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Esoteric Vs Exoteric: Situating indigenous medical practices of the twentieth century Kerala

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Abstract: *This paper looks at the process through which ayurveda is historicized as the classical tradition of Kerala (and India), at the cost of a variety of practices or ayurvedas. By the twentieth century, medical practice gained a respectful status and became an earning profession. The negotiation and competition to control a commonly shared public space of medicine led to various public interventions. Individual body became a social body and an object of knowledge around which a variety of debates begin to occur. These formations, along with print culture, changing economic relations, new associations and institutional frameworks emerged in the eighteenth and nineteenth century India acted as an umbrella space for the intermingling of a range of practices in their renegotiation with knowledge and power. In these processes ayurveda attained the role of a professional classical tradition with various kinds of validations or accepted conditions to become a knowledge system while adhering to its own tenets. Some others such as nattuvaidyam got pushed to the margin as folk medical practices. The analysis is done by reading the first indigenous health magazine, Dhanwantari published from the British Malabar from 1903 onwards for a span of twenty three years.*

Key Words: *Ayurveda, indigenous medicine, healing tradition, folk*

Nattuvaidyam, the Malayalam phrase for indigenous medical practice is a term that evolved in the nineteenth century when a non-*nattuvaidyam* or an outside/foreign medical practice (biomedicine) started establishing itself with the grant support of the colonial state. Though unani and homoeopathy had established their existence all over India by that time, this was a slow, informal and interactive process in which one form did not try to eliminate or delegitimize the

other through direct collaboration with the ruling group and with capital. Instead these practices interacted with each other, incorporated certain elements of the new practice, and sometimes worked as collaborations. In order to exist and establish, unani and homoeopathy did not attempt to devalue the other existing healing traditions. *Vaidyas* (indigenous practitioners) experimented and established the medicinal qualities of newly arrived plants which become popular in many states, such as tomato, papaya, red chilli, tapioca etc.[1] Advertisements of *patasalas* (schools) and *vaidyasalas* (pharmacies) carry name of the practitioner with an adjective '*nattuvaidyan'.'*[2] *Nattuvaidyam* was a large umbrella under which a range of indigenous practices such as *kalarivaidyam* (a combination of martial art, bone setting, vital spot body massage and treatment), *vishavaidyam* (indigenous toxicology), *marmanivaidyam* (vital spot massaging), *siddhavaidyam* (a practice that uses minerals and metals more for curing diseases), *ottamoolivaidyam* (single medicine/one time medication for particular diseases such as jaundice, yellow fever etc.), *ayurvedam* etc. were represented. But, gradually, ayurveda emerged as a separate entity and a classical tradition within *nattuvaidyam*. This process of institutionalization of ayurveda as *the nattuvaidyam* of Kerala, ended up in classifying all other practices as folk medical practices. Folk was first introduced into British academic discourse in 1846 to replace the term 'popular antiquities', the traditional beliefs, legends, customs or culture current among the common people and transmitted orally.[3] Following this idea of oral transmission, in India, many practices such as *adivasi vaidyam* (tribal medicine), *vishavaidyam* etc. are termed and bundled together as folk practice by mid twentieth century. The emergence of a classical

[1] *Dhanwantari*, 1912, March, 9:8. Red chilli is used for treating in-digestion. Papaya is used for digestion and for early stage abortion. Also see Raj 2007, 1-54
[2] *Vivekodayam* monthly, 1917, Vol.4, No.8 & 9.
[3] Claus & Korom 1991

ayurveda in the same period invariably created a popular as it's other from the earlier interchangeable association and separated them as *nattuvaidyam*. A separation rather than an association from *nattuvaidyam* was essential, for claiming any kind of difference in quality, efficiency and scientificity. In other words, separation enhances the claim of uniqueness of a classical tradition that enfolded in a national identity.

