

Memoirs of Vaidyas

The Lives and Practices of Traditional Medical Doctors in Kerala, India (7)*

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Abstract

This article presents an English translation of an interview with a practitioner of traditional Indian medicine (*Āyurveda*), A. S. M**** N**** (1930 ~), in Kerala, India. The interviewee's specialized field is traditional poison-healing (*Viṣavaidya*). The contents of the interview are: 1. History of the Family (1.1 Family Members, 1.2 Teachers, 1.3 Joint Family, 1.4 Elephant, 1.5 Father, 1.6 Tradition of the *Veda*), 2. Traditional Poison-healing (*Viṣavaidya*) (2.1 Textual Tradition, 2.2 Kōkkara Nampūtiri's Reformation, 2.3 Speciality of Treatments and Medicines in Kerala, 2.4 Treatment Methods, 2.5 Modern Medicine and *Āyurveda*, 2.6 Signs of Death, 2.7 Prevision, 2.8 Treatment fee, 2.9 Hydrophobia, 2.10 *Mantra*, 2.11 Features of Messengers (*dūtalakṣaṇa*), 2.12 *Amṛtakalā* and *Viṣakalā*), 3. Treatments for Elephants, and Bibliography.

Key words

Ayurveda, Traditional Indian Medicine, Poison-healing, Kerala

* We would like to express our deepest gratitude to Vaidya A. S. M**** N**** for accepting our interview and 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, A. S. M**** N**** (1930 ~), is a practitioner of poison-healing, as it is practiced in traditional Indian medicine (*Āyurveda*). We have made every attempt to prepare as literal a translation of the interview as possible. But in order to promote understanding, we have organized the stories by topic and gave detailed explanations in the footnotes. The personal names of persons and their related personal and place names are shown by initial characters with asterisks to protect their privacy. This interview was conducted as one of the activities of the Indo-Japanese research project, 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. The scientific names of medicinal plants, noted in parentheses or footnotes by the editor are mainly based on those given in P. K. Warriar, 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.

Data of the interview

Date: 7th September 2002

Place: The interviewee's residence in Kerala, India

Interviewee: A. S. M**** N**** (1930 ~), Practitioner of traditional poison-healing (*viṣavaidya*)

Interviewer: P. Ram Manohar

Video-record: PADAM VT, G017~19, for about 150 minutes

Original Language: Malayalam

Additional Interview (for confirming the contents, not directly recorded in this article)

Date: 8th September 2005

Interviewees: A. S. M**** N**** (1930 ~)

Place: The interviewee's residence in Kerala, India

Interviewers: Tsutomu Yamashita and Madhu K. Parameswaran

Translator: P. Ram Manohar

Editor: Tsutomu Yamashita

Assistant Editor: Madhu K. Parameswaran

Editor's note

[] : Supplementary explanation by editor

() : Paraphrase of the previous word by editor

Abbreviations

AHS: Aṣṭāṅgahr̥dayasaṃhitā

AS: Aṣṭāṅgasamgraha

Ci: Cikitsāsthāna or Cikitsitasthāna

CS: Carakasamhitā

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

In: Indriyasthāna

Ka: Kalpasthāna

Mal.: Malayalam

Ni: Nidānasthāna

Śā: Śārīrasthāna

Skt.: Sanskrit

SS: Suśrutasaṃhitā

Sū: Sūtrasthāna

Utt: Uttarasthāna or Uttarantra

Vi: Vimānasthāna

Interview with A. S. M* N*******1. History of the Family****1.1. Family Members**

— Could you please describe the history and tradition of your family briefly?

To say it briefly, the tradition of poison-healing (*Viṣavaidya* Skt.) in our family is very old. If you ask how old, I cannot say exactly, but I believe it starts over a century ago. About a hundred years ago, there was [a famous poison-healer,] Kōkkara Nampūtiri.¹ One of his disciples was Taraṅallūr Nampūtiri.

¹ Kōkkara Nampūtiri is popularly known as an innovator of the traditional poison-healing in Kerala. See V M C Sankaran Namboodiri [2001]; Yamashita, Brahmadathan, and Parameswaran [2010] pp. 108-109.

My grandfather's younger brother (*muttappam* Mal.), Godan Nampūtirippāṭṭu learned poison-healing from Taraṇallūr Nampūtiri while he was studying the *Vedas* at Kirāṇṇāṭṭu (Kirangattu) *mana*² in the traditional way. I [also] learned poison-healing from him (Godan Nampūtirippāṭṭu). Even earlier, my family had already established a tradition of poison-healing, but all the methods were changed [to the methods invented by Kokkara Nampūtiri]. Kokkara Nampūtiri's new tradition got accepted at the time of Godan Nampūtirippāṭṭu, after he had gained the reputation of a great poison-healer.

His (Godan Nampūtirippāṭṭu's) disciple, Nampyāttan Nampūtirippāṭṭu, was the younger brother of my great-grandfather (*muttu-muttappan* Mal.).³ Though Nampyāttan Nampūtirippāṭṭu was also the younger brother of Godan Nampūtirippāṭṭu's father, he (Nampyāttan Nampūtirippāṭṭu) was much younger than Godan Nampūtirippāṭṭu. Therefore, Nampyāttan Nampūtirippāṭṭu learned poison-healing from him (Godan Nampūtirippāṭṭu).⁴ I learned [poison-healing] from Nampyāttan Nampūtirippāṭṭu.

For about 100 to 110 years, Kōkkara Nampūtiri's treatment method [for poison] was in vogue [in Kerala]. Koccuṇṇi Tampurān, who is the author of the *Prayogasamuccaya* (one of the texts of traditional poison-healing written in Malayalam), also practiced this method.⁵ It was after that, this method got more reputation. Nampyāttan Nampūtirippāṭṭu was appointed a "government poison-healer" (*gavaṇmenṭṭu viṣavaidyan* Mal.) [by the Government of Cochin at the time] and a "poison-healer" (*viṣavaidyan* Mal.; *viṣavavidya* Skt.) in the *taluk* (subdivision of a revenue district). It seems that he (Nampyāttan Nampūtirippāṭṭu) became more famous after those [appointments]. Later, when he treated very serious cases in very critical stages, his reputation soared. It was from him that I learnt poison-healing.

² *Mana* (Mal.) means a Nampūtiri Brāhmin's traditional house. Kirāṇṇāṭṭu (Kirangattu) *mana* was the traditional house of one of the Nampūtiris' spiritual leaders (*Tampurākka*). See Parpola [2000] p.383; Nambudiripad [2003].

³ *Muttappan* (Mal.) means a younger brother of grandfather. *Muttu-muttappan* (Mal.) means a younger brother of great-grandfather. These words are the kin terms used by Nampūtiri Brāhmins in Kerala. See Mencher and Goldberg [1967] p.91.

⁴ Nampyāttan Nampūtirippāṭṭu is the younger brother of the interviewee's great-grandfather and Godan Nampūtirippāṭṭu is the younger brother of the interviewee's grandfather, but, in fact, Godan was about fifteen years older than Nampyāttan.

⁵ Koccuṇṇi Tampurān (1870~1936/37) was the crown prince of Kingdom of Cochin (*perinpaṭappu svarūpaṃ* Mal.) on the Malabar coast. He practised traditional poison-healing and wrote a book, the *Prayogasamuccaya* on the traditional methods of poison-healing. See Yamashita, Brahmadathan, and Parameswaran [2010] pp.109-110.

He (Nampyāttan Nampūtirippāṭṭu) [started to] teach me when I was 12-years-old. I discontinued it when I was admitted to school and left [my family home]. Later, I fell ill and was bed-ridden at 38-years-old for three years. During that time, as well, my learning was discontinued. Then, there was the family partition following the introduction of the Agrarian Relation Bill (Agrarian Relation Act in Kerala).⁶ [After that,] the responsibility to look after Nampyāttan Nampūtirippāṭṭu, [an old man by that time] fell to me. In this way, I have been asked to attend his (Nampyāttan Nampūtirippāṭṭu's) patients who were brought to him. That means it is now about 35 years after that, and during these 35 years I have learnt to perform this [poison-healing].

1.2. Teachers

— Then, who is your real teacher (*guru*)?

Nampyāttan Nampūtirippāṭṭu and his teacher, Godan Nampūtirippāṭṭu. He (Godan Nampūtirippāṭṭu) [also] used to teach us, whenever we went to him. He (Godan Nampūtirippāṭṭu) looked eccentric. He was one of the disciples of Taraṇallūr Nampūtiri, who was one of Kōkkara Nampūtiri's disciples.

⁶The interviewee's family was basically belonging to the traditional landlord class (*janmi* Mal.) and influenced by the land reforms in Kerala in 19th century.

A. Sreedhara Menon explains 'Agrarian Reforms' in Menon [1970] pp.390-392: "The complicated relationship between the landlords and tenants in Kerala necessitated the introduction of land reforms from the 19th century onwards. ... The Kerala Agrarian Relations Act (1960) was a revolutionary piece of land legislation which sought to fix a ceiling on the extent of land that could be owned by a family or adult married person and to distribute among the landless all the lands available in excess of the ceiling. The tenants were also given fixity of tenure, freedom from eviction and the benefit of fair rent to be fixed by Land Tribunals. As the Act was struck down by the Kerala High Court in 1962, the Kerala Land Reforms Act (1963) was enacted. This Act bans the creation of fresh tenancies, confers on the tenant the right to purchase his owner's land and prescribes a ceiling in regard to the extent of land that can be owned by a family. Amended in 1969, it abolishes the *Janmi* system in Kerala and confers full rights of ownership on the tillers of the soil."

See also *The Kerala Land Reforms Act, 1963* <http://www.kerala.gov.in/docs/pdf/land_reforms.pdf> (accessed on 12th June 2013); *The Official Web Portal of Government of Kerala, Department of Forest & Wild Life*. <http://www.old.kerala.gov.in/dept_forest/acts.htm> (accessed on 12th June 2013) and Parpola [2000] pp. 93-99.

If he (Godan Nampūtirippāṭṭu) asked us what we had learnt that day, [on our mentioning it] he would recite the same [verses of the medical texts] from the beginning. He looked eccentric and roamed about without staying in one place. He would come running suddenly, to the portico [of the house], then towards the tank; he would be in the bungalow, then maybe in the dining hall (*ūtṭupura* Mal.) next. If he happened to see us, he would say: “What did you learn today? Come on!” And he would recite [the verses] himself. If a patient come, he would run [to the patient] and say [to us]: “Look! What has come today? Look!” Once, we answered what [kind of patient had come] and he told us what to do [for the patient]. Then, he advised us: “Note it like that!”

1.3. Joint Family

— Was he also staying here (at your house) in those days?

Yes, we all stayed together here in our ancestral house (*taravāṭṭu* Mal.) in those days. It was a big house. This one, I built as a small house [after] demolishing the old one. It was reduced in size. All [the members of our family] were staying there in the past.

We (my family) had nothing to worry about in those days. Ours was a big joint family with immense wealth and a large extent of land. There were people to look after things. There was nothing to bother about. Naturally, when they woke up in the morning, they could start collecting the day’s planetary portion. They could deduce what it meant — if particular sounds originated from particular directions. They could sit exclusively for that. Poison-healers had no other problems at home. It is not the [same] situation today. All that [wealth] which was there is gone and with what little has been left. [In those days,] we had to look out for our livelihood: some rubber [trees] were planted, some pepper [trees] were there, along with a few bananas, and in some places areca nut and coconut trees [grew]. I had to take care of them. I had to engage workers and also arrange the watering of the plants.

In January 1970, when the Agrarian Relation Act (Kerala Land Reforms Act)⁷ came into being, we had to part ways, because of the partition [of our property]. Before that, we were living all together. In those days, we used to have a number of guests. There were people who stayed here for studies. People were staying at our traditional house (A*** *mana*) and studying poison-healing under Nampyāttan Nampūtirippāṭṭu. Now, there is no one. They were all able poison-healers. I am the only survivor among them. This, in brief, is the tradition.

⁷Kerala Land Reforms (Amendment) Act, 1969. See footnote 6.

— And you had a close relationship with them?

Yes, a very close relationship. We had blood relations. Godan Nampūtirippāṭṭi is my grandfather's direct younger brother and he was a great poison-healer. My grandfather was a great healer of elephants.

[In our old house,] it was like this — while we were talking with the *guru*, we got something from him, his knowledge, when we were sitting together with others and talking about a subject. Then, we made out something from our talks.

In our talks, [for example,] we would show that this one (a traditional decoction) would not suit [a patient], [but] that some other one (decoction) would. Now, here is the *Paṭolakaṭurohiṇyādi* decoction (*kaṣāya* Skt.).⁸ It would not be proper to prescribe to all [patients]. It is an excellent decoction, but it provokes *vāta*, so it is not proper to give it to patients with a predominance of *vāta*. However, it should be given in [some] poison-healings.

