

Memoirs of Vaidyas

The Lives and Practices of Traditional Medical Doctors in Kerala, India (3)*

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Abstract

This article presents an English translation of an interview with a doctor of traditional Indian medicine (*Āyurveda*), paediatrician, G*** Vaidyar (1935~) in Kerala, India. The contents of the interview are: 1. Tradition of the family and the manufacturing of medicines; 2. Medical texts and manuscripts; 3. Methods of learning *Āyurveda*; 4. Modern *Āyurveda*; 5. Diseases in Kerala; 6. The future of *Āyurveda*.

Key words

Ayurveda, Traditional Indian Medicine, Kerala

* We would like to express our deepest gratitude to *Āyurvedic* doctor G*** Vaidyar for accepting our interview and for allowing the translation to be published.

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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*), paediatrician, G*** Vaidyar (1935~). We made every attempt to prepare a literal translation of the contents and narrative flow of the Malayalam interview, but in order to promote a comprehensive understanding of G*** Vaidyar's ideas, we have organized the translation of the interview according to topics that were covered during our conversations; we also have supplied detailed explanations of potentially puzzling aspects of the interview in the footnotes. Personal names and place names are shown by their initial letters followed by asterisks to protect the privacy of all people involved. The scientific names of medicinal plants shown in parentheses by the editor are based on those given in P. K. Warrior, V. P. K. Nambiar, and C. Ramankutty (eds.), *Indian Medicinal Plants, A Compendium of 500 Species*. Vaidyaratnam P S Varier's Arya Vaidya Sala Kottakal. Vols.1-5. Madras: Orient Longman, 1993-1996. This interview was conducted as one of the activities of the Indo-Japanese research project, PADAM (Program for Archiving and Documenting Āyurvedic Medicine), directed by the authors (Yamashita and Manohar) and supported by the JSPS (Japan Society for the Promotion of Science) and the Mishima Kaiun Memorial Foundation, Japan. An overview of this interview was published previously in Japanese, "Indodentoigaku-nogenzai, —Keralashuu-niokeru-chousakiroku (2)—" *Kyotogakuen University Review, Faculty of Business Administration*. Vol.12, No.3 (March 2003), pp.65-88.

Data of the interview

Date: 6th January 2002

Place: The interviewee's residence in Kerala, India

Interviewee: G*** Vaidyar (1935~), Paediatrician, Doctor of *Āyurveda*

Interviewer: P. Ram Manohar

Video-record: PADAM VT, G011-G012 (about 80 minutes)

Additional Interview

Date: 3rd September 2006

Place: The interviewee's residence in Kerala, India

Interviewee: G*** Vaidyar, Paediatrician, Doctor of *Āyurveda*

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[] : Supplementary explanation by the editor
() : Paraphrase of the previous word by the editor

Abbreviations

AHS: Aṣṭāṅgaḥṛdayasaṃhitā
ĀKD: Ārogyakalpadruma or Ārogyarakṣākalpadruma
AS: Aṣṭāṅgasamgraha
BHS: Bhelasamhitā or Bheḍasamhitā
chap.: chapter
Ci: Cikitsāsthāna or Cikitsitasthāna
ed.: edition
Eng.: English
HIML: A History of Indian Medical Literature → Meulenbeld [1999-2002]
IMP: Indian Medicinal Plants → Warrier et al. [1993-1996]
Mal.: Malayalam
Ni: Nidānasthāna
Skt.: Sanskrit
SS: Suśrutasamhitā
Sū: Sūtrasthāna
SY: Sahasrayoga
Utt: Uttarasthāna or Uttaratanttra

Interview with G* Vaidyar**

1. Tradition of the family and the manufacturing of medicines

Ours [our dispensary] has a five hundred year old tradition. It was handed over to me by Ch*** Nair (1874 ~ 1967), to whom it was given by his father; he, in his turn, received the dispensary from his father, i.e., Ch*** Nair's grandfather, and so on. The tradition has been sustained by familial inheritance. In the time of my grandfather, there was a family tradition of paediatric physicians called K*** (family name).

Initially, we did not manufacture medicines; when patients received their prescriptions they were encouraged to make the medicines themselves. In those days, [in general] some members of a patient's family knew about the medicines and how to make them. This was the situation when I entered the practice. That was in 1951. At that time, [doctors of *Āyurveda*] customarily wrote prescriptions [for each patient]. Only a few medicines required immediate management, in which case emergency medicaments were prepared and kept readymade for quick use.

I have been vested with the responsibility of continuing the tradition of Ch*** Nair. Ch*** Nair married my father's sister. That is how I am related to him. And I married his great grand-daughter (*prapaurī* Skt.) so that this tradition would survive. I have followed his instructions to date.

We have been concentrating on paediatrics, but we also treat other ailments. Now, my daughter, son, and son-in-law are all doctors of *Āyurveda*. That has enabled me to treat non-paediatric cases too.

We are specialists in paediatrics. My grandfather used to handle only paediatric cases, but I ventured into other areas too. V*** A*** Th*** (one of the *Aṣṭavaidyā* family members) advised me: "If you can treat paediatric cases, then you can also treat other diseases. Paediatrics is difficult, so you must expand [your area of specialty]." His advice was instrumental in my change of approach.

We are [mainly] doing the five kinds of therapies (*pañcakarman* Skt.)¹ and other similar treatments [of *Āyurveda*]. We do not as yet have a nursing home of our own. Currently, we admit patients to a rented building, where there is a provision for admitting five patients at a time. We have a plan to establish a hospital gradually that can accommodate at least twenty patients.

My attention has been on our [pharmaceutical] factory for quite some time. We now have a [large-seized] heating unit [in our factory]. I must admit that I was indifferent to develop a factory, because I was not sure whether I would have followers to continue this tradition. Now, my children are there, so I got interested and motivated [to have the factory].

¹ *Pañcakarman* is a collective term for the five kinds of purificatory treatment in *Āyurveda*. There are some differences among the contents of *pañcakarman* in each tradition and text. In the interviewee, G*** Nair's tradition, *pañcakarman* means enema (*vasti*), emesis (*vamana*), purgation (*virecana*), nasal insufflation (*nasya*), and bloodletting (*rakta-mokṣa*), <http://www.cnsayurveda.com/treatments.htm> (1 March 2009). Cf. HIMAL IB p.149 note 1.

Then I established our [pharmaceutical] factory and started manufacturing [Āyurvedic] medicines. There are difficulties, however, and we got entangled in legal strangleholds. There are challenges to export Āyurvedic medicines today. Although the Indian Government wants to promote exports as a policy, there are a lot of difficulties faced by drug manufacturers. Certain [medicinal] plants are banned for export. Formulations containing these plants cannot be exported. Unless the Government relaxes these rules, it will be difficult to proceed. Not only the Kerala Government, but the Central Government [of India] should also subject these plants to close scrutiny and lift the ban on them. Only then, the exports will improve.