Dhanwantari, the first vaidya magazine published from Kerala in 1903, had been using *nattuvaidyam* and ayurveda as an interchangeable concept while writing on indigenous medicine of Kerala.[4] Many of the essays in *Dhanwantari* after a span of seven to ten years, begins to differentiate ayurveda from *nattuvaidyam* by highlighting the inefficacy of practitioners whose practice is based on vernacular texts like *Sahasrayogam, Vaidya Sarasamgraham, Chikitsamanjari* , *Vaidyaratnamalika* etc.instead of the renowned and accepted scholastic Sanskrit texts like *Ashtangas Sarasamgraham* (AS) or *Ashtanga Hridayam* (AH).[5] They were accused as quack practitioners and were from *velan*, *mannan* or *kanian* castes.[6] *Velan* and *Mannan* castes were the known *vaidya* castes in Kerala till mid twentieth century.[7] Their women were well versed *dais* and the men were *vaidyas*.[8] In 1917, *Dhanwantari* editors proudly claimed that, "before the formation of Samajam[9] nobody calls our *nattuvaidyam* as *aryavaidya*. You cannot see the term in any news paper".[10] So, among a range of *nattuvaidyam*, *aryavaidya* begins to separate itself as the genuine and trustworthy medical practice of a region. There is theoretically a consensus about the unique position of *nattuvaidyam*

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[4] *Dhanwantari*, 1903 to 1907.
[5] *Dhanwantari*, 1914, August, 12:1, 1915, September, 13:2 etc.
[6] Ibid.
[7] Bhaskaranunni 2000.
[8] Krishnankutty Varier 1980, Unnikrishnan 2011.
[9] *Aryavaidya Samajam* was the first *vaidya* organization in Kerala in 1901.
[10] *Dhanwantari*, 1917, January, 14:6.

in Kerala because of the wide variety of texts used, the equally divers practices and the interaction between practices.[11] In spite of this, vernacular texts are seen as inferior to Sanskrit texts. This is not peculiar considering the fact that the very idea of vernacular is produced within the larger discourse of some dominant languages.[12] Vernacular language sources did not follow official protocols and the norms prescribed for being an authentic knowledge. They shared a peripheral space, yet they open up an array of interesting dialogues that occur between the peripheral place they occupied and the central discourses produced through their very presence. The accessibility and the decipherable nature of vernacular texts make them popular among layperson. Popularity of a text demeans it from being or becoming a scholastic text. Popularity is in contrast to the esoteric nature of texts in the classical tradition. Naraindas uses a term exoteric to denote the other of esoteric which is equivalent to ayurveda.[13] There are two formulations in the separation of practices as regional/vernacular and Indian/Sanskrit. In the first one we can see the binary opposition between a regional vernacular and Indian Sanskrit. In the second one the opposition is between popular and scholastic or exoteric and esoteric. And both the ideas are entangled together to produce a folk or *nattuvaidyam* (the exoteric) against the classical or the esoteric with a preoccupation that both occupied in entirely different spaces of practice. Nevertheless, esoteric nature has disparate meaning in diverse contexts. When esoteric is used to represent a classical tradition, then its meaning is equivalent to scholastic which cannot be accessed by a layperson with her

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[11] Varier 1980; Unnikrishnan 2011; Vinayachandran 2011; Varier 2009

[12] Mukharji 2011

[13] Naraindas 2006, 2658-69. He sees indigenous medicine as a kind of unity between an esoteric and exoteric tradition instead of the anthropological categorization of classical and folk. He also did not want to see them as a set of eclectic practices. He further argued that the exoteric part is professionalized and unified from about the late nineteenth century and marginalized the esoteric tradition.

commonsense. When esoteric is associated with marginalized practices, then the meaning is equated with secrecy, quackery etc. Popularity is also equated with common people's culture. The norm that defines folk is based on the notion of common people's (*lok* or *nattu*) culture and knowledge.

