

## PROJECT REPORTS

### THE TRADITIONAL AYURVEDA PRACTICING BY *PARAMBARYA VAIDYAS* IN KERALA AND THEIR UNIQUE ETHICAL OUTLOOK\*

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#### 1. Introduction

This study tries to understand the history of the traditional healing practices of the *Parambarya Vaidyas* of Kerala, who are members of families who have been practicing medicine as their vocation for generations and have learned the methods of their profession in the traditional ways. For many of them, it was either a family profession or a caste duty. Along with their history, this study examines the ethical principles that are integrated into the practice of these physicians. Hence the enquiry is partly historical and partly philosophical and ethical and these two are the primary objectives of this study. While analyzing the latter, the study tries to draw upon the insights presented in the works of Caraka, Suśruta and Vāgbhāta and in their light examines how their practices tackle some of the relevant ethical problems related to the science of medicine in general like abortion, euthanasia, quality of life etc. Such aspects will be historically interesting considering the multi religious and caste-based social structure of Kerala. It will also be relevant to examine the questions of public accountability of the physicians and their interrelationship with the society in general and what does the general public expect from them and how do the physicians respond to such expectations. The

*parambaryavaidyas* have been doing this for centuries and their practices may provide valuable insights for contemporary life as well.

This study relies on the primary data generated using qualitative methods of research, which consist of semi-structured interviews. Besides some other experts in the areas of medicine, folk tradition and Kerala history, about 20 practitioners were interviewed in order to understand their ethical perspective. The responses were recorded and transcribed and a qualitative analysis was performed. The secondary data for the work was generated from the study of some important texts in *Āyurveda*, written documents, official web sites and historical and philosophical works which are relevant to the practice of *parambarya vaidya*. The project was carried out under the following chapters:

- I. Introduction
- II. *Parambarya Vaidya* Tradition their distinct features and Kerala's Tradition, Geography and Climate
- III. The History of the *Parambarya Vaidya* System and its development after arrival of Brahmins; *Aṣṭvaidyas* and the history of Kerala
- IV. The Ethical Outlook of the *Parambarya Vaidyas*

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## V. Limitations and Future Scope

## VI. Concluding Remarks

**2. Tradition of *Parambarya Vaidyas***

The *Parambarya vaidyas* have been trained in very different ways than the modern physicians, who are educated in Colleges and Institutes and the former also share very different ideas and perception about health, disease, diagnosis, healing and medicine. They are educated directly by their predecessors and even today many of them continue the legacy of traditional learning and age-old practices and methodologies. In this study the term *Parambarya vaidya* is employed in a very broad manner. The term refers not only to the members of traditional families of physicians, but also to those who have learned such healing practices from the traditional practitioners following the ancient methods and curricula. However, for many of them, medicine is a family profession, which they inherit with pride.

In this strict sense there are only very few *Parambarya vaidyas* now alive and in another few decades the system may sadly become mere history as in modern era their conventions have become obsolete and the *Parambarya vaidya* system itself is in the verge of extinction. Many of the families have given up their traditional methods and have either adapted their vocation to satisfy the demands of modern day requirements—qualifications from modern Āyurveda medical colleges—or have diversified into other fields. Families of Thaikkattu Mooss, Vaidyamadam, Pilamanthol Mooss, Pattarumadam etc., have modernized their practices by building institutions like clinics, hospitals and even medical colleges. Though the older members of these families still practice Āyurveda in traditional ways, their younger generations are trained more in the modern lines. While more established and well-known families

like the *Aṣṭavaidyas* adapt to the modern requirements in this manner, many minor and less well-known families and groups find it difficult to survive. Some branches of traditional medicine like toxicology (*Viṣa vaidyam*) have already become irrelevant in the present world, as modern medicine offers quicker and easier remedies to snake bites. Again, many of the methods and procedures of older generation *vaidyas* are already lost. The traditional diagnostic methods which comprised of observing the imbalances of the *doṣas*—*vāta*, *pitta* and *kapha* of the patients' body and suggesting remedies that would restore the harmony — is hardly adopted by modern day Āyurvedic physicians, as they too have increasingly began to espouse modern diagnostic methods. This traditional method was once the hallmark of Āyurveda in which physicians would first assess to which category the patient belongs, as in each person one of the *doṣas* may dominate. He then would assess the imbalance of which *doṣa* was responsible for the ailment and would prescribe medicines that would bring back the lost equilibrium of the three *doṣas*. Such methods, according to some traditionalists, constituted the very core of Āyurveda and replacing them with modern methods has taken away the originality of Āyurveda.