I started making medicines in a humble way with the help of just one person in a small hut. Today, people have lost the knowledge of herbs. Earlier, if one prescribed a decoction (*kaṣāya* Skt.), people would go around and collect the herbs, and then they would make the medicine. When fresh herbs were not available, they used to buy them from a crude drug shop. When medicines were prepared this way, good results were obtained. But people lost this kind of knowledge gradually over a period of time. I used to provide the crude drugs to patients in packets with the instructions for making the decoction. For a long time, I practiced in this way, and people gained experience and confidence. When medicines are made in the proper way, they give unfailing results.

Eventually people began to complain: “If you make and give the medicines as a decoction itself, it would be good.” To make a decoction on a large scale is difficult and one needs to use the stove. Ideally, mud pots should be used.

Anyway, [acceding to the appeals of patients] we started making decoctions. We could not stop only by decoctions. We had to move on to medicated liquors (*āsava* and *ariṣṭa* Skt.),² medicated ghees (*ghṛta* Skt.), pills (*guṭikā* Skt.), and so on. Today, this has developed into an institution, and it’s a big responsibility for me.

² ‘*Āsava* and *ariṣṭa*, or medicated spirituous liquids. They are prepared from honey and treacle, with the addition of various medicinal substances. They are all steeped in water and laid aside in earthen jars for various fermentations. When raw vegetables are used for fermentation, the resulting fluid is called *āsava*. When a decoction of drugs is added, the fermented liquor is called *ariṣṭa*.’ in Kutumbiah [1969] pp.125-126.

— Are all of the medicines manufactured here?

Yes, indeed. Now we also have installed the equipment of Th*** company's products. You can see our factory.

— Was not the first system of agencies to sell [Āyurvedic] medicines established by P.S. Varier?

Indeed, the manufacture and marketing of [Āyurvedic] medicines according to this kind of system were first done at Kottakkal [by P.S. Varier].³ This is the central cause for the survival of *Āyurveda* in Kerala and in India. At that time, he (P.S. Varier) encountered a lot of problems in the area of manufacturing medicines. Today, I am also experiencing these difficulties. It will go on like this and there will be changes from generation to generation.

2. Medical texts and manuscripts

We have a collection of manuscripts. These have not been printed and published. There are many of them here. They are titled *Bālacikitsā* (Skt., *Treatments of Children*). These manuscripts contain *mantras* in addition to medicines; for example, when a child becomes frightened, *mantras* are chanted along with the blowing therapy (*ūtṭū* Mal.) in addition to medicines. So also for *apasmāra* (Skt., epilepsy), [*mantras* written in] the *mantra* chapter (*mantrakhāṇḍa* Skt.) [of the medical text] are chanted.

We mainly follow the text called the *Ārogyakalpadrumam*, which was published earlier.⁴ It was first published by S.T. R*** and Sons (publisher) in Kollam. Now, they lost interest in such activities. Recently, S*** Printers in Kodungallore has printed the book by the name, *Ārogyarakṣākākalpadrumam*, which is the same as the *Ārogyakalpadrumam*. The change in the name is for copyright purposes. The important book that we follow for treatment here is the *Ārogyakalpadrumam*.

Apart from this [text], we also use some special formulae from palm-leaf manuscripts. For instance, we have some special [medicated] oils,

³ P.S.Varier (1869~1944) was a physician of *Āyurveda* and founder of the charitable Institution of *Āyurveda*, Arya Vaidya Sala in Kottakkal in 1902. Cf. The website of Kottakkal Arya Vaidya Sala: <http://www.aryavaidyasala.com/> (1 March 2009); Nair [1993]; Krishnankutty [2001].

⁴ The *Ārogyakalpadruma* is a treatise of *Āyurvedic* paediatrics by Kaikkuḷaṇṇara Rāma Vāriyar (1832~1896). Cf. HIML IIA p.354 and Zimmermann [1989] p.105.

like *Valiya-āraṇyādi*, which are not available elsewhere. This [medicated] oil is used for a management of diseases known as *visarpa* (Skt.).⁵ Some [other pharmaceutical] firms produce [medicated] oils such as *Āraṇyatulasyādi*, but *Valiya-āraṇyādi*, which is very effective for *visarpa*, is not available elsewhere. This oil can be used both externally and internally, but we do not recommend it for internal use, because it disturbs digestion and causes fever in cases of *visarpa*. Other decoctions are indicated for internal use, but this oil is applied externally.

3. Methods of learning *Āyurveda*

Initially, we followed the *Aṣṭāṅgahṛdayam*. Then, we came to follow the *Aṣṭāṅgasamgraham* and now it has become the *Carakasamhitā*, when the BAMS (Bachelor of Ayurvedic Medicine and Surgery) course⁶ was standardized. The text book that is most suited for the conditions in Kerala is the *Aṣṭāṅgahṛdayam*. There is no doubt about this.

The *Ārogyakalpadrumam* has been written by distilling the essential tenets of the *Caraka[samhitā]*, the *Suśruta[samhitā]*, and [the *Aṣṭāṅgahṛdaya* and the *Aṣṭāṅgasamgraha* of] Vāgbhaṭa.

*atha bālacikitsaiṣā vṛddhavaidyamatānugā /
mandabuddhyupakārāya pṛthag eva vitanyate //
(Ārogyakalpadruma 1.1)*

Then, this paediatrics that is accordance with the great physicians' knowledge is separately exhibited [in this book, the *Ārogyakalpa-druma*] for the benefit of dull witted [persons].

“Dull witted” (*mandabuddhi* Skt.) means those who want to study and practice this subject within a short period of time. This book (the *Ārogyakalpa-druma*) was composed by Kaikkūḷaiṇṇara Rāma Vāriyar (1832 - 1896).

⁵ *Visarpa* literarily means ‘spreading’ in Sanskrit and is a term of a disease or symptom in *Āyurveda*. It includes erysipelas and some similar spreading eruptions. Cf. CS Ci 21; SS Ni 10, Ci 17; AHS Ci 18; AS Ci 20; ĀKD Mal.ed. chap.9-14 (pp.120-248), Eng.ed. chap.17-21 (pp.90-168).

⁶ BAMS (Bachelor of Ayurvedic Medicine and Surgery) is a degree for the undergraduate course (five and a half years) of the current education system of *Āyurveda* in India. Cf. The website of the Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH): <http://indianmedicine.nic.in/> (1 March 2009).

— Were the verses (*śloka* Skt.) in the medical texts customarily learned by heart in those days?