On the one hand *Dhanwantari* requested the *vaidyas* to reveal their knowledge of secret *yogams* (composition of medicines) and *ottamoolis* which are not available in texts.[14] On the other hand it critiques their ways of practice as quackery since the practice is not based on any prescribed and 'standard' texts of the classical tradition. The knowledge that is not available in texts is seen as an important (re)source that needs to be preserved against loss, through documentation, publication and incorporation. Paradoxically the practices that subvert the logic of classical tradition by popularizing their texts and knowledge - through home medicine, medical lore and vernacular texts- are seen with suspicion as quackery. Thus the criteria that determine the truth carrying capacity of certain texts and knowledge are their distanciation from layman. The distanciation is the basic premise under which one positions oneself as unique and scholastic from the other(s).

The desire to appropriate knowledge that is not easily available ends up in attempts to reform the location of that knowledge rather than acknowledging the diversity of that location. Panikkar theorized this process as the "revitalization attempt of ayurveda" in a "struggle for cultural and political hegemony in which the non-textual traditions were not adversaries but object of reform".[15] This theorization denies any agency for non-textual traditions or popular practices to renovate within themselves, by merely seeing them as objects of reform. Instead of being passive recipients, the

[14] *Dhanwantari*, 1906, August, 3:1
[15] Panikkar 1995, 145-75

practitioners of non-textual traditions – some of the knowledge such as *vishavaidyam* and *siddhavaidyam* are indeed textual – actively participated in knowledge production, in early twentieth century, by bringing their esoteric knowledge to the pages of *Dhanwantari.*[16] Many people established themselves as *vaidya* practitioners in the hitherto caste-ridden medical public space, enriching their knowledge through the newly available texts on medicine. In principle *Dhanwantari* and the Samajam claimed themselves as a secular space, meant for all across caste and class. This was indeed significant when the indigenous institutional medical space of Travancore and Kochi princely states[17] was visibly caste ridden by not admitting lower caste students into their Ayurveda *Patasalas*. The Arya Vaidya Patasala (AVP) of Kottakkal[18] to which Dhanwantari is closely associated with, open its doors to all students irrespective of their castes. But this secular space gradually evolved as a fertile field to articulate the concerns and interests of a classical tradition of upper caste practitioners[19] at the cost of many diverse indigenous medical practices and their wisdom. One can see a number of simultaneous processes here; firstly, the practices of the upper caste *vaidyas* were refashioned as a classical tradition. Secondly, an authenticity was inculcated for the classical tradition claiming that the practitioners strictly follow textual knowledge for their practice. Thirdly, the texts used were claimed as those of the *Brhatrayis*, the three canonic Sanskrit texts, *Charaka Samhita*, *Sustruta Samhita* and AH. Fourthly, this classical tradition was asserted as a secular space. Fifthly,

[16] *Dhanwantari*,1905, June, 2:10 onwards; 1906, November, 3:4 onwards; 1906-1910, November, 3:7 - 7:6; 1908, November, 5:4 onwards.

[17] Till the formation of the united Kerala in 1956, Kerala was constituted by three different regions; Travancore and Kochi princely states and the British Malabar.

[18] Kottakkal is in Malabar that comes under Madras Presidency and direct British rule till independence.

[19] By this time the upper caste practitioners comprised of a combination of the Brahmins and the *Sudras*.

knowledge was incorporated from other textual and non-textual traditions. And finally, the attempt to weed out the practitioners, who refer popular and vernacular texts for their practice, as quacks. The ground of the classical tradition was believed to be firm enough, so that it needed only incorporation and interaction from other *nattuvaidyam* by placing itself as a scholastic centre. Much of the scholarships and theorization basically reproduced the inherent interlinks of the above mentioned formulation while attempting to critique some of them. So, scholars agreed in principle that the flow of knowledge is a trickling down from the ladder where the classical occupied the highest rung, above all kinds of *nattuvaidyam*. The incessant flow of knowledge and interaction between many traditions are acknowledged by all, but the control and chain of command is fixed with the classical tradition.

