

Memoirs of Vaidyas

The Lives and Practices of Traditional Medical Doctors in Kerala, India (2)*

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Abstract

This article presents an English translation of interview with a doctor of traditional Indian medicine (*Āyurveda*), Aṣṭavaidya, Nā**** Mūssū (1936~2007) in Kerala, India. The contents of the interview are 1. Background and History of the Family, 2. Education and Textual Traditions, 3. Royal Physician, 4. Aṣṭavaidya and 5. Basic Education.

Key words

Ayurveda, Traditional Indian Medicine, Ashtavaidya, Kerala

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Introduction

We would like to introduce here an English translation of one of our interviews. The interviewee is a doctor of traditional Indian medicine (*Āyurveda*), Aṣṭavaidya, late Nā*** Müssä (1936~ 2007).¹ We have attempted to prepare a literal translation of the interview closely to the original, preserving the original as much as possible, but for overall clarity and to facilitate understanding, we have organized the stories by topic and have provided detailed footnotes. Personal names and place names are shown by initial characters with asterisks to protect privacy of the people involved in our project. This interview was conducted as one of the activities of an Indo-Japanese research project, called PADAM (Program for Archiving and Documenting Āyurvedic Medicine), which is directed by the authors (Yamashita and Manohar) and supported by JSPS (Japan Society for the Promotion of Science) and Mishima Kaiun Memorial Foundation, Japan.

Data of the interview

Date: 23rd August 2003

Place: the interviewee's residence in Kerala, India

Interviewee: Nā*** Müssä (1936~2007), Aṣṭavaidya, Doctor of *Āyurveda*

Interviewer: Vijith Sasidhar

Video-record: PADAM VT, G034

Original Language: Malayalam

Translator: Madhu K.P.

Editor: Tsutomu Yamashita

Editor's note

[] : Supplementary explanation by editor

() : Paraphrase of the previous word by editor

Abbreviations

AHS: Aṣṭāṅgahṛdayasaṃhitā

AS: Aṣṭāṅgasamgraha

Ci: Cikitsāsthāna or Cikitsasthāna

¹ Aṣṭavaidyas are traditional physicians of *Āyurveda* and belong to Nampūtiri Brahmin community in Kerala. Cf. Zimmermann [1989], pp. 40-48, Vāriyar [2002], p. 488 (English translation p. 312) and <<http://www.namboothiri.com/articles/ashtavaidyans.htm>> (20 September 2008).

HIML: A History of Indian Medical Literature → Meulenbeld [1999-2002]

Mal.: Malayalam

Ni: Nidānasthāna

Śā: Śārīrasthāna

Skt.: Sanskrit

SS: Suśrutasaṃhitā

Sū: Sūtrasthāna

Utt: Uttarasthāna or Uttaratāntra

Interview with Nā*** Müssü

1. Background and History of the Family

My name is Nā*** Müssü. [Our] ancestral home is called Ciraṭṭamaṇ Illaṃ.² Our family actually hailed from Anṇāṭipuraṃ in Malabar. During the invasion of Tipu Sulṭān³, we moved to Travancore and sought amnesty from the Maharaja of Travancore; under his refuge we started our life here. I am aware our [family's] history [as it started] from the time we moved from Malabar [to Travancore]. I am not quite sure, but it was the time of Paramēśvaran Müssü or his son [who was then the head of our family].

It is from that time [that I know about our history]. Paramēśvaran Müssü is the oldest known person in our family. His son was Ravi Müssü. Ravi Müssü married one of the daughters of the Pulāmantōḷ Müssü family.⁴ All the succeeding generations came from them. Ravi Müssü had nine sons and nine daughters. His wife delivered eighteen children in total. The fifth one among the children was Nārāyaṇan Müssü who brought prosperity to the further generations in our family. The rest ..., the eldest [son] was married, but he had no children. And it was after the death of the rest [of the brothers], that this person (Nārāyaṇan Müssü) was married. He was fifth [among Paramēśvaran Müssü's children]. He (Nārāyaṇan Müssü) had three sons and a daughter. From then on, the first male child of every generation would be named Nārāyaṇan Müssü. A male child inherits his grandfather's name as a general rule, but [in our

² In Malayalam, *illaṃ* means 'house', especially Nampūtiri Brahmin's traditional house.

³ Tipu Sulṭān (1753?~1799) was a ruler of Kingdom of Mysore from 1782 to 1799.

⁴ The Pulāmantōḷ Müssü family is one of the Aṣṭavaidyā families.

family] the rule was changed. From that time, the first son of every generation [of our family] is [named] Nārāyaṇan Müssü. My grandfather was [also] Nārāyaṇan Müssü, my grandfather's younger brother was Viṣṇu Müssü, who was the youngest brother was Paramēśvaran Müssü. [My] grandfather was a fellow student of Kuṭṭaṅcēri Acchan Müssü.⁵ Every Aṣṭavaidyā has his education at the Kuṭṭaṅcēri family's traditional house (Kuṭṭaṅcēri Illaṃ). It has long been accepted as a special place for training Aṣṭavaidyās. At least one person in every generation would be a student at Kuṭṭaṅcēri Illaṃ.

My grandfather's son, namely, [my] father is also Nārāyaṇan Müssü. He was the only son [of my grandfather]. In those days, it was difficult to find a scholar like him who had so many disciples. College education was not prevalent then. He began to teach his disciples at the time when he was eighteen or twenty years old. This is known from his diary, in which he has written about his teachings. Around two hundred students have stayed and studied here at different times.

We were recognized as the royal physicians (Mal. *kottāraṃ vaidyan*), ever since we came to Travancore, the royal physicians of the Travancore Raja. That is the reason why we were gifted these many lands [by the Raja]. Otherwise, we had to be refugees from Malabar, fearing Tipu Sulṭān.

