VIDYA TO *VIDYABHYASAM*: TRANSITION OF AYURVEDA FROM WAYS OF KNOWING TO KNOWLEDGE

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Introduction

All over India, knowledge in ayurveda had been disseminated not only through state institutions and large private institutions such as ayurveda *patshalas* or schools/colleges, but also through individual teachers and practitioners. In the context of Kerala[1], in late nineteenth and early twentieth centuries there were only three institutions for the teaching of ayurveda: the princely state supported Travancore Ayurveda Patshala (TAP), Tripunithura Sanskrit Patshala (TSP) and the one and only private institution of British Malabar, the Kottakkal Aryavaidya Patshala (KAP). Nevertheless, hundreds of students learned *vaidyam* (indigenous[2] medicine/ayurveda) from eminent practitioners, either by staying with the *vaidyas* (indigenous medicine practitioners) or regularly attending the classes and treatment sessions.

The duration of the courses and learning period differed in all these institutions and individual run learning centres. The titles given to students at the completion of the courses were also different. The diversity of texts and syllabus, in fact, protected the diversity of knowledge and the specialized treatments in specific fields such as *marma*, *netra*, *visha* and *balavaidyam*. In the initial period, all the three established ayurveda institutions put into use this specialized knowledge by inviting traditional *vaidyas* as lecturers and teachers. By the end of the twentieth century, the three Samhita texts[3] were introduced as the central pillars for *vaidyam* learning in order to standardize ayurveda education and this eliminated all region-specific unique knowledge in the field of formal ayurveda education. In south India, *Ashtanga Hridayam* (AH) and its abridged version *Ashtanga Samgraham* (AS) were the most popular texts amongst the practitioners. The *Charaka Samhita* (CS) and *Susruta Samhita* (SS)

that were familiar in north India had not been used much in Kerala in the nineteenth and early twentieth centuries. On account of this and also because of the regionally specific medicinal practices as noted above, ayurveda of Kerala was treated as not sufficiently classical as that of north India. This was rectified partially by unifying and standardizing the syllabus and texts used for learning *vaidyam* in other parts of India. The shift in ayurveda education that occurred during the late nineteenth and early twentieth centuries has to be seen in the context of the major changes that took place in the general educational sphere in India. But, the specific significant moments of rearrangement that had happened in ayurveda has not been well documented.

Ayurveda Education

During the nineteenth century, diverse methods were in existence for ayurveda teaching in Kerala. The first formal educational institution, an 'Ayurveda Patshala' (Ayurveda School), was established in Travancore in 1889 (Mohanlal, 2014).[4] But prior to this, education in ayurveda had been formalized through individual teachers (*gurus*), either in their residence or in regionally supported spaces and community supported *patshalas* (Varier, [1980] 2002). The Sanskrit Patshala of Tripunithura in Cochin introduced an ayurveda course in 1926. Apart from these state-supported institutions, KAP was started as a private endeavour in Kozhikode in 1917 (Varier, 2002: XI). The TAP and the TSP admitted only upper caste students[5] (Mohanlal, 2014: 9), whereas other institutions all over Kerala run by individual teachers adopted a variety of methods for selection of students. Some of the teachers admitted students up to *sudra* castes,[6] some admitted strictly upper castes, some others admitted students from all castes and religions.[7] KAP, the first private ayurveda educational institution in Kerala, admitted students across castes (Varier, 2002: XI). It functioned as a stepping-stone between the caste-ridden state institutions and the individual-run secular and non-secular endeavours, until the institutions of the princely states opened their gates to students from all castes, under social pressure. Thus, the students from the marginalized communities and castes were supported only by individual *vaidyas* till the establishment of the KAP.

In the twentieth century, adapting to the changing situation, individual *vaidyas* too modified their syllabus as per the requirements of the newly evolving institutions. They also contributed to the

development and dissemination of an institutionalized ayurveda by introducing modern disciplines of learning such as physiology and anatomy in their teachings, under the supervision of allopathic medical practitioners.[8] Some of the *vaidyas* advertised that there will be a *vaidyashala* (pharmacy) as well as a 'medicinal garden' (herbarium) adjacent to their ayurveda *patshalas*.[9] Earlier, the students used to accompany the *vaidyas* in collecting the medicinal plants from the fields, home gardens or hills. This indicates that there was also an effort on the part of individual *vaidyas* to organize medicinal gardens in producing herbs, as this became a modern requirement. Through their personal endeavours, many individual *vaidyas* not only contributed to involving marginalized practitioners in the mainstream *vaidyam* practice, but also incorporated some of the new emerging requirements into their curriculum.

