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HISTORICAL BACKGROUND OF HEALTH CARE SYSTEM IN PRE COLONIAL KERALA

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ABSTRACT:

Traditional knowledge is in many respects orally transmitted and learnt through observation, practical engagement, or hand- on experience gained by trial and error. Kerala known for its tradition of organized medical care, which had been in existence long before the advent of the Europeans, is still seen to be flourishing. In the nineteenth century, the princely rulers of Travancore and Cochin took the initiative in making the western system of care available to their subjects. But during the time Kerala medical tradition was strong and the ideological episteme dissimilar to those of the Europeans. The colonial philosophy of medicine and its

praxis critiqued the indigenous tradition as unscientific and largely encrusted with superstition incompetent to address the needs and challenges of the modern and progressive state and its people. And gradually the spread of modern medicine hegemonize the native systems of medical care in Kerala.

KEYWORDS: Culture, Health care system, pre-colonial Kerala, Ayurveda, Kalari Marma Treatment, Tribal medicine, Folk medicine, Caste, Indigenous medicine, Hegemony.

INTRODUCTION

The traditional knowledge of the indigenous or native people in all its multifarious ramifications is an inextricable part of their collective being and identity. Self-determination of human rights becomes decisively significant when Cultural identities of the submerged people are contested. Many indigenous or non-western epistemic worldviews are based on ecological and spiritual imperatives anchored in complex traditional or

indigenous knowledge systems. Traditional knowledge is in many respects orally transmitted and learnt through observation, practical engagement, or hand- on experience gained by trial and error. This incorporates a profound contemplative knowledge ubiquitous to the Orient that all parts of the natural world including elements like earth, air, fire, water and other inanimate matter have a life force imbued with spirit. It is holistic and integrative in character based on a philosophy and culture that perceives the interrelations of all phenomena in the natural and supernatural world. Traditional knowledge systems, scholars agree, are based upon a social cultural milieu that sustains a

belief in complex spiritual and social relations among all life forms.¹

Kerala known for its tradition of organized medical care, which had been in existence long before the advent of the Europeans, is still seen to be flourishing. The Europeans brought the system of western biomedicine when they colonized this part of the globe. In the nineteenth century, the princely rulers of Travancore and Cochin took the initiative in making the western system of care available to their subjects. Kerala had always been a promising land for different social community groups. Apart from the autochthonous communities of the land, there were intruders like the Brahmins, Christians, and Muslims to this region. Their

practices and varied knowledge of medical herbs have richly contributed to the growth of a proper health system in this region over centuries.

One cannot overlook the fact that in reality indigenous society was neither homogenous in terms of its culture, geography or social modes, nor did the subcontinent have a single health care method and practice. It however had an ensemble of local practices followed by innumerable caste and social groups. These remained largely autonomous to the dominant traditions of the land.

Kerala is generally hailed as the region of healthy people and health care practices. This is not only due to their social habits and living practices but also due to traditional systems of treatment developed and followed by the people. These traditional systems of Kerala can be placed broadly under four heads- tribal medicine, folk medicine, *Kalari-marma* treatment and above all Ayurveda.

TRIBAL MEDICINE

There are a number of tribal groups in Kerala, especially in the Western ghat region. *Kurichiyar*, *Kurumar*, *Malakuravar*, *Naicker* and the like still exist in pockets of hilly regions. Each tribe follows its own hereditary medical method in therapy. Generally, tribal medicines are for common illnesses. Many of their medicines are practiced with the blending of black magic. Even among the members of the tribal group, only a selected few specialize in treatment. Revered and esteemed in their society, they keep the mystery of their medicine to themselves. Knowledge of medicinal plants has converted a large number of their population into herb collectors. Their long association with forest life helps them locate the herbs and ease collection.

The tribal people of Kerala depended traditionally on an extensive number of herbal plants with medical value, readily available in the forests. They could easily identify them and use them to cure diseases. Their knowledge of herbal cures were neither recorded nor systematically handed down to posterity.

FOLK MEDICINE

Folk medicine is the mother of all systems of medicine. In the Indian palimpsest, folk medicine was never fully erased before the newer texts of local or foreign origin were written. Folk medicine claims that diseases are caused by evil spirits or the wrath of gods; it recommends diagnosis, divination and treatment by propitiation.