Other systems and practices, which form part of the *Parambarya vaidya* tradition more or less subscribe to this idea of Āyurveda, which conceives disease essentially as a loss of equilibrium. Most of them consider the goal and purpose of healing as consisting in restoring this lost equilibrium. Hence they adopt a very comprehensive treatment procedure which integrates the patients' totality of physical and psychical life with his/her natural and social environment, climatic conditions and food habits with the consumption of medicine that directly aims at bringing all of them into a harmonious whole. Though they do not explicitly articulate, most of them suggest such a philosophy of life.

### 3. History of the *Parambarya Vaidya* Institution

While this study attempted recording the historical lineage of the different families from the memories of the members interviewed, it was found that most of them have only a vague idea of their historical past. They often relate their past to myths. Hence the time which led to the emergence of *Parambarya Vaidya* tradition in Kerala can be traced only on the basis of textual analysis. However, the account of these family practitioners and their sense of understanding of their history are also important, as they have very strong bearing upon their ethical outlook. Several such historical, cultural and religious factors have influenced the ethical outlook of these indigenous practitioners. The interviews conducted enlighten us about many of them.

The *parambarya vaidya* institution had emerged in Kerala owing to certain peculiar and unique historical and cultural factors, apart from the geographical and climatic peculiarities of the land. Swami Nirmalananda, one of the Āyurvedic physicians who have been interviewed as part of this study, emphasizes the climatic aspects that make Kerala's biodiversity unique<sup>1</sup>. The history of the tradition was traced by examining the history of Kerala, primarily with the help of the works of the historians of ancient Kerala. This examination reveals some important and interesting factors, which help us to understand not only the emergence and evolution of the tradition, but also the factors that are responsible for the uniqueness of the *Parambarya Vaidya* tradition.

The *Vedic* tradition from where Āyurveda had emerged has a direct influence. The Buddhists in India and the business communities who had to make extensive travel across different states spread the science of medicine and patronized it. One important route through which Āyurveda arrived Kerala is through these traders and the Buddhist missionaries appointed by Aśoka and

other rulers of the North. Along with the arrival of the Brahmins—the *Namoothiries*—earlier in the 4<sup>th</sup> century AD and later in a major way during the 8<sup>th</sup> and 9<sup>th</sup> centuries, Āyurveda was introduced in Kerala more formally and systematically where it would have further flourished with active and creative interactions with the existing systems and practices of medicine, which included *Siddha* and various other tribal forms. The temples and Buddha shrines upheld the legacy of these healing systems, as the various offerings from these worshipping places had therapeutic impacts on the devotees who consumed them. Even today some temples in Kerala have such medicinal offerings. The *Vazhuthananga nivedyam* in the Koodalmanikkam temple in Irinjalakkuda, the ghee offering of Sabarimala, the Palpayasam of Guruvayoor are examples.

While we attempt to trace the history of the Kerala *parambarya vaidya* institution, we come across certain stumbling blocks. There are certain ambiguities regarding the history of ancient Kerala itself. However there are some literary evidences that suggest the prevalence of *Siddha* medicine in the region long before the arrival of Sanskrit-based Āyurveda system to the state. With the arrival of the Namoothiries and the establishment of their settlements, the State had been transformed into a new socio-political and economic order and it was during this time medicine was institutionalized for the first time. The Namoothiries have divided the State into eighteen villages (*thalis*), and one *Vaidya* family was appointed as chief physician in each of these villages<sup>2</sup>. These Brahmin families were made responsible for addressing the problems related to physical and mental health of the people in their respective villages.