At first, we lived at Cērttala for a short period of time, but as it was not going very well, we moved to Kōṭṭayam. There is another reason that we came to Kōṭṭayam. The father-in-law of the head of our family then belonged to the Vayaskara (Vayaskkara) Müssü family⁶ in Kōṭṭayam. Therefore, he would have thought that it would be better to live near [the Vayaskara Müssü family]. Other than that, this place, Oḷaśśa seems to hold no special meaning. My father was the Honorary Director of Āyurveda in Travancore from *Malayālaṃ* year 1113 to 1119 (1937 - 1943 on the Christian calendar). We all stayed at Tiruvanantapuram (Trivandrum) during this period for six years. He died at the age of seventy-one. [My] grandfather and all of his younger brothers [with the exception of one] had died long before that. Only one of his younger brothers was there, and he was then above the age of fifty. This was [my] grandfather's

⁵ The Kuṭṭaṅcēri Müssü family is also one of the Aṣṭavaidyā families and Kuṭṭaṅcēri Acchan Müssü was the family head at that time.

⁶ The Vayaskara Müssü family is one of the Aṣṭavaidyā families.

younger brother (Mal. *muttappan*).⁷ Although he was the eldest *muttappan*, he was quite proficient in treatments till his age of sixty. In those days, a plague epidemic broke out in Bombay. There were many Keralites in Bombay. They pressed him to come to Bombay and subsequently he went and stayed in Bombay for some time to treat patients. These are some of the histories.

2. Education and Textual Traditions

According to the old tradition, the ceremony of initiation into the study of writing letters (Mal. *eluttiniruttal*) should take place before the age of three, to be precise, between two and three years old. If the ceremony is missed for some reason, it should be done before reaching the fifth birthday. That is how the beginning of study (Skt. *vidyārambha*) is done; first, the primary lessons are started and after that, the *Siddharūpan*⁸ will be taught to students. Then, gradually, works of Sanskrit poetry (Skt. *kāvya*), such as the *Śrī Rāmōdantam* and the *Śrī Kṛṣṇavilāsam* are taught. If students seek more proficiency in the Sanskrit language, they can learn the *Raghuvamśa* [of Kālidāsa], [the *Śiṣupālavadhā*] of Māgha and so forth. If one has gained enough proficiency to learn traditional medicine (Skt. *Āyurveda*), then education of *Āyurveda* is commenced soon thereafter. The initiation ritual of Brāhmaṇas (Skt. *upanayana*) occurs at the age of nine and the returning home ritual of *Brāhmaṇas* (Brahmins) (Skt. *samāvartana*) by the age of twelve or thirteen. Soon after the initiation ritual, one begins to learn *Āyurveda*. Everybody wouldn't be of the same talent in intelligence, correct? Therefore, one should only be taught according to his talent.

The Aṣṭavaidyas in Kerala generally follow the medical texts, the *Aṣṭāṅgahṛdayam* and the *Aṣṭāṅgasamgraham*.⁹ For more interested students and for those who seek more knowledge, there are the *Caraka[samhitā]*, the *Suśruta[samhitā]* and so forth.

Now, the author of the *Aṣṭāṅgahṛdayam* explained that the *Aṣṭāṅgahṛdayam* should be studied well and, moreover, one should also become well acquainted with the *Aṣṭāṅgasamgraham*. If this happens, then one

⁷ In Malayalam, *muttappan* means 'younger brother of one's paternal grandfather'. This Malayalam word is one of the kinship terms used by only Nampūtiri Brāhmins. Cf. Mencher & Goldberg [1967] pp.91 - 97.

⁸ The *Siddharūpan* is a handbook of Sanskrit language for beginners in Malayalam.

⁹ The *Aṣṭāṅgahṛdaya[samhitā]* and the *Aṣṭāṅgasamgraha* are the classical works of *Āyurveda* in Sanskrit and the both works are ascribed to Vāgbhaṭa (or Vāhaṭa).

will rise in learning above all others who base themselves on other treatises. This author of the *Aṣṭāṅgahṛdayam* states:

*etat paṭhan saṃgrahabodhaśaktaḥ svabhyastakarmā bhiṣag
aprakampyaḥ /
ākampayaty anyaviśālatantrakṛtābhiyogān yadi tan na citram //*
(AHS Utt 40.83)

He had such confidence in his work. [In this verse,] *etat paṭhan* means 'having learnt this'. 'This' (*etat*) means the *Aṣṭāṅgahṛdayam*. This [treatise] should be learnt thoroughly, [and then] *saṃgrahabodhaśaktaḥ* (one comes to have capacity to understand the *Aṣṭāṅgasamgraham*). The subjects of the *Aṣṭāṅgasamgraham* should be looked into, but not as deeply as those in the *Aṣṭāṅgahṛdayam*. If you learn the *Aṣṭāṅgasamgraham* as an advanced text after learning of the *Aṣṭāṅgahṛdayam* and gain proficiency by practices (*sv-abhyasta-karmā*) that are unavoidable, then one can make experts of other great texts tremble with fear (*ākampayaty anya-viśāla-tantrakṛtābhiyogān*). This is not a surprise (*na citram*).

However, it is not that I am deriding the status of the *Caraka[samhitā]* and the *Suśruta[samhitā]*. The difference between the *Caraka[samhitā]* and the *Aṣṭāṅgahṛdayam* is that whatever *Caraka* explains in great detail, the author of the *Aṣṭāṅgahṛdayam* explains in brief, and without losing even a bit of the essence. That is the difference.

The other masters have stated that one should not look at the rising sun, the setting sun, the bright sun at noon, the sun reflected in a mirror, the solar eclipse, and so forth.¹⁰ What the author of the *Aṣṭāṅgahṛdayam* says is simply: *sarvathekṣeta nādityam* (one should not look at the sun by any means.) (AHS Sū 2.39a). In this phrase, everything is included. Likewise, there is a chapter in the *Caraka[samhitā]* called *aṣṭaunindītyam* (CS Sū Chapter 21: the eight types of discreditable physical conditions in patients, etc.). It explains abnormalities that people experience. A great part of the things explained in this chapter has been summarised by Vāgbhaṭa in half of a verse (*śloka*):

aromaśāsita-sthūla-dīrghatvaiḥ saviparyayaiḥ (AHS Śā 3.107ab).