Yes, but I had not learned Sanskrit at first. Sanskrit was not included in the school curricula in those days. There was an astrologer named K*** Nair near my house. He was a good astrologer, and he had knowledge of Sanskrit. He was summoned to our home and entrusted with the task of teaching Sanskrit to me at night. I was taught the *Śrīkṛṣṇa-vilāsam*,⁷ the *Bālaprabodhanam* and basic [Sanskrit] texts like the *Śrīrāmodantam*, the *Siddharūpam*, and so forth.⁸

First, the *Śrīrāmodantam* was taught, and this was followed by the poetical works (*kāvya* Skt.), the *Śrīkṛṣṇavilāsam* and then the *Māghakāvya*.⁹ Eventually I reached a stage where I could understand the meaning of a verse even as I read it. In the initial stages, when I learned *rāmaḥ rāmau rāmāḥ* [as an example of declension of a Sanskrit noun], I was wondering why I was studying all of this. What does it mean? But gradually, I came to understand its significance through the *Bālaprabodhanam*. This is how the foundation was laid for Sanskrit in those days. My friend K*** Poduvāl, a great Sanskritist, says it is not *samskr̥ta* (highly elaborated) [language], but *samakr̥ta* (equally made) [language] that is taught today.

The system that I followed involved learning Sanskrit at night and *Āyurveda* in the morning; for example, in the mornings, I learned how to write prescriptions for the patients and so on. In between, I would have to go and examine patients. I had many experiences during that time period.

After one year's study, I started going out to see patients. Immediately on my return, Ch*** Nair would ask for the details.

Learning method meant learning by getting beatings [from the teacher]. The method consisted of reading texts, which would then be translated and explained. Indeed, it was like an intensive classroom teaching. After one year of learning, I was sent out to treat patients. I had

⁷ The *Śrīkṛṣṇavilāsam* is a Sanskrit poetical work composed by Sukumāra or Prabhākara. It is widely known in Kerala. Cf. Raghavan [1968] pp.360-1; Krishnamachariar [2004] p.251.

⁸ The *Bālaprabodhanam*, the *Śrīrāmodantam* and the *Siddharūpam* are beginner's textbooks of the Sanskrit language. These textbooks are well known in Kerala.

⁹ Māgha is a Sanskrit poet probably from the latter half of the seventh century A.D. His poetical work, the *Śīsupālavadha*, is popularly known as the *Māghakāvya*. Cf. Krishnamachariar [2004] pp.154-157.

to come back to give a detailed description of the patient and my treatment [to my teacher, Ch*** Nair]. I would get a beating [from the teacher] if I made any mistake in the treatment. The explanation and rectification [by the teacher] would come only after the beating.

Ūrustambha

I did not make any mistakes in the initial stages, but in a case of paralysis of the thigh (*ūrustambha* Skt.), I advised the patient to apply oil (*taila* Skt.). My logic was that paralysis of the thigh is caused by *vāta*. Since oil is a remover of *vāta* (*vātahara* Skt.), it can be applied in this case. When I came home, he (Ch*** Nair) asked me: “What did you do?” I said: “I have given some decoctions (*kaṣāya*) and a laxative, because the patient has constipation and I also applied oil.” Immediately, he jumped on me and remarked: “What? Oil? Where does it say to apply oil?” Then, he asked me to open the section of the text pertaining to paralysis of the thigh. It has been told: “One should avoid oil.” (*snehaṃ varjayet* Skt.).¹⁰ Just when I had read the verse [containing this passage], I got a slap. And he asked: “What has been mentioned there? Does it (*snehaṃ varjayet*) mean that one should use oil?”

This was a lesson for me. Whenever I see a case of *ūrustambha*, the heat of the slapping comes to my memory. In the *gurukula* (Skt.) system,¹¹ the method of teaching was highly disciplinary. I used to feel bad when I got a slapping in those days. Yet, today I realize it was all necessary. Nowadays this method of discipline has disappeared from the system of teaching.

Death signs

There was one unforgettable experience. I was treating a child afflicted by oedema (*śopha* Skt.). Today, it would be diagnosed as a renal failure. The child was in bad shape and lying on a bed, supported by a pillow. He had dyspnoea, an enlarged liver, and he was unable to pass urine. I ad-

¹⁰ Cf. AHS Ci 21.45: *ūrustambhe tu na sneho na ca saṃśodhanaṃ hitam / śleṣmāmamedobāhulyād ...* . (For *ūrustambha* (rigidity or loss of movement of the thighs), neither *sneha* (oleation) nor *saṃśodhana* (purificatory therapies) are beneficial, because of the predominance of *śleṣman*, *āma* (undigested metabolites) and *medas* (fat)) (Translated by K.R. Srikantha Murthy); CS Ci 27.20; SS Ci 5.32c: *snehavarjaṃ ...*; AS Ci 23.31; ĀKD Mal.ed. 17.54 (p.282), Eng.ed. p.194.

¹¹ *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.

vised him to take the decoction made of *punarnavā* (*Boerhavia diffusa* Linn.), etc. (*punarnavādi-kaṣāya* Skt.),¹² the alkali drug prepared from the ashes of the bark of *āvil* (*Holoptelea integrifolia* (Roxb.) Planch.), etc. (*āviltol-ādi-bhasma* Mal.),¹³ rice-gruel, and other medicines.¹⁴

The relatives of the child were not acquainted with my treatment. Moreover, I was a kid at that time, only 14 years old. I started learning at 13 years old and practising at 14 years old. It was an old ancestral Nāyar family house (*taravāṭṭū* Mal.).¹⁵ And many children were running and playing in the courtyard of the home.

The father of one of the children showed his son to me and asked: “Does he have any disease?” The mother of the child intervened and said: “No, he is not sick, he was playing in the sun, that’s all.”

I looked at him. I was at that time studying death signs, and by some strange coincidence I saw death signs in him. I kept this in my mind as I could not tell it to them openly.

The people kept enquiring about the sick oedematous child named N***: “Will he be all right?” I explained: “Give the medicine and let us see. How can I tell the outcome?”

Repeatedly, different people kept taunting me with the same question. In time, I lost my temper and told them: “I explained the situation as best I could. Still you do not believe in me. I will tell you something that will produce faith in me. The child who was playing in the sun will die five days from today. The other child, N***, who is bedridden, will survive. When you know this to be true, you will believe me.”

They offered to pay my consultation fee, but I refused it angrily and said that I did not want anything. I left that place and walked to the bus stand a few kilometres away. On my return, Ch*** Nair enquired about the case. I explained my diagnosis and prescription, but I did not tell him about my prediction and angry reaction.

After five days, the parents of the child came to our place and enquired for me. I was at that time in the fields, as I was also being trained in farming and I had to go and see how the paddy was growing. Ch*** Nair would also ask me about the situation in the field. If I did not answer him properly, he would realize that I had not been in the field, and

¹² SY CCRAS ed. *kaṣāya* 327-333 (pp.66-67). Cf. SY Mal.ed. p.121, Eng.ed. pp.35-36.

¹³ SY Eng.ed. *pariśiṣṭa* p.391.