Medium of Learning

Both the *patshalas* of Travancore and Cochin insisted on a good base in Sanskrit for learning *vaidyam* and admission was restricted to upper caste students. In contrast, KAP of Malabar gave admission to not only students from all castes and communities, but also allowed them to write the examination either in Sanskrit or Malayalam (Varier, 2002).[10] The basic qualification for admission to all the ayurveda *patshalas* of the State was knowledge in Sanskrit. But in the KAP, the students who did not know Sanskrit were selected through an entrance exam and they were taught Sanskrit. Thus, the KAP initiated a revolutionary step through the introduction of Malayalam as a language to access and express knowledge in *vaidyam*. Allowing students to write examinations in Malayalam provided an opening to many of the lower castes to enter into the field of formal ayurveda education as many of them relied on vernacular texts and oral knowledge for practicing *vaidyam*. However, the medium of instruction in the schools run by individual practitioners varied according to the proficiency of the *gurus*. *Nattuvaidyan* Kesavan from Kollam district, Travancore state, advertised the introduction of a new syllabus in his ayurveda *patshala*.[11] Through the advertisement, the *vaidyan* informed that there was a provision in his *patshala* to learn *vaidyam* according to the TAP syllabus or the KAP syllabus. He also engaged a doctor to teach modern physiology and anatomy.[12]

The curriculum, period and mode of teaching were different in each institution, whether they were state-supported institutions such as Travancore and Cochin *patshalas* or community and individual

supported teaching centres such as *patshala* of Kesavan *vaidyan* in Travancore and KAP in Kozhikode. At the level of practice, the *vaidyas* in all the three regions in Kerala do not refer to CS and SS. They follow the regionally available vernacular and Sanskrit texts such as *Vaidyasara Samgraham*, *Sahasrayogam, Chikitsamanjari* etc. The only Samhita texts used to learn *vaidyam* in Kerala was the *Ashtanga Hridayam* (AH), and most of the teachers and institutions preferred to use *Ashtanga Samgraham* (AS), an interpretation of AH (Mohanlal, 2014: 10; Varier, [1980] 2002). The Samhita texts became part of the curriculum all over India only after the systematization and institutionalization of ayurveda in the twentieth century. In south India, AH was one of the authoritative and popular texts of ayurveda (Valiathan, 2009: i). The former director of TAP, Mohanlal, finds the Samhita texts difficult to learn, compared to the AH which is said to be easy to remember. A comprehensive understanding of AH facilitates the learning of the Samhita texts (Mohanlal, 2014: 10). Memorizing AH was not merely a requirement of *vaidyam* learning, it was an inherent part of *bhasha* (language) learning culture in Kerala (Mohanlal, 2014: 10).[13] While CS, SS and AS contain a mixture of prose and poetry, AH is composed in verse except a few prose lines at the beginning and the end of each chapter (Valiathan, 2009: ii) which makes it easy to memorize. The immense popularity of AH is demonstrated by the more than 30 commentaries on it (Valiathan, 2009: iii). In 1979, when the Central Council of Medicine standardized the curriculum of Ayurveda learning in India, AH lost its prime position in formal learning spaces. Instead, the other two Samhita texts were introduced as part of a uniform syllabus. (Mohanlal, 2014: 11).

The courses offered, the period of the courses, and the titles or degrees given, varied in all of the institutions. While TAP had a four-year *Vaidyashastri* certificate course and a five-year *Vaidyakalanidhi* certificate course, the TSP had a six-year course for the *Ayurvedabhushanam* certificate. The KAP insisted on a four-and-half-year *Aryavaidyan* certificate course. The three other private colleges that opened in the 1950s at Ernakulam, Shoranur and Kannur offered certificates in *Vaidyapadan*, *Vaidyabhushanam* and *Aryavaidyan* respectively.

The KAP trust members codified a syllabus for a four-year degree and a three-year diploma course, by introducing physiology and anatomy as part of the curriculum.[14] Their main text for teaching was AH. The other classical texts, CS and SS were introduced only in the final year, along with the texts prepared by KAP. Furthermore,

while discussing about the syllabus, the organizers stated that 'the medicines used in our treatment are not from the published books such as *Ashtanga Hridayam*. Kerala had a number of unique treatments such as *uzhichil* (oil massage), *pizhichil* (oil bath), *pothichil* (covering the body with medicine and mud), *navarakizhi* (medicinal pouch with *navara* rice), *dhara* (oil bath for the upper body part), etc.'[15] KAP's interest in preparing new texts also involved incorporating non-textual knowledge. On account of these regionally specific methods, and use of treatments and medicines belonging to the oral and vernacular corpus of knowledge, the ayurveda of Kerala was not considered by the north Indian ayurveda practitioners as classical as their own practice.

Nattuvaidyashala to Ayurveda Department

In 1915, the Ayurveda Patshala was under the supervision of *Nattuvaidyashala* (Indigenous pharmacy) superintendent (Mohanlal, 2014). The department was named as *Nattuvaidyashala* since the distinction between a classical, consolidated ayurveda and the scattered *nattuvaidyam* had not been emphasized at that time. Ayurveda and *nattuvaidyam* were seen as one and the same practice and there was not any differentiation between practitioners who used written texts and those who did not.

During the colonial rule, the assertion of '*nadu*' or region as an indigenous space against an outside space/invasion/rule gained ground. *Nadu* and *nattuvaidyam* represent a rooted space and medical practice respectively. Later, when this indigeneity needed a name and a title to represent its authentic place among many practices or different indigeneities, the necessity of formulating certain practices as ayurveda or *the* indigenous knowledge of a region arose. By 1917, the superintendent became the Director of Ayurveda and all the grant-in-aid *vaidyashalas* remained as *nattuvaidyashalas* or *vishavaidyashalas* (pharmacies for treatment of toxic cases).[16] This was also a period where ayurveda began to stand out among the varied *nattuvaidyam* or ayurvedas and asserted itself as the classical tradition of a region. By 1950, the name of the department was again changed to the Department of Indigenous Medicine (Mohanlal, 2014). The change in designation was also a change in its social as well as intellectual status. The post-Independence scenario necessitated the assertion of an indigenous or native practice against a modern medical practice. By this time, the projection of ayurveda as a classical tradition and elevation of it as *the* indigenous knowledge of a region was almost

complete. In 1990, the Department of Indigenous Medicine was named as the Indian System of Medicine and Homoeopathy and by 2010 it was transformed into the Department of AYUSH (ayurveda, yoga, unani, siddha and homoeopathy).