As in many parts of the world, folk medicine is rich and varied in Kerala. These medicines are a combination of locally available herbs prepared by boiling or pulverization. Every family in olden days used simple medical preparation for common ailments of children like cold, fever, headache, toothache, etc. Apart from this, persons or families in every village specialized in traditional folk medicines. There were some lower caste groups who were well-known physicians, like *Mannan*, *Velan*, *Kaniyan* and *Ezhava*. The most popular rustic physicians of traditional Kerala like *Mannan* and *Velan* came from the lowest strata of the society. *Mannan* and *Velan* associate their treatment system with black magic. They tie knots on a black thread, activate it with the chanting of *mantras*, and tie it to the arm or waist of the ailing person. This is supposed to be one expression of exorcism, which they practice along with greater ritualistic process.²

The women of *Mannan* community exhibited expertise in gynecology and obstetrics. They administered fomentation with medicated hot water, after childbirth. They apply gingely oil, turmeric and the like to the body of the woman, after massaging the stomach. They assist the delivery by cutting and processing the umbilical cord and apply medicinal paste on the navel-pit of the child. They also prescribe and supply herbal medicines for baby care.

There were traditional families specialized in treating diseases like asthma, leprosy, diabetes, tuberculosis, and chicken-pox. Some specialists deal with branches like toxicology, pediatrics, and ophthalmology. As in the case of tribal medicines, some of the traditional medicines are kept secret by the families who believed that the revealing of the same would be a sin, or will lead to the loss of the potency of the medicine. Authorities testify to the prevalence of this belief in the field of toxicology

perhaps more than in other branches.³ The medicine used and the preparations that followed had nothing to do with the Ayurvedic system.

There is a work called *Shasrayogam*, which codified many of the traditional medicines of Kerala. This text was followed not only by traditional physicians but also by the ordinary people of Kerala. The medicines prescribed in the *Shasrayogam* like *Kasthuryadi*, *Gorochanadi*, *Kompanchadi* and *Dhanwantaram* are alien to Sanskrit Ayurvedic texts.⁴ The Ayurvedic physicians of Kerala generally follow texts like *Astangahridayam*, *Astangasamgraham*, *Carakam*, *Susrutam*, *Bhelasamhita*, *Sarngadharam*, *Madhavanidanam* and *Bhaisajyaratnavali*. However, they never discarded or discredited indigenous texts like *Sahasrayogam*, *Chikitsakramam* and *Chikitsamanjari*.

There are a number of indigenous preparations, which stand away from the traditional Ayurvedic prescriptions. *Ilaneerkuzhampu*, for eye diseases, prepared using the water of tender coconut is a traditional preparation of Kerala. Many parts of the coconut tree, which is cultivated throughout Kerala, from root to leaf are utilized for traditional preparations. *Dhara*, *Navarakizhi* and *Talam* for the head are not seen in the north Indian tradition of Ayurveda.⁵

Kalari- Marma Treatment

Kalaripayattu is one of the age old physical cum martial art of Kerala. It has a continuity of many centuries and is based on the ideal of a sound mind in a sound body. *Kalaripayattu* evolved, during the early centuries of the Christian era in *Tamilakam* as a fighting technique of warriors. In course of time, it was systematized and developed into a scientific way of weapon training and physical culture. In the process of its development, the scope of the institution was enlarged through the adaptation of physiotherapy, 'bone- setting' and *marma* system. Such *Kalari* developed into treatment centers for *marma* disorders, rheumatic ailments and the like through a two way process of treatment and exercise. These physiotherapy techniques followed in *Kalari* evolved from the traditional folk medicine.⁶

Kalari has also developed a traditional orthopedic system, which is popular all over the state especially for the setting of displaced or fractured bones and neurological complaints. Here also traditional medical preparations are used. The herbs, barks, and leaves of plants locally available constitute the major ingredients. These medicines are powdered and made into a paste by adding oil, ghee or white of an egg and put around the area of bone setting. After placing the bones in the correct position, twigs are used to effect immobilization. The common medicated oil used in *Kalari* treatment is *Murivenna*, which is a traditional folk preparation. An analysis of the medicines used in *Kalari* shows that the *Kalari* masters of the old times were influenced by the folk medical knowledge and Ayurvedic knowledge.⁷

There are a number of manuscripts on *Kalaripayattu*, unpublished and scattered in traditional families all over Kerala. The available published manuscripts are *Rangabhasyam*, *Ayudhabhasyam*, *Kalari Vidya*, *Marma Chikitsa*, *Marma Sastra Peedhika*, *Marma Samacharam* and *Marma Chari*.⁸

Ayurveda

Ayurveda, the ancient scientific treatment system with a holistic approach to life, has deep rooted and widespread influence on Kerala. This pan Indian system entered the region through two major streams viz., Buddhist and Brahmanical. Even though both Charaka and Susruta are revered and their texts are popular in Kerala, Vagbhata's *Astangahridayam* serves as the foundation of the Ayurvedic treatment in Kerala. Perhaps this was due to the early and deep-rooted influence of Buddhism in the land and Vagbhata was a devout Buddhist by faith.