There are some people for whom the *Paṭolakaṭurohiṇyādi* decoction is not effective. Their stomachs react with vomiting and diarrhoea [to the *Paṭolakaṭurohiṇyādi* decoction]. We know this over the course of time with experiences. If that-and-that medicine has that-and-that effect, then we should replace it. There is another decoction with *mustā*, *rāmacca*, and so on,⁹ and that is given. Where none of these [decoctions] suits and vomiting persists, another decoction which arrests vomiting should be given. Such a decoction is mentioned in the *Prayogasamuccaya*.¹⁰

In one case, even after dialysis and other things [of modern medicine] for several days, vomiting was not stopped. I could stop the vomiting by giving one decoction, however. I have documented all these [cases], because they should be useful to others.

⁸AHS Sū 15.15=AS Sū 16.7: “*Paṭola* (*Trichosanthes lobata* Roxb.), *kaṭurohiṇī* (*Picrorhiza scrophulariiflora* Pennell = *P. kurroa* auct. non Royle), *candana* (*Santalum album* Linn.), *madhusrava* (= *mūrvā*) (*Chonemorpha fragrans* (Moon) Alston; *C. macrophylla* (Roxb.) G. Don), *guḍūcī* (*Tinospora cordifolia* (Willd.) Miers ex Hook.f. & Thoms.) and *pāṭhā* (*Cyclea peltata* (Lam.) Hook.f. & Thoms. = *C. burmanni* Hook.f. & Thoms.), [this formula] defeats *kapha*, *pitta*, *kuṣṭha*, fevers, poison, nausea, loss of appetite and jaundice.” (*paṭolakaṭurohiṇīcandanam madhusravaguḍūcipāṭhānvitam | nihanti kaphapittakuṣṭhajvarān viṣaṃ vamim arocakaṃ kāmālām* ||). See also SS Sū 38.33-34.

⁹The decoction (*kaṣāya*) prepared from *mustā* (Skt.)(*muttanīa* Mal.; *Cyperus rotundus* Linn.), *rāmaccaṃ* (Mal.) (*uśīra* Skt.; *Vetiveria zizanioides* (Linn.) Nash), and so forth. See *Prayogasamuccaya* 5.2 (Kālavañcanam) p.112 (1998 ed.); p.132 (1999 ed.).

¹⁰See footnote 5.

In the past, during my childhood, while sitting after supper, my grandfather would come and speak about these decoctions. The other men would suggest what should be done for those cases. We could hear those conversations. We became involved in them. Everyone, even children, listened diligently. They might be telling of news and stories in the village. Whatever was said, there would be a number of tips that could impart knowledge to us. At times, all assembled would suggest that we (children) had to try to say the names of places, as that would help to grow our intelligence. Then, we recited the names of places.

They generally made such requests of us (children). [One time,] they asked us to say the numbers by way of assigning a numerical value of one to the first letter of the alphabet, two to the second, and so on.¹¹ We were to find answers.

In this way, and also other fun [activities], we had in our joint family. However, with the disappearance of the joint family system, this branch of treatment suffered a setback. Accepting that the system of joint family had become unsuitable for the changing times, we all went our separate ways after doing the partition of our ancestral holdings. There was no other way when the ceiling on land holding by an individual was enforced as a part of the Agrarian Act (Kerala Land Reforms Act).¹²

As I said earlier about the compound or backyard of our ancestral house (*manapparampū* Mal.), it was a place for people to come, pluck mangos and jackfruits, and go. When that was not there any longer, naturally, hardships [for our family] arose. The elders would assemble there and chat. At times, they might be cracking jokes or talking about a feast given after a rite of chanting vedic *mantras* in temples (*ōttūṭṭū* Mal.). It might be about the war, and at times, their subject might be treatment. We could have some ideas of treatment from those chats. When those chats ceased to be there, the only way to acquire such knowledge [of treatments] was to depend on the books and one's own experiences.

¹¹ Here, the interviewee seems to refer a traditional method to indicate numbers using the *devanāgarī* letters of Sanskrit. This system is called *katapayādi* (Skt.) or *paralpēr* (Mal.) system. See Fleet [1911] and [1912]; C Krishnan Namboodiri [2001]; Yamashita and Manohar [2007-2008b] pp. 149-150.

¹² See footnote 6.

1.4. Elephant

— Is the tradition of elephant treatments also present here?

Yes, that is also here. My grandfather (Nārāyaṇam Nampūtirippāṭṭu) was a great expert in elephant treatments. He was the authority in those days, the authority on any subjects pertaining to elephants. It was all here [at our ancestral home] at that time, giving training to mahouts and so forth. Elephants always used to come here in those days for treatments. This compound was very large in those days. What a change between those days and the present! In those days, there were elephants [brought for their treatments] and so they would be treated here. I saw elephants even from Kollaṅkōṭṭu palace¹³ brought in to stay and receive treatments here. Haven't you heard about R.M. Pālāṭṭu (Palat)?¹⁴ He was a great man. His elephants were brought here, not taken round, and not punished while being trained here. In many ways, this place was a base for elephants.

For elephant treatment and poison-healing, [my] grandfather and his brother were the two [authorities]. All of us were living together. I learnt it (elephant treatment) also from my grandfather. When the initiation ceremony (*upanayana* Skt.) [of Brahmins] was over, by the age of 9-10, all through the night, I used to be with [my] grandfather. It continued this way until his death. After supper, around 7:30 pm, he would tell us stories about elephants: “This-and-this elephant was having this-and-this disease.” And “This was the treatment.” That was how I got some ideas into my mind.

When we had an elephant of our own, I got a chance to see how all these things were done practically. That was how I started to collect detailed knowledge of elephants even at my young age. So, traditionally I had these opportunities to practice. Yes, this created the opportunities for both poison-healing and elephant treatment.

1.5. Father

When I talk about my grandfather and the younger brother of my grandfather, I have to talk about my father, Śāṅkaran Nampūtirippāṭṭu too. For his education, he was the one who had studied Sanskrit and the *Vedas* only. Then, he studied English, Hindi and Tamil through his own efforts.

¹³ Kollaṅkōṭṭu palace was located in Palakkad district, Kerala.

¹⁴ Ramunni Menon Palat (1885 ~ 1963) was a lawyer, landholder and politician in the Madras Presidency.

One of those days, he heard about ‘radio’. That was a time when nobody knew anything about such a thing, but when he read about it, he thought he should make it and he started attempts to do so. For procuring the materials, he had correspondences. It required a lot of money. He procured the materials and ordered valves and so on. With the help of the diagram, he studied the theory and assembled a ‘radio’ by himself. The instrument was not a box-type like today’s one. It was one piece here, one piece there, like that. He learned to make the battery too. He prepared sulphuric acid for that purpose. It was all prepared here. Making things like this, with efforts stretched over two and half years, the ‘radio’ finally produced sound!

My father was such a man. He was a man of all mechanisms. He was an engineer and a repairman, even of cinema amplifiers and so on. People started to bring such things to our house (*illam* Mal.). He used to attend to these works in between attending children and poison-healing. If patients were brought when grandfather’s younger brother was not available, he himself performed treatments on the patients and elephants.

He acquired his skills by reading books by himself and by observing. Nobody had actually taught him about these things. He should be described as ‘a self-made great man’. I doubt whether it would be proper for a son to speak like that, but during the time of the Second World War, the Madras Governor at the time invited him to Madras, having heard news about his ‘radio’ assembling and so on. However, he could not go, because he was sick and bed-ridden at that time. Shortly after, India won freedom, but my father continued to be bed-ridden for some time and died at the age of 61.

I also got teachings from him. When he was staying in one of our farm houses, I was also there with him. If a poison patient was brought in for treatment, he used to make me attend to such cases, announcing: “You handle [the patient] today.”

— Your father handled poison cases efficiently?

Not only poison-healing, for he was an all-rounder. His discussions with [some famous Āyurvedic doctors,] Kuṭṭaṅcēri Mūssū¹⁵ and so forth, on *Āyurveda* used to last for 2-3 hours. Yes, he had comprehensive knowledge [of *Āyurveda*]. He was extraordinarily brilliant. He would grasp things after seeing them only once. It was super brilliance. It may be why he got sick so early and became bed-ridden. In the Jose Theatre (cinema theatre) in Thrissur, they had no sound

¹⁵Kuṭṭaṅcēri Mūssū is one of the *Aṣṭavaidyans* and the authorities of *Āyurveda* of the time.

See footnote 20 and Yamashita and Manohar [2007-2008b] p.144 and pp.156-157.

system earlier. When they got it, the problem of an echo appeared. Nothing could be clearly heard. The proprietor needed a repair, but there were none to call on. People (engineers) from Madras had to be brought down. Then, it was my father. The theatre people came [to our house] and took him there. It was father himself [who did sound repairing]. He also went to Alwaye for repairs, and to Cochin and Coimbatore, too. He was a self-made engineer and had been praised as ‘Modern Marconi’ (*Abhinava Marconi*). My father was such a man.

1.6. Tradition of the Veda

— You are belonging to the *Brāhmaṇa* (Brahmin) community in Kerala. Do you still perform Vedic rituals and performances?

Yes, I do. I wake exactly by 4:45 am, around one hour before dawn. After my bath, there is *japa* (Skt., muttering prayer of the Vedic phrases). The highest deity (*paradevatā* Skt.) of our family is Tiruvuḷḷakkāviḷ Dharmma Śāstāvū. We pay obeisance to Śāstā (Ayyappa) and Perumanattū Appan (the deity of *Perumanan* village temple). We belong to the Nampūtiri village of Perumanam.¹⁶ The presiding deity of the village is called Perumanattū Appan. It is Śiva. I prostrate before him, and then there is prostrating before the Sun (*āditya namaskāra* Skt.). This scar on my forehead is due to the prostrating (*namaskāra* Skt.). After the prostrating before the Sun, I still perform all these: I start chanting *Gāyatrī*¹⁷ by about 7:00 am or 7:30 am; *japas* (muttering prayers of the Vedic phrases) are also performed. I used to do them. Even now, I have not abandoned these observances, but only when I go out with others, for all these would not be possible. However, thrice (morning, noon and evening) a day I perform religious acts (*saṃdhyāvandanaṃ* Mal.; *saṃdhyāvandana* Skt.).¹⁸ I do not miss my religious acts.

I was not taught the *Vedas* to any great extent. The circumstances did not [permit]. However, my elder brother had been taught. As for me, I could learn only a few of the Vedic hymns (*sūkta* Skt.), not the entire *Vedas*, [for example,] the ‘*Bhāgya sūkta*’ (the hymn for fortune), ‘*Puruṣa sūkta*’ (the hymn for getting

¹⁶ *Perumanam* is allegedly one of the 64 villages (*grāma*) founded by a legendary hero, Paraśurāma in Ancient Kerala. See Mencher [1966] pp.184-189; Logan [1887] Vol.I p.221f; Parpola [2000] p.148 and p.375.

¹⁷ *Gāyatrī* means a hymn composed in the *gāyatrī* style of metre in Sanskrit. See Parpola [2000] p.357.

¹⁸ The religious daily acts performed by Brahmins at the divisions of the day, morning and evening twilight. See Parpola [2000] p.380.

a good son), and so on. And there are the religious rites for worshipping each deity (*pūjā* Skt). Essentials for ordinary rituals were also taught, but the traditional learning of *Vedas* in its entirety did not happen for me. On account of the ill health of some family members, my elders could not properly attend to my education in these areas and I was also not interested [in learning the *Vedas*]. Then I turned to poison-healing.

— Did not you perform the Vedic rituals?

No, I didn't. I did not learn the *Vedas*, but I have performed the acts of showing reverence to Gods (*pūjā*). I can do them. I am competent for that. I had been taught those things.

Speaking about the *Vedas*, we are followers of the *Yajurveda* (*Yajurvedins* Skt.). There are, of course, four *Vedas*, but three *Vedas* are most prominent. We see here the three are the *Ṛgveda*, the *Yajurveda* and the *Sāmaveda*. We are the *Yajurvedins*, but I have not learnt the *Yajurveda*.

— You have not learnt the *Vedas*, but are the *Vedas* and *Āyurveda* very closely connected?

Yes, [they are] connected. I procured the *Atharvaveda[-saṃhitā]* and read it. In that, special mentions of medicines are made. So, it is doubtless that there is a connection [with *Āyurveda*], but I could not analyze it. There were others, of course. Pūmuḷli Nīlakaṇṭhan Nampūdirippāṭṭu (Poomully Neelakantan Namboothiripad) (1921 ~ 1997)¹⁹ and others used to talk in detail about such things. I have read it. I had an occasion to go through some part of it, but the circumstances did not permit me to continue that study.