Another important historical factor is the influence exerted by the texts *Aṣṭāṅga Samgraha* and *Aṣṭāṅga Hṛdaya*, both composed by Vāgbhaṭa, who had very clear Buddhist lineage. Considering the opposition between the *Vedic* tradition upheld by the Kerala *Namoothiries* and the non-*Vedic*

Buddhist school, this factor is extremely relevant and interesting from a historical perspective. The *Namboothiries* were the highest Brahmin caste of Kerala who were engaged in the learning and teaching of all the knowledge traditions including Āyurveda, but were primarily practitioners of the ancient Vedic religion, which was characterized by the strict observance of several customs, social protocols and ritualistic practices. It is believed that Vāgbhaṭa had come to Kerala from Sind in the North in the 7<sup>th</sup> century AD. He was apparently dejected by the attitude of the Brahmins in the North who refused to accept his treatises owing to his Buddhist connection. But in Kerala, he was not only welcomed, but also was adored as an *Ācarya* and it was he who taught and trained some *Namboothiries* in Kerala, who later became the *Aṣṭāṅga vaidyas* or the *Aṣṭāvaidyas*. It is believed that he lived in the “*illam*” (the name for a *Namboothiri* house) of Pulamantol Mooss, who was his disciple. The Buddhist influence is evident in their practices. Unlike the other orthodox Brahmins, these *vaidyas* never practiced untouchability in the rigid sense in which it was observed by other *Namboothiries*—who considered even seeing a lower caste man as polluting—and did not very strictly performed some of the very important caste duties of their times. Since they were physicians, they could not avoid coming into contact with blood and other body fluids, which was considered impure and polluting by the orthodox tradition. All these factors ultimately resulted in downgrading them in the caste hierarchy, as it was traditionally not a common practice for other *Namboothiris* to marry from the family of these physicians<sup>3</sup>. Hence they were forced to have marriage relations among themselves, which led to the extinction of some of the *Aṣṭāvaidya* families. Some families have merged with others.

The *parambarya vaidyas* are constituted, not only of the Brahmin *Aṣṭāvaidyas*, who practice Āyurveda, but also of many other minor and local traditions and systems mentioned above.

Even the practice of Āyurveda itself cannot claim absolute purity and is not devoid of influences from other traditions. At the most one may agree with Swami Nirmalananda who claims that there is nothing in the other systems that may directly contradict the basic assumptions, principles and practices of Āyurveda<sup>4</sup>.

Besides the most ancient insights about the medicinal value of plants, which the tribals who inhabited the land had, the traders and the missionaries from the north and later the *Namboothiries*, brought Āyurveda to the state. These developments happened during the initial centuries of the first millenia. Thereafter, we find a coexistence of Āyurveda with several other minor and major systems of medicine in Kerala. Though *Siddha*, which also has a very strong theoretical basis as a system of medicine, originated in the South and many from Kerala had practiced and contributed to its growth, it never gained the kind of popularity Āyurveda later gained in the state. This is primarily because, Āyurveda was promoted by the Brahmins, as its fundamental texts were written in Sanskrit, which they understood well. The learning of Sanskrit was mandatory for the learning of Āyurveda. On the other hand, the tradition of *Siddha* was based on Tamil texts and with the emergence of Malayalam as a language of the land, distinct from Tamil, this tradition gradually lost its hold.

Normally, the history of Āyurveda in Kerala was studied under three stages: Pre-Sanskrit era, Sanskrit era and modern period. The social structure of Kerala during the remote past has to be examined in order to know about the rise of Āyurveda in Kerala. As it has been mentioned earlier, much before the arrival of Sanskrit, the region had its traditional medical knowledge, influenced by the tribal and *Siddha* practitioners. Later, with the arrival of Sanskrit and with the beginning of the *Namboothiri* settlements, Sanskrit texts-based Āyurveda too had developed and spread in Kerala. The influence

of Buddhism was also visible. Some scholars argue that, before the Brahmin settlers arrived Kerala, there were many Buddhist establishments, including their shrines present in the state. The culture of Buddhism may not have spread in the state influencing the lives of people who were primarily tribals. They would have primarily been catering to the requirements of the north Indian traders. Some of these Buddhist worshiping centers were later converted to temples of Hindu Gods and Goddesses. The Kodungalloor temple and Sabarimala temple are cited as examples for this.

As Malayalam is a language born out of the merging of the two languages, Tamil and Sanskrit, the influence of both these strong traditions and several other local systems made the indigenous practice of medicine richer and unique. The so-called upper caste people of this region were deeply influenced by Sanskrit and imbibed its studies. Many of the upper caste households were well versed at least in the basics of Sanskrit. Naturally their interests led to Āyurveda. However, there existed different modes of treatments as some medicinal plants were found only in this region.