¹⁴ Cf. ĀKD Mal.ed. 8.87-140 (pp.111-120), Eng.ed. 15 (pp.84-89).

¹⁵ Nāyar (or Nair) is the name of the soldier caste in Kerala. Cf. Fawcett [2004].

then I would get a beating. So I was being trained not only as a physician, but also as a farmer.

The parents of the child were told that I had gone to the field. They said: “The boy (myself) is really clever and able. What he predicted has happened.” They came to say that the healthy child whom I had predicted would die had actually died. The sick child (N***), on the other hand, was much better and had started taking rice-gruel. Thus, they had two experiences.

When I returned from the field, Ch*** Nair shouted at me: “What happened during your last visit?” I got scared and kept silent. He shouted again: “Tell me! What happened?” So I explained that I had gone there to examine a sick child and after prescribing the medicines, I was persistently troubled by the parents. Then I noticed that a seemingly healthy child in the household was exhibiting death signs.

Ch*** Nair immediately slapped me twice, and I quietly went away. After some time, he called me back and said: “On what basis did you predict the death of the child?” I then proceeded to narrate the death signs that I had observed.

I had seen an appearance of a round spot (*biṇḍu-maṇḍala-darśana* Skt.)¹⁶ on his forehead, and overall there was something suspicious about his facial expression. Ch*** Nair asked me: “How did you know that the child would die in five days?” I had no answer. I said that I knew it intuitively. And I felt like saying so. I do not know who made me say this. He beat me again, twice, and then said: “The physician (*vaidya* Skt.) does not have the authority to announce death. Even if the patient is on the deathbed and on the verge of dying, the physician has only the authority to comfort the patient and administer *vāyugutikā* (Skt.) (a lifesaving drug).”¹⁷ He continued to scold me: “Who are you? Are you [the god] Brahmā to predict death?” In saying this, he gave me detailed advice.

This was just one experience. I have had many experiences like this. After visiting a patient, I was required to explain the method of my treatment. If there was any mistake, I would get a beating first, and the explanation would follow.

As I see it, a rigorous method of disciplining and teaching such as this has disappeared from the scene today. Today students are not ready

¹⁶ ĀKD Mal.ed. 1.83ab (p.15): *phāle nīlasirāṣoṇabiṇḍumaṇḍaladarśanam* / Eng.ed. p.10.

¹⁷ SY Mal.ed. *gulikā* 56 (pp.145-146), Eng.ed. *gutikā* 67 (pp.356-357).

to study like this. Even if they are ready, they cannot endure the rigors of the practice.

Discipline of *Āyurveda*

I remember another instance when I was slapped.

toya-toyada-bhūnimba-pāṭhā-dhānya-mahaṣadhaiḥ /
kṛtaḥ kaṣāyaḥ sarveṣāṃ jvarānāṃ pācanaṃ param //
(Sahasrayoga, kaṣāya 2)¹⁸

The decoction made of [the medicinal plants, namely] *toya* (*Plectranthus vettiveroides* (Jacob) Singh & Sharma), *toyada* (*Cyperus rotundus* Linn.), *bhūnimba* (*Andrographis paniculata* (Burm. f.) Wall. ex Nees), *pāṭhā* (*Cyclea peltata* (Lam.) Hook. f. & Thoms.), *dhānya* (*Oryza sativa* Linn.) and *mahaṣadha* (dried ginger: *Zingiber officinale* Rosc.) is the drug for all fevers and the best digestive.

[As regards the names of medicinal plants found in the above Sanskrit verse] *toya* is [a synonym of] *uśīra*; and *toyada* is [a synonym of] *mustā*, but I wrote *mustā* first and then wrote *hrīvera* (another synonym of *toya*) [by mistake]. I was immediately slapped [by my teacher, Ch*** Nair].

Then, he (Ch*** Nair) explained: “*Toya* means ‘water’ [too]. All the synonyms of ‘water’ are applicable to *hrīvera*. Both *mustā* and *hrīvera* are present in this formula (*yoga* Skt.). So, there is no mistake in the ultimate sense [in your answer], but you have equated *toya* to *mustā*, whereas *mustā* is actually *toyada*. If *toya* comes in another formula, you will translate it as *mustā* and it would be wrong.”

Such subtle things were given great importance in those days. The training was meticulous. Every slap I received was a lesson, an invaluable experience.

One has to struggle mightily for some time and take this as a penance. This shows the dedication (*upāsanā* Skt.) of the physician (*vaidya* Skt.). My study can aptly be called dedication. Nowadays, nobody will put up with such difficulties. To persevere even when scolded and beaten up is akin to the practice of austerities. My Guru would enquire if I did not turn up for even one day. He would not eat until I came.

All of this requires a tremendous amount of experience in the clinical field. Mere study of theory and text (*śāstra* Skt.) cannot make one a physician.

¹⁸ SY Mal.ed. *kaṣāya 2* (p.27), Eng.ed. *kaṣāya 1-2* (p.2).

Guru and disciple

I remember the story of a poet (*kavi* Skt.), Sukumāra, who wrote the *Śrīkr̥ṣṇavilāsam*.¹⁹ Sukumāra was a very close disciple of his guru. But he would be punished for doing just about anything. That is why I remember him.

Whatever Sukumāra does, good or bad, his guru would punish him. That is how Sukumāra became a poet. He is also referred to as Prabhākara Kavi (Poet of the moon).

After some time, he (Sukumāra) became frustrated and thought: “I am being always punished. I must put an end to this suffering.” Thinking thus, he decided to kill his guru. [The interviewee, G*** Vaidyar pauses and sobs.] I am becoming emotionally unstable. I find it difficult to recount this further.

Sukumāra entered the hut where his guru lived. He climbed onto the rooftop and kept a big boulder there. He remained there hiding. His plan was to throw this boulder on his guru when he entered in order to kill him. [G*** Vaidyar pauses and sobs.] That scene. It is so disturbing.

In a similar way, I experienced a lot of difficulties with my guru, but I never thought of killing him like Sukumāra.

Continuing with the story, the guru entered the hut and started speaking to his wife about the merits of his disciple, Sukumāra. At that time, the full moon was rising. The guru told his wife: “Did you see the full moon rising? That is how my disciple is. Rising in glory like the full moon.”

Sukumāra, who overheard this conversation, became extremely upset: “Oh! No! I tried to kill such a loving guru. How can I expiate this sin?” He rushed and fell at his guru’s feet. He did not disclose why he had come there. He just asked, “If a disciple decides to kill his guru, how should he atone for it?”

Then, the guru replied: “Oh! the punishment is very severe.” Sukumāra did not reveal that he had intended to kill his guru. He just asked what was the punishment for one who decided to do so. When the guru was asked this, it was the duty of the guru who was well versed in the law-book (*dharma-śāstra* Skt.) to give the correct answer. The guru said: “Dig a big pit and fill it with sawdust. Ignite it and jump into it and slowly burn to death. This is the punishment.”