¹⁹The website of *Poomully Aramthampuran's Kalari Sangham* illustrates: "Poomully Neelakandan Nampoothiripad popularly known as 'Aram Thampuran' was born in 1921. He was a living legend and was an authority in Ayurveda, Hasthyayurveda (treatment for elephants), Kalarippayattu, Yoga and other performing Arts. His expertise in all forms of art and literature and his knowledge in all facets of life gave him the name "Arivinte Thampuran" (lord of Knowledge)." <<http://www.poomullyaramthampurans.com/poomully.htm>> (accessed on 12th June 2013). See also the website of *Poomully Aramthampuran's Ayurveda Mana, A heritage Ayurveda centre*. <<http://www.ayurvedamana.co/index.htm>> (accessed on 12th June 2013); Yamashita and Manohar [2012].

— Did the treatments found in the *Vedas* differ from these in *Āyurveda*?

It is likely that there are some differences.

— Is it because the one is done with *mantras* and the other done without *mantras*?

What we are now doing is pure medicine. In order to practice *Viśavidyā* or the practice of poison-healing with *mantras*, you need to have great penance. I do not have the capacity to undertake such huge tasks. It is also said that if we commit any mistakes in its practice, there would be ill effects on us and our family. Therefore, I was told to practice only with medicines [without *mantras*].

Any physicians of *Āyurveda* (*Vaidyas* Skt.) were forbidden from learning the *Vedas*, because they treat outcasts who come from outside the Vedic culture. And the reason for this prohibition might be that *Brāhmaṇas* (Brahmins) should not generally attend to deliveries and surgeries.

There are *Aṣṭavaidyas*, such as Kuṭṭaṅcēri Müssü, Pulāmantōḷ Müssü, Taikkāṭṭü Müssü and so forth. They belong to the *Aṣṭavaidya* families.²⁰ When they occupy the position that they do, could they have avoided surgeries? No, of course, they could not skip attending to delivery cases. In the olden days, there were no other people [to do them]. There were no hospitals like there are now, so they were slightly degraded [among *Brāhmaṇa* society]. That is all. They are true *Brāhmaṇas* (Brahmins), but they were slightly degraded. They are to learn, not *Vedas*, but *Āyurveda*. However, they have all [Vedic] rituals, like the initiation ritual (*upanayana* Skt.), the ritual of returning home after the education of *Vedas* (*samāvartana* Skt.) and so on. They are real *Brāhmaṇas*.

— However, they (*Aṣṭavaidyas*) would not be treated like other Brahmins?

No, not like [other] *Veda*-leaned Brahmins (*Vedajñas* Skt.). They would not participate in the recitation of the *Veda* (*ōttü* Mal.) and celebrations at temples (*vāraṃ* Mal.). That is all, but they are true Brahmins.

²⁰ *Aṣṭavaidyas* are traditional physicians of *Āyurveda* and belong to Nampūtiri Brahmin community in Kerala. See Zimmermann [1989] pp.40-48; Namboodiri [2000]; Vāriyar [2002] (Malayalam) p.488; Varier [2005] p.312; Yamashita and Manohar [2007-2008b] p.142 and [2012].

—— This was done for convenience?

Yes, for convenience. They (*Aṣṭavaidyas*) would have to do surgical treatments, would have to see blood [of patients]. Brahmins have to [generally] be quite spiritualistic and have to avoid such things.

—— So they were given a slight degradation?

They were treated as degraded [in the Brahmin community], but intermarriage was usual. In spite of all these, matrimonial alliances from these families did take place and they became a very big subdivision of Nampūtiri Brahmin families themselves. There was no problem about these things. However, when it comes to performing rites, say a death anniversary observance (*śraddhā* Skt.), others would not do it sitting with them. Others would turn slightly aside. But it is not like that anymore. There is nothing of that sort now. It is all gone. All are equal now. It is all changing with the change of time.

2. Traditional Poison-healing (*Viṣavaidya*)

2.1. Textual Tradition

Among the [medical] books (*granthas* Skt.), I was taught the *Prayogasamuccaya*²¹ and the *Jyotsnikā*.²² Then, there were the [*Viṣavaidya*-]*sārasaṅgraha*, the *Viṣacandrikā*²³ and also the *Viṣanārāyanīyam* (*Tantrasārasaṅgraha*).²⁴ That (*Viṣanārāyanīyam*) was written in pure Sanskrit. The *Sārasaṅgraha* was also written in pure Sanskrit. Then, the *Kriyākaumudī* of Kuṭṭi Kṛṣṇan Mēṇōn.²⁵

²¹ See footnote 5.

²² Nārāyaṇa's *Jyotsnikā*, judging from its old style of Malayalam verses (*manipravāḷam*), seems to be the oldest extant text of the traditional system of poison-healing (*Viṣavaidya*) in Kerala. See Yamashita and Manohar [2007-2008a] pp.48-49; Yamashita, Brahmadaṭhan, and Parameswaran [2010] p.106.

²³ The *Viṣavaidyasārasaṅgraha* and the *Viṣacandrikā* are the old Malayalam texts of the traditional system of poison-healing (*Viṣavaidya*) in Kerala. See Yamashita, Brahmadaṭhan, and Parameswaran [2010] p.107.

²⁴ The *Viṣanārāyanīya* is also known as the *Nārāyaṇīya* and formally the *Tantrasārasaṅgraha* attributed to Nārāyaṇa. This work is essentially a tantric treatise, but it deals with *Agadatantra* (toxicology) in the 1st to 10th chapters and other medical subjects. See HIML IIA pp.456-458; Yamashita, Brahmadaṭhan, and Parameswaran [2010] p.105.

²⁵ The *Kriyākaumudī* is a compilation work of the old Malayalam texts of the traditional poi-

I used to read this also. All the others together contained what we have to do normally.

— How about the *Aṣṭāṅgahṛdaya[-saṃhitā]*?

In *Aṣṭāṅgahṛdaya*, the portion dealing with this [poison-healing] is very limited, isn't it? Those things are also in the *Suśruta[-saṃhitā]*. If you ask me, they are not basic one, they are quite developed.

I used to use the *Prayogasamuccaya*. Now, I refer to the *Viṣacandrikā* also. I have tried the *Sārasaṅgraha*, too. While talking with Vaḷḷūr Śāṅkaran Nampūtiri,²⁶ he mentioned one prescription of medicine (*yoga* Skt.) in the *Sārasaṅgraha*. And when I referred to it (the *Sārasaṅgraha*), [I found] they agreed. Regarding application [of medicines], I used to do it widely.

2.2. Kōkkara Nampūtiri's Reformation

— Do you have any idea of when the tradition of poison-healing started in your family?

I cannot say. It is old, but it was after Kōkkara Nampūtiri's time that the transformation to the present system of poison-healing took place. He was great. It is his system that is generally followed now in Kerala. Now, Vaḷḷūr Śāṅkaran Nampūtiri [follows this system]. His teacher (*guru*) was Ceṛukuḷappuraṃ (Ceṛukuḷappurattū) Nampūtiri (1879 ~ 1966).

Ceṛukuḷappuraṃ Nampūtiri is the teacher (*gurunāthan* Mal.) of Pūmulḷi Nīlakandan Nampūtirippāṭṭū (1921 ~ 1997) too. There were a number of people like Tāmarūr (Tamattūr) Nampūtiri, [who was Ceṛukuḷappuraṃ's guru]. All of them practised [poison-healing] in this way. My grandfather's younger brother (*muttappan* Mal.) (Gōdan Nampūtirippāṭṭū) is a disciple of Kōkkara Nampūtiri's disciple (Taraṇallūr Nampūtiri). After that (Kōkkara Nampūtiri's reform), it turned to the present system. In olden days, the treatment of hydrophobia was done with decoctions (*kaṣāya* Skt.). The patients had to avoid the intake of salt for 90 days, absolutely. It was Kōkkara Nampūtiri who changed it

son-healing system in Kerala. The author is V. M. Kuttikrishna Menon (V. M. Kuṭṭikṛṣṇa Mēnōn) (1907 ~ 1995) who is one of nephews of the author of the *Prayogasamuccaya*, Koccuṇṇi Tampurān. See footnote 5 and Yamashita, Brahmadathan, and Parameswaran [2010] pp.105-107.

²⁶ Vaḷḷūr Śāṅkaran Nampūtiri (1917 ~), a famous physician of traditional poison-healing (*Viṣavaidya*) in Kerala. See Yamashita and Manohar [2007-2008a].

to a three-day purge treatment (*elakki kalayuka* Mal.). It was the result of his research. He had introduced a number of changes [to traditional poison-healing].

Pill type medicines (*guḷika* Mal.; *guṭikā* Skt.) were not used for treatments in those days. There were other medicines with which treatments were done in those days. Those (various medicines) got shifted to pills. It was changed into pills like *Jīvarakṣa*, *Mṛtasāñjīvanī*, *Tarunabhāskaram* and so on.²⁷ What I understand is that he (Kōkkara Nampūtiri) initiated these changes. It was after him that things became so much different.

There were medicines (medicinal plants) in those days and they could be prepared here without any difficulties to daily life. Green herbals were easily obtained anywhere at that time. Today, the forest itself has vanished. To procure ingredients [of medicines] is very difficult.

There were strongly poisonous plants and they were refined and used [for treatments]. Poison is treated with poison, these practices have been done.²⁸ We make preparations with mercury (*rasam* Mal.; *rasa* Skt.), red arsenic (*manayōla* Mal.; *manaḥśilā* Skt.), cinnabar (*cāyilyam* Mal.; *raktapārada* Skt.) and so on. They are poisons themselves. These poisons kill the other poisons [from which the patient is suffering]. That is what is done even today.

That is what I have heard. There were poisonous mineral stones (*pāṣāṇam* Mal.; *pāṣāṇa* Skt.)²⁹ that were available then. When a patient was brought un-

²⁷These pill form medicines are the traditional drug preparations described in the Malayalam texts and applied in the traditional poison-healing (*Viṣavaidyā*). For *Jīvarakṣa*, see the *Prayogasamuccaya* 5.2 (Kālavañcanaṃ) pp.113-114 (1998 ed.); pp.134-135 (1999 ed.) and the *Kriyākaumudī* 8.503-555, pp.247-252. For *Mṛtasāñjīvanī*, see the *Prayogasamuccaya* 5.2 (Kālavañcanaṃ) pp.112-113 (1998 ed.); p.133 (1999 ed.); the *Viṣavaidyā-sārasamuccaya* pp.72-73 (1961 ed.); pp.128-129 (2006 ed.); Cf. the *Kriyākaumudī* 8.424-431 (*mṛtasāñjīvanam āgadam*) pp.241-242. For *Tarunabhāskaram*, see the *Jyotsnikā*, *Sāmānyacikitsakā* 65-68, p.72 (1948 ed.) = the *Kriyākaumudī* 8.911-914, p.280. See also Agnives, Unnikrishnan, and George, eds. [2002] pp.345-348; Yamashita and Manohar [2007-2008a] pp.49-50.

²⁸CS Ci 23.17 runs: “[Poison] of animal origin is situated in the upper part [of the human body], but [poison] of plant origin is situated in the lower part. Therefore, animal poison harms plant [poison], and plant [poison] harms animal [poison].” (*jāṅgamaṃ syād adbhōbhāgam ūrdhvbhāgam tu mūlajam | tasmād daṃṣṭrāviṣaṃ maulaṃ hanti maulaṃ ca daṃṣṭrajam* ||). In CS Sū 26.69: “One poison drives out [another] poison.” (*viṣam viṣaghnam*). See Yamashita and Manohar [2007-2008a] pp.50-51.

²⁹*Pāṣāṇa* means stone in Sanskrit. In Malayalam and Tamil, *pāṣāṇam* means not only stone, but also poisonous mineral, for example, arsenic. See Gundert [1872] p.654; HIML IA p.104, p.357, IB p.181 no.595, p.466 no.841, IIA p.634, IIB p.650 no.54; Yamashita and

conscious, a few drops of nasal medication (*nasyam* Mal.; *nasya* Skt.) with such medicines would revive him. They were available then, but today, they are not.

2.3. Speciality of Treatments and Medicines in Kerala

—What is the speciality of what is called “Poison-healing of Kerala”?

The poison-healing [system] was [traditionally] developed and perfected in Kerala — that is what I have understood. If you ask me whether there is any difference or not, I will reply that this [medicine, called] *Viṣaharilehyaṃ* (an ointment for licking)³⁰ is not seen anywhere else. The *Viṣaharilehyaṃ* is given to ascertain the type of bite, whether by snake or some other creature, and if it is a snake, what type of snake. We prepare this medicine and give it to the patient. The ointment is rolled on a betel leaf and is given to the patient to chew. We conclude what type of bite the patient has according to the patient’s perception of taste. If the taste is sour, that means the snake is a viper (*aṇali* Mal.). If the taste is pungent, the snake is a cobra (*mūrkhān* Mal.). If it is sweet, the snake is a krait (*śaṅkhuvarayan* Mal. or *veḷḷikkeṭṭan* Mal.).