In British Malabar, which came under Madras Presidency, until 1945 the *vaidya* institutions had come under the School of Indian System of Medicine (ISM).[17] The term 'ayurveda' was never used to describe a coherent and consolidated practice which followed the Charaka, Susruta and Vagbhata Samhitas or the *Brhatrayi*.

Neither the Indian System of Medicine of Madras Presidency nor the *Nattuvaidyashalas* of Travancore and Cochin had marked ayurveda and *siddha*[18] as distinct practices of regions like Kerala and Tamil Nadu. By the twentieth century, the trend of naming any valuable practice belonging to a particular geographical space asserted the 'indigeneity' of practices. This invariably invited standardization of not only curriculum, but also the texts used for teaching and the medicines prescribed for illnesses. Earlier, the regional variations influenced the nature of herbs, minerals and metals used in making medicines. The practices, medicines and the ingredients used in preparing medicines varied between south India and other parts of the country as the climate and geography differed. For instance, pulse reading was a peculiar treatment, prevalent in Bengal, where it perhaps originated (Bannerji, 2004). At present, none of the ayurveda and *siddha* educational institutions, except those run by The Art of Living Foundation, include the learning of pulse reading as a method of diagnosis in their curriculum.[19] What I wanted to emphasize here is that till early twentieth century, all over India, the curriculum differed from region to region, the texts (both oral and written) used for learning also differed in each region though the basic tenets and body concepts remained the same.

New Certificates, New Social Status

Till mid-twentieth century, in the three formal institutions of Travancore, Cochin and Kottakkal, the titles awarded to the students who completed the course of *vaidyam* were also different as were the curriculum and the texts. This continued until the reorganization of the Ayurveda Department in the mid-twentieth century, which ended up in standardization of the syllabus and the texts used for learning ayurveda. Initially, TAP offered a four-year course and the students were awarded a '*vaidyatest'* certificate after successful completion of the course. Though private students and practitioners were allowed

to appear for the *vaidya* test, not all private students were allowed to appear. Only upper caste students were allowed (Mohanlal, 2014: 9). Those who completed this test successfully were appointed as the grant-in-aid *vaidyas* of Travancore. The course was reorganized in 1910. A four-year course offered a '*vaidya pareeksha* certificate' or Lower Medical Certificate (LMC) and a five-year course offered a '*mukhya vaidya pareeksha* certificate' or Higher Medical Certificate (HMC). AH was the main text for learning, apart from AS, *Hridayapriya*, *Sahasrayogam*, *Yogamritam*, etc. (Mohanlal, 2014: 10).

The first reorganization of the course as well as the *patshala* was initiated in the year 1917 when it was upgraded as His Highness the Maharaja's College of Ayurveda (Mohanlal, 2014:12-13).[20] Simultaneously, the post of *Nattuvaidyashala* superintendent was changed to the Director of Ayurveda. Instead of the existing LMC and HMC courses, a five-year course on *Vaidyakalanidhi* and a four-year course on *Vaidyasastri* were introduced. Apart from knowledge of ayurveda, modern medical knowledge of anatomy, physiology, dissection and medical jurisprudence were also included in the curriculum. But an examination was not conducted on these subjects (Mohanlal, 2014:13). In order to give practical knowledge to the students, an Ayurveda hospital and a pharmacy were established as part of the college. A herbal garden—another new component and requirement—was also established in a 110 hectare land at Pulayanaarkotta. In 1929, a postgraduate course of two years was introduced in *Ayurveda Acharya*, which included writing a dissertation and attending an examination and a viva (Mohanlal, 2014: 15).[21] Almost 20 students passed this post-graduation within a span of 20 years, till the course was discontinued (Mohanlal, 2014:15-16). During this time, the only ayurveda course available in Cochin was a six-year course in *Ayurvedabhushanam* by the TSP.

In 1938, the Travancore state introduced an examination to award *visarada* (expert) certificate for a one-year advanced course on *vishavaidyam* (toxicology). Though other specialized streams such as *Marmavaidya Visarada* and *Netravaidya Visarada* certificates were introduced in 1944, they were subsequently stopped in 1946 (Mohanlal 2014: 16). In 1950, a Diploma in Agatatantra (toxicology) was introduced to the graduate students as a specialized course. The diploma was offered in no other fields such as *marma*, *netra* and *balachikitsa* which were unique practices that had existed outside the educational institutions. This was also stopped subsequently, but it was insisted that traditional practitioners required the *Vishavaidya Visarada* Certificate and it was monitored through examination

conducted by the Vishavaidya Board. Earlier, the subjects taught in all the four[22] *visarada* courses were exclusively from the specialized treatments practiced in Kerala (Mohanlal, 2014: 16). When the *visarada* courses were stopped and specialization in each subject was introduced as a post-graduate degree M.D. (Doctor of Medicine) what was lost in this transformation was not merely a title, but the peculiar indigenous treatments of a region as well as the vernacular sources used for it, which were developed and sustained in parallel with ayurveda. The courses in all the four areas were taught by indigenous practitioners in the respective areas, and they brought in their unique knowledge and used vernacular texts for teaching them. When the subjects were integrated into the general curriculum of ayurveda, the specificity of the regionally available knowledge and the rich vernacular texts that described a variety of medicines and procedures were also delegitimized. The knowledge of the texts could not be accessed through a general reading of the texts alone.