Abnormal conditions have been explained here. Lack of hair on the body (*aromaśa*), it is an abnormality and being black (*āsita*) like burned char-

¹⁰ Cf. SS Ci 24.96

coal, being obese (*sthūla*) or being excessively tall (*dīrghatva*); this is a group of four abnormalities. And there are the opposites of these conditions (*sa-viparyaya*), namely excess of hair on the body or the face, having an excessively pale body complexion or being very lean, or a dwarf.

When other [authors of the medical texts] took so much to explain this, Vāgbhaṭa finished it with half of a verse. Everything was covered [by the short phrase]. This is the greatness of Vāgbhaṭa. Moreover, it is a very rare case [in other texts], but [in the *Aṣṭāṅgahṛdayam*] academic definition (Skt. *śāstra*) and artistic expression (Skt. *sāhitya*) find their harmony. If one tries to convey scientific matters artistically, it often falls short. But this person (Vāgbhaṭa) was different. One of his chapters is called *madātyayādi-cikitsitam* (AHS Ci Chapter 7: treatment of alcoholism, etc.). The verses found in this chapter are so beautiful. If you extract some verses [from this chapter], one wouldn't believe that these verses are from a scientific text. Such beautiful verses are numerous in the text, as is his (Vāgbhaṭa's) immense sense of context.

There is one reference to a formula [of medicated ghee] called *kalyāṇaka-ghṛta* (AHS Utt 6.26cd - 31 = AS Utt 9.24 - 28).¹¹ It should be known from the name itself that it is *kalyāṇaka* or that which brings auspices. The words in the verse are thus:

varā-viśālā-bhadrailā-devadārv-elavālukaiḥ / (AHS Utt 6.26cd = AS Utt 9.24ab)

This is how it starts. All of them are medicinal plants' names and also auspicious. *Varā*, *viśālā*, *bhadrailā*, *devadāru*, *elavāluka* are at once the names of medicinal plants and also auspicious words.

On the other hand, there is a reference to another medicated ghee called *mahāpaiśācika-ghṛta* (AHS Utt 6.34cd - 38ab = AS Utt 31 - 34)¹² soon after the above-mentioned formula:

jaṭilā pūtanā keśī cāraṭī markaṭī vacā / (AHS Utt 6.34cd = AS Utt 9.31ab)

In this case, all of them are [medicinal plants' names which have] inauspicious meanings. All of this can only be done by a person who has a poetic heart.

¹¹ Cf. CS Ci 9. 35 - 42ab.

¹² Cf. CS Ci 9. 45 - 48.

Then, in the *Aṣṭāṅgasamgraham*, there is a part that explains the regimen for each season.¹³ These verses are of great artistic beauty. There is an opinion that the author of the *Aṣṭāṅgahṛdayam* and that of the *Aṣṭāṅgasamgraham* are two different people.

I do not know all those things. However, if you fight over the matter, there would be no end to it. We can never be sure.

He (the author of the *Aṣṭāṅgasamgraham*) also says:

*bhiṣagvaro vāgbhaṭa ity abhūn me pitāmaho nāmadharo 'smi yasya /
sutobhavat tasya ca siṃhaguptas tasyāpy ahaṃ sindhuṣu
labdhajanmā // (AS Utt 50.203)*

There was a great physician by the name of Vāgbhaṭa who was my grandfather, I bear his name; his son was Siṃhagupta and I am from him (Siṃhagupta) born in the country of the Sindhu.¹⁴

However, it cannot be known for sure whether it was him who wrote this.

At the beginning [of learning *Āyurveda*], one should study the *Aṣṭāṅgahṛdayam*. At the same time, one should memorize some medical preparations. There were no dispensing pharmacies (Skt. *vaidyāśāla*) in former times. Therefore, all patients had to prepare their medicines like decoctions (Skt. *kaṣāya*) at their homes. We (Āyurvedic doctors) just had to prescribe the medicines with appropriate methods of preparation for each patient. Āyurvedic doctors (Mal. *vaidyan*; Skt. *vaidya*) had only a few prepared medicines at hand, like a few tablets and so forth [in former times]. All the other medical preparations, such as decoction (*kaṣāya*), medicated paste (Skt. *lehya*), medicated ghee (Skt. *ghṛta*), and oils were prepared by patients themselves. Their methods of preparation were also given along with the prescriptions. Āyurvedic doctors would also make some modifications in the classical formulae according to doctors' rationale, but these modifications would be impossible without memorizing at least some of the medicinal formulae. Therefore, it is imperative that most of [the formulae described in] the *Sahasrayogam*¹⁵ should be memorized. All of these things should be started at a very early [stage of learning].

¹³ AS Sū Chapter 4.

¹⁴ Translated by K.R.Srikantha Murthy.

¹⁵ For the *Sahasrayoga* (or the book of thousand recipes), HIML IIA p.529: `This anonymous treatise, very popular among the vaidyas of Kerala, consists of a collection of recipes. The majority of the recipes are in Sanskrit, but about one hundred

*pustakasthā ca yā vidyā parahastagataṃ dhanam /
kāryakāle samāpanne na sā vidyā na tad dhanam //*

(*Vṛddha Cāṇakya, textus ornator XVI.20; Cāṇakyanīṭīśāstra 81; Cāṇakyaśārasaṅgraha II.55; Laghu Cāṇakya V.3*)¹⁶

The knowledge that is confined to books and the others' wealth are neither [working] knowledge when the need arises nor [usable] wealth when needed.