Articles in *Dhanwantari* made it clear that in principle two kinds of traditions existed in Kerala. One is the classical *vaidyas* from the Sanskritic tradition and the other is the subaltern *vaidyas* who follows vernacular texts for practice. This notion of two traditions was predominant in many essays that appeared in *Dhanwantari*. The magazine requested the upper caste and lower caste *vaidyas* to initiate an interaction among themselves.[20] It described the upper caste *vaidyas* as one who know *sastras* (*sastra nikshnathar*) and knew Sanskrit texts, and the subaltern *vaidyas* as one who is efficient in practice (*kriya vichakshanar*) and knows vernacular texts.[21] The inter-relationship between scholarly texts and vernacular texts was erased through an alienation of the vernacular resources as a local knowledge source of the '*kriya-vichakshanar*. And in a further theorization these vernacular texts were associated with home medicine.[22] There were methods and interpretations of making

[20] *Dhanwantari*, 1910, January, 7:6
[21] Ibid.
[22] Raghava Varier 2009, 9-44

binaries in indigenous practices too, that were equivalent to the dichotomies in colonial modernity. In order to assert one practice as theoretically sound it has to label the other as practice oriented with less theoretical input. I already mentioned that within non-textual practices codification is possible in an abstract level in memory. The magazine, *Dhanwantari* agrees that subaltern *vaidyas* knew many medicines and *yogams* (medicinal compounds) which are not available to the upper caste *vaidyas* or *sastra nikshanathars*.[23] It says, “For many illness such as fever, jaundice etc. these vernacular texts describes elaborate and effective treatments”.[24] Thus *Dhanwantari* directly acknowledged that the vernacular texts are not mere translations of AS or the *Samhitas*, and included a lot of knowledge which are unavailable to the canonic Sanskrit textual tradition of upper caste *vaidyas*. The association between Sanskrit and upper caste practitioners is also problematic in the context of Kerala because many lower caste *vaidyas* were well versed in Sanskrit from the seventeenth century onwards. Itty Achuthan symbolizes the *Ezhava*[25] contribution to the colonial knowledge production of the seventeenth century by actively participating in the compilation of *Hortus Malabaricas*.[26] *Dhanwantari* further stated that in pediatrics, much development has happened in the vernacular tradition compared to its Sanskritic tradition.[27] By publishing a series on *vishavaidyam* continuously for four years, and later consolidating these essays into a book to teach the students of AVP, *Dhanwantari*

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[23] Ibid.
[24] Ibid.
[25] Ezhavas are one of the lower castes of Kerala. Compared to Dalits,they are not economically and educationally backward.
[26] *Hortus Malabaricas* is a seventeenth century 12 volume book illustrated around 700 indigenous plants in the Malabar region of Kerala. It explains the medical properties of all plants in five different languages. The book materialized as a dream of Van Rheede, the Dutch Governor of Malabar and published between 1678 and 1693.
[27] *Dhanwantari* 1910, January, 7:6

organizers literally acknowledged that *vishavaidyam* also was an important practice and consist of non-textual knowledge. The four column article stated that since Brahmin *vaidyas* did not go out to the field and forest to collect medicine they did not possess knowledge of the plants and herbs. The lower caste *vaidyas* do the whole job from collecting herbs, cleaning them, preparing medicine and treating the patient. This increased their knowledge about varieties of plants and herbs which are unknown to the upper caste *vaidyas*.[28] Since the market, field and forests were spaces that cause pollution to the Brahmin *vaidyas* in the nineteenth century, the subaltern people were engaged or employed to collect herbs, parts of plants and medicines.[29] The spatial constraint introduced dissemination of certain elements of knowledge from the upper castes to the lower strata. But, a reverse flow of knowledge from the lower caste *vaidyas* to the upper caste practitioners was not acknowledged, and that is the reason which led *Dhanwantari* to request the practitioners to think about interactions and collaborations. This also led them in asking the *vaidyas* to share their knowledge on rare medicine through the *vaidya* magazine for the benefit of society. But incorporating knowledge of the lower caste *vaidyas* and identifying the quacks among them have happened simultaneously with another parallel process of consolidating classical and linking this classical with secular.