Another historical factor that had influenced the growth of the indigenous medical systems in Kerala was its status as the main hub for trade with the west and other parts of the world. It always welcomed foreign cultures and religions. Systems such as Unani reached Kerala shores before anywhere else. Later the associates learnt the science and spread it to the inner circles of the state. By the time the Namboothiries came to Kerala, there already existed a hybrid variety of medicine system. The social structure was such that the civilization was adept to absorb their culture and also make significant contribution to it. Thus Kerala's Āyurvedic system is a reformed result of combining its indigenous system, classical Āyurvedic texts and foreign systems.

According to Dr. Raghavan<sup>5</sup>, one of the practitioners interviewed as part of this study,

Kerala's traditional Āyurveda has its prominence due to the state's geophysical conditions. He says "Almost all medicinal plants depicted in Āyurveda grew in Kerala's biodiversity. However, certain practices like *kāyākalpa* can be traced to the indigenous methods of healing from the region. Swami Nirmalanda says, "Kerala has earned its stripes in *Pancakarma*. The main reason for that would be its unique climatic condition and biodiversity. There is no other place like Kerala in the whole world."<sup>6</sup>

The physicians in Kerala hailed from all strata of society. Along with Brahmin Aṣṭavaidyas, who were entitled to study Veda, there were Izhava families who studied Sanskrit works and practiced the science. Swami Nirmalanda says "All the traditional *vaidyas*, irrespective of the caste they belong to, follow the same classical text of Āyurveda. There are no differences in the methods. The arrival and spread of Buddhism too had helped in spreading Āyurveda in a massive scale."<sup>7</sup> There existed a variety of methods and systems of medicine in Kerala. But the most notable and systematic were Āyurveda and Siddha. Among the practitioners of Āyurveda, the Aṣṭavaidyas occupy an important place.

#### 4. The Ethical insights of the *Parambarya Vaidyas*

Several historical, cultural and religious factors have influenced the ethical outlook of these indigenous practitioners. The religious caste discriminations that existed in the society had an impact in the practice of medicine as well. This factor might have encouraged the development of a diversity of practices and systems, which nevertheless had interacted with each other. Owing to the conceptions of caste and profession based purity (as the Namboothiries were *Yajnavadins* or practitioners of the Vedic rituals which demanded high levels of purity amounting to their community's insulation from others), many Namboothiry families were reluctant to take up

medicine as a profession, as the latter demanded constant interactions with the general public and also would put the physicians in physical contact with blood and other bodily fluids which were treated as impure. Future physicians were discouraged to take it up as a profession by their elders as they considered it inferior to their social status. This trend was prominent in pre-independence days as well. Brahmins had reservations in treating people belonging to the lower caste.

However, since the practice of medicine was unavoidable for any society and the members of these families who took it as their profession had enjoyed respect and admiration in the society in general. The rulers of the land also have encouraged them by granting them high status in the society and rewarding their services with monetary benefits. The *vaidyas* themselves regarded their vocation as very important and divine and took the responsibility of serving the common men when they were in need. This apparent conflict between the Brahmanical traditions had significant impact in the history of indigenous medicine and in the history of the state as well.

The ethical outlook of these practitioners needs to be understood from this peculiar historical and socio-cultural background of the state. They too consider the ethical prescriptions laid out in the classical texts like Caraka and Suśruta *Samhitās* and Vāgbhaṭa's *Aṣṭāṅgasamgraha* and *Aṣṭāṅgahrdaya* as vital to the practice of medicine. The *vaidyas* considered service to the people as their *dharma* or duty and in a society, which was not rights-based, but was emphatic on the obligations individuals and communities have based on position, knowledge and caste in the society, the *vaidyas'* knowledge and authority remained unquestioned. From the perspective of modern medicine, this may sound paternalistic and hence problematic. But in a society which stresses on the obligations of the *vaidyas*—the *dharma* of

the *vaidya* is to ensure the welfare of the patient, which consists in restoring the natural state of the patient which enables him /her to pursue his/her basic objectives of life (*Puruśārthas*)—this system worked well.