Supposing the taste is described as partially sour and partially bitter, it means that venom has entered into the system [of the body] and so such cases should not be left untreated. Supposing the patient reports the taste is highly sour, the venom is of high grade. If it is said to be purely sweet, it is to be deduced that the venom is of very high grade. In cases where the patients say that no taste other than that of the betel leaf is present, the venom, though not of high grade, is considerably strong.

For preparation of the *Viṣaharilehyaṃ*, grind the seeds of *aṭṭaṇṇa* or *attaṇṇa* (Mal.) (*mṛdaṅgaphala* or *kośātakī* Skt.; *Luffa acutangula* Roxb. f. *amara* (Roxb.) W.J.de Wilde & Duyfjes) into paste and puff it in clean cotton cloth and suspend it. Collect the water dripped down from this in a bell metal basin and add *Neem* (*Azadirachta indica* A. Juss.) oil to it, then whip it by hand and make it into a paste (*lehya* Skt.).³¹

Manohar [2007-2008a] pp.50-51.

³⁰ *Viṣaharilehyaṃ* is found only in the several Malayalam texts of the native poison-healing system in Kerala. See the *Prayogasamuccaya* 5.2 (Kālavañcanam), pp.112-113 (1998 ed.); p.133 (1999 ed.); the *Kriyākaumudī* 8.1068-1078, pp.292-293; the *Viṣavaidyasārasamuccaya* pp.75-76 (1961 ed.); pp.132-133 (2006 ed.).

³¹ The preparation of *Viṣaharilehya* in the *Prayogasamuccaya* 5.2 (Kālavañcanam), pp.112-113 (1998 ed.); p.133 (1999 ed.) in Malayalam: “Extract two *ṭṭaṇṇalis* (= 4 *nāli*) of *tāmbūla* (betel leaves; *Piper betle* Linn.) juice. Take one *nāli* (approximately

I often marvel at the pains they (our predecessors) must have taken to arrive at this finding! This is in vogue in Kerala only. I have heard nobody else talking about it. Now, several doctors have prepared papers on this detoxicant (*agada* Skt.) (*Viṣaharilehyam*).³² So, our system of treatment was developed quite scientifically. We must remember that this clinical experiment was done at the time when no tests or other facilities were obtainable. The *gurus* deserve to be saluted with a thousand hand. Undoubtedly, it has to be acknowledged.

— Is the *Viṣaharilehyam* used only for identifying purposes?

No, it has some anti-venom effects also. That is why it is called *Viṣaharilehyam* (detoxicant linctus). It can arrest, to some extent, the invasion of the venom.

328 ml according to Aiya [1906] Vol.III, p.215 or 240 ml according to the appendix II of *Viṣavaidyasārasamuccaya* (2006 ed.) p.139) of *aṭṭanna* (*Luffa acutangula* Roxb. f. amara (Roxb.) W.J.de Wilde & Duyfjes) seeds and triturate them, and mix them [with the *tāmbūla* (betel leaves) juice]. This mixture should be spread on the back of a wide bronze vessel. Its gathered watery part should be taken and an equal amount of *vēppū* (Neem; *Azadirachta indica* A. Juss.) oil should be added. Powdered sulphur and mercury which are taken as much as one-fifth [quantity of the above mentioned mixture] should be mixed together with that [liquid mixture] and be triturated. [And] the physician should evaporate the watery part [of the mixture by triturating]. One who knows [*agada*-]*tantra* should keep [this medicine] carefully in a glass vessel. When a poisoned person (patient) comes, this [medicine] should be given by topping it on a betel leaf. The amount [of the medicine] to be given is 1 *paṇattūkkaṃ* (approximately 0.38g, see footnote 44). If the taste experienced by the person is astringent. Then, it should be understood by the intelligent [physician] that there is hardly any poison. If the taste is pungent, then *mūrkhān* snake has bitten the person. If the taste is sour, then *ghōṇasan* (*maṇḍali*) snake has bitten the person. If the taste is sweet, then *rājilaṃ* snake has bitten the person. This is a very efficacious drug against all varieties of poison.” (*tāmbūlatteppiliññulla nīr iṭṭāññali raṇṭutān. eṭuttu nāḷiyāṭṭāññavittatīl cērttaraccatū. kalakkīyōṭṭintalīkappurattaṇṭu parattaṇṭaṃ. nīr vārunnateṭuttīṭṭu samaṃ vēppeṇṇa kūṭṭuka. atinōṭāññilonnāyi gandhakaṃ pāraṭṭaṇṭaluṃ. poṭṭicu cērttaraccitṭu nīrvaṛriccīṭṭaṇṭaṃ bhiṣakū. kuppippātrattil ākkīṭṭu sūkṣiccīṭṭuka tantravil. viṣappēṭṭuvarunnēramitu verṛilatannilū. paṇattūkkaṃ koṭṭukkēnamitu kaccāññirikkilō. viṣaṃ svalpamatāṇṇenu dhariccīṭṭuka buddhimān. atin svāderivāññenkil mūrkhānāṇṭukaṭṭicatū. rasamamlamatāññenkil ghōṇasantānkaṭṭicatū. madhuriccīṭṭu-mennākil rājilaṃtān kaṭṭicatū. ētu jāti viṣattinnumitu kaikaṇṭorauṣadhaṃ.*)

³²Nambootirippad [2002] p.328; Vēṭṭattū [2004] pp.61-63; Yamashita, Brahmadathan, and Parameswaran [2010] pp.110-113.

— Other than using the *Viṣaharilehyam*, how do you identify snake-bite types?

We can say that we look at the bite spot. If the area is yellowish or slightly reddish, you can conclude that the snake is a viper (*anali* Mal.). This is of the *maṇḍali* family. Supposing the area is blackish, the reason is excitement of *vāta* (*vātakopa* Skt.) and the snake is, no doubt, a cobra (*mūrkhān* Mal.). If the spot is cold and whitish, it is krait (*śaṅkhuvarayan* Mal. or *veḷḷikkeṭṭan* Mal.). This can be ascertained in normal cases, but some patients, the bites may not be clearly visible. In such cases, this *Viṣaharilehyam* rolled on a betel leaf is given.

— The poison-healing (*Viṣavaidya* Skt.) has come to prominence in Kerala more than other branches of *Āyurveda*?

Certainly, yes. I understand it that way. I understand that it is excluding of Kerala and is not in vogue anywhere else. Likewise, this *Jīvarakṣa* pill (*guḷika* Mal.; *guṭikā* Skt.)³³ is also seen nowhere else. For *Jīvarakṣa*, white lead (*veḷuttiyaṃ* or *veḷutta ṭyaṃ* Mal.) is melted and mercury is added to it. It is seen only in the *Prayogasamuccaya*.³⁴ I am not sure whether it is seen anywhere else. It is the method developed by Kōkkara Nampūtiri that came to prominence in Kerala. This is my view.

— Is there any special reason for that?

Maybe because of the topography of Kerala. Here we have plenty of hills and forests. Snakes and other poisonous creatures, like venomous spiders (*ūrānpuli* Mal.) are common. Nowadays, people with bites from very big tarantulas (*kaṭuvā cilanti* Mal.) come here. People on the verge of death are also brought here. The method of treatment [of tarantula bites] is the same as for snake-bites. The poison is fatal. So, in view of these [compulsions], it (poison-healing) was developed a little more by our ancestors and teacher (*guru*). This is my opinion.

— Is it an exclusive development in Kerala?

Yes, it is a special development [in Kerala]. There was [a seminar] on the methods of poison-healing (*agada*) at Arya Vaidya Sala (an institute of *Āyurveda*) in Kottakkal. At that time, a doctor who was the chief of the branch of poison-

³³ See footnote 27.

³⁴ See footnote 5.

healing (*Agadatantra*) in Pune [attended the seminar]. I remember he said that people should be brought to Kerala to be treated by doctors here before proceeding to other areas.

— Did you give a lecture at Arya Vaidya Sala in Kottakkal?

I was asked to give a lecture. The lecture meeting was [held] in the big hall. The doctors there were all present. P. K. Warriar³⁵ and others were sitting in the front row. I expressed my doubt whether I would be able to have a lecture before such a gathering. But when they insisted, I said I would then take it the way I knew. I started by describing how we should know details when a snake-bite case is first brought before us. Stage by stage, from the beginning, changes are witnessed when poison invades the body. [I talked about] what type of medicine is to be administered at different stages. I said that these were the practices in vogue. It (the lecture) took nearly two hours.

Then somebody from the audience, a student or a doctor, asked: “This mercury is poison. It is a poison that damages the kidney, but it is used in *Jīvarakṣa* and *Mṛtasāñjīvanī*. Is it not wrong?”

I, then, asked: “The antivenom is poison itself. Don’t they (modern medical practitioners) inject this antivenom [to patients]?”

So we are killing venom with antivenom and here the venom gets neutralized. There is no harm to the kidney. I have handled nearly 300 cases here. Even very precarious cases have been cured. None have developed any kidney trouble. I had occasions to administer these pills in large quantities and also *Mṛtasāñjīvanī*. The other one, *Tarunabhāskaram*³⁶ containing *gorocanā* (Skt.)³⁷ was also given in large quantities. *Jīvarakṣa* also was given in many cases. All these contain this (mercury) and there was no complication in any of these cases.

Not only that, I have given these to patients who were not completely cured even after dialysis [of modern medicine]. In their cases, the kidney troubles were actually cured. Is it not good then? When I said that, what I understand is, given at the proper time and in proper doses, these do not have any adverse effects. They were all convinced. P. K. Warriar and others talked about this, even after this. So, you can say these things only on the basis of such experiences.³⁸

³⁵P. K. Warriar (Panniyampilly Krishna Warriar) (1921 ~) is the chief physician and the managing trustee of the Arya Vaidya Sala in Kottakkal, Kerala.

³⁶See footnote 27.

³⁷*Gorocanā* is a bright yellow orpiment prepared from the bile of cattle. See Dutt [1922] p.285.

³⁸The interviewee’s lecture at this time was published. See Nambootirippad [2002].

2.4. Treatment Methods

The general practice in the treatment of poisoning cases is to first give specially prepared ghee. Other treatments should begin only after that. However, in view of the difficulty of preparing and preserving medicated ghee, what we do is mix one or two *bilvādi* pills³⁹ with two or three table-spoons of ghee and give it to the patient.

Though the patient may not be showing many symptoms, it is likely that the venom has invaded and may lead to dangerous levels. Therefore, it is to be treated accordingly. Suitable pills or ingredients made into pastes can be administered. Supposing it is viper, etc., then there are medicines common for all snake-bites.

If you do not have any pills, you can grind the root of *karāḷakaṃ* (Mal.) (*īśvarī* Skt. or *nākulī* Skt.; *Aristolochia indica* Linn.) with dry ginger, mix them in pure water, and give it to the patient. The *bilvādi* pills can be taken as many times as needed. So, something like the above can be tried on the presumption that the venom is invading. There are other preparations in combination with *amukkuraṃ* (Mal.) (*aśvagandhā* Skt.; *Withania somnifera* (Linn.) Dunal) that can be given. Supposing it is night and not all medicines are easily accessible, [even in these cases,] *karāḷakaṃ* and dry ginger can be obtained without dif-

³⁹For *Bilvādi guṭikā*, see AHS Utt 36.84-85=AS Utt 42.87-88 quoted in the *Jyotsnikā*, *Sāmānyacikitsā* 59-60, p.71 (1948 ed.), the *Prayogasamuccaya* 5.3 (Sarvvaviṣacikitsa), pp.131-132 (1998 ed.); p.161 (1999 ed.) and the *Sahasrayoga*, *Guṭikā* 82, p.147 (1990 ed.); *Guṭikā prakaraṇa* 16, p.229 (2002 ed.).