¹⁹ See footnote 7.

Sukumāra called his disciples and made all the arrangements. His guru was unaware of all that happened. Sukumāra thought: “The world has not had any use of me. Let me compose a poem.” He composed a poem, the *Śrīkr̥ṣṇavilāsam*, even as he was burning in the pit of burning sawdust. By the time he reached the fourteenth chapter [of the *Śrīkr̥ṣṇavilāsam*], the burning sawdust reached his throat. He [continued to compose the poem, but he] could not complete it. He succumbed to burns and died.

It seems that [the great poet], Kālidāsa, who lived during that time, tried to complete the poem [from where Sukumāra left off].

Even as he started writing, however, he heard the voice of the Gods: “Don’t try to tie plantain fibre to a silk thread. Just imagine the greatness of the poem, *Śrīkr̥ṣṇavilāsam*. It is silk thread. Don’t tie plantain fibre to it.”

Kālidāsa was very much disappointed and frustrated: “I am such a great poet and scholar. I cannot understand this,” he thought. Sulking and angry, Kālidāsa composed [another poem], called the *Kumārasambhava* in a fashion similar to that [of the *Śrīkr̥ṣṇavilāsam*].

Thus, the *Śrīkr̥ṣṇavilāsam* remains incomplete even today. Who can complete it, but Sukumāra Kavi, who would have to reincarnate to fulfil this goal?

4. Modern *Āyurveda*

— Could you talk about the system of education that is prevalent in the field of *Ayurveda* today?

It is difficult to change this set up now. Students [of *Āyurveda*] learn the theory of *Āyurveda* in the texts. All that is required today is to prepare for the exams. The students just have to study enough to appear in an exam and get the necessary marks to pass. Yet, students do not get the necessary insight into the texts or the proper practical training. For that they must undergo training under experienced traditional physicians.

There is not much service that the present graduates of *Āyurveda* are capable of rendering. I am not belittling the BAMS (Bachelor of *Ayurvedic Medicine and Surgery*) course. Academic study is also important, but these students should also seek out the old generation of physicians and learn the practical aspects of *Āyurveda* from them. For this, they should organize seminars, invite prominent personalities to participate and engage in discussions. They can learn from such initiatives.

Only this approach can lead to the progress of *Āyurveda*. One should not feel contented with only having completed the BAMS and MD courses. One should not restrict oneself to this level. *Āyurveda* is like a vast ocean. There will be many gems and precious stones in the ocean.

We must know what to take. Different people will have different experiences using specific formulations. One must know which formulation to use in which situation, and this is known on the basis of experiences. In the real ocean, there are crores of precious stones. Similarly, in *Āyurveda* there are crores of formulations. To get the skill to apply these formulations in the right context, one must yield to experienced physicians. That is the only way to develop practical skills. There is no doubt here.

In 1985-86, twenty-four doctors with BAM (Bachelor of Ayurvedic Medicine)/DAM (Diploma of Ayurvedic Medicine) degrees from Tripunithura (Tṛppūñittura) Ayurveda College were trained here by conducting a training camp with support from the Kerala Government. BAMS (Bachelor of Ayurvedic Medicine and Surgery) was not in vogue then.

At that time, Dr. G*** was the professor of medicine there. At the end of the camp, the Kerala Government issued certificates to all of the participants. A course of 5-6 months duration was organized here. Three centres were selected for this training camp, namely 1) Nārāyanan Vaidyar, author of the *Vaidyatāarakam* at Kottayam (Kōṭṭayam), 2) Kunjan Vaidyar (Kuññan Vaidyar), Tripunithura, who is not alive now, 3) CNS Chikitsalayam.

The six-month course would be completed in these three places. The then Chief Minister of Kerala, K. K***, issued a certificate to each participant at a function organized in Ernakulam (Eṛaṇākulaṃ). The certificate was called CCH (Certificate of Children's Health). The people who participated in those courses display CCH on their name boards, for example BAM-CCH, DAM-CCH. About twenty-four doctors went through this course. Exposure to our method of treatment was a good experience for them.

After the course run by the government in the mid 80s, students used to come here on their own. Some have even enquired as to whether or not the old course is still available. I told them that there is no course and that we do not issue any certificates, but still they ask: "Can we come here and study under you?" I have always agreed. I told them that I would share whatever knowledge I have. These students come even nowadays.

***Āyurveda* and Tourism**

— What is your opinion about *Āyurveda* getting associated with tourism?

I have also become associated with one such program [at a treatment centre] near Ch***. During the occasion [of the inauguration of the centre], I stated to the audience that tourism was becoming associated with *Āyurveda* in an undesirable way. *Āyurveda* has been used by the tourism department [of the Kerala government] to attract foreigners. Tourists receive massages or oil baths, which are not based on the principles of *Āyurveda*. The goal is purely to make money.

I think it is all right to use *Āyurveda* to attract tourists, but it is wrong to exploit the tourists and make money in the name of *Āyurveda*. If treatments are performed against the principles in the texts [of *Āyurveda*], then people will get a wrong impression about *Āyurveda*. This is not acceptable. I mentioned this in my talk during the inauguration [of the treatment centre]. I told that I had been aware of the distorted presentation of *Āyurveda* through tourism. And I assured that such malpractices will not take place in this centre where we have been vested with the responsibility to treat patients.

A public official was also present at the [inaugural] meeting. He was young and inexperienced. He was an IAS (Indian Administrative Service) officer, but he did not have much knowledge about *Āyurveda*. He said that it was such tourist centres that sustain *Āyurveda* today. I objected to this statement. I sent the message that it is not tourism that sustains *Āyurveda*; rather it is *Āyurveda* that sustains tourism today. I did not say this on the stage itself, as I did not want to embarrass the man; but to clear his misconceptions, I sent a letter to him. I thought I need not criticize him immediately, saying that what he said was wrong.

Tourism centres cannot nourish *Āyurveda*. Only students of *Āyurveda* and āyurvedic institutions can work in that direction. The true physician should not demand money from patients. Tourism centres will only think of money. The physician cannot do that. The physician's duty is to treat in the best possible manner, and then happily accept whatever the patient offers. Assistants (*paricāraka* Skt.) [of āyurvedic physicians] should also do their part well. If the physician is to earn a good reputation, the assistants also must be good. If they do not do their job well, what is the use of the physician saying anything? I think these resorts and tourism are actually leading to the atrophy and decline of *Āyurveda*. Development of *Āyurveda* is not happening through the tourist industry.

