

**FOLK HEALING PRACTICES OF KERALA**  
**(Causes of decline - an analysis on the basis of history)**  
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Kerala has a very distinct and rich folk culture. This is a result of unique cultural and social history of this region. Kerala has always been liberal to alien cultures and religions than any other regions of India. Because of this and the geographical peculiarities, Kerala had more close relations with distant places like Egypt and Iran than with other parts of India. The customs, habits and culture of Kerala were unique due to these exotic influences.

Folk healing practices of this region also had its own peculiarities. The valuable knowledge of local herbal wealth was the most important part of this healing tradition. The medicinal substances, brought from far away lands were also used. These practices were a part of the positive attitude towards health. They evolved through centuries, as a result of continuous interaction of different factors that influenced the development of culture and social system of a particular society. The folk practices, (not only medical) were once an integral part of our day-to-day life and culture. They were improved on the basis of everyday life practical knowledge and changing customs and socioeconomic relations of the society. They were inseparably related to the customs, traditions and beliefs of the concerned society.

Every community had its own unique set of medical practices and methods for improving the quality of life. Still they had a wider perspective about the world around them and the philosophic outlook about the relationship between man and nature. They are very much sensitive to the customs and culture of the region because they developed along with those customs and culture. This makes them a live link to the past.

The organic relationship of the folk practices with the sociological development of the community is lost in the process of development. The folk practices are no more a part of the lifestyle of the society. But they remain in some hamlets through isolated individuals who practice them. Yet it can be said that the normal development process of the folk practices is lost. Most of the time the practices are not documented and the knowledge are lost with the death of the person who practiced it. This leads to the loss of a valuable set of knowledge, which was the result of perhaps centuries of social and cultural development of the particular region. That means a very vibrant and valuable link to our past is lost due to our negligence. Even the death of a grand mother who practiced household remedies buries a lot of knowledge deep into the remnants of the past.

The loss of the folk healing practices not only result in the degeneration of valuable intellectual property of the community which preserved it through centuries for generations to come, but endanger the preservation and protection of the bio-diversity. The cheap and cost effective treatment available in the locality using locally available herbs is no more available. This leads to increase in medical expenditure of the poor and greater dependency on modern medical system. Studying the factors that led to the decline of local healing practices is a major part of any attempt to preserve them and protect the rights of the people who traditionally practiced them.

Major reasons for the decline can be classified as ancient causes and recent causes. The factors in the ancient history that affected the social acceptance of folk healing practices comes under Ancient causes and the factors in the recent history that led to the present state of near extinction of folk healing practices are the recent causes.

## **ANCIENT CAUSES**

From the evidences derived from the ancient Tamil literature, it can be assumed that the social, economic, and cultural development of Kerala started as early as 3rd century BC. Even if there was constant movement, part of the moving population got settled during this process. These settlements were units of agricultural production. But they cannot be considered as isolated and self-sufficient entities. They had social and cultural and trade relations with distant villages. So it can be said that unit of production was an area more extensive than a village. These settlements developed into more complex societies based on work division and production relations slowly over the centuries. They had their own production techniques, farmers, land owners, carpenters, black smiths and of course, healers.

The medical customs developed along with the customs and culture of that particular area. At the same time due to the constant movement and interactions within and out side each production unit; they imbibed knowledge from distant places also. As early as 10th century, our markets used medicines as a commodity for transactions. Temples, which once were among the most important social institutions, had different sub institutions connected to them. Some of them where for dispersal of knowledge, while some others were for providing services like health care. With the expansion of trade relations this link extended to North India and countries like China Arabia and Egypt. Later when codified knowledge of Ayurveda came to Kerala there already existed a civilisation that was capable enough not only in absorbing the new knowledge but also in making some contributions to it.

This influence led to the dispersal of codified knowledge in the lower strata of society, which already practiced folk medicine. As a result some part of the codified knowledge was absorbed to become a part of the folk practice. And practices in the folk culture were appropriated in to the theorized system of knowledge during course of time. The codified and folk practices as extant at present cannot be taken apart from each other. A local child health practitioner with little knowledge of Sanskrit may use exotic raw materials originate in the Himalayas for his medicines. And a practitioner of the codified system may be using treatment procedures and formulations that are not mentioned in the Sanskrit texts.