AHS Utt 36.84-85 runs: “Roots of *bilva* (*Aegle marmelos* (Linn.) corr.), flowers of *surasa* (*Ocimum tenuiflorum* Linn. (= *Ocimum sanctum* Linn.)), fruits of *karañja* (*Pongamia pin-nata* (Linn.) Pierre), *nata* (= *tagara*, *Valeriana jatamansi* Jones), *surāhva* (= *devadāru*, *Cedrus deodara* (Roxb.ex D.Don) G. Don), *phalatrika* (= *triphalā*: *āmalakī*, *Phyllanthus emblica* Linn. (= *Emblica officinalis* Gaertn.); *vibhūtakī*, *Terminalia bellirica* (Gaertn.) Roxb.; *harītakī*, *Terminalia chebula* Retz.), *vyoṣa* (= *trikaṭu*: *śuñthī*, dry ginger; *pippalī*, *Piper longum* Linn.; *marica*, *Piper nigrum* Linn.), the two kinds of *niśā* (= *haridrā*, *Curcuma longa* Linn. and *dāruharidrā*, *Cosciniūm fenestratum* (Gaertn.) Colebr.) should be grounded well with goat’s urine. [This medicine] administrated as collyrium, internal medicine or nasal medicine will conduce to health for the ones who are suffering from [bites] of snake, spider, rat and scorpion; suffering from *visūcikā*, indigestion, artificial poison and fever; and suffering from possession of *bhūta*.” (*bilvasya mūlaṃ surasasya puṣpaṃ phalaṃ karañjasya nataṃ surāhvam | phalatrikaṃ vyoṣaniśādvaṣyaṃ ca bastasya mūtreṇa susūkṣmapiṣṭam || bhujāṅgalūtonduravṛṣcikādyair visūcikājīrṇaḥarajvaraiś ca | ārtān narān bhūtavidharsitāṃś ca svasthīkaroty añjanapānanasyaiḥ ||*).

ficulty in most villages. *Karaḷakaṃ* usually grows near fences and dry ginger is a staple of any common house. So, at least, the above can be given on such occasions.

If the patient complains of a burning sensation, you can conclude that it is a viper bite. In that case, the patient should drink a mixture of sandal (*candanam* Mal.; *candana* Skt.; *Santalum album* Linn.) paste and water. The same can also be locally applied to the affected area. There are a number of ways like that. Roots of *nīlamari* (Mal.) (or *nīla amari* Mal.; *nīlinī* Skt.; *Indigofera tinctoria* Linn.) and *cerucīra* (Mal.) (*taṇḍulīya* Skt.; *Amaranthus spinosus* Linn.) may be ground into pastes and mixed with milk. This may be given to the patient, irrespective of the type of bite.

However, if the condition of a patient reaches advanced stages, these [methods] would not be sufficient. Pills are needed here. When the poisoning is not very severe, you may try a mixture consisting of the paste made of roots and leaves and flowers ground all together and mixed with water. It has the same effect as pills. Thus, when a poisoning case comes to you, you have a number of options. That is the ripe time to make options. At other times, you may not be able to spell out all the options.

If the patient complains of churning pain (*kaṭaccil* Mal.; *manthana* Skt.), powdered rock salt may be mixed with ghee and heated. Then, make a small roll of leaves of *arka* (Skt.) (*erukku* Mal.; *Calotropis gigantea* (Linn.) R. Br.), cut and remove the tips of the leaves, dip the tip end in the mixture of ghee and rock salt and rub this tip downward from the point where the pain begins to the point of the bite. Stop rubbing when the pain ceases.

Then, it is good to apply a paste made of ground leaves of *arka* and *hiṅgu* (Skt.) (*kāyaṃ* Mal.; *Ferula asafoetida* Linn.) to the area, replacing it with a fresh coating when an earlier one has gone dry. It is said that in that event, the venom collected here will not be increased. This may be the reason, it is guessed. Anyway, the pain will disappear.

In certain cases, sweating through hair may be noted. This indicates that the poisoning has moved on to the third stage (*vega* Skt.).⁴⁰ When it reaches

⁴⁰ *Vega* literally means 'impetus' or 'rush', but, in this context, we translate it as 'stage'. Some stages (*vega*) of the poisoning symptoms are described in the texts of *Āyurveda*. See, for example, AHS Utt 35.11-20=AS Utt 40.45-54; AHS Utt 36.19-27=AS Utt 41.61-69; SS Ka 2.34-46; SS Ka 4.39, 42-45; CS Ci 23.18-23. These stages of symptoms are corresponded to their treatments, see AHS Utt 36.74-81=AS Utt 42.69-78; SS Ka 5.20-30ab; CS Ci 23.46-51.

AHS Utt 36.23-24=AS Utt 41.65-66 runs: "Then, the corrupted blood of whom bitten by a *maṇḍali* snake becomes yellow. By it (the corrupted blood), the body becomes yellow

the fourth stage, vomiting starts. By the time it is in the fifth stage — when it reaches the bones — the neck will drop down and [the patient's] vision will become dim. At this stage, very strong medicines must be given. One or two *Jīvarakṣa* pills are to be given here. We never go slowly. Before reaching this stage, we give such medicines and arrest the advancements [of the poisoning]. That is what we do. The *Mṛtasañjīvanī* pill or *Jīvarakṣa* pill is recommended here.⁴¹ With this, cases that are not destined to die will be saved.

And for cases destined to die, nothing can be done. In this case, when we give these drugs, it looks like they work, but again [the symptoms] gets aggravated. We are helpless here. We do not retain the patient when we feel that the patient is nearing death. For [such patients] there are other options, such as [modern] medical colleges and also mission hospitals [of Christians] with facilities for dialysis. We say [to the family of the patient]: “You can take the patient wherever you like.” And the other places too soon realize the inevitable and send the patient away.

Earlier, I had about 500 kinds of pills (*guḷika* Mal.; *guḷikā* Skt.) with me. To talk about their efficacy, in 5-10 minutes patients show improvement, so good was that stuff.

— Is it an instant result?

Yes, there is an instant result. I doubt whether any other poison-healing system is so effective. Suppose a patient in a coma is brought to us. He regains consciousness by treatment with nasal drugs (*nasya* Skt.) after the *Jīvarakṣa* pills are administered, the patient starts speaking. This is not easy. They (our ancestors) discovered it. This system, formulated by our ancestors, tells us what the state of the patient is, what is to be done at that stage, and so on. It is quite systematic. They (our ancestors) said: “Do this, if the patient feels heaviness of head,” and, “If the patient has a headache, grind such and such ingredients and apply them to the forehead.” If we act accordingly, we can gradually bring the condition under our control. It would be quite correct to call it systematic and scientific.

and has burning sensation [in the first stage]. In the second [stage], swelling will be produced. In the third [stage], moistening at the site of bite, sweating and thirst will be roused. In the fourth [stage], [the patient] will have fever. In the fifth [stage], burning sensation will spread all over the body.” (*atha maṅḍalidaśṭasya duṣṭaṃ pīṭbhavaty aśṛk | tena pītāṅgatā dāho dvitīye śvayathūdbhavaḥ || tṛtīye daṃśavikledaḥ svedas tṛṣṇā ca jāyate | caturthe jvaryate dāhaḥ pañcame sarvagātragaḥ ||*).

⁴¹ See footnote 27.

The *Jīvarakṣa* pill, which is very difficult to prepare, is made by mixing 1 *kaḷaṅcu*⁴² of white lead (*vella t̄yam* Mal.) with 6 *paṇattūkkaṃ*⁴³ of refined mercury and ground well. Here, the quality of each ingredient is specified. In olden days, the weight measuring was not in grams, but in *kaḷaṅcu* and *paṇattūkkaṃ*. However, today we take them by grams. Well, how did they arrive at this proportion? [How did they know that] so much of this ingredient and so much of that ingredient [is ideal]? Today, you have modern facilities to work out such specification and so you can do it. But, in the old days, when these facilities were not available, [imagine] how much effort it must have taken for the sake of mankind? No salutations are enough, no worship is enough.

— Now, in poison-healing (*Viṣavaidya*), what are your methods? Do you use only medicines or are other medical practices used, too?

Performance of medical practices are necessary. The method using a piece of cloth (*kili* Mal.)⁴⁴ will have to be applied. The method of *dhārā* (Skt.)⁴⁵ will

⁴² *Kaḷaṅcu* is an unit of weight traditionally used in Kerala. According to the conversion by the Travancore State Manual (Aiya [1906] Vol.III, p.215), “1 Panam = 6 Grains (approximately), 13 Panams = 1 Kalanju = 78 Grains (approximately)”. Therefore, 1 *kaḷaṅcu* is approximately 5g. However, it seems that there were some other conversion methods in Kerala. For example, Gundert [1872] pp.227-228 runs: “*Kaḷaṅcu* [is] weight of 12 *pon paṇam* or 2 silver fanam (= 10 gold fanam ... ; as Apothecaries’ weight = 12 ½ *paṇam* ...)”. See also Yamashita and Manohar [2010] p.36, footnote 25.

⁴³ *Paṇattūkkaṃ* is an unit of weight traditionally used in Kerala. One *paṇattūkkaṃ* (*paṇam*: ‘fanam’ or ‘coin’; *tūkkaṃ*: ‘weight’) is the same as the weight of one gold fanam coin. According to the conversion by the Travancore State Manual (Aiya [1906] Vol.III, p.215), “1 Panam = 6 Grains (approximately)”, therefore 1 *paṇattūkkaṃ* is approximately 0.38g. See Parpola [2000] p.373; Yamashita and Manohar [2010] p.36, footnote 25.

⁴⁴ Vayaskara N. S. Mooss explains *piṇḍa-sveda* or *navara-kizhi* in Mooss [1983] p.1: “Piṇḍa-sveda 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. About this treatment casual reference is encountered in Vāhaṭa’s Aṣṭāṅga Saṅgraha [AS Sū 26.5] as well as in Caraka [CS Sū 14.25]; but details are wanting in any of the existing Ayurvedic works. The method of treatment has been prevalent in Kerala from time immemorial and is still in existence here.” See also Variar [1985] p.60.

⁴⁵ P. R. Variar explains *dhārā* in Variar [1985] pp.59-60: “The treatment of Dhāra, Pizhicil and Navarakkizhi are usually conducted by making the patient lie down in a long wooden trough - the wood being medicinal, e.g.: sandal wood ... In Dhāra, the patient lies in a

have to be done. Now, the patient complains about a feeling of heaviness in the head, it must be on account of severe poisoning. The patient is completely incapacitated.

The method of blowing treatment (*ūttu* Mal.) is that *viśva[-bheṣaja]* (Skt.) (or *śuṅṭhī* Skt.; dry ginger), *duṣparśā* (Skt.) (*koṭittūvva* Mal.; *Tragia involucrata* Linn.) (or *dulālabhā* Skt.; *Fagonia arabica* or *Fagonia cerica* Linn.), *marica* (Skt.) (*Piper nigrum* Linn.), *viṣavega* (Skt.) (or *īśvarīmūla* Skt.; *Aristolochia indica* Linn.), these four ingredients (herbs) would be [put in three persons' mouths and] simultaneously [blown out into the patient] by the three persons. One man blows out [the ingredients] on the vertex [of the patient] and two men [blow out the ingredients] into each of the ears [of the patient] for 150 times at once and the same time.⁴⁶ That would reduce the heaviness of the head [of the patient].

— Should the three men who puff [the drugs] previously chew these drugs in their mouth?

Yes, the medicinal effect would be forth coming. It is the air mixed with drugs and CO₂ [in their aspirated air]. The [mixed] air reduces the patient's feeling of heaviness in the head. How scientifically our ancestors evolved this method!

2.5. Modern Medicine and Āyurveda

In cases of snake-poisoning, injecting [modern medicine] is not successful. The poly-venom (polyvalent anti-snake venom serum) contains all anti-venoms. The particular anti-venom reacts with the specific venom and the rest of the

supine posture in the trough and the prescribed medicinal liquid (medicated oils, herbal decoction, cow's milk, breast-milk, butter-milk, tender coconut-water etc.) suitable to the particular case is allowed to drop down on his fore-head and head from a height of about two inches through the bundle of threads inserted through a hole in the Dhāra pātra (made of clay or silver or gold) into the hollow inside portion of a coconut shell placed in the vessel face downwards and with serrated ridges to regulate the flow of the medicine. The duration of the Dhāra is from half an hour to one hour and a half according to the condition of the patient and the nature of the disease. This special treatment is intended for mental diseases, nervous disorders, insomnia, blood pressure, general debility, urinary diseases and particularly in the disease of organs above the neck." See also Mooss [1983] pp.106-114.

⁴⁶For the blowing treatment (*ūttu*), see the *Jyotsnikā*, *Cikitsāraṃbhaṃ* 19-20, p.18 (1948 ed.); the *Prayogasamuccaya* 2.4 (*Mūrkhāsāmānya cikitsa*), p.48 (1998 ed.); p.43 (1999 ed.); Yamashita and Manohar [2007- 2008a] p.52.

anti-venoms surface with adverse effects. A number of such cases are brought here, and I have recorded here such cases. So, we conclude that this is their (modern medicines') failure. Their failures also include poisoning cases aggravated by the sudden invasion of venom when the knot [above the bite spot] is let loose. It can be that their management is not correct or their approach is non-specific. I do not say that they are not right and are wrong, but I say that there are shortcomings with their methods compared to ours. And in cases where they recommend amputation for treatment of wounds, we can treat and heal them. So, ours are effective, no doubt.

Today, you have this anti-venom. How many side effects does it have? Does not it have [the side effects]? They say anti-venom has reactions. Now, poly-venom is being given. Based on my experience, I should say that we can prove that the methodology of their treatment is unscientific. Why? A snake-bite case is taken to them. On blood testing and all that, they arrive at their conclusions and prescribe anti-venom or poly-venom. As the case may be and having done this, they can discharge the patient on the plea that the patient has been cured. But this ulceration on the foot or that swelling still persists! How many cases can be quoted where this ulceration was not healed?