There is a saying like this. Knowledge in the books and other's money will be of no use at the hour of need. Therefore, whatever you study should be memorized. There is no other way, but to repeat it continuously.

First, one should learn this *Sahasrayogam* and when one gains a certain proficiency, the one can start to study the *Aṣṭāṅgahṛdayam*. The Sūtrasthāna of the *Aṣṭāṅgahṛdayam* should be learnt thoroughly.¹⁷ The essence of the *Aṣṭāṅgahṛdayam* is in the Sūtrasthāna. Among the Nidāna-[sthāna]s, the best one is Mādhava's.¹⁸ Among the Cikitsā[sthāna]s (or Cikitsitasthānas), the best one is Caraka's. As for surgery, it is Suśruta. Vāgbhaṭa is best in the Sūtrasthānas. There is nothing else like the Sūtrasthāna of Vāgbhaṭa. Therefore, this (the Sūtrasthāna of Vāgbhaṭa) has to be studied thoroughly.

There is also a saying that one can be an Āyurvedic doctor (Mal. *vaidyan*) if he learns the first 14 chapters of the Sūtrasthāna thoroughly. This [vulgar] belief came from the *katapayādi* system.¹⁹ When we ascribe numbers to the letters of the word, *vaidya*, it comes to 14. If we begin explaining the *katapayādi* system, it takes too much time; but anyway we can get 14, if we ascribe numbers to the letters of *vaidya*. Therefore, [someone says that] a *vaidya* just denotes one who has studied only 14

and twenty of them are in a mixture of Sanskrit and Malayālam, called maṇi-pravāḷam.' Cf. Zimmermann [1979], pp.8 (111) - 12 (107).

¹⁶ Sternbach [1963-4], Vol. II, Part II. p.413.

¹⁷ The *Aṣṭāṅgahṛdayasamhitā* is in six volumes: I.Sūtrasthāna (general principles), II.Śārīrasthāna (anatomical and physiological knowledge, etc.), III.Nidānasthāna (diagnostic knowledge, etc.), IV.Cikitsitasthāna (therapeutics), V.Kalpasiddhisthāna (purificatory recipes and pharmaceuticals, etc.) and VI. Uttarasthāna (supplement).

¹⁸ Mādhava, the *Rogavinīścaya* generally known as the *Mādhavanidāna*. See HIML IIA pp.61 - 77 and Meulenbleid [1974].

¹⁹ The *katapayādi* system is a traditional method to express numbers by using Sanskrit letters. Cf. Fleet [1911], [1912] and <http://www.namboothiri.com/articles/katapayaadi.htm> (20 September 2008).

chapters [of the Sūtrasthāna]. Has he really become a *vaidya*? No! He has not!

When students learn under a teacher (Skt. *guru*), they also have to attend to his (teacher's) patients. [Students learn] the way in which the teacher asks questions to the patients and the way in which the patients answer them, and all these things. Writing the prescriptions is also one of the students' duties. Once the prescription is written, it will be passed over to the teacher for checking and he will make the needed corrections in it. Therefore, it is a sort of 'practice', because the recipes of the medicines must have already been learnt [by the students].

Usually the study of medicine can be explained [in Malayalam] as *ēṭṭil aṅcū*, *kāṭṭil aṅcū*, *vīṭṭil aṅcū*, namely 'learning the texts (*ēṭṭil*) for five (*aṅcū*) years, then the study of identification of medicinal plants in the forests (*kāṭṭil*) for five (*aṅcū*) years, and study of the clinical practices at the home (*vīṭṭil*) of the teacher for five (*aṅcū*) years'. After all of these years, one will be able to become an Āyurvedic doctor (*vaidyan*).

This can be said as we like. If you like, you can also say that *ēṭṭil pattū* or 'learning the texts for ten (*pattū*) years', but here it is said that 'for five years in the texts, five years in the forests and five years at home for practice'. The students should have at least fifteen years of education. The practical part of the education will continue while the person continues clinical practices. One will be an Āyurvedic doctor (*vaidyan*) only after all of these things. In those times, when the *gurukula* (Skt.) system²⁰ is an usual method of education, there was no custom of taking tuition fees. It meant that there was no difference between one's own children and the students who were coming to study with the teacher. Apart from presenting a special fee to the teacher (Skt. *gurudakṣiṇā*) according to their (students') capabilities at the time for their leaving after the period of education, there was no custom that the teacher would demand something in particular. All of the expenses of the students, including their food, would be provided by the teacher during the period of education. [On the other hand,] the way in which the students repay to the teacher is only through their service. This is all that is left for them to do. Whatever the teacher needs, the students must understand and do it in the way the teacher desires.

²⁰ *Gurukula* literally means 'house of a teacher' and denote a traditional educational system on which students stay with the teacher at the place where the teacher lives and learn from him.

*guruśuśrūṣayā vidyā puṣkalena dhanena vā /
athavā vidyayā vidyā [caturthaṃ nopalabhyate] //*
(The *Vikramacarita* or the *Siṃhāsanadvātriṃśikā* 9)²¹

Knowledge may be acquired by following a teacher's instruction, or by a great amount of money, or through the medium of [other] knowledge; no fourth way is to be found.²²

These are the three ways in which one shall be able to repay to his teacher (Skt. *guru*). The first one is to learn under the teacher by rendering services. The second one is to present *puṣkalaṃ dhanam*, or a good amount of wealth, to the teacher. If the both ways are not possible for the student, then there is another way, *athavā vidyayā vidyā*; the student has learnt something from the teacher, so the student should teach some other skill or knowledge to the teacher. Now, if one has been taught medicine, the student can teach the teacher some logic (Skt. *tarka*), grammar (Skt. *vyākaraṇa*) or *vedānta* philosophy, if the student has learnt these subjects previously.

