It is another way of being in the world, another relation with the self. The thinkers were selected from different castes
and communities and also from different parts of Keralam, to emphasize differences in aspirations around education and the diversity in their approaches within the same aspirations.

The second section of this chapter lays out the tensions and ambivalence in classifying practices as purely vishavaidyam or ayurveda. In other words, vishavaidyam, a specialized stream in ayurveda, is doubly monitored through examinations. The tension inherent within the transition of vidya to vidyabhyasam is seen in this doubly monitored process. The third section elaborates the significant moments in debates on education in ayurveda and the corresponding changes that occurred in the field of ayurvedic education. The argument in this chapter is that the changes which took place in the realm of ayurvedic education as well as vishavaidyam certification hint at the gradual transformation of the existing notion of vidya into an emerging idea of vidyabhyasam or modern education.

The concluding chapter revisits the critical premises and points of departure, summarising the main arguments of the thesis and suggesting their relevance in the scholarship on indigenous medical practices in South Asia. It also posits a few related and possible areas that needs further thoughtful enquiry which could not be achieved within the limit of this thesis. The postscript further contextualizes its relevance by laying out a few contemporary developments in kalari, nattuvaidyam and ayurveda.