— Such cases are brought here?

Yes, many cases. One such patient is S***, of K*** company in Bangalore. Actually, he came from K*** [in Kerala]. He had a snake-bite on his hand in Bangalore and was treated there. It was a cobra bite. He was admitted to ICU and was discharged on being cured. But the area [of the bite] ulcerated and the ulcer spread to regions beyond his elbow. A reddish swelling was seen. It was noticed all along the nerve. He experienced intolerable pain and doctors suggested amputation. He was scared of this. He was working as an electrician for the company. He obtained discharge and proceeded to his native place. And from there, he was directed here. I started treatment. His complaints were on account of *pitta*, but cobra will not usually cause such a disorder by *pitta* (*paittika-vikāra* (Skt.)). It (the poison of cobra) [generally] induces a disorder by *vāta* (*vātika-vikāra* Skt.). I pondered it over in that line.

Generally, they (modern doctors) give poly-venom [to such a patient]. That is a combination of three venoms. Anti-venom is specific, while poly-venom consists of all three anti-venoms. My inference was that anti-venom for cobra [in the poly-venom] cured the patient of the cobra venom, while the other anti-venom induced the disorder by *pitta* (*paittika-vikāra*). It is to be analysed whether the inference is correct or not. However, when he was treated for an ulcer caused by *pitta*, his ulcer got healed considerably. But, at the nucleus [of

the ulcer], there was an umbrella like formation. What shall we call it? This mushroom like growth had a stem like an umbrella grown at its top. Whenever it would move, it caused severe pain.

Here I remembered a ghee preparation with two ingredients. I prepared that [medicated] ghee and applied it to the spot. The growth vanished. See, our ancestors had laid down methods to be applied on such occasions. They had visualized quite analytically and scientifically that particular venom may lead to a particular complication and in that event a particular medicine should be tried. We are just following that, but now people discard it with contempt. Nowadays nobody is inclined to study it. Alas! What else can we say?

2.6. Signs of Death

— To understand them means we must only understand it. But shall we not infer from their gestures or acts that they are shipping down to death?

They will display signs of death (*maraṇalakṣaṇa* Skt. or *ariṣṭa* Skt.). Once it starts, one should not hesitate [to react to them]. If doubt still persists, one should calculate the asterism governing the astrological day (*nāl* Mal.) or the half of the lunar month (*pakṣaṃ* Mal.; *pakṣa* Skt.) [at the moment]. There are [other] methods to confirm [the fact].

[For example,] a particular ingredient, well ground to paste, will be applied all over the body [of a patient who shows the signs of death]. If the patient feels hot, he is unlikely to die. If he feels cold, he is to die. There is such a method. Apply such a medicine on the body of the patient. Such a method is there. It had actually been tried. Take turmeric (*maññal* Mal.) paste and root of *karaḷakaṃ* (Mal.) (*Aristolochia indica* Linn.) and mix them with chicken blood and spread it all over the body. This treatment is a way to ascertain whether there is any sign of death or not. If the patient feels hot, the venom can be brought under control. If the patient feels cold, then it is death. The chicken blood mixed with raw turmeric and *karaḷakaṃ* root should be made into a paste and spread all over the body of the patient. If he feels cold, then he is dying or heading towards death.

— Were there not cases of victims who looked to be dead, but subsequently returned to life?

Yes, clinically, he may be dead. His pulse could not be felt, his body would be cold, but he may survive. However, I will not say that I can save [such people]. Kōkkara Nampūtiri, Taraṇallūr Nampūtiri and Punnattūrū Mūppil, they

were great poison healers. They had exhumed bodies of some victims, because they convinced that the victim was not dead based on the messenger's features (*dūtalakṣaṇa* Skt.). They saved such victims. They had asked that certain bodies be taken out of the grave.

Once, some eminent physicians (*vaidyas* Skt.) of *Āyurveda* asked Kōkkara Nampūtiri: "Why are you doing such a blunder?" It was during one of his (Kōkkara Nampūtiri's) tours [to treat patients] accompanied by his students. He asked to exhume a body and to bathe it. The victim was collected from the earth. The soil which covered his nostrils was removed. Then, from the ready stock of certain leaves that he carried, he took a few leaves, squeezed juice out of them and applied a few drops into the nostrils [of the body]; he asked the victim's family to prepare rice-gruel (*kaññi* Mal.).

Some people who had gathered there commented: "What? Gruel? He is tricking for money?" The other doctors made similar comments. Half an hour later, the first drop [of juice was poured into the man's nostrils]; he repeated it once more. After a little while, the victim cried out: "I am hungry give me gruel."

This had happened. My grandfather's younger brother (*muttappam*) (Godan Nampūtirippāṭū) had said that [to me]. The physician (*vaidya*) was *muttappan's guru's guru* (Kōkkara Nampūtiri). He (Godan Nampūtirippāṭū) used to tell that story. He was an expert.

Some Muslims or Christians, I don't exactly remember, are said to have tried to test his expertise. On a certain occasion, when a victim was brought, he used to say that the victim was dead and they could only take him back. So, these people decided to play a trick on him by taking to him a man pretending to be dead. By so doing, they thought that they could know what he would say.

In those days, patients were carried in palanquins (*mañcaḷ* Mal.). The man was carried in a palanquin through the fields. They thought that once the bearers said that they were coming from such and such a place and prayed that the victim be treated, but he (the doctor) would say: "He is dead. You may take him back."

The man lay in the palanquin as though he were dead. While they were proceeding with the palanquin, one of the bearers observed that there was no bite mark (*kaṭippāṭū* Mal.) on the man. But, shouldn't there be a bite mark somewhere? So, he told his friends that they should do something about it. "Shall we make a scratch with some thorns?" "Yes, we should make a mark [on the body] and go [to the doctor]." So, they got the palanquin down. There were pandanus plants (*kaita* Mal.; *ketakī* Skt.; *Pandanus odoratissimus* Linn.f.) at that place. They collected two thorns from the plants and made a scratch.

In those days, people rarely met a light when they were travelling by night. After scratching, they proceeded and reached the house of the doctor. And

there they cried out: “Respected Sir (*tampurān* Mal.)! Kindly save this man who is lying unconscious.” The doctor (*vaidya*) replied: “Hey, he is dead, dead.” and “You may take him back.” They insisted [on treatment], because they were certain that the man was not dead. But the doctor repeated that the man was dead. Then, they shouted at the man in the palanquin to rise up, but it was in vain. The man was dead. They were dumbfounded, and implored [the doctor] to save the man as they had done it only for testing the doctor. The doctor said: “No way, he is dead. He had a snake-bite.” Then, the doctor said that the victim might have gotten a snake-bite around such and such a place. He gave suggestions as to where to look. The bearers then went to the place suggested by the doctor and found a cobra lying among the pandanus trees. It would have bitten him in between placing the palanquin down and making the scratch on his body. This is said to have happened.

— So, the man died?

Yes, he died. In the side of the pandanus trees, there was a snake. As it was dark, nobody saw it. It was a thick growth of pandanus trees and while they were making the scratch, the snake would have bitten him. In short, the man died. This is said to have taken place.

2.7. Prevision

I still clearly remember my grandfather predicating the arrival of a snake-bite victim. That was the *Pūram* festival day in Thrissur.⁴⁷ Almost everybody, including my father, grandfathers and others, were going to Thrissur for the festival. Then, Nampyāttan Nampūtirippāṭū, who was working as a government poison-healer, handed over the key [to our house] to me upon leaving and said: “A patient of poisoning will come today. No problem! If somebody comes, you can attend. One poison case is sure to turn up in the evening.”

I wondered how I, a teenager of 13-years-old, would treat a victim? The key had been given to me. I was perplexed [and I hoped]: “Nobody would come!”

But, one poison case did come in the evening. The person was from M***, where a number of Muslims live and there is a school. She (the patient) was from that area. When I went rushing to her, she said that it should not be treated

⁴⁷ *Pūram* is a fertility festival, which takes place on the day of the *Pūram* asterism in *Mīnam* month in memory of Kāma’s death, in Arattupuzha (*Ārāṭṭupuḷa*) located in 14 km south of Thrissur (*Tṛśūr*) town. See Gundert [1872] p.693; Parpola [2000] p.377; Yamashita and Manohar [2010] pp.25-26.

by a small boy like me.

In the meanwhile, he (Nampyāttan Nampūtirippāṭṭū) also rushed there and said: “It is enough that he does it, enough!” And to me, he said: “Give her such and such pills and do treatment using a bundle of cloth (*kili* Mal.) and then let her go giving her advice to keep awake during the night.” I acted accordingly and allowed her to go later.

Following this, about 15 years ago, a lady who was the wife of one Muslim had a snake-bite at her house. She was taken to a medical college hospital [of modern medicine]. She got an injection, but soon after it, she went into a coma. It appeared that the dose [used for the injection] was in a little excess. She was admitted in the ICU for 6-7 days. Then, she was discharged [from the ICU] on returning to normal condition. After a few days, an ulcer developed in the area of the bite. It did not respond to any medicines and could not be healed. She stayed there (at the hospital) for more 10 days and returned [to her house], but this [condition] continued for 2-3 months. At that time, somebody suggested that she should be taken to A*** (the interviewee’s clinic).

She was, then taken here and with my treatment healed. After it was fully healed, she came to see me again, accompanied by an old woman. This old woman said: “Years ago, there was a boy here who used to treat. When I had a snake-bite one of those days, it was he who gave me medicines. An elderly man was there and said loudly that those were enough.”

There was such an incident. The old woman was the same patient that he (Nampyāttan Nampūtirippāṭṭū) had predicted would be coming in the evening. That lady was still alive, that was 15 years ago. If she is alive, she would be around 90-years-old now.

2.8. Treatment Fee

— It is said that traditional poison-healers (*viṣavaidyas*) should not accept any fee for their treatments.

In olden days, practitioners of this system were not people without resources or means. Several members of the Cochin Royal Family were there and treating poison cases. Could they be paid fees at the palace? One of the Cochin *Maharajas*, who died in Madras, used to treat poison cases till he was crowned.⁴⁸ Down the line, his younger brother, Miṭukkan Tampurān, also practiced it

⁴⁸Rama Varma Kunjukkidavu (1858 ~ 1932), popularly known as ‘the Maharaja who demised in Madras’. See Yamashita, Brahmadathan, and Parameswaran [2010] p.109.

[poison-healing] till his coronation.⁴⁹ Koccuṇṇi Tampurān, who wrote the *Prayogasamuccaya*,⁵⁰ was a nephew of Miṭukkan Tampurān. None of them (the Cochin Royal Family members) accepted fees. And there were [poison-healers who belongs to Nampūtiri Brāhmins, like] Pūmuḷli Nampūtirippāṭṭu, Vaḷḷūr Śāṅkaran Nampūtiri and so on. They were all big landlords (*janmi* Mal.). Now, A*** (the interviewee's family) is another big landlord.

In those days, they had no need of it (treatment fee) and so nobody accepted it, but if someone presented them with gifts, they used to accept it. One man may bring fruits, another man may bring crisp cakes (*pappaḍam* Mal.) or sugar. They would accept such gifts, but no remuneration in cash. Even now, that is the practice. I am not taking any fees for the treatment, but if somebody offers something, a trust has been formed for that to which such amounts would be transferred using this amount. Drugs can be purchased.

2.9. Hydrophobia

— Now, were you treating hydrophobia cases earlier?

Yes, it is purging. Purging through administration of medicines and regimen (*pathya* Skt.). The regimen is difficult for that. It is very tough. The regimen lasts three days. Preceding this, the patient has to be on a diet without salt, taking decoctions and out of the sun and the wind for 90 days. That was the old style, but Kōkkara Nampūtiri did away with this by introducing a 3-day-purge-therapy.⁵¹ That was an innovation by him. I had undergone that when I was inflicted with hydrophobia (*pēyiḷakuka* Mal.; *alarkaviṣa* or *śvaviṣa* Skt.).

2.10. Mantra

— When you practice poison-healing, do you apply *mantras* to your patients?

There are two ways [in traditional poison-healing]. The one is *Viṣavidyā* which is done with *mantras* and medicines. The other one is *Viṣavaidyā* which is done only with medicines. We follow only *Viṣavaidyā*. For practicing *Viṣavidyā*, should we not have certain means (*sādhanā* Skt.)? Yes, of course, we must arrange them somehow, but, at times, we may become too much involved. In

⁴⁹ Kerala Varma (1863 ~ 1943), popularly known as 'Midukkan (Miṭukkan) Tampurān'. See Mooss ed. [1937] pp.123-124.

⁵⁰ See footnote 5.