5. Diseases in Kerala

Visarpa (Skt.) (*karappan* Mal.)²⁰ has a higher incidence in Kerala than elsewhere in India. The *Ārogyakalpadruma* describes fifty-one types of *visarpa*, which is much more than the *Carakasamhitā* tallies.²¹ In fact, no other book describes so many types of *visarpa*. We do not see all of the fifty-one types of *visarpa* today. Only some of these types can be seen. In summer, we see a type of *visarpa* called *nīr-karappan* (Mal.) (*vārigar-bha-visarpa* Skt.),²² largely because of the term of *nīr* (Mal.) (oedema). Many physicians think that [patients who are] in this condition (oedema) [are affected by this type of *visarpa*], because of oedema in their body, but it is not so [in some cases]. This [type of *visarpa*] may be cured easily, if it is treated properly, for it responds quickly to treatment.

When all three *doṣas* are involved in a *visarpa*, it becomes difficult to discern the involvement of the main *doṣa*. In such conditions, a general treatment of *visarpa* is administered. This is mentioned in the *Ārogyakalpadruma*.²³

Kaiśikyādi-kaṣāyam is a recipe [of a decoction] that destroys every type of *visarpa*.²⁴ Decoctions are given depending on the predominance of the specific *doṣa*. Sometimes a general decoction is given. One decoction, *Valiyaāraṇyādi*, can be used in all types of *visarpa*.

Grahaṇī (Skt.) and polio (*phakka roga* Skt.) are other common diseases [in Kerala]. We regularly treat these diseases. Some of our patients have come from Tamil Nadu.

Apasmāra

As for *apasmāra* (Skt.) (epilepsy), eighteen types are mentioned.²⁵ What we commonly see is the condition called *bāla-apasmāra* (Skt.) (*apasmāra* of children). This is associated with fever, improper digestion, and fits. We treat *apasmāra* of children, too. I have written an article about this in a magazine on *Āyurveda*. It is like this. Our brain is a very complex computer that is made up of many cells called neurons. Even if the blood supply to only a single cell is disturbed, the movements of the body are affected, eclipsing the intelligence and so on.

²⁰ See footnote 5.

²¹ ĀKD Mal.ed. chap.9-14 (pp.120-248), Eng.ed. chap.16-21 (pp.90-168).; CS Ci 21.

²² ĀKD Mal.ed. 12.178-181 (p.207), Eng.ed. p.141.

²³ ĀKD Mal.ed. 14 (pp.223-248), Eng.ed. 21 (pp.152-168).

²⁴ ĀKD Mal.ed. 14.7-8 (p.224), Eng.ed. p.152.

²⁵ ĀKD Mal.ed. chap.31-32 (pp.517-544), Eng.ed. 39 (pp.366-382).

Apsmāra of children is basically due to the impairment of the functions of the brain. Now, if you ask how this happens, then the answer is 'fever.' High fever damages the brain. This will be associated with indigestion and gradually lead to *apsmāra*.

The decoction made of *nirguṇḍī* (*Vitex negundo* Linn.) etc. (*nirguṇḍy-ādi-kaṣāyam* Skt.) is given for this. There is another special preparation called *nirguṇḍy-ādi-ghṛtam* (Skt.) (the medicated ghee made of *nirguṇḍī* etc.).²⁶ There are many medicines involved in this preparation.

Medicated ghee (*ghṛta* Skt.) is used both externally and internally. For small children, [medicated] ghee is given just for licking. They are not made to drink ghee. At times, [medicated] ghee is applied on the joints. This normalizes and stabilizes the movements of *vāta*. This is the treatment for *apsmāra*.

We are getting good results in *apsmāra* treatment. Sometimes children who are on strong antiepileptic drugs of modern medicine for more than three years come here for treatment. I never stop those medicines suddenly. They (the families of patients) say that their doctor [of modern medicine] has advised the use of these medications for five years. We have been able to cure cases of *apsmāra* that could not be cured even by five years of modern medication. There have been many such experiences.

If the modern medications are indiscriminately continued, then it can retard the development of mental functions. As a result, a ten-year-old child will show only the intelligence of a two-year-old child. Conversely, Āyurvedic medicines do not retard the development of the intellect, but stimulate its development.

We have a special powdered medicine here, called B***, which has been formulated by me. It contains *jaṭāmāmsī* (Skt.) (*Nardostachys grandiflora* DC.), white *śaṅkhapuspī* (Skt.) (*Clitoria ternatea* Linn. or *Canscora alata* (Roth) Wall.), *maṇḍūkaparnī* (Skt.) (*Centella asiatica* (Linn.) Urban.), *lajjālu* (Skt.) (*Mimosa pudica* Linn.), etc. It has a drug licence and is a product we are marketing. This is very helpful for children. It is like a patented product. It is not a tablet, but a powder. These medicines are distributed through our agencies, and I prescribe them at my clinic.

²⁶ SY Mal.ed. *ghṛta* 66 (p.340), Eng. Ed. *ghṛta* 13 (p.69).

Polio

For polio (*phakka* Skt.), treatment is done after the fever and other symptoms have subsided. Then, *svedana* (Skt.) (sudation therapy) and *navara-tēppū* (Mal.) (rubbing paste of *ṣaṣṭika* rice boiled with milk) are done. The *navara-tēppū* is the main treatment for polio.

There is a special oil mentioned for the management of *sirāgraha* (Skt.) (spasm and wasting of muscles). This oil [called *rasataila* (Skt.)] is made from the limbs of a goat. The juice (*rasa* Skt.) [of the limbs of a goat] is extracted, then the paste of *balā* (*Sida rhombifolia* Linn. ssp. *retusa* (Linn.) Borssum) and milk are added to make this oil. This *rasa-tailam* is what I commonly use.²⁷ If there is pronounced wasting, then we also use *balāśvagandhādi-tailam*²⁸ and *mahāmāṣa-tailam*²⁹ in small quantities.

The *navara-teppū* (rubbing paste of *ṣaṣṭika* rice boiled with milk) is done for 2 to 3 weeks and then, after some time, the process is repeated again. When this procedure is repeated in three or four sessions, the limbs gain strength and the child starts to walk around.

We get good results if the treatment is started early, especially around the time when a child begins to walk, or when a walking child suddenly develops the inability to walk. If treatment is done immediately in such stages, the prospects of recovery are high.

The brain is like the head office, a huge computer made of tens of thousands of neurons. If any part is damaged, it can affect the limbs or any part of the body. Sometimes the speech is affected.

I am also managing cases of cerebral damage (stroke). The treatment for this depends on the age of the patient. For adults, *śirobasti* (Skt.) (application of medicated or non-medicated oil to the head),³⁰ *dhārā* (Skt.),³¹ and so on are done. In the case of children, a mild treatment is done, such as the application of oil on head and wiping it off.

Grahaṇī

— Can you recollect some interesting experiences in your clinical practice? We have heard about the two ‘burning babies’ whom you treated.

²⁷ ĀKD Mal.ed. 17.59-61 (p.283), Eng.ed. p.195.

²⁸ SY Mal.ed. *taila* 67 (p.298), Eng.ed. *taila* 13 (p.117).

²⁹ *Rasaratnadīpikā* 286, see HIML IB p.263 note 662.