Local traditions developed as ecosystem and culture specific systems having universal out look and wide interactions. At the same time they were very focused in area of practice. For example, there were people who exclusively treated boils. Like this we had and still have bonesetters, poison healers, birth attendants and healers for specific conditions like child hood diseases, eye diseases, jaundice etc. They mainly used herbal drugs available in the neighborhood and later on, the

medicines available in the market as a result of trade relations with distant lands.

By the time Malayalam developed as an independent language after 10th century through 18th century, Sanskrit had established its hegemony as the language of ruling class, language of knowledge and language of superiority. The codified and folk practices existed side by side for centuries. They had interactions and exchanges that enriched both. The result of these interactions can be evidently seen in the Kerala system of Ayurveda, where the locally available herbs are used and special types of massages and therapies are practiced.

But as time went on, a silent change was happening in the socio-cultural relations of these two. People who practiced the theorized or codified system were considered superior to those who practiced the folk methods of healing. A number of factors already discussed here contributed to this change. Lower caste people practiced medicine that was crude and un-theorized in form. On the other hand people of upper caste practiced the pure, codified and Sanskritized version. The upper castes that evidently had a monopoly of Sanskrit language were considered elite and their practices were also glorified. Folk healers' practice was often much focused. This made their practice appeared lacking in universal applicability. People who practiced folk methods were often illiterates, women, untouchables and other out castes as a part of their traditional vocation that was considered inferior in the society.

Despite these adverse factors the folk practices remained very live through centuries. The main reason for this was the fact that they were in continuous interaction with different factors that influenced the development of culture and social system of that particular society. The folk practices, remained an integral part of our day-to-day life and culture. They were inseparably related to the customs, traditions and beliefs of the concerned society. As a result, in Kerala the art of healing was not a monopoly of the upper castes- it transcended caste and religious barriers.

## **RECENT CAUSES**

In colonial India, the British introduced western medicine as a cultural, intellectual and political tool for supremacy. While western medicine was provided with all the infrastructures and legal support, indigenous medicine was deemed unscientific and illegal and hence inferior. The only reason for not banning the practice of indigenous medicine was the infrastructural insufficiency of the infrastructures of the western system at that time.

Apart from the loss of patronage that sustained indigenous medicine, there were internal factors that hastened the process of decay: stagnation of knowledge, ignorance of the practitioners, and non-availability of quality medicine were the main reasons.

There were no substantial efforts to improve upon the classical texts through experimentation and by relating knowledge to new experience. It remained indifferent to the ecological and social changes that occurred after the composition of these texts, and hence its method of treatment lost touch with reality.

Even this knowledge, the contemporary practitioners did not imbibe sufficiently. The classical texts were either not easily available, or, if available, most practitioners did not have the necessary language skills to assimilate their contents. The texts in vernacular languages were also not made adequate use of. As a result of the social changes that came about, the gurukula method of teaching was not effectively carried out even in practicing families. The lack of specific standards for the preparation of medicines and raw materials was also a problem.

Even though the stagnation and decline of the indigenous system can be traced to the ancient period, what happened during the colonial period was qualitatively different. The indigenous systems faced the possibility of imminent extinction. The movement for the revitalization of the indigenous medicine emerged in the context of this possibility. It was a part of the quest to defend the Indian culture and knowledge from the colonial culture and knowledge.

The main concerns of the revitalization was three issues

- The retrieval, systematization, and dissemination of knowledge
- The creation of institutional facilities for training physicians
- The preparation and distribution of medicine

Professionalization was inherent to these motives. There was an essentially elitist character to this movement. The return to texts at the expense of customary or local practice was the technique of creating intellectual equivalence. Thus the immediate victims of the reformers were practitioners of unsystematic folk medicine, often midwives and other women and illiterates and lower caste people. The movement inevitably marginalized a large number of popular practitioners who were not literate and had no textual knowledge. The quest to create a body of knowledgeable physicians was adverse to this group, as they, in comparison were deemed untrained and unqualified.

All these factors together with the change in the education system and social relations made the decline of the folk practices more acute. Lack of awareness among the younger generations and changes in the life style contributed to the decline.

Preserving local health practices helps in protecting the knowledge of the society, which provided low cost and effective treatment for the locally prevalent diseases for centuries. The knowledge of the medicinal properties of the flora of a locality will also help in the preservation of the bio diversity. Study of the history and acknowledging the contribution of the local healers will take us a long way in achieving this goal.