⁵¹ See the *Viṣavaidyāsārasamuccaya*, pp.50-51 (1961 ed.); pp.97-98 (2006 ed.).

some forbidden cases, maybe the bite was retaliatory or in vengeance. The healing of such cases need *mantras*. It is said that it would adversely affect the poison-healer (*vaidya*) or his family.

— Is not there the *Viṣavidyā* tradition in Kerala?

When you speak about *Viṣavidyā*, it is purely *mantras*, no doubt. None of us practice this here.

— What about *Sādhanā*?

Sādhanā is necessary and they say there will be its consequences. So, what my forefathers and my grandfather's younger brothers (*muttappam*) have said is that we do not need to practice *mantras*. We have only *saṃdhyāvandana* (Skt.). The chanting of *Gāyatrī* hymns is insisted for this.⁵² As a compromise, 108 *Gāyatrī* hymns are briefly prescribed. They say that at least 10 [hymns] should be there, but if you can, you should chant more than 108 hymns in the morning, looking at the sun. Chant as many as you can, and you will have the effect of it. Then, you can chant the *Pañcākṣara* hymn [as *Namaḥ Śivāya* (salutation to Śiva)].⁵³ It is enough. You will find the right course of it. I said that then, there would be no mishap. It is that what I do.

I am a person who does it without fail everyday. Maybe I have the blessings of my forefathers also. All that I can say is that nothing wrong has happened. That is applicable to all. Yes, even when I was in trouble with the enactment of the Act (Agrarian Relation Act),⁵⁴ it was all success for me in the matter of treatment. I believe it was due to their blessings. Similarly, in the case of elephants, a number of cases find elephants in a rut. Elephants with *eraṅtakkeṭṭū* (Mal.; serious constipation)⁵⁵ and with arthritis have come to me. I could cure them all with the grace of God. That is all what we can say.

I have heard that those who had practiced *Viṣavidyā* had finally stopped it when they and their families started suffering immeasurably. Tiruvegappuṛa Rāmappotuvāl was a great *Tāyampaka* (Mal.) artist.⁵⁶ He was taken to the grave

⁵² *Mantra-sādhanā* (Skt.) means a performance of *mantra* incantation. See footnotes 17 and 18.

⁵³ *Pañcākṣara* means a hymn that consists of five syllables in Sanskrit.

⁵⁴ See footnote 6.

⁵⁵ See Yamashita and Manohar [2012]

⁵⁶ *Tāyampaka* (Mal.) is a traditional drumming art as an offering to the temples in Kerala. See Groesbeck [1999].

following a snake-bite. It was Kuṇṇu Kṛṣṇa Vāriyar, or someone like that, who was a famous specialist of *mantra* (*mantrika* Skt.) who intervened and got the body laid before him. He (the specialist of *mantra*) cured the patient (Tiruvegappuṛa Rāmappotuvāl) through *mantra*. This incident is there in the book written by V. M. Kuṭṭi Kṛṣṇan Mēnōn,⁵⁷ not only this one.

His (V. M. Kuṭṭi Kṛṣṇan Mēnōn's) *guru* (Kuṇṇu Kṛṣṇa Vāriyar) was treating one patient who was becoming cured, but then the condition of the patient started deteriorating suddenly. The reason was that someone was performing counters with *mantras* to nullify the effect of the treatment. The venom was invaded again as a result. So, there were *mantras* and counter *mantras* in those fields. Is not all of these sinful? Therefore, my grandfather said that this should not be done.

— So, you do not prefer *Viṣavidyā*?

No, I am not doing it. [I practise] only *Viṣavaidya*. That is treatment [only] with medicines, nothing else. I pray to all our Gods. Actually, we are in our own field (*svakṣetra* Skt.) now. I used to pray here quite earnestly, when there was a complicated case. I give medicines in obeisance to my ancestors.

— Are there people now who make use of *mantras*?

No, but recently when an elephant was brought here, its mahout, who came from some place in Malabar, said that he was bitten by a snake at the top of a palm tree. [At that time,] a woman gave him some water in which the power of *mantra* was instilled by chanting *mantras* (*japicca vellam* Mal.). He said that he was cured with that.

Yes, that was the old practice. I have already explained about the drugs. Once poison cases are treated by *mantras*, it is believed that they would adversely affect the concerned snake. That may be one of the reasons that prevailed upon our ancestors to insist on it.

Now, I am treating a woman. [Before coming to me,] she was temporarily relieved of her trouble with water through chanted *mantras*. However, subsequently the wound ulcerated and her temperature shot up. Now, I am treating her.

⁵⁷The *Kriyākaumudī*, *Parīṣiṣṭam*, p.949. Kuṇṇu Kṛṣṇa Vāriyar was *guru* of Kuṭṭi Kṛṣṇan Mēnōn.

So, even now, someone, somewhere else is doing certain things that I do not think they are fully effective. If it were, she would not have developed these subsequent wounds. Those also should have been healed.

— So, one should have that much devotion to penance?

Yes, any things will work. For anything, there should be experience. Experience with *mantras* also should be acquired. One should acquire a divine power (*śiddhi* Skt.). There is no purpose if a divine power is not there.

My grandfather's younger brothers (*muttappam*) used to say that no *mantras* are required. Simply, chant the *Pañcākṣara* (*Namaḥ Śivāya*). The power should be generated automatically. I do chant the *Pañcākṣara* and *Gāyatrī* hymns also. That is our usual practice. Not that treatment should be without these (hymns). For success in any field, this chanting of *mantras* (*mantra-japa* Skt.) would be helpful. Yes, do things in the same way as our forefathers advised us. We get results for that. We have their blessing. We see people with high education obtaining no results when they do things. And you get results when people with lesser education do things. The reason for that is what we call blessings of forefathers (*gurutva* Skt.). It is necessary.

2.11. Features of Messengers (dūtalakṣaṇa)

— How about the reading of a messenger's feature (*dūtalakṣaṇa* Skt.)? Are they observed these days?

Yes, but I won't say I am doing it strictly. I was taught about it when I was a boy and have not fully grasped the power. He (my *guru*) would say: "If you hear such and such sounds, it turns up in such and such a way." To be true, we were unable to understand what that sound was and what it meant. My father and others used to say that today someone (a patient of poisoning) would come. My grandfather's younger brothers (*muttappam*) used to predict accurately that a poison case would appear. He would ask us to wait for that. They all were capable of that.

The old situation has changed now. I do not think there are [the same kind of] people now. There were a few people who could predict by a messenger's feature (*dūtalakṣaṇa* Skt.).⁵⁸ There are no more now. Now, we discern facts on

⁵⁸There are some references to the good and bad omens regarding the messenger (*dūta* Skt.) sent to physician from patient (*dūtavijñāna* or *dūtalakṣaṇa*) in several texts of *Āyurveda*. For example, AHS Śā 6.5cd-7ab runs: "At the moment that a messenger ar-

the basis of the time of reporting of the bite case, but not with the accuracy and type [of predictions] that they (our elders) made. It is doubtful whether there are such men now, very doubtful.

— During your youth, did you have close relations with such persons?

I know one of my grandfather's younger brothers (*muttappan*). When a patient [with a bite] stood in the front of him, the *muttappan* would say: "What bit you?" The patient would say: "It is not a snake, but a lizard." or "It is a spider or a rat." Once the patient said that something hit on the foot, the *muttappan* would say, deducing from the posture and words of the patient: "It was a rat." That was their habit, then, and they used to say these things. I have personal experience of it.

— Did he apply astrological means (*Jyotiṣa* Skt.) too?

Yes, he (the *muttappan*) used to use the planetary positions, the position of the stars (*nakṣatram* Mal.; *nakṣatra* Skt.), and their movements. If it was on *Āyiliam nakṣatram* (Mal.; the 9th lunar asterism), at such and such time, it is this way, so he would say about them for me. I might not ascertain the time that had gone into *Āyiliam nakṣatram* and such details, but they (my elders) considered all these details.

— So, they were well-informed.

Yes, yes.

rives, if the physician is thinking or telling inauspicious things, going naked, cutting or splitting [something], worshipping *Agni*, offering *piṇḍas* to ancestors, sleeping, letting down his hair, anointing oil, weeping or not ready to go into action; the person (patient) [who sent the messenger] is dying." (*aśastacintāvacane nagne chīdati bhīdati || juhvāne pāvakaṃ piṇḍān piṭṛbhyo nirvaṇaty api | supte muktakace 'bhyakte rudaty aprayate tathā || vaidye dūtā manuṣyāṇām āgacchanti mumūrṣatām |*).

See also CS In 12.9-24; SS Sū 29.3-28c; AS Śā 12.3-4; the *Jyotsnikā*, *Dūtalakṣaṇādhikāraṃ*, pp.4-12 (1948 ed.); the *Prayogasamuccaya* 10 (*Dūtalakṣaṇaṃ*) and *Sāmānyavidhi*, pp.201-218, 250-252 (1998 ed.), pp.268-289, 339-342 (1999 ed.); the *Viṣavaidyasārasamuccaya*, p.6 (1961 ed.), pp.28-29 (2006 ed.); the *Kriyākaumudī*, *Anubandhaṃ* 1, pp.789-836; Yamashita and Manohar [2007-2008a] pp.55-58, [2012].

— Do you think the inferences written in the books of traditional medicine are valid?

They are valid, no doubt, because we had real experiences of what is said [in the traditional texts]. [For example,] the way the messengers [of patients] come, the physical features of the messengers, the features of dying patients, and so forth. They were found to be on the way to death. Likewise, if information [regarding the bite] reached [the poison-healers] while we (poison-healers) were in the toilet, that would also be a bad case. And that is our experience.

— Do you have such an experience?

Yes, I do. If a messenger comes and reports while you step down to the tank (pond) for taking a bath [on application of oil], the patient will die. That is correct. I have two experiences [of such an occurrence]. So, these things cannot be ruled out as baseless. You cannot say that they were saying without basis. For we who have formulated these medicines so grandiosely and showed convincing results of treatment, is it fair to say what we say [regarding omens]. Is that not correct? You cannot say that this [treatment] is correct and that (reading of omens) is not correct. However, this one (treatment), we can prove, but the other one (reading of omens), we cannot [prove]. That is all. Actually, it (reading of omens) was correct.

— Then, are there cases of the messenger's feature (*dūtalakṣaṇas*) in snake-bites?

Yes, that is right, quite right. My *muttappan*, didn't I talk about Gōdan Nampūtirippāṭṭū? They all used to predict the arrival [of a poison case]. I have experience of that. And the moment the case arrived, he would note the man's (the patient's or his/her messenger's) posture, standing place and so on. He would say: "[The man is] standing in such and such a position; it is not a snake, not a snake, not a snake. It is a rat, rat, rat." He would say this and run away.

— How are these certain omens found?

That indeed is the trouble. In those days, when I was asked to learn such things, I was just 12-years-old. I had not attained enough intellectual development to grasp these things. That is how I feel now. He (*guru*) told me everything, like we have to observe the direction from which a man comes, the planetary por-

tion and where the sun and the moon are that day, the positions of the stars, their angles (*kōṇukaḷ* Mal.) and so forth. We have to learn about all the angles. Thus, one had to assimilate all these operations from the great books (*śāstra* Skt.), but I could not do it fully.

Not only that, but [in those days,] my sisters and elder brother were going to school. Naturally, I also got the craze to go to school, but I was not allowed to go out, because that was the time following my initiation ceremony [as a Brāhmin] (*upanayana* Skt.). It was after 11-years-old that I joined school. So, I just managed to understand things when I saw treatment being done. I could not study it (*dūtalakṣaṇa*) properly. I understood just what they said. I would be asked to remember these things, but I would not be told twice. However, during my school days, if a case for treatment was brought, they would tell me: “Write the prescription!” If they asked me to write prescription for a rat poisoning, I would have to do it.

[To this day,] I still remember what I learnt at the age of twelve. I could not fully pursue *dūtalakṣaṇa*, but in *dūtalakṣaṇa*, there are certain things that you can do easily and also things of which you are fully convinced. Suppose a poison case is brought to me now, or a man comes to me for certain purpose, then if I happen to hear two [unrelated] people of the neighbourhood talking like this: “See, you need not try it for that. It will not work.” Then, the case on hand cannot be saved. I have experience of that.

Such things are explained as *dūtalakṣaṇa*. Suppose a messenger with a ragged breechcloth (*dhoti*) around his neck comes and takes a position facing south and reports [about a patient], the [result of] *dūtalakṣaṇa* is really bad. It is my experience. It is a case for death. Likewise, if a messenger in red [clothes] comes and reports, it is also considered bad. In one case, a man dressed in red clothes and with squint eyes came and reported a poison case. Then, the patient was brought. At first sight, the case did appear to be serious. No longer did the medicine get introduced to his mouth; he vomited it up. Then, I administered the *Jivarakṣa* pill once again. When he vomited again for the second time, it was blood that came out [from his mouth]. Then, I asked them to take the patient back. There is a medical college [of modern medicine] about 10 km from here. About two hours after they arrived there, the patient died. So, the inference is that if the messenger is dressed in red and physically challenged, then such cases are hopeless. You can refer them without hesitation. If we are told of the arrival of a messenger when we are in the toilet, that also is seen as a bad omen. Also, when we are stopping down at the tank for the bath for oil application, that case is bad, too. There are instances of all of these.