The selective use of ideas helps the exponents of classical tradition to push aside a number of *nattuvaidyam* practices as folk. They articulated new forms of medical reason and 'truth claims.' These were different from that of allopathic medicine and were characterized as the indigenous scientific basis of their learning.[30] At the same time they shoulder the responsibility of clearing out the weeds or quacks for ascertaining their originality and genuineness.

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[28] Ibid.
[29] Ibid.
[30] Sivaramakrishnan 2006.

The requirement invariably led to a differentiation between a classical tradition[31] and a non-classical tradition even while appealing to the non-classical tradition to open up its treasures. This compulsion of distanciation was activated by the introduction of educational institutions to teach *vaidyam*. *Vaidyas* passed out from these institutions were given specific titles and also appointed in governmental institutions as grant-in-aid *vaidyasalas*. This was further aggravated with the implementation of the Madras Medical Registration Act 1914,[32] initially meant for allopathic medical practitioners and later extended to indigenous medical practitioners.

Sivaramakrishnan observes that, in Punjab, *Attari*, the traditional trade caste and the druggist-chemists who sell medicine also worked as practitioners and were termed as quacks in comparison with the full time practicing *vaidyas*.[33] But, in Kerala the people in the *tharimarunnu* shops, who sell medicine, dry herbs and green plants do not assume the role of medical practitioners. *Vaidyam* became a full time occupation only in the twentieth century. Earlier it was a status symbol but not a full time occupation even for the lower caste practitioners. The known vaidyas in *Mannan* and *Velan* castes, had been doing occupations such as laundry services for the castes above

[31] In the context of Punjab, pointed out that the historicization of ayurveda provided an authoritative, classical lineage within a Sanskrit-based intellectual tradition. But I have doubt about the attributed authority of Sanskrit and its affiliation with Brahminical learning in the context of Kerala, because here many lower castes vaidyas were well versed in Sanskrit. (Sivaramakrishnan 2006)
[32] The Madras Medical Registration Act, 1914 was basically meant to regulate biomedical practitioners and the quacks among them. This Act was extended to regulate indigenous practitioners too without changing any of its clauses. The princely states did not regulate the medical practices – both indigenous and biomedical practices – through any Acts. Much later in 1953, the Travancore Medical Registration Act was implemented there. The Indian Medicine Central Council Act 1970 was introduced to the unified state of Kerala, which is meant for all kinds of medical practices.
[33] Sivaramakrishana 2006.

them[34] for their existence. *Vaidya* practitioners were treated as untouchables or given a demeaning position within upper castes.[35] The brief summary of a biography of Kochu Cherukkan Vaidyar appeared in *Vivekodayam*[36] states that his only profit as a vaidya practitioner was his *yessassu* (reputation), affection of great people and the *aassissu* (blessing) of poor people. He had practiced without charging any fee for his treatment and medicine. He managed to live with the yields from his farm[37]. By the second half of twentieth century, from the status of a knowledge and service that needs to be applied at the time of need, the status of *vaidyam* changes to an earning profession, that offers certain different kind of power for the practitioner. *Vaidyas* as subjects gradually reordered themselves in their attempt to ascertain the quality of their practice. This was activated with a competition in accessing the newly evolving public medical space through various truth claims.

There was competition among biomedicine and *nattuvaidyam* for a shared medical space. There was also a subtle competition between ayurveda and other indigenous practices for the newly evolving public medical space. The demand for medical practitioners increased in the nineteenth century because of epidemics and contagious diseases. This invariably changed the status of medical profession and was further enhanced by the financial investment of the state in the field of health. Biomedical practitioners were seen as officials with certain power and position. The equipment they used, their affiliation with the state, their authority to issue medical certificates, the bottling of medicines with increased shelf-life and the medical language they used all contributed to their elevated social status. The

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[34] These need not always be upper castes. the *Ezhavas* or Thiyyas, are backward in comparison to Nairs and Namputhiris, but areupper castes for the *Mannan* and *Velan.*
[35] Varier 1980
[36] *Vivekodayam* 1918, No.3: 1, August.
[37] Ibid

practitioners of indigenous medicine, who were always treated as inferior by the allopathic doctors in spite of the formers' higher caste order, aspired to tap the potential of the newly emerging medical space for enhancing their social status. The lower caste practitioners also saw this as an opportunity to ascertain a privileged social space which had been denied to them so far. The Dhanwantari magazine and the *Aryavaidya Samajam* the practitioners association, stimulated these social processes while attempting to formulate a classical tradition/ayurveda from a range of *nattuvaidyam* or ayurvedas.