Transmutation of Ayurveda

In 1942, the five-year *Vaidyakalanidhi* course introduced in 1917 was discontinued and a new professional course, the Diploma in Indigenous Medicine (DIM), was introduced (Mohanlal, 2014:74).[23] The name of the title to be given had not been decided even after the course had commenced. The duration of the course was six years, which included a one-year entrance course, four years of academic course and a one-year internship (Mohanlal, 2014: 75). The entrance course consisted of learning Physics, Chemistry, Biology and English, which also means that the course was envisaged based on the principles of modern science. The qualification for admission was fixed as a pass in Sanskrit *Sastri* test or ESLC (Eighth Standard Public Examination). Till then, knowledge in modern science subjects was not necessary for learning *vaidyam*. The DIM course was continued till 1949 and 150 students from six batches had acquired certificate in this course. Meanwhile, there had been continuous protests and strikes by the ayurveda students, demanding affiliation of the Ayurveda College with the Travancore University, which was formed in 1937. Finally, after ten years of protests, the state decided to form a faculty for Ayurveda in the University in 1949-50 (Mohanlal, 2014: 81). Following this, the DIM course was stopped and a four-and-a-half-year integrated diploma course (DAM-Integ.) as well as a five-year and nine-month integrated degree course (BAM-Integ.) were commenced. This was envisaged to enrich ayurveda by

incorporating allopathic subjects into it. The students of the earlier DIM course were allowed to obtain a Transitory Diploma in Ayurvedic Medicine by taking an examination which included subjects such as anatomy, physiology, pathology, obstetrics and midwifery (Mohanlal, 2014:85). Simultaneously, different departments such as clinical, pharmacological and ayurveda departments were started in the college. By this time, the first medical college of Travancore state had also been instituted. The students of the integrated courses started a strike for 'practicing what they learnt' when they preferred to practice allopathy and the same was denied to them. The strike was withdrawn after the ruling Communist ministry decided to allow them to practice allopathy on a condition (Mohanlal, 2014: 102).[24] The integrated diploma and degree holders had to attend another two-year Diploma in Medicine and Surgery (DMS) and those who cleared it were granted registration to practice modern medicine. They were appointed in the Department of Health as Assistant Surgeons. A condensed course in MBBS (Bachelor of Medicine) was also started in the medical college for ayurveda students.[25] All these processes culminated in transforming ayurveda students into allopathy practitioners. In reality, the intention of the state was to enhance the knowledge of ayurveda students by incorporating modern scientific knowledge about the body, health and medicine. But the students who had studied both ayurvedic and allopathic subjects preferred to practice allopathy. Thus, introduction of the integrated courses ended up in transmuting ayurveda into allopathy. Dr Mohanlal observes that the integrated courses or the combined courses were not useful for ayurveda education and the students graduated during the period did not make any contribution to ayurveda (Mohanlal, 2014: 103).

In 1959, the state decided to abolish both the integrated courses and introduced a diploma in *Shuddha* (pure) ayurveda to retrieve the 'purity' of ayurveda. By this time, the unified Kerala had formed and this *Shuddha* ayurveda course was introduced in all colleges across Kerala with a uniform curriculum and standardized texts. This initiative again ended up in delegitimizing the varied health practices, their vernacular texts, the knowledge and the bodily perspective used in assessing the disease and prescribing medicine.

Internal Versus External Assessment

While the *vaidyas* are qualified through examinations and external assessments conducted by educational institutions, the

nattuvaidyas—paramparyavaidyas (traditional practitioners)—still believe that the basic qualifications for *vaidyam* learning and practice are *thanmayeebhavam* (an approximate meaning is a harmonious blending or empathy) and *upasana* (devotion, dedication, worship).[26] One can argue that these attributes are new concepts that are added in the context of the competition among various traditional practices, ayurveda and modern medicine. One can also argue that these were old concepts dug out and attached to the reformulating process for making it appear more authentic and pure. But what is interesting is that during the interviews, only the traditional practitioners upheld these concepts. None of the ayurveda doctors interviewed (including the one who acknowledged the contribution of *nattuvaidyam*) ever used these terms, which indicates that the practitioners have different types of belonging to their practices, that is, perspectives in terms of the learning of *vaidyam*. Modern education does not need either of these concepts in order to give admission to a student into its institution (no matter whether it is an ayurveda college or medical college). It needs certain qualifications determined on the basis of marks obtained and subjects studied or rather an external assessment. It also needs an assessment based on an entrance test. These examinations or assessments do not in any way count the inner qualities of a person such as *thanmayeebhavam* and *upasana*. So, one kind of practice highlights the inner qualities which could not be measured but can be assessed only through one's involvement, devotion and dedication to the practice, whereas the other kind of practice highlights efficiency assessed on quantifiable terms. *Thanmayeebhavam* is important in the context of treatment where a practitioner not only feels empathy towards a patient or one who does not feel well, s/he also sees the other person as equivalent to her/himself. *Upasana* is significant for a person's willingness or desire to pursue *vaidyam*. It is believed that a person who does not have *upasana* does not usually stay back and 'finish'[27] the learning of *vaidyam*.[28] *Upasana* denotes something more than dedication and devotion. It is a lifelong learning process which needs a will to pursue *vaidyam* through involvement and dedication. *Upasana* leads a person into attaining knowledge progressively and practice *vaidyam* through observation, participation and interaction with the *vaidya* teacher. The basic requirement to sustain *upasana* is perseverance. *Nattuvaidyas* sternly believe that mere learning of texts does not make a *vaidya*.