³⁰ Cf. Mooss [1983] pp.29-36.

³¹ *Śiraḥseka* otherwise called *dhārā* is the process in which medicated oil, milk or buttermilk is poured in a continuous stream on the head, especially on the forehead in a specific manner.’ in Mooss [1983] p.37. Cf. CS Ci 26.176-177; SS Ci 29.5-6.

They were from P***. They were labelled the ‘burning babies’ by the newspaper, *Manorama*. Their condition was such that cold water had to be poured on them every five minutes.³² Their bodies’ heat was so high. If we didn’t pour the water, their faces would have become swollen, for the heat was so intense. The reason is that their sweat glands were not working. So the heat could not escape from their bodies. That was the issue.

The allopathic (modern medical) doctors declared that they did not have sweat glands. The newspapers reported this remark. In the beginning, I did not give much attention to this news. One day, I saw a newspaper heading in the *Manorama* daily: “No medicine for burning babies”. It caught my attention. I asked: “What can I do for them?” And I tracked down all of the previous reports on them. Nobody had cared. I too had not given it a serious thought.

When I read: “No medicine for burning babies”, I became curious to know what the phrase “burning babies” meant. When I read all the reports, somehow, I got the desire to treat them. The article was in the P*** edition of the *Manorama*.

So I called their office: “I want to see the babies about whom you have reported in your paper,” I said. I believe that I can treat them. They said: “Sure, we will bring them to you.” They were brought here by a *Manorama* vehicle itself. I examined them here. It was a case that both allopathic and āyurvedic physicians had discarded. Nobody had any treatments to offer. They were subjected to all kinds of treatments, such as the application of mud taken from a lotus pond and the like.

I examined the children. It was true that they were afflicted by increased internal heat, but I could not agree with the allopathic (modern medical) doctors who said they did not have sweat glands, because, in that case, they could not have lived to six or seven years of age. They would have died within six months. Since they lived to six or seven years, my mind suggested that they did have sweat glands. I was thinking that on account of some still unknown reason, the sweat glands were not working properly.

After preparing myself to treat them, my confidence increased when I actually saw them. I discovered that they were suffering from the disease

³² These patients were diagnosed as Anhidrotic Ectodermal Dysplasia or Christ-Siemens-Touraine syndrome in modern medicine at that time (1992). Cf. <http://www.cnschikitsalayam.com/aboutus.html> (18 December 2002).

called *grahaṇī* (Skt.) [disease by Āyurvedic diagnosis]³³ and that their stomachs were full of worms. Their livers were also very much enlarged. They had no teeth and their hair was just like coconut fibre.

Anyway, I decided that I would treat them, but it was neither possible for them to be in P*** nor for me to treat them from there. So I said that they should stay here with me. So a house was rented especially for them. We provided the necessary food and medicines. Along with this, they were also asked to go every day to the nearby *Ayyappan* temple³⁴ and pray.

Some remnants of sacred foods (*prasāda* Skt.) offered to *Ayyappan*, one *kadaḷi* plantain, some puffed rice and holy water, comprised their first food intake every day. This was followed by our medicines. I treated them for *grahaṇī*. They were eventually de-wormed. Indeed, a lot of worms were removed from their body.

Slowly, they began to feel better. They could eat rice with curd, although of course without adding salt. They could not tolerate salt. Their mouths would burn badly. Once their *grahaṇī* became all right, they could start eating, and within five to six months, there were many improvements.

I soon thereafter purchased a ball for them and had them play in the sunshine. I also brought them a bicycle and had them ride it in sunlight. The idea was to help them adjust to the sunlight. Yet, they would not sweat. The colour of their hair had changed and they started teething, but still they would not sweat.

Sweat pores were not visible on their skin earlier. Gradually, we began to see the sweat-pores appearing on various parts of the skin. This was encouraging. We started a treatment procedure called *navara-kkili* (Mal.) (*ṣaṣṭika-śāli-piṇḍa-sveda* Skt.).³⁵ This is a type of sudation therapy (*svedana* Skt.). Then, *tala-poticcil* (Mal.) (*śiro-lepana* Skt.)³⁶ with

³³ *Grahaṇī* is the imaginary organ as a seat of the digestive fire in Āyurvedic concept of the human body. *Grahaṇī* disease has its origin in this organ and is characterized by a chronic diarrhoea. Cf. Meulenbeld [1974] p.619.

³⁴ *Ayyappan* is a popular Hindu deity in South India, especially in Kerala.

³⁵ '*Piṇḍa-sveda* or *Navara-kizī* is one of the most important of the special forms of treatment in vogue in Kerala. It is a process by which the whole body or any specific part thereof is made to perspire by the application of certain medicinal puddings externally, in the form of boluses tied up in a muslin bag.' in Mooss [1983] p.1. Cf. CS Sū 14.25; AS Sū 26.5.

³⁶ '*Śiro-lepana* is also one of the special types of treatment [which is] prevalent in Kerala. ... It is a measure consisting of application of pastes of certain medicinal

paste of fruits of *āmalakī* (Skt.) (*Phyllanthus emblica* Linn.) was applied on their scalps. This brought back the natural colour of their hair.

They were soon able to eat natural foods, such as rice with curry (*sāmbār* Mal.). They could taste pickles and eat sour and spicy foods because their *grahaṇī* had become normalized, and this in turn normalized their body functions.

Today, they are students in sixth and seventh Standard at V*** V*** P*** (school) in P***. It is a good school and they are studying there and they do not have any problems now. They almost have the health of normal children, and they also sweat a little.

Now they travel by bus. Earlier they could not face the sunlight. Today they go to and come from school in a bus. Even if they are not 100 percent fit, they are 90 percent normal. They study well and come to see me at least once a month.

As far as the burning babies are concerned, this is all that I have to narrate. I have not taken so much risk in any other case. For almost one year, they were under my care and custody. I don't think anybody would have taken this step. I had to bear all the expenses for the children including their food and medicine. To take the responsibility of an entire family is not easy. I have not kept a record of the expenses incurred in this connection. It will be there on record with the almighty.

Raktapitta

I have a peculiar experience to narrate in treating a case [similar to] haemophilia. As you know, in this disease the blood loses the ability to clot. This was the case of a Muslim girl who lived nearby in T***. She had this problem that her blood would not clot. She could therefore not be sent to school.

Allopathic doctors (modern medical doctors) treated her and said that there was no medicine to cure her disease. So she came to me. Her family was not so rich. Her father was managing a small roadside shop. I decided to treat her anyway.

We started the treatment, which indicated [in the chapters of] *raktapitta cikitsā* (Skt.) (treatment of *raktapitta*) [of the texts of *Āyurveda*].³⁷

herbs and drugs to the head.' in Mooss [1983] p.47. Cf. CS Sū 3.23cd; SS Utt 26.12; AHS Utt 24.11cd-12ab.