The people of Kerala accepted the Buddhist Vagbhatan text of Ayurveda with alterations along with the Charakan and Susrutan systems. Moreover, many indigenous and traditional methods found respectable acceptance in the practice of Ayurveda in Kerala. There are Namboothiri Brahmin families called *Astavaidyans* viz., Pulamanthol, Alathiyur, Kuttancheri, Thrissur Thaikad, Eledath Thaikad, Cirattamon, Vayaskara and Vellod – among whom the majority belonged to the *Mooss* community except Alathiyur who were *Nambi* in caste hierarchy. These families are called *Astavaidyans* because

they specialized in all the eight branches of Ayurveda – *Salyatantram*, *Salakyatantram*, *Kayachikitsa*, *Bhutavidya*, *Kaumarabhrtyam*, *Agadatantram*, *Rasayanatantram* and *Vajikaranatantram*.⁹

Even in this system of Ayurvedic treatment in Kerala traditional medicines of the region were accepted and applied. Kerala, which imbibed the pan- Indian Ayurvedic tradition, contributed its own share to this branch of knowledge. A number of scholar physicians had written commentaries on the existing texts through the centuries. They had not only included interpretations of the Ayurvedic texts but also added their own findings in the field.¹⁰

In course of time, due to various factors and spread of colonial culture, study of Sanskrit suffered setbacks and disintegration set in. Sanskrit study became lethargic, monotonous, and unwanted. This, in turn affected the popularity, expertise and availability of Ayurvedic physicians.

The first and foremost attempt to establish an institution for Ayurvedic studies was started by Kaviyoor Parameswaran Moosad in 1886 at Thiruvananthapuram. He was a disciple of the famous Paachu Moothathu who exerted great influence on the ruling family of Travancore. Considering his devotion and sincerity to his chosen field, the ruler Sri Moolam Thirunal ordered the adoption of the center as a government institution and started a department for indigenous and traditional medicine.

There are some other systems of medicine traditionally followed in Kerala like *Sidhavaidyam*, *Unani* and Islamic treatment system. However, they were either regional or religious. *Sidhavaidyam* is popular only in the Southern region of Kerala. This treatment is mainly based on mercury and minerals, processed, and pulverized to be used as medicines. Another belief is that saint *Agastya* initiated the *Sidhavaidyam*. The Nadar Community adopted this system in Kerala. It has to be underscored that unlike the pan- Indian system, the *Sidha* treatment of Kerala laid emphasis on urine test and examination of pulse. Some experts claimed that they could detect any disease just by feeling the pulse of the patient.

Kerala medical tradition was strong and the ideological episteme dissimilar to those of the Europeans when they arrived. Though Kerala society was caste ridden, any particular caste or class did not monopolize medical practice. Tribal societies had their own concepts of disease and its treatment ranging from supernatural remedies, inoculation, prayers and so on. These psychotherapeutic methods of healing were carried out not only through individual members but also by the involvement of the entire community.

Ayurvedic physicians coexisted with numerous other schools of treatment. There were Brahman priests, whose 'sacerdotal medicine' relied mostly on prayers to alleviate sickness, and religious healers from lower castes, usually devotees of a particular deity, who offered a wide medley of treatments. 'Magical' medicine invoked *amulets*, *mantras* and other charms to control ghosts, demons and witches, and to end supernatural assaults on health. A specialized class of magical practitioner was the *mantravadhi*, who chanted mantras to "treat evil eye afflictions, dog bites, scorpion stings," and other medical afflictions. Snake- bite cures exemplified a respected, specialized branch of treatment, combining the secular and supernatural. Among prevalent treatments, Ayurvedic humeral theories and dietary prescriptions were prominent.

During health crises, such as severe epidemics, eclecticism characterized manifold endeavors to secure health: animal sacrifice, goddess worship, vaccination, mystical rituals, and recourse to *vaidys*, or other physicians. As Western treatment was restricted mainly in the colonial era to English educated elites, Ayurvedic treatment was expensive and oriented toward wealthy upper classes. Limits of financial resources, education, and cultural freedom directed poorer section of the people to folk medicine.¹¹

Sree Narayana Guru, the spiritual leader of the *Ezhavas*, who had a profound impact on the social history of modern Kerala was a Sanskrit scholar and an Ayurvedic *Vaidyan*. As Ayurvedic doctors, the *Ezhavas* enjoyed a high reputation throughout Kerala. It is revealing that at the founding meeting of the SNDP *Yogam* in 1902, sixteen of the sixty people present were Ayurvedic *Vaidyans*.¹²