Thus, there are three ways in which you can refund your education [to your teacher]. Among these three ways, the service to the teacher is the best way. In this way, one can enhance his learning for a period of at least 8-10 years staying with and rendering service to the teacher. At the same time, the student can acquire experience through clinical practice. At first, one just needs to accompany the teacher during his (the teacher's) visits to patients. In due course, the teacher will send the student to the patient, asking him to obtain necessary information from the patient they previously visited. In cases like this, the teacher sometimes even lets the student decide the treatment. After doing all of these things, if the teacher is satisfied with the student's ability, only then would the student be worthy of the name, *vaidyan*. This was the way of education in days of yore.

To add to this, one should make a copy of the *Aṣṭāṅgahṛdayam* at the completion of his education. Not on paper with pencil and all, but on palm-leaf with engraving stencil. This is why so many copies of the *Aṣṭāṅgahṛdayam* are seen at teachers' homes. These copies have been written by students. Even a single copy will take several years to com-

²¹ In the *Vikramacarita* of Edgerton's ed., Story of the Ninth Statuette, Southern Recension of 9, 6 (Edgerton [1993] Part II, p.89) = Jainistic Recension of 9, 5 (Edgerton [1993] Part II, p.94).

²² Translated by Franklin Edgerton, Edgerton [1993] Part I, pp.99, 104.

plete. You can understand this if you see these manuscript-copies of palm-leaves. There would be almost 8-10 lines on each folio of palm-leaf. It should be written in a straight line without curves and the handwriting should be good. This is a very difficult job. I have practiced it in my childhood, but now I have lost the touch. In those times of war, the Second World War, there was a scarcity of paper. At that time, our teacher used to make us write on palm-leaves.

I was taught Sanskrit by Ra*** Tirumulpātū, who was a native of Ambalappuḷa and a disciple of my grandfather's younger brother; also, he was my father's teacher. Thus, he has a connection with three generations in my family. He learnt the *Aṣṭāṅgahṛdayam* under the guidance of my grandfather's younger brother and then he taught my father. In his old age, he taught me too. In this way, he has a connection with three generations of my family. It was he who taught me, from how to write the alphabets (Mal. *nilatteḷuttū* or 'writing on the ground') to the Nidānasthāna of the *Aṣṭāṅgahṛdayam*.²³ I continued my study under him until I was about ten or twelve years old. He taught me the other poetical works (Skt. *kāvya*) and the *Aṣṭāṅgahṛdayam* up to the Nidānasthāna. When it reached the Cikitsasthāna [of the *Aṣṭāṅga-hṛdayam*], he told me that I should learn it from my father. From then on, it was my father who taught me from the part of the Cikitsasthāna [of the *Aṣṭāṅgahṛdayam*].

I went to school only after I was twelve years old. I studied until the Intermediate course [of the school education system at that time]. Ours was the last batch of the Intermediate course. I think it was 1955 or 1956, but I am not sure. Thereafter, it (Intermediate course) was replaced by the Pre-University course. By then, I had to take up the responsibility of this clinic (Skt. *vaidya-sāla*). That was why I could not continue attending college.

— Were you continuing your study of medicine along with your school education?

The study of medicine started first and later my schooling began.

— Was it (schooling) after the completion of medicine?

No. Not after the completion. My study of the *Aṣṭāṅgahṛdayam* was continuing even when I was going to school. I studied until I was about eighteen or twenty years old with my father, and later continued practicing under him.

²³ See footnote 17.

— Were you practicing independently during this time?

No. I was practicing under my father. And during his last days, he could not attend to his patients on account of old age. He began sending them (patients) to me. That is how I started out on my own, but then I did not feel that he was sending the patients because of his ill health. When I was able to stand on my own ... and if the patients came ...

My father died when I was twenty-five years old. Then, I continued my independent practices. I will turn sixty-seven years old soon.

— How many children do you have?

Two boys and two girls. Among them, my first son is practicing *Āyurveda* with me. He has completed his degree from Ollūr Vaidyaratnam College. My second son is a dentist in Kōṭṭayam.

— Have you taught *Āyurveda* to your first son in the traditional way?

No. He has only learnt in the [Āyurvedic] college, but he is practising with me after coming here.

— Has he started his independent practice?

Yes.

— On what basis was it that a teacher (*guru*) would decide that it was time for his disciple to start his independent practice?

As I had told you before, it was when the teacher feels that the disciple has the ability to stand on his own after practising under him (the teacher) for 5-8 years.

guruṇā samanujñātaḥ sa bhiṣak chabdam aśnute / (AS Sū 2.9ab)

The one who has obtained permission from the teacher deserves the title of 'physician.'

Just learning is not enough. The teacher should certify him (*guruṇā samanujñātaḥ*).

3. Royal Physician

I would like to describe certain special qualities that the royal physician (Mal. *kottāraṃ vaidyan*)²⁴ should possess. He should, of course, have all of the qualities that an Āyurvedic doctor (Mal. *vaidyan*) should have. However, if you go to the king with just these qualities, you would have to flee. The kings are generally lovers of luxuries. That is, they would be unable to bear the difficulties, because they do not like to suffer any difficulties. For such people, if you as a *vaidyan* prescribe very strict regimens or highly bitter medicines, they would send you away within two days. Some medicinal formulae especially prescribed for such people are found in the *Aṣṭāṅgaḥḍayam*. It is said that for such people, it is sufficient to make them just smell the medicine that is administered internally for normal people to bring about the same therapeutic effect. And very strong medicines should never be administered to such people. The kings are always ready either to cut you with a sword or [to the contrary] to present you with gifts. Therefore, you should deal diplomatically with them.

The most important thing for a royal physician is that he should never poke his nose in the internal politics or the matters of the palace. One should never try to show oneself highly before them and should always keep a low profile. And one should look after only the matters of medicine. Whatever suggestions you have within the medical matters, you can express them [to the kings]. However, if you participate in internal politics, you will eventually be ousted.

tyajed ārtam bhiṣak bhūpair dviṣtam teṣāṃ dviṣam / (AHS Sū 1.34ab)

The physician should reject the patient who is hated by the kings and who is hostile to them.