Nattuvaidyas also believe that one who learns *shastras* (the science of medicine) alone cannot offer good treatment.[29] It is important to

learn *shastras*, but it is much more important to know the *sutras* (the techniques, strategies) of *shastras* for the functional application of *shastras*. There are layered meanings to each word and concept used in the *slokas* (verses) of any traditional text that deal with medical practice. There is a possibility of misinterpreting the meanings of *yogam*[30] when using them in a practical situation of treatment. So, *sutras* are as important as *shastras* in the learning of *paramparya vaidyam* (traditional medicine). In other words, one should be acquainted with the intricacies of the language of *nattuvaidyam*, whether it is Sanskrit, Malayalam, Arabi-Malayalam[31], or Tamil. A rather simple example would be a word named *kayam*, which could mean body (*sareeram*), strength, fever, accumulated dirt in specific body parts (*chevikayam* or dirt inside the ear), etc. in different contexts. The word also denotes asafoetida in some parts of Kerala. So, the *vaidya* should have the efficiency and versatility to pick up the appropriate meaning of each usage as per the context of the treatment. This also extends the efficacy of a *vaidya* in dealing with the language that represents the indigenous medical knowledge which does not necessarily require literacy. Again, even if one is well versed in *shastras* and its *sutras*, these are not sufficient for practicing *nattuvaidyam*.

Among *shastras* and *sutras* there are further differences and certain secrets that can only be acquired through close observation and day-to-day experience. There are hundreds of *shastras* and *sutras* which have not been written down. This is elaborated by Sukumaran[32] through an example of *chittamruthu*, a highly used medicine for the treatment of diabetes. One does not know at what point the creeper *chittamruthu* produces *amruthu,* the essential medicine for the cure of diabetes. People—including many practitioners—do not know this and they think that *chittamruthu* is always good for the treatment of diabetes. The stem of *chittamruthu* must be hung in different places. After two full moons, two sprouts appear in some of these stems. Only in those stems can one find *amruthu* meant for the treatment of diabetes. So even if the knowledge is available in texts, it could not be accessed just by memorizing the text.

Vaidyas believe that *marma* and *marmasastras* (the science that deals with vital spots) is not an easily available knowledge as per the requirement of the modern institutions.[33] For them the learning and practice of *vaidyam* is not an easily accessible educational package. The *nattuvaidyas* I interviewed asserted that *vaidyam* cannot be learnt through a four to five-year time-bound and fixed syllabus. Learning of *vaidyam* needs a lifelong dedication and passion and is one where a practitioner encounters and deals with many difficult and peculiar

situations. Handling these situations with efficacy, inventiveness and inner strength develops creativity and ability in the practice. The day-to-day practice is important in developing one's potential to encounter and overcome difficult situations of illness. There is a dynamic relationship between the knowledge acquired from actual practice, the knowledge accessed through written text or memory and the knowledge transmitted from generation to generation. These different notions of *vidya* go much beyond the normative frame of textual and codified ideas of knowledge or *vidyabhyasam*. They also challenge the fixed curriculum of formal medical education. Creating binaries of theoretical and practical knowledge is insufficient in understanding the larger complexities involved, as this article has tried to show.

Vidya Versus Vidyabhyasam

Vidya is translated as sciences (*sastras*), or a compendium of rules for religious or scientific treatise (Jha, 2010). Acquiring *vidya* in many Indian philosophical traditions is not merely learning from/about an external world, it is a learning process that includes the aspiration to ultimately know the self and to be liberated through that knowing. The body is central in achieving this knowledge about the self. *Vidya* (*arivu/bodham*, knowledge) is a joining together of the knower/subject (I or *aham*) and the known/object. One who knows oneself has *arivu* and it entails one with *athmabodham* or self-knowledge (*Oru Samoohika Kazchapadilninnu,* 2013: 14-21). Knowing oneself is dependent on the precondition of not fixing the 'I' with the pride of 'I know'. In other words, pride is a particular recognition of the 'I' or the self as the one who knows. Conceit is a production of a separation between knowledge and the knower (*aham*) or the self and the other (*Oru Samoohika Kazchapadilninnu,* 2013: 14-21). So, a separation between knowledge and the knower creates not objectivity, but *avidya* (blocking of knowledge). In this view,[34] *avidya* is not ignorance; it is a different notion of the self or a projected self as one who has knowledge and the power of that knowledge. Instead of objectivity or a separation from the knowledge (object) and the knower (subject), *arivu* (knowledge) requires a joining together of the two. The self-reflexive moment is in the vertex of the joining together. In sharp contrast, learning, in modern education, is equated with the process of 'acquiring' knowledge and information. Here, objectivity is the central pillar in the practice of accessing knowledge from a defined distance.