³⁷ 'The disease called "blood-bile" (*raktapitta*) does not fit into any modern medical concept. It comprises all disorders in which loss of blood, or matter supposed to be "blood-bile", occurs through the openings of the body (the eyes and the pores of the hairs are also regarded as openings of the body).' in Meulenbeld [1974] p.627. Cf.

And for suddenly caused wounds (*sadyovraṇa* Skt.), a medicinal plant, *mukkurri* (Mal.) (*viparītalajjālu*, *jhullapupa* Skt.; *Biophytum sensitivum* (Linn.) DC.)³⁸ is suggested for use. It is said [in the texts] that by applying a paste of this plant, bleeding can be arrested. Following this logic, I took this plant and administered its paste internally. I gave it to the girl along with butter. Apart from that, the decoctions mentioned in the management of *raktapitta* were also given.

Gradually, she began to improve. Now and again blue spots would be seen on her skin due to internal bleeding. This disappeared in due course and she appeared normal, even eventually attaining puberty. Allopathic doctors (modern medical doctors) had warned her that uncontrolled bleeding would occur during menstruation, but I assured her and her family that nothing would happen. They continued the medicines, the *mukkurri* paste, and the other decoctions without a break. She continued the medicines indicated for *raktapitta*.

After some time, she came of age for marriage. At that time, her father came to me and asked for an opinion as to whether she could be married. I told them boldly: “Sure, she can marry.” Some unknown power was prompting me to say so. The fear was that if she marries and conceives, would there be any problem when she delivered a child. I said that there was nothing to worry about. “Let her marry, conceive and give birth to a child. She is not suffering from any disease now. If she bleeds during delivery and if any problem occurs, come to me. I will take care of her.” Today this girl is the mother of three children. The deliveries were normal.

— Did she continue the medicines ?

During pregnancy and after delivery, she would come here and take medicines. Postnatal care was also given according to *Āyurveda*. Her children do not have any diseases. There have been many experiences like this.

I have also treated many other similar cases. Nearby is the case of another Muslim girl. They were hesitating to send her to school. I told them not to worry. She is also undergoing treatment now. The only problem is the availability of this plant, *mukkurri*. After the rains, it is not

BhS Ci 3; CS Ci 4; SS Utt 45; AHS Ci 2; AS Ci 3; ĀKD Mal.ed. 4.1-22 (pp.47-51), Eng.ed. pp.33-35.

³⁸ IMP Vol.1 pp.245-247.

available, but it will be seen in wet places in areca-nut groves. They search for it. I also try to collect the plant and give it to them. It is also occasionally procured from elsewhere. In this way, she is taking medicine and is all right at the moment.

— Can this (*mukkurri*) medicine be given in all [similar] cases of haemophilia?

Of course. That is my experience. If we apply the principles of *Āyurveda* according to the [textual tradition's] logic, we will definitely attain such results.

6. The future of *Āyurveda*

People ask: “Whether this or that disease can be cured by *Āyurveda* ?” I say there is no disease that occurs in human society that cannot be potentially handled by *Āyurveda*. The question is whether or not we are prepared to treat it in the proper manner. Even if allopathic doctors have treated and failed, I don't retreat. I take up such cases as a challenge and see what can be done.

— Are there diseases manifesting today that have not been directly mentioned in the texts of *Āyurveda* ?

If you ask the question this way, hum ... now take the case of cancer. It has been mentioned in our texts [for example, as *arbuda* (Skt.)], but we do not know about its first stages. This is the case even with allopathic doctors. However, they [allopathic doctors] have developed their understanding of this disease further by research. They have advanced a lot. In *Āyurveda*, research is lacking. This is one thing I must point out. I hope the future generation of physicians [of *Āyurveda*] like you will take up this challenge.

We must also engage in investigations and experiments. We are using only a few medicinal plants. Perhaps we are using only less than 5% of the medicinal plants available on the earth. What about the remaining 95% percent? They also have the necessary ingredients to tackle diseases. This must be discovered through research.

There is no herb on the earth that does not have medicinal value. Our ancient investigators discovered their properties through *tapas* (Skt.) (ascetic practices or self-torments) and recorded the information. We are only blindly following what they have taught us. Nobody is prepared to

take a fresh initiative of new discovery. We need to set up labs and research centres.

Take the case of *mukkurri*. It is useful for haemophilia, but we need to find out what chemicals in this plant are helping in the cure of the disease. Nobody bothers to find this out. This is a great limitation that stands in the way of the development of *Āyurveda*. Such diligent research is rare in the field of *Āyurveda*.

Westerners also have exploited āyurvedic knowledge. It was Suśruta (the author of an Āyurvedic treatise, the *Suśrutasaṃhitā*) who made pioneering contributions in the field of surgery. Enlightened people in the world will accept this today. The contributions of westerners are made public everywhere, but India's contributions are not yet acknowledged.

There was a time when we all became very much overwhelmed by Western culture. We ran behind them. It was at that time that P.S. Varier³⁹ entered the scene like an incarnation of Lord Dhanvantari. If he (P.S. Varier) and his institution at Kottakkal were not there, *Āyurveda* would not have survived today in India. That is my belief. Is it through Kottakkal that *Āyurveda* became popular abroad. P.S. Varier is an incarnation and not an ordinary physician. Otherwise we would have become slaves to western medicine and *Āyurveda* would have disappeared.

It is said that herbs and plants would not have potency (*nirvīryam auśadham* Skt.) in the *Kali-yuga*.⁴⁰ In spite of all this, is it not true that a plant named *kaṭukka* (Mal.) (*harītakī* Skt.; *Terminalia chebula* Retz.)⁴¹ can still induce purgation just as it has been mentioned in the texts. This is what was discovered earlier and it continues to be so.

Even though medicines are said to have lost potency, āyurvedic formulations still work. This is an enigma within *Āyurveda*. Ancient sages did great *tapas* (ascetic practices or self-torments) and discovered the various combinations like *Agastyarasāyana*,⁴² *Cyavanaprāśa*,⁴³ and so on. The glory of these discoveries never suffers in any way.

³⁹ See footnote 3.

⁴⁰ It is traditionally thought in India that there are four ages or stages (*yuga*) in this world. Among the world's stages, *kali-yuga* is considered the last and worst stage. Cf. *Manu-smṛti* 1.68-71, 81-86.

⁴¹ IMP Vol.5 pp.263-274.

⁴² BhS Ci 20.40-43; CS Ci 18.57-62; SY Mal.ed. *lehya* 1 (pp.206-207), Eng.ed. *lehya* 15 (pp.264-265).

⁴³ CS Ci 1.1.62-74; AHS Utt 39.33-41; AS Utt 49.39-47; SY Mal.ed. *lehya* 25 (pp.218-220), Eng.ed. *lehya* 21 (pp.271-273). Cf. Bode [2009] pp.15-16.

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