One should never befriend those who are against the ruler. If you proceed to treat such people, it will only bring difficulties to you. Don't you know the family of Paḷanellippurattū Taikkāṭṭū (Taykkāṭṭū) Mūssū²⁵ in Tṛṣṣūr? One of the members of this family had such an experience. It was during

²⁴ For the relationship between the king and the physician in Kerala, see Zimmermann [1979], pp.12 (107) - 14 (105).

²⁵ The Paḷanellippurattū Taikkāṭṭū (Taykkāṭṭū) Mūssū family is one of the Aṣṭavaidya families.

the time of the Kocci (Cochin) King, Śaktan Tampurān.²⁶ Their ancestral home was in the Zamorin's state (Kōlikkōṭṭū or Calicut) [at that time].²⁷ He went to treat Śaktan Tampurān in Cochin, without informing to the Zamorin. At that time, there were constant struggles between the Zamorin and the king of Cochin. Therefore, the Zamorin did not like such action. When he come back [from Cochin], the Zamorin ordered him to leave the kingdom that very night. This is why Paḷanellippurattū Taikkāṭṭū Müssū's family moved to Tṛṣṣūr. Their roots originally were in the Zamorin's kingdom and they encountered this problem. Taking their hardship into consideration, Śaktan Tampurān provided them with land in Tṛṣṣūr, and made them settle there.

Therefore, all of these matters should be considered by a royal physician. Never proceed on anything that is against the ruler or that the king would dislike. Silence is best in such matters. Answer only to the extent needed and only to the questions that you have been asked. These things should be taken care of during the treatment of these people. Medicines and treatment procedures that are difficult [for these people] should never be advised to them. Try to do your best to prescribe medicines that suit their tastes.

— Can't the therapies that purge the humours (Skt. *doṣa*) be advised to them (the kings) ?

If such a situation arises, then one can't do anything but perform these therapies. However, [in that case,] these [therapies] should be of a milder degree. The best prescription is to advise pacificatory therapy to the kings.

There was a event when my father was staying in Tiruvanantapuram (Trivandrum). A great physician once visited [the king]. He prescribed drinking oil (Skt. *snehapāna*) as a treatment, but he was asked to stop this treatment after only one day. The physician was a great *vaidyan*, and *snehapāna* was his prescription, but he could not complete his treatment [for the king]. That is to say, if one does not act carefully enough and if the king dislikes the treatment, it is very difficult to mend it.

In olden times, there were quite a few cases of assassination attempts through poisoning, such as giving poison in food and so on. In those situa-

²⁶ Śaktan Tampurān, formally Raja Rāma Varma (1751 - 1805) was a King of Kocci (Cochin) from 1790 to 1805 and his palace was located in Tṛṣṣūr. Cf. Mēnōn [2003] and Menon [1970], pp.294 - 295.

²⁷ Zamorin, Sāmūtiri or Sāmūri was a title of the Nair rulers of Kōlikkōṭṭū (Calicut).

tions, the entire responsibility to save the king's life fell on the shoulders of the royal physician. It is described in the chapter on the protection of food (*annarakṣādhyāya*) of the *Aṣṭāṅgahṛdayam*:

rājā rājagr̥hāsanne prāṇacāryaṃ niveśayet / (AHS Sū 7.1ab)

The king should make a court physician settle down near the palace.

If emergency measures are not adopted in cases of ingestion of poisoned foods, it must be quite difficult [to palliate the patient]. There will be no time for medical testing and all. If such conditions are not managed in earnest, it proves very difficult later on. These things should be kept in mind especially by the royal physician.

4. Aṣṭavaidya

There is a general notion that the eight families of Āyurvedic physicians belong to the Aṣṭavaidyas, but this is not the case. Aṣṭāṅgavaidyas, or the physicians who are specialized in all the eight branches [of *Āyurveda*], are known as Aṣṭavaidyas. The word (Aṣṭāṅgavaidya) has mutated over time to Aṣṭavaidya. There are eight branches of treatment of *Āyurveda*.

*kāyabālagrahordhvāṅgaśalyadamṣṭrājarāvṛṣān // (AHS Sū 1.5cd;
cf. AS Sū 1.8cd)*

These are the eight branches, namely *kāya* (internal medicine), *bāla* (paediatrics), *graha* (treatment of mental diseases arising from possession by evil spirits, etc.), *ūrdhvāṅga* (treatment of diseases in the head and neck regions), *śalya* (general surgery), *damṣṭrā* (detoxification treatment), *jarā* (or *rasāyana*, rejuvenation therapy), *vṛṣa* (or *vājīkaraṇa*, potency therapy).

The Aṣṭavaidyas were proficient in each of these eight branches. There were eighteen families of the Aṣṭavaidyas in former generations. There are only five or six [families of the Aṣṭavaidyas] that are left. They are ... we can list them from the north, Ālattiyūr Nampī, Ilayiṭattū Taikkāṭṭū (Taykkāṭṭū) Mūssū, Paḷanellippurattū Taikkāṭṭū (Taykkāṭṭū) Mūssū. This Paḷanellippurattū Taikkāṭṭū Mūssū was originally just `Paḷanellippurattū Mūssū'. When only a female child was left in the family, a Mūssū from the Ilayiṭattū Taikkāṭṭū Mūssū family married her, and thus the name `Taikkāṭṭū' was added to the family name. The present generation [of the Paḷanellippurattū Taikkāṭṭū Mūssū family] comes from

the person of the Ilayittattü Taikkāṭṭü Müssä family. No, not this generation, but the previous one. Now, the generations have been further changed.