— How about if a victim got a bite when he was applying oil on his own body for a bath?

That is bad, more poisonous. I have two instances. In one case, it was a man from M***. He applied oil on his body and was going to take a bath. He saw a coconut leaf lying on the ground. When he removed the leaf, it bit him. His neighbours brought him here. Though I found no symptoms upon his arrival, when a betel leaf [with *Viṣaharilehya*] was given to him, he said it tasted sour. I enquired whether he felt any other complaints or not. He said he felt heaviness of his head. Immediately, I gave him one *Jīvarakṣa* pill. Then, I wrote the prescription and told the escorts that I was not fully satisfied. The patient had to be closely observed and there should be no laxity in that. They asked me why I said that even when the patient showed no symptoms. There are symptoms, I told them. I said: “He complained about heaviness of his head and from his looks, I found that changes are taking place. So, you have to be careful!” They took him back and immediately on reaching their place, he vomited. They called me and informed me about it. I asked them to take him urgently [to the hospital]. Before dawn, he was dead. Yes, that was one experience. In that case, the man had applied oil to his body.

2.12. *Amṛtakalā and Viṣakalā*

In another similar case, the victim was going for a bath after oil application. I have three such instances. Where the victim is bitten affects whether the victim will die or not. If the victim gets bitten in the area called *amṛtakalā* (Skt.), he perhaps would not die.

— What is this *amṛtakalā*?

There are two areas on our body, called *amṛtakalā* and *viṣakalā* (Skt.).⁵⁹ One ascends through one side of our body from the full-moon day till the new-moon day and the other starts descending through the other side from the new-moon day. That is right. This much is said, in definite terms.

⁵⁹ For *amṛtakalā* (= *sudhākalā*) and *viṣakalā*, see the *Tantrasārasaṅgraha* 6.37-41 (1992 ed.); 6.38-42 (2002 ed.). For the *Tantrasārasaṅgraha* see footnote 24. The notion of *amṛtakalā* and *viṣakalā* might be related to Tantric concepts.

— So, when a man gets a bite, will his prognosis depend on the *kalā*?

Yes, it rises and climbs down. If the victim receives the bite in the *viṣakalā* area — even if it is insignificant — he will die. On the other hand, if it is on the *amṛtakalā* area, he survives even an acute bite.

— This (*kalā*) is spread all over the body?

No, it is not like that. If it is on the toe on a particular day, it moves up the next day. The areas have been specified. Then, it is on the knee. How it descends in so many days, is also defined.

— Is it only one spot?

It's only one spot. This one called *viṣakalā* is only on one spot. The bite [mentioned earlier] was there.

— *Amṛtakalā* is also a single spot?

Yes, a single spot decided by its position. *Amṛtakalā* is located in a particular area, [which is dependant on *viṣakalā*.] When *amṛtakalā* is located on a part of the right leg, *viṣakalā* will be on the left leg. It is specially mentioned, but this is not fully watched.

Suppose *viṣakalā* is now on the right leg. Then, *amṛtakalā* will be on the left leg. If the bite is received there (*viṣakalā* area), it is most likely that the victim will die. To infer this, you have to ascertain the lunar half-month (*pakṣam* Mal.), namely if it is currently a bright lunar fortnight (*velutta pakṣam* Mal.) or a dark lunar fortnight (*karutta pakṣam* Mal.).⁶⁰ Our ancestors observed such things. For my grandfather's younger brother (my *guru*), this was no problem. It was enough that he watched these things only. If it was lunch time, he could go for lunch. If it was time for coffee, he could take coffee. Now, if there was a guest, he could ask the guest to dine there. There were facilities and provisions for all such things in those days. At that time, be it [in other traditional family (*mana*) of Nampūtiri Brahmin, for example,] Avaṇapparaṁpū *mana* or Pūmulḷi *mana*, the situation was the same. They had workers for all different sorts of work. All were welcome there. They could dine there and go.

⁶⁰The bright lunar fortnight (*velutta pakṣam*) means 15 days in a month ending with full moon. The dark lunar fortnight (*karutta pakṣam*) means 15 days in a month ending with new moon.

— Are *viṣakalā* and *amṛtakalā* alike for all?

Yes, but it is different for men and women. It is the reverse. If it is left for women, it is right for men. That difference is there. But, we should know the lunar half-month (*pakṣam*). On ascertaining the *pakṣam*, we can understand the position of the *kalā* on the basis of the sex of the victim.

— Can we understand this on the basis of textual reference?

Yes, we can.⁶¹ If the bite has occurred over the *amṛtakalā*, even if the envenomation is serious, it will not kill the patient and he or she will recover with medication. But if the bite has occurred over the *viṣakalā*, the poison's effect will gradually escalate regardless of whatever powerful medicines and treatments are administered. Ultimately, the patient will die. They (our ancestors) found this out long ago.

3. Treatments for Elephants

— Now, we would like to return to treatments for elephants (*Gaja cikitsā* Skt. or *Hastyāyurveda* Skt.).

I don't think there is anything wrong in doing the same treatment for elephants as for men. If you can diagnose properly, there is no harm in it. However, elephants develop some peculiar diseases [which are not seen in human beings]. The constipation [of elephants] is generally known as *eraṇṭakkeṭṭū* (Mal.).⁶² Its prolonged incidence has resulted in death. The usual medicines that we given [to men] are not enough. Now, elephants will not take medicines during such periods of prognosis. The basic thing [for the treatment of elephants] is *apāna-vāyu* (Skt.).⁶³ What we do is to churn it out. For this, we prepare, using different

⁶¹ See footnote 59.

⁶² See, for example, the *Hastyāyurveda* 1.12 on *ānāha* (constipation and suppression of urine).

⁶³ In human *Āyurveda*, the breath (*prāṇa* in general, but in this context *vāyu* or *vāta*) is divided into five kinds, namely, *prāṇa*, *udāna*, *samāna*, *vyāna* and *apāna*. See AHS Sū 12.4-9; AS Sū 20.2; CS Ci 28.5-11; SS Ni 1.11-20. In elephant *Āyurveda*, the breath (*vāyu*) is also divided and regarded as important element in elephant's pathology; for example, the *Hastyāyurveda* 3.24.27cd: "The excited *samāna* will cause to corrupt *prāṇa* and *apāna* in the [same elephant's] body." (*samānaḥ kupitas tasya prāṇāpānau ca dūṣayet.*) See HIML IIA p.574. For the notion of *prāṇa* and *vāyu* in the texts of *Āyurveda* and the Vedic litera-

ingredients, suppositories (*vartti* Mal.) that warm up [the area of the stomach]. Constipation can be the result of a number of cases. If it is on account of indigestion, then, you should not use oil. Mahouts may not know the exact reason. Only in those cases are we summoned. So, we do not do it very often. We adopt the treatment method using a piece of cloth (*kili* Mal.) on a large scale.

For straightening the course of *vāta* [of elephant], we generally apply *elakkili* (Mal.; *pattraṇḍa sveda* Skt.; sweating treatment using a bundle of cloth)⁶⁴ to warm up the elephant. Then, we boil water with leaves of medicinal plants like castor (*āvaṇakkū* Mal.; *eraṇḍa* Skt.; *Ricinus communis* Linn.); immerse the piece of cloth (*kili*) in it [and apply the *kili* to the body of elephant]. When the water become tolerably warm, we pour it on the body [of the elephant] and rinse. This is to straighten the course of *vāta* [of elephant]. This method is continued regularly for a number of days. It has seldom failed. Almost all elephants were cured.

— How about ulcers (*vraṇam* Mal.; *vraṇa* Skt.) in elephants?

There were cases of very big ulcers. Generally, they appear as a reaction to sedative shots (*mayakkuveṭi* Mal.) [of modern veterinary medicine]. There will be an ulcer throughout the hind area. I have cured some cases with prolonged treatment for more than one year. I did what other doctors (*vaidyas*) were also doing. But, then, a new method not tried by others, occurred to me, thanks to the blessings of my forefathers. I considered this ailment as a sustained poison (*dūṣīviṣa* Skt.)⁶⁵ and started treatment for that. It showed results. Then, I treated the ulcer and it was healed.

He (my grandfather) was a great expert in elephant healing. He was also an expert in elephant training. He would sometimes impart training to Mahouts.

ture, see, for example, Filliozat [1949] and Zysk [1993].

⁶⁴ See footnote 44.

⁶⁵ For the details of the sustained poison (*dūṣīviṣa*) in human *Āyurveda*, AHS Utt 35.33-34ab=AS Utt 40.40-41 runs: “The poison which has become old; has been killed by anti-poisonous medicines; has been dried by forest fire, wind and sunlight; or has been not-well-joined by [its] properties by its own nature will come into the condition called *dūṣīviṣa* (sustained or corrupted poison). This [*dūṣīviṣa*] is not clearly perceived, because of its condition which has little potency; covered by *kapha*; and exists for many years.” (*jīrṇam viṣaghnauśadhibhir hatam vā dāvāgnivātātapaśoṣitam vā | svabhāvato vā na guṇaiḥ suyuktaṁ dūṣīviṣākhyam viṣam abhyupaiti || vīryālpabhāvād avibhāvyaṁ etat kaphāvṛtam varṣagaṇānubandhi* |). See also SS Ka 2.25-26; CS Ci 23.31; Yamashita and Manohar [2007-2008a] pp.54-55.

He would say to them: “If the elephant goes amok in such and such a way, it should be held back in such and such a way.” He was an expert [in healing elephants].

This book (*granthaṃ* Mal.; *grantha* Skt.) composed by Saint Pālakāpya, titled the *Hastyāyurveda*, on this subject.

— And in this, the *Mātaṅgalīlā*?

The *Mātaṅgalīlā* is a small book [on elephant]. It certainly has everything. The real book of treatment is the *Hastyāyurveda*, which deals with every topic from conception to the treatment of calves. Not only that, it describes in detail the various types of elephants seen in different parts of India and their main physical characteristics.

My grandfather died when I was 15-years-old. He used to tell real stories pertaining to elephants. This practice started when I was 10-years-old and continued till his death. In those days, I used to sleep with him. He had not taught me with books. Later, when necessity arose, I started reading books and collecting information. Of course, I had learnt from him orally and also watched [his] treatment and procedures [for elephants]. And I had, at his request, written prescriptions as well.

We had an elephant of our own till some 20-25 years ago. Its treatment used to be personally handled by me. With that experience, I started treating other elephants, too. In those days, treatment for foot disease (*pādaroga* Skt.) [of elephants] was being done on a large scale. All those were quite successful and effective.

— Do you go out for treatment even now?

Yes. I went to Guruvayur⁶⁶ in connection with the treatment of an elephant the day before yesterday. Now, rejuvenation treatment (*rasāyana* Skt.) is to start there shortly. This is done during the rainy season.⁶⁷ They (elephants) experience consumption (*dhātukṣaya* Skt.) as a result of roaming about during summer and the work they are made to do. So, rejuvenation treatment is done for elephants belonging to both temples (*dēvasvaṃ* Mal.) and private owners during this period. This is the time for that.

⁶⁶Guruvayur (Guruvāyūr) is located in Thrissur district, Kerala and famous for Śrī Kṛṣṇa temple. The temple has some elephants for the services at the ceremonies.

⁶⁷See Yamashita and Manohar [2012] pp.18-21.

— The treatment is for inducing rut (*madam* Mal.; *mada* Skt.)?

No, rut (*madam* Mal.)⁶⁸ is not being induced. The treatment is to soothe rutting and drain it, not to arrest rut. Arresting rut is as bad as stopping menstruation. So, we do not do it. And in the case of an elephant that does not develop rut at all, you may have to give some medicines for inducing it. That may be required. If the owners find it difficult to make the medicine for them, I prepare them here and give it to them. That is the practice. Then, for rheumatism and so on, we give decoctions. Application of the treatment using a piece of cloth (*kili* Mal.) is also arranged. And I have given such treatments, in several cases. In the treatment of wounds and tumours caused by frequent friction with instruments or weapons that do not respond to other drugs, our medicines are highly effective.

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kāvyamālāsampādakena ca dādihīcapaṇḍitabadarīnāthātmajena Śivadattaśarmaṇā samśo-
dhitaḥ. sa ca Mahādeva Cimaṇājī Āpaṭe ity anena puṇyākhyapattane Ānandāśramamudra-
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