In the modern day, this paradigm encounters several challenges, and with modern medicine and its practices becoming paradigmatic, several issues like ensuring patients' rights, patients' autonomy etc., have become prominent. In this modern framework, the patient has the right to know the details of his health problems and the remedial methods used to resolve them, which the physicians have to provide them. The former has the right to make decisions about the treatment. These are issues, which the traditional practitioners have never encountered. Dr. Raghavan makes an important observation in this context. Being equally conversant in the science of modern medicine, he says that the right to take a decision remains with the patient without doubt. He points out that, "...Āyurveda, however is not limited to the curing of diseases. It is actually a *Veda*. To practice it in its purest form in today's socio-cultural scenario is difficult. Now we find that there is no Ayurveda, instead what we have is Ayurveda."8

This study explored the ethical perspective of the *Parambarya vaidyas* by interviewing them and from these interviews it identified 115 responses and from them 6 broad interrelated themes were identified, which have bearing upon the ethical outlook of the *Parambarya Vaidyas*. These themes are; (1) Glorifying Past/ Kerala's Peculiarities (2) Uniqueness of *Parambarya Vaidya* and its Superiority (3) Patient-Physician Relationship (4) Belief Systems and Profession (5) Changing Society and the World and their Impacts on *Parambarya Vaidya System* and (6) Quality of Medicines, Treatment Methods and Practice. Keeping these themes in the background, two major premises—Ethical Issues and Frameworks and Present Scenario—were found

to be emerging under which the theoretical framework is further developed and discussed.

Most of the physicians emphasized the importance of an integrated outlook in their very conception and practice of medicine. They assert that the responsibility of the physician is more important than all other factors in the course of medical practice. What is emphasized is the notion of dharma; the duty of the physician towards the society and how the actions performed for the sake of these duties reward its performer as well. Hence it is not the individuals' rights-based paradigm of ethics, but an ethical outlook that stresses the duty that is relevant here. The *Parambarya vaidyas'* outlook gives equal importance to the physician and the patient and never treats the patient as the center and considers the physician as a service provider, whose role is to just assist the patient. The physician has to be trusted by the patients and in its absence the treatment will not be effective. Hence the ethical framework of the *Parambarya vaidyas* considers both as important. This trust and authority, however, are not something, which is established *a priori*. Physicians earn them as a result of their selfless service to the public.

This aspect has been elaborated above with the idea of *dharma* and the patient-physician relationship. Dr. Raghavan articulates the theoretical presupposition of this idea by affirming that the doctor must see the patient as a replica of himself.<sup>9</sup> While being critical of the present day commercialization of *Āyurveda* and *Prambarya vaidya*, many of the physicians interviewed have emphasized that the traditional system always have considered service above money and other material consideration. Chandran Gurukkal who is a Kalari Master from Kozhikode, affirms that a good practitioner never sees money as primary but the ailment and its cure<sup>10</sup>.

This study has also interrogated the *Parambarya vaidyas* with an interest to know their responses to some typical problems facing modern

bioethics like abortion, euthanasia, rights of the patient, decision making, autonomy of the patient, the role of family, the role of the physician etc. Advocating a conception of morality, which emphasizes the duty of human beings towards each other, they all consider life as valuable and even divine, and believe that physician has no right to take it away. None of them will approve of a situation where the Physician is playing an active role in taking away a patient's life under no circumstances. Some of them are even shocked even hearing the idea of physician-assisted suicide, as suicide and murder are not philosophically interesting topics of these traditional physicians.

## 5. Conclusion

This study attempted to make an overview of what is known as the *Parambarya vaidya* institution of Kerala, which is comprised of several major and minor traditions of healing practices. The emergence and development of the *Parambarya vaidya* system in Kerala is examined by analyzing the different stages through which it developed. Here it began from the period before the arrival of the Brahmins. It was found that, after the Brahmanical settlements were established in Kerala, medicine was for the first time institutionalized with the emergence of the *Aṣṭavaidya* tradition. This stage is the most crucial one, as it was during this period a peculiar socio-economic system had emerged in the state, which existed till the mid 20<sup>th</sup> century. Malayalam as a language for communication also evolved during this period and this was the golden era of the *Parambarya vaidya* tradition. With the arrival of the Europeans and the establishment of the British rule, the *Parambarya vaidya* institution started encountering a crisis. The contemporary scenario is disappointing, as the institution is almost on the verge of complete extinction. Unless the government comes up with creative measures, the *Parambarya vaidya* institution and the rich repository of knowledge it possesses may sadly become a mere memory.

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3. See Varier, Krishnankutty. *History of Ayurveda*. Kottakkal: Arya Vaidya Sala, 2009. p. 312.
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