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Bibliography

Bhaskaranunni.P, 2000, *Pathonpadam Noottandile Keralam*. (Nineteenth Century Kerala), Thrissur: Kerala Sahitya Academy.

Mukharji, Projit Bihari, 2011, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine*. London: Anthem Press.

Naraindas, Harish, 2006, *Of Spineless Babies and Folic Acid: Evidence and Efficacy in Biomedicine and Ayurvedic Medicine*. *Social Science & Medicine*, 62, 11: 2658-2669.

Panikkar, K.N, 1995, "Indigenous Medicine and Cultural Hegemony." *Culture,Ideology,Hegemony:Intellectuals and Social Consciousness in Colonial India*. 1998th ed. New Delhi: Tulika. 145–175.

Claus, Peter J, Frank J Korom, 1991, *Folklorists and Indian Folklore*. Bloomington: Indiana University.

Sivaramakrishnan, Kavita, 2006, *Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab(1840-1945)*. New Delhi: Orient Longman Private Limited.

Unnikrishnan, E, 2011, *Keralathile Nattuvaidyam* (Indigenous Healing Tradition in Kerala). Kottayam: D.C.Books.

Varier Krishnankutty, 1980, *Ayurveda Charithram* (History of Ayurveda). Kottakkal: Kottakkal Aryavaidya Sala.

Varier Raghava,M.R, 2009, *Alathur Manipravalam Enna Vaidyagrantham (*Alathur Manipravalam, a Vaidya Text*)*. Kottakkal: Kottakkal Aryavaidya Sala.

Dr.Vinayachandran, P, 2001, *Kerala Chikitsa Charitram (History of Medical Treatment in Kerala)*. Kottayam: D.C.Books.

Glossary

Aassissu -blessings
Adivasi -indigenous people, tribes
Ashtangas -eight branches
Brhatrayis -The three canonical texts of Samhitas that codified indigenous medical practice: *Charaka Samhita, Susruta Samhita and Ashtanga Hridayam.*
Chikitsamanjari -garland of medicines and treatment
Dhanwantari -god of ayurveda
Hridayam -heart
Kalari vidya -a practice that enfolds something similar to martial art, healing practices of bone setting and muscle injuries
Kriya -action, work

Marmanivaidyam -massage and treatments for vital spots in the body
Nattuvaidyam -indigenous healing practices
Nattuvaidyan -indigenous healing practitioner
Nikshnathar -experts in work/treatment
Ottamoolivaidyam -Special medicine for particular diseases, one time medication, single ingredient medicine
Patasalas -schools
Sahasrayogam -a text comprise of 1000 medicinal compounds
Samhita -The three canonical texts that codified Indigenous medical practice: *Charaka Samhita, Susruta Samhita and Ashtanga Hridayam.*
Sarasamgraham -essence of a large repertoire knowledge
Sastras -science, scientific
Siddhavaidyam -healing practice that used mainly minerals and metals with herbs for treatment
Sudras -a group of lower castes hierarchically positioned just below Brahmins and above the other backward castes

Tharimarunnu -small pieces of dry herbs, medicinal plants and leaves
Vaidya -indigenous medical practitioner
Vaidyaratnamalika -garland of medicinal compounds
Vaidyasala -place were patients are checked and medicines are given, indigenous pharmacy
Vichakshanar -experts-related to thought rather than action
Vishavaidyam -indigenous toxicology
Yessassu -fame, reputation
Yogam -medicinal composition, fate