Alattiyūr Nampi, Pulāmantōḷ Müssä, Paḷanellippurattü, Ilayittattü Taikkāṭṭü — these are all the existing families. Then, our family, Cirattaman Müssä and Vayaskara (Vayaskkara) Müssä. Vayaskara is actually Pulāmantōḷ itself. They is one family. When only a girl remained in the Vayaskara Müssä family, one person from the Pulāmantōḷ Müssä family married her and stayed at Vayaskara. That is how the person became Vayaskara Müssä. They have connections and share ritualistic impurities during death or birth of a member in either family. Then, there is the Kutṭaṅcēri Müssä family, but their generations ended by the time of Kutṭaṅcēri Makan Müssä. Then, there is the Veḷḷōṭü Müssä family. They belong to Varatvār Vaṭṭam in Cērttala, but they no longer stay there. The maternal home of the last generation was located in Kutṭaṅcēri. They have moved to their maternal home. Now, it is Veḷḷōṭü Müssä who stays at Kutṭaṅcēri, but I am not sure whether they are continuing their medical practice or not.

The Aṣṭavaidyas also use surgical treatments, but this (performing surgery) is never considered fit for *Brāhmaṇas* (Brahmins). It is because of this that the Aṣṭavaidyas are considered to be of a lower degree among *Brāhmaṇas*. In olden times, *Brāhmaṇas* had to learn the *Veda* thoroughly. Now, the Aṣṭavaidyas learn the *Veda* once and then continue with the learning of medicine (*Āyurveda*). *Āyurveda* is their *Veda*. It is not that they don't have the right to [learn] the *Vedas*. They will learn and recite all of the *Vedas* once from the mouth of the teacher (*guru*). It will take 5-8 years, like I said before, to learn the *Vedas* properly. And if you try to learn both (the *Vedas* and *Āyurveda*), then you will end up with nothing. Therefore, they recite the *Vedas* for once and then learn the texts of *Āyurveda*. This has also been a reason for the lowering of the position of the Aṣṭavaidyas [among *Brāhmaṇas*].

There was a time when the need for ritual purity was a high priority. *Brāhmaṇas* should never remain impure. However, patients present all kinds of circumstances. Many of them need to be inspected personally by touching during consultations. Can one go and take a purificatory bath each time after inspecting these patients? And if you touch some of the patients, a mere purificatory bath is not sufficient and you should perform a purificatory rite (Skt. *puṇyāham*). For example, one (*Brāhmaṇa*) should not touch a menstruating woman. When you touch a woman who has her period, a mere bath will not be enough and you should do a purificatory

rite. In such a case, you must find time to prepare the needed articles for the purificatory rite. Therefore, these restrictions have been reduced for the Aṣṭavaidyas. They (Aṣṭavaidyas) came not to have to perform a purificatory rite everyday to keep ritual purity; a normal bath is considered to be enough for them. Such alternatives have been introduced [for the Aṣṭavaidyas]. This would also have been a cause for the lowered position of Aṣṭavaidyas [among *Brāhmaṇas*].

This is why the Vaidyamaṭham Nampūtiri family²⁸ does not perform surgery. The surgeries are usually performed by other Aṣṭavaidyas. But the Vaidyamaṭham Nampūtiri family generally does not perform surgery. That is why they (the Vaidyamaṭham Nampūtiri family) keep their position in the hierarchy [of *Brāhmaṇas*] intact. However, a *vaidya* would be a complete [Aṣṭavaidyas] only when he performs all kinds of treatment procedures [of *Āyurveda*].

— Do you remember any of the surgeries performed by the physicians in your family?

No.

— Have you ever heard of any?

Yes. The name of our ancestral home comes from this. The name of Ciratṭamaṇ. Our family had the tradition of treating elephants (Skt. *gajacikitsā*) until the time of my father.

After the coming of Portuguese, Āyurvedic surgery suffered a downfall. A sahib made a record of seeing a plastic surgery of the nose being performed according to the procedures told by Aṣṭāṅgavaidya. I do not know enough to talk more on this.

Our family was very much involved with the treatment of elephants. Once, an elephant of some king developed a wound (Skt. *vṛāṇa*) on one of its vital spots. It was not an ulcer, but a swelling. His (the king's) court physicians tried many treatments, but they failed. Since it was on a vital spot, the condition of the elephant worsened as the days went on. Hearing that there was a good physician here, they approached my ancestor. I do not know exactly who it was. When he went there and saw it, he explained that it was curable by surgery alone. He also readied himself for

²⁸ The Vaidyamaṭham Nampūtiri family is believed to be one of the Aṣṭavaidyas families. This family is treated as a special case with regards to their position among Aṣṭavaidyas. They are popularly known as *Śālavaidyas* (physicians who are permitted to enter the ritual premises) in Kerala.

the surgery. The court physicians were jealous of the person, as it is common with the politics of the court, because all the credit was going to this person. And they got the disciple who had accompanied this physician on their side. He (the physician) had ordered the disciple to prepare a medicine for the dressing of the wound soon after the operation. When he called the disciple for the medicine, the disciple had vanished; he simply left the place. The people in the court had moved him to another place. It was a very difficult case, and now without the medicine it seemed to go very badly. What did the physician do then? Meditating on his family deity, lord Dhanvantari, he took some mud and stuffed it in an empty coconut shell, and placed the coconut shell filled with mud on the wound. Our family name *Ciraṭṭamaṇ* came from this [story]. By dressing a wound using mud (Mal. *maṇṇū*) in a coconut shell (Mal. *ciraṭṭa*), the name came as *Ciraṭṭamaṇ*. I do not know what the name of our ancestral home was before that. These are old stories. Anyway, surgery was being performed in those days.

— Are there any surgical instruments still preserved in your ancestral home?