In its pre-colonial setting the system of medicine or its practice was difficult to extirpate from the larger ideologies of religion and society of the period. An indigenous medicine that had an ability to cure was also ritually believed to expel bad omens and evils against cures.¹³

The medicine practiced in the indigenous societies during the pre-colonial period gave a prominent role to the *Vaidyan* in determining the specific mode of administering treatment, which was called *Yukti Chikitsa*. The physicians were however operating under a broader epistemic base and enjoyed a reasonable degree of anatomy in the methods of identifying disease and medicine to be prescribed as a certain form of shared knowledge. Such treatment differed from *Vaidyan* to *Vaidyan* and hence there was no single method that could be called the *Yukti Chikitsa*; rather it was one of the major elements of their methodological practices. The *Vaidyan*, who had the right form of *Yukti* and were successful in curing diseases were believed to have *Kaipunyam* (one who was believed to have possessed certain spiritual powers). Diseases were also believed to be the work of evil spirits, which were to be warded off by chanting *manthram* and applying other magical treatments.¹⁴

The *Ashtangahridayam* system left no room for failure or danger in treatment. Its pharmacopeia consisted of drugs which were none other than leaves, roots and corns that are easily assimilable into the system by virtue of their akinness in property to the roots, vegetables and grains upon which they subsisted. The medicines prescribed by this system were especially suitable for the people of Kerala who ate light food and did gentle exercises in the 19th century.¹⁵

Ashtangahridayam is losing favor even with the inhabitants of contemporary Kerala. This is partly because of the general indifference to ancient sciences and partly on account of the want of sufficient encouragement and inducement to the native practitioners. The influential public has begun to largely patronize European medicine.

Science in Kerala became not just a point of reference but a framework to which everything in the colonial period had to adhere to. The logic of science forced the *Ezhavas* to abandon their traditional practices as unscientific. The assimilation of the idea of science convinced the lower castes of the rationale of accepting medicine as practiced by the high castes as based on ancient written texts. As a community, the *Ezhavas* with a long tradition of engagement with the health care practice came under the influence of the discourse opened up by colonial ideology. The *Ezhavas* negotiated the scientific rationality of the west as well as the traditional knowledge systems of high caste Hindus. The nature of interaction under colonial dominance ensured that as a social group desirous of increased social mobility, the *Ezhavas* became willing subjects for negating their own health care practices and ways of living by accepting the dominant standards of the high castes.¹⁶

V. Nagam Aiya wrote that many *Vaidyans* were 'mere quacks'. He opined that the decline of indigenous medicine was partly on account of the general indifference to ancient sciences and partly on account of the want of sufficient inducement and encouragements to the native practitioners at the hands of the influential and enlightened public, who have begun to largely patronize European medicine.¹⁷

CONCLUSION

At the time of the British conquest the medical needs of the population were met by a variety of indigenous practices in Kerala like Ayurveda, *Sidha*, *Unani*, folk medicine and tribal medicine. A fruitful interaction among them led to the enrichment of their pharmacopeia and the improvement of the diagnostic skills. Western medicine, initially introduced for the benefit of European community in India was later made accessible to the Indian population, as a conscious tool of the empire.¹⁸ It was also a cultural force; 'acting both as a cultural agency itself, and as an agency of western expansion'.¹⁹ It was in this cultural and ideological context that western medicine was planted in Kerala. The anglicized intelligentsia and the politically constrained ruling class some would call, as subsidiary allies, welcomed its introduction, even though hesitation and skepticism was initially evident.²⁰

We can see the marginalization of the indigenous systems of medicine, its traditions and philosophy in the light of colonial interventions. The colonial philosophy of medicine and its praxis critiqued the indigenous tradition as unscientific and largely encrusted with superstition incompetent to address the needs and challenges of the modern and progressive state and its people. The colonial *modus operandi* deconstructed the foundations of Ayurvedic treatment and pharmacopeia highlighting its fragile foundations anchored in religion and irrationality. Instead they put forward the allopathic

system of modern medicine underscoring its rational philosophy punctuated by a scientific study of the body, environment and an irrefutable pharmacology buttressed by surgery and the institution of modern health care, sanitation and hospitals. The permeation of colonial medicine into Kerala was gradual and facilitated by the activities of the medical missionaries and supported by the English Residents who persuaded the Native rulers to extent it all support and encouragement. The triumph of colonial medicine in the state saw the spread and acceptance of Christianity as a balm for the heathen soul and body. It ultimately ensured the political dominance of the British in Kerala and the creation of a mass of supporters in the form of the western educated and the newly converted paving the way for long lasting hegemony.

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