The advent of modern education (*vidyabhyasam*) in colonial India initiated explicit and implicit discussions on religion, knowledge, language and practices of the indigenous communities as well as those of the colonizers. Education became a buzzword that often stood in place of knowledge, though the concept of knowledge was reflected upon in innumerable perspectives.[35] While education represented knowledge or dissemination of knowledge, the indigenous mode of learning was classified in the colonial documents under religious learning by making an invariable association with practice and belief. Modern education became the central pillar in building up the idea of a better individual in terms of her capabilities and the worldview she acquired through the attainment of education. The capabilities meant not only certain technical skills, but also included acquiring specific language/s, particular ways of understanding, speaking and behaving. Such capabilities positioned the individual in a particular way within the society and worked as a deciding component that shaped her relation to the self and others. The referent, education, implied a plethora of things in different contexts. Many social activists have perceived[36] it as a space that promised parity to people across castes and communities. The concept of education has been studied as an institutional apparatus with its constraints and possibilities on the basis of how the content, teaching and learning are perceived within an educational system (Kumar, 2004). It has also been analysed on how the subjects were refashioned within the learning process (Seth, 2007). The content of learning and teaching, or the form of learning, is studied sometimes as an empowering tool (Mohan, 2006: 5-40) and, on other occasions, as an ideological tool for implanting dominant views (Kumar, 2004). The space that disseminates the knowledge or information is also viewed as one that provides parity as well as that produces new hierarchies (Satyanarayana, 2002: 50-83). The referent always accommodates contradictory positions and possibilities.

However, when the notion of *vidya* is transformed into *vidyabhyasam* in the twentieth century, the aspirations of the communities differed, the interpretation of *arivu* also varied, centred on the universal idea of education and empowerment. The notion of the self and its non-separable relation to *arivu* is subsequently reordered with the idea of a willed individual acquiring an objective and disembodied knowledge and a power through that knowledge. This unresolved tension and its contradictory and shifting meanings are reflected in indigenous medicine, in the transition of *vidya* to *vidyabhyasam* from the nineteenth century onwards.

Glossary

Aham	I, knower
Amruthu	the essential indigenous medicine for the cure of diabetes, in epics *amruthu* is a medicine used for eternal life
Arivu	knowledge, knowledge of the self, wisdom
Ashtangas	eight branches/divisions
Athmabodham	self-knowledge
Avidya	ignorance, lack of knowledge, a projected self as one who knows
Balachikitsa	pediatrics, indigenous treatment for children
Balavaidyam	specialized branch of treatment meant for children
Bhasha	language
Bodham	consciousness, knowledge
Brhatrayi	the three canonical texts that codified indigenous healing practice: *Charaka Samhita*, *Susruta Samhita* and *Vagbhata Samhita* or *Ashtanga Hridayam*
Chikitsa	treatment, care in terms of medicine
Chikitsamanjari	compilation of medicines and treatment
Chittamruthu	a herb used for the treatment of diabetes and other ailments
Dhara	oil bath for the upper body part
Guru	master, teacher; hard, heavy
Kayam	body; fever; strength; asafoetida
Kizhi	medicinal pouch
Madrassa	schools for religious teaching meant for Muslims
Mantra	incantation, magical spell
Marma	vital spots in the body
Marmachikitsa	massage and treatment for vital points in the body
Marmavaidyam	massage and treatment for vital points in the body
Marmasastra	knowledge on vital spots
Nattuchikitsa	indigenous treatment
Nattuvaidyam	indigenous healing practices/indigenous medicine
Nattuvaidyan	indigenous healing practitioner
Nattuvaidyasala	practicing place of indigenous medical practitioners, indigenous pharmacy
Navara	a variety of rice that has medicinal value
Netrachikitsa	indigenous treatment for eyes
Netravaidyam	indigenous treatment for eyes
Paramparya	traditional, from generation to generation
Patshala	school, learning place
Pizhichil	oil bath
Pothichil	covering the body with medicine or mud
Sahasrayogam	a text comprises of 1000 medicinal compounds
Samgraham	essence of a large repertoire of knowledge

Samhitas -	The three canonical texts that codified indigenous healing practice: *Charaka Samhita*, *Susruta Samhita* and *Vagbhata Samhita* or *Ashtanga Hridayam*
Sareeram	body
Sastra	the science of medicine
Shuddha	pure, not mixed
Siddhavaidyam	healing practice that used minerals and metals with herbs
Shlokas	verses
Sudras	a group of lower castes hierarchically positioned below Brahmins and above other backward castes
Sutras	techniques, tricks, strategies
Tantra	technique, strategy
Thanmayeebhavam	harmonious blending, seeing the other in oneself, empathy
Upasana	devotion, dedication, worship
Uzhichil	medicinal oil massage
Vaidyam	indigenous medical practice
Vaidyan/Vaidya	traditional health practitioner/s
Vaidyaratnamalika	garland of diamonds made of medicine (allegorical usage)
Vaidyashala	place where patients are treated and medicines are given
Vidya	skill, expertise, knowledge and wisdom learned
Vidyabhyasam	education
Visarada	expert, knowledgeable person
Vishachikitsa	indigenous toxicology
Vishavaidya/n	toxicology practitioner/s
Vishavaidyam	indigenous toxicology
Vishavaidyasala	pharmacy for the treatment of poison cases
Yogam	composition of medicines, fate