There was an instrument for treatment of piles (Skt. *arśoṃyantra*). This has been taken to other family for an exhibition. It is in the form of a cow's teat (*arśasāṃ gostanākāraṃ*)(AHS Sū 25.16c).²⁹ There are two orifices usually. The one with only a single orifice is for the application of a surgical instrument in a procedure. The one with two orifices is for the examination

²⁹ *arśasāṃ gostanākāraṃ yantrakaṃ caturaṅgulaṃ //
nāhe pañcāṅgulaṃ puṃsāṃ pramadānāṃ ṣaḍaṅgulaṃ /
dvicchidraṃ darśane vyādher ekacchidraṃ tu karṇaṇi //
madhye 'sya tryaṅgulaṃ chidraṃ aṅguṣṭhodaravistṛtam /
ardhāṅgulocchritodvṛttakarṇikaṃ tu tadūrdhvataḥ //* (AHS Sū 25.16cd - 18)

(The *arśoṃyantra* - the instrument to view the piles is shaped like the nipple of the cow, four *aṅgula* (fingers breadth) in length, five *aṅgula* in circumference for use in men and six *aṅgula* for women; with two orifices (one at each end), one is useful for seeing the disease (pile masses) and another one for treatment. The slit shall be at its centre, three *aṅgula* in length and of the size of the middle portion of the thumb in width, about half *aṅgula* above the slit there shall be a *karṇika* (edge, rim). (Translated by K. R. Srikantha Murthy. The original translation is slightly changed by the editor).

Cf. AS Sū 34.10 and SS Ci 8.53.

5. Basic Education

— Have you studied any other rare texts apart from the *Aṣṭāṅgahr̥dayam* and the *Aṣṭāṅgasam̐graham*?

No, [I studied] the *Aṣṭāṅgahr̥dayam* and then the *Mādhavanidāna*. I have just gone through the *Caraka[sam̐hitā]* and *Suśruta[sam̐hitā]*. There was no custom for learning them. I just read them. For one who has studied the *Aṣṭāṅgahr̥dayam* and the *Aṣṭāṅgasam̐graham*, just reading these other works will give a good foothold.

I have one more preceptor. Not in medicine. His name is Ma*** Śa*** Nampūtiri. I learnt *Māgham*, logic (Skt. *tarka*) and grammar (Skt. *alankāra*). Above all this, it was because of his grace that my mind could be led on the spiritual path. *Tarka* means the text of logic (Skt. *tarkaśāstra*). *Māgham* is an epic poem. It is also called *Śiśupālakāvya*. Since it was written by a great poet by the name, Māgha, the work is called *Māgham*. Māgha is not the name of the work, but the author's name. The actual name of the epic poem (*kāvya*) is the *Śiśupālavadhāna*. By *alankāra*, the *Kuvalayānanda* is meant. I hope you know about the rhetoric of poetics like *upama*, *utprekṣa* and so on. The *Kuvalayānanda* is a text explaining such rhetoric. This *Kuvalayānanda* and all are actually more beneficial for those who are interested in pursuing literature as a career.

— How has this type of education helped you as a physician?

The text of logic (*tarkaśāstra*) is a must for learning any academic field. Learning logic is a must to distinguish the right from the wrong and to prove truth through rationale. I will tell you an anecdote to prove this. There was a teacher, like those teachers of yore who were proficient in all of the academic works (Skt. *śāstra*). He had four disciples. One was learning grammar (*vyākaraṇa*), the second one was learning medicine (*vaidyam*), and the third one was learning astrology (Skt. *vyōtisyam*), and the fourth one logic (*tarka*). The teacher had directed his wife to give a little more ghee to the student of *tarka* than what was usually served for the other three disciples. But she felt that this was biased. And when she asked, the teacher told her that his intelligence needed more brightness. She was confused. The teacher assured her that he would show her why on the very next morning when all of the disciples would come for their classes. On the next morning, when all of them come to the teacher's house after finishing their breakfast, the teacher is still in his bed. Why? Is he not feeling well? All of them were worried. [They were told that] *bhāṭṭasya kaṭyām saraṭaḥ praviṣṭaḥ* (A lizard has entered the navel of the

teacher). So there would be no classes today! The teacher is not well. The student of medicine was confused whether this would require surgery or not. The student of grammar was busy checking the grammatical validity of what he was told. He thought: 'the sentence *bhaṭṭasya kaṭyām sarataḥ praviṣṭaḥ* is indeed grammatically correct. Alright, let me not study today.' The student of astrology busied himself in calculating the birth charts of the teacher and exclaimed: 'Ah! His birth chart is showing a bad influence of Saturn. The planetary bodies are not in a favourable position.' He also took refuge in this excuse. But the student of logic thought: '*randhrābhāve kathaṃ praviṣṭaḥ?* How would that be possible? The navel does not possess a hole. Then, how could the lizard enter through that? I should see it before believing.' Then, the teacher told his wife: 'See! This is the difference! That is why it is told that one should learn logic before pursuing any branch of *sāstra*.

— Can you state what exactly the subjects with which logic (*tarka*) deals? I have studied *tarka* only a very little, but everything in the world is made up of seven elements.

dravya-guṇa-karma-sāmānya-viśeṣa-samavāyābhāvāḥ sapta padārthāḥ // (Annambhaṭṭa, *Tarkasaṃgraha* 2)

Substance, quality, activity, generality, particularity, inherence and non-existence are the seven categories.³⁰

These are *dravya*, *guṇa*, *karmam*, *sāmānya*, *viśeṣa*, *samavāya* and *abhāva*. Everything will be included in these seven. And among them there are further divisions.

tatra dravyāṇi pṛthivy-ap-tejo-vāyv-ākāśa-kāla-dig-ātma-manāṃsi navaiva // (Annambhaṭṭa, *Tarkasaṃgraha* 3)

Of them (the seven categories), the Substances are only nine vis.: earth, water, light, air, ether, time, space, soul and mind.³¹

³⁰ Translated by Kuppuswami Sastri. Sastri [1951], part III, p.4.

³¹ Translated by Kuppuswami Sastri. Sastri [1951], part III, p.8.

These are nine and there are more In this way, it should be analyzed and rationalized. The reason will be stated. Then, it would be answered. This way it is done for each and everything.

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