Abbreviations

BAM-Integ.	Integrated Degree Course in Ayurveda
CS	Charaka Samhita
DAM-Integ.	Integrated Diploma Course in Ayurveda
DIM	Diploma in Indigenous Medicine
DMS	Diploma in Medicine and Surgery
ESLC	Eighth Standard Leaving Examination
HMC	Higher Medical Certificate
KAP	Kottakkal Ayurveda Patasala
LMC	Lower Medical Certificate
MBBS	Bachelor of Medicine, Bachelor of Surgery
SS	Susruta Samhita
TAP	Travancore Ayurveda Patasala,
TSP	Tripunithura Sanskrit Patasala

Notes

1. The region was territorialized and named as the state of *Kerala* in 1956. Till 1947, the area was largely known as Malayala Rajyam with two princely states, Travancore and Cochin and the British ruled Malabar that came under Madras Presidency.
2. The concept 'indigenous' is used in this paper to denote the practices which have sustained themselves for centuries in a limited or enlarged geographical area and within encouraging or hostile situations, irrespective of whether they had their origin in the same area or not.

   These practices have attained adaptiveness and certain attributes unique to the region where they are located. The idea is different from the dictionary meaning of 'indigenous' which emphasizes and restricts the practice as something that *originated* in a particular area.
3. *Charaka Samhita, Susruta Samhita and Ashtanga Hridayam* are known as the '*Brhatrayi'* or the larger 'threesome'.
4. This section relies on a book titled *Ayurveda Education in Kerala* written by Dr Mohanlal, the first Director of Ayurveda Medical Education. Dr Mohanlal hailed from a traditional *vaidya* family, learned *vaidyam* from his father Kunjuraman, and later joined the Ayurveda College for formal training in *vaidyam*. He builds on an earlier text written by Subramania Sharma, *Ayurveda in Kerala Universities*. Sharma's tract deals with the initial 70-year history of ayurveda education, whereas Mohanlal analyses the history of 120 years. As of now, apart from official documents, this is the only available authentic source on the history of ayurveda education in Kerala.
5. TAP opened its doors to the lower castes in 1914, whereas TSP gave admission to the lower castes only in 1933 (Mohanlal, 2014: 105). Also see *Vivekodayam* weekly, 1904, December, 9: 5, 1911; August, 7: 5 & 6. There had been continuous appeal from subaltern communities through media and legislative assemblies, to open the gates of these educational institutions for all (See *Vivekodayam*, 1912, October-November, 2: 4). The upper caste *vaidyas* of British Malabar appreciated the Travancore government for supporting TAP financially and morally. However, the Ezhavas (a powerful lower caste group in terms of land and property) of Travancore vehemently criticized the government for not allowing them entry (only to them and not to all the lower castes) in TAP and Sanskrit colleges of the princely states (See *Vivekodayam*, 1909, October-November, 6: 1 & 2). The Ezhava community had publicly lamented saying that "our people are well versed in Sanskrit and *vaidyam*, still the Ayurveda Patshala and Sanskrit College did not give admission to our children" (See *Vivekodayam*, 1912, August, 3: 1, Asan). In Madras Presidency, Sri Kanyaka Parameswari Ayurveda Patasala (KPAP) established in 1898 by the Devaswom Board, did not admit lower castes till 1908. At the same time students from all over India (Hyderabad, Mysore, Travancore, Calcutta, Lahore and Punjab) got admission in this *patshala* (See *Dhanwantari* monthly, 1908, December, 6:5, Varier, *Madirasiyile Ayurveda Patsala*—Ayurveda School in Madras). *Dhanwantari* is a *vaidya* magazine published from northern Kerala for a span of 21 years from 1906. This is the first *vaidya* magazine of Kerala published by KAP.
6. *Sudras* are lower castes according to the *chathurvarnya* caste hierarchy. Castes below *sudras* are classified as untouchables. In the latter half of the twentieth century, through new associations and administrative powers, and also because

of their high visibility in the educational, economical and administrative sectors, *sudras* are upper castes in present-day Kerala.

7. P.S. Varier, a *sudra*, learned *vaidyam* from a Brahmin guru (Krishnankutty, 2001; Varier, 2002).

   Advertisement of Kesavan *vaidyan* in *Vivekodayam* 1904, November-December, 4:8&9,1. Venkiteswara Sastrikal, an upper caste teacher of the TAP, privately taught ayurveda to some lower castes. He gave a memorandum to the state in 1907, seeking permission for his lower caste students to write the '*vaidyatest*' examination. The State had approved private students to write the test though it took another seven years to admit lower castes in the Ayurveda Patshala (Mohanlal, 2014: 9).
8. Kesavan *vaidyan's* advertisement regarding his *patshala* at Kollam, Paravur. This is a recurring advertisement that appeared continuously for five months. *Vivekodayam*, 1904, September, 4:6,1; *Vivekodayam*, 1905, July-August, No.5:11&12,1. Editorial note about the opening of a new *vaidyasala* and *patshala* by Keralavarma Sastrikal at Karamana, Thiruvitamcore, *Dhanwantari,* 1906, June, 3:11.
9. Another recurring advertisement that the newspaper carried for almost ten issues, *Vivekodayam*, 1904, October-November, 4: 8 & 9, 1.
10. Also see *Dhanwantari,* 1903, August, 1:1, *Vaidya Pareeksha Niyamangal* (Rules of ayurveda examination).
11. *Vivekodayam* 1904, November-December, 4: 8 & 9, 1; 1908, February-March, 5:11&12, Aryavaidya Patasala inaugural speech.
12. Ibid.
13. Also interview with Krishnan Bhattathiripad, a *vishavaidyan* (toxicologist) on 30/04/2013.
14. *Dhanwantari*, 1917, January, 14:6.
15. Ibid.
16. In the early twentieth century, the *vaidyashalas* supported by the King of Travancore were either *nattuvaidyasalas* or *vishavaidyasalas*. The practitioner in the *nattuvaidyasalas* treated all kinds of illness, where as that of the *visha-vaidyasalas* mainly treated cases of poison (Menon, 1986; Bhaskaranunni, 2000).
17. See The Report of the Committee on the Indigenous System of Medicine, Madras, 1923.
18. Siddha is one of the codified indigenous medical practices of south India. The textual corpus of siddha is mainly in Tamil and Sanskrit. As in *vishavaidyam*, *siddhavaidyam* also used *mantra* (magical spells) and *tantra* (secret strategies) in its practice along with medicines. In north India, the *nathsiddhas* constituted a heterodox group more interested in iatrochemistry, a branch of chemistry and medicine rooted in *alchemy* (White, 1996: 1-14).
19. The foundation gives emphasis to pulse reading in their ayurvedic learning and it has huge demand outside India. (See http://www.artofliving.org/pulse-diagnosis, accessed on 16.11.2016).
20. Also see Bundle No. 172, General Section File No. II-17 of 1918, Vol. I, Reorganization of Ayurveda, Kerala State Archives, Trivandrum.
21. Ibid.
22. *Marma*, *netra*, *visha* and *balavaidyam* are the four specialized streams of indigenous practices pertaining to Kerala. The practitioners used unique medicines for their treatment, which are not seen in the available Sanskrit texts on *vaidyam*.

23. Also see Bundle No. B.No.656, No.19984/52/EHL dated 7.9.1953, Ayurveda College—Administration Report for 1951-52.
24. Also see the Udupa Committee Report on Ayurveda Research Evaluation 1958, pp. 22-65.
25. Ibid.
26. Prof. Padmapadhan, a Professor in Chemistry and a *siddhavaidyan* in a workshop on *marmavaidyam* conducted by Kottakkal Kanaran Gurukkal Smaraka Kalarividya Patanakendram at Kaladi on 20/07/2013. Pattambi Unnikrishnan interviewed on 16/05/2013, Sukumaran Asan, Melattoor interviewed on 20/07/2013.
27. As per many *vaidyas,* there is no finishing point in the learning of *vaidyam.* It is 'like the sea' and each one can take whatever they want according to their capacity. (Interview with Ravindran Asan and Selvanesan Asan at Trivandrum dated 10/05/2011)
28. Kishore Gurukkal, a *marma vaidyan*, Kollam, interviewed on 24/01/2013, Sukumaran Asan, *marma vaidyan*, Melattoor interviewed on 20/07/2013.
29. Selvanesan Asan, a *marmavaidyan*, in a workshop on *marma vaidyam* at Mahatma Gandhi University, Kottayam in June 2011.
30. Here the word *yogam* means the composition of medicines such as herbs, roots etc. and their proper mixing. It has no direct connection with the practice of *yoga.*
31. Arabi-Malayalam uses Arabic scripts but the language is Malayalam. There are different views on the evolution of Arabi-Malayalam. The commercial transactions between the Arab countries and Kerala in seventeenth and eighteenth century are seen as the point of origin of this language by some scholars (Ganesh, 2004). Another view is that Arabi-Malayalam developed through the *moulavis* or *mullas* in the *madrassas* (Islamic religious schools) when the colonial state asked them to impart modern education through the madrassas (Innes, 1997).
32. Sukumaran Asan interviewed at Kaladi, Kochi on 8/10/2011.
33. Kishore Gurukkal, interviewed at Kaladi, Kochi during a seminar on *kalarichikitsa* (treatment based on kalari) on 8/10/2011. Padmapadan in a workshop on *marmavaidyam* conducted by Kottakkal Kanaran Gurukkal Smaraka Kalarividya Patanakendram at Kaladi on 20/07/2013.
34. This is an *advaitic* view where Athman and Brahman are one and the same.
35. National Knowledge Commission Report 2006. The report classifies traditional knowledge in the knowledge application category and education under knowledge production category. This differential treatment delegitimises certain systems of knowledge production by situating them outside the purview and norms of education. The UNESCO World Report on 'Towards Knowledge Society' contradicts the above position by defining knowledge society as 'a society that is nurtured by its diversity and its capacities' (UNESCO, 2005: 17).
36. The leaders of the lower caste movement (Ayyankali, Sahodaran Ayyappan, Poykail Yohannan and others) perceived education as a weapon that would enhance the communities' social status.

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