

# Memoirs of Vaidyas

## The Lives and Practices of Traditional Medical Doctors in Kerala, India (6)\*

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### Abstract

This article presents an English translation of an interview with a doctor of traditional Indian medicine (*Āyurveda*), *Aṣṭavaidyas*, P\*\*\*\* Ś\*\*\*\* Mooss (1960 ~ ), in Kerala, India. The contents of the interview are 1. History of the Family and *Aṣṭavaidyas*, 2. Traditional Education of *Āyurveda*, 3. A Patient in the Final Stage, 4. The *Carakasamhitā* and the *Aṣṭāṅgahṛdayasamhitā*, 5. The *Aṣṭāṅgahṛdayasamhitā* and the *Aṣṭāṅgasamgraha*, 6. Modern *Āyurveda*, 7. *Vāgbhaṭa* in Kerala, 8. Treatments of *Āyurveda*, 9. Traditional elephant-medicine (*Hastyāyurveda*).

### Key words

Ayurveda, Traditional Indian Medicine, Kerala

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\*We would like to express our deepest gratitude to P\*\*\*\* Ś\*\*\*\* Mooss 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 is a doctor of traditional Indian medicine (*Āyurveda*), *Aṣṭavaidyā*, P\*\*\* Ś\*\*\* Mooss (1960 ~ ). 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 provided 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.

### Data of the interview

Date: 24th February 2010

Place: the interviewee's clinic in Kerala, India

Interviewee: *Aṣṭavaidyā*, P\*\*\* Ś\*\*\* Mooss

Interviewer: Madhu K. Parameswaran and Tsutomu Yamashita

Video-record: PADAM Video New Series, P\*\*\* Ś\*\*\* Mooss for about 90 minutes

Original Language: Malayalam

Translator: Madhu K. Parameswaran

Editor: Tsutomu Yamashita

Editor of the English version: Anthony Cerulli

Assistant Editor: Madhu K. Parameswaran

### Editor's note

[ ] : Supplementary explanation by editor

( ) : Paraphrase of the previous word by editor

### Abbreviations

AHS: *Aṣṭāṅgahṛdayasaṃhitā*

AS: *Aṣṭāṅgasamgraha*

BhS: *Bhelasaṃhitā*

Ci: *Cikitsāsthāna* or *Cikitsasthāna*

CS: *Carakasamhitā*

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

IMP: *Indian Medicinal Plants, A Compendium of 500 Species* →Warrier, Nambiar, Ramankutty (eds.) [1993-1996]

In: Indriyasthāna

Mal.: Malayalam

Ni: Nidānasthāna

Śā: Śārīrasthāna

Skt.: Sanskrit

SS: Suśrutasaṃhitā

Sū: Sūtrasthāna

Utt: Uttarasthāna or Uttarantra

Vi: Vimānasthāna

### Interview with P\*\*\* Ś\*\*\* Mooss

#### 1. History of the Family and Aṣṭavaidyas

— Could you please introduce yourself?

My name is Ś\*\*\* Mūss (Mooss). My father was Ā\*\*\* Mūss (Mooss). I am almost fifty [years old]. After my first year of pre-degree course, I moved to Kāncīpuram and completed my degree there in *Tarkam* (a traditional Indian philosophical system of logic), which is a part of the Sanskrit curriculum.

I studied traditional Indian medicine (*Āyurveda*) under my paternal uncle (Śāṅkaran Mūss (Mooss)) at Ūrakam (Urakam, near Thrissur in Kerala); and I learnt *Carakam* (the *Carakasamhitā*, one of the treatises of *Āyurveda*) under the great master, Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭū (Poomulli Neelakantan Namboothiripad) (1921~1997). He also taught me traditional elephant-medicine (*Hastyāyurveda* Skt.).

Surprisingly enough, I studied *Āyurveda* for 12 years instead of the usual duration of 5 years. When I returned home, my father could not continue his [medical] practices, because he was not in good health. And naturally, I had to help him with his practice.

When I think of the education that my paternal uncle (Śāṅkaran Mūss) and Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭū gave me, I feel very proud. I have had unforgettable experiences using their methods of treatments. The field of therapy is a wonderful world. You see, the method of Pūmuḷli (Nīlakaṇṭhan Nambūdirippāṭū) was derived from the *Carakasamhitā* and the *Aṣṭāṅgahṛdayam* (the *Aṣṭāṅgahṛdayasamhitā*, one of the treatises of *Āyurveda*), whereas my uncle's base was solely the *Aṣṭāṅgahṛdayam*.

Having studied under these two great men, I had the privilege of knowing these different styles and I might humbly say that I have hardly gone wrong in my diagnosis. Another factor besides the blessings of my great teachers was my devotion to Lord Dhanvantari (Dhanwanthari), the governing deity of [medical] treatment. It is an obligation in our home that one should pray for the blessings of Lord Dhanvantari before starting one's [medical] practice every day all through the year. That is what I have done.

I have three children. The eldest one is Ā\*\*\* Nārāyaṇan Mūss (Mooss). He is now in the final year of his B.A.M.S. (Bachelor of Ayurvedic Medicine and Surgery) course [at an *Āyurveda* College] in Kottakkal. His surname Nārāyaṇan is that of my uncle who was childless. The other boys have been named: Ś\*\*\* and J\*\*\*.

— What can you tell us about your uncle, who was one of your two teachers?

His name was Śaṅkaran Mūss. He married the elder sister of (*Aṣṭavaidyā*) E.T. Nārāyaṇan Mūss (Mooss). They are no more. My second uncle, (*Aṣṭavaidyā*) P.T. Nārāyaṇan Mūss (Mooss) (1918~2005) settled at Ūrakam (Uarakam) after the partition of our ancestral property in 1968. I was just 8 years old then. People remember him as a native of Ūrakam. He left his own house for the care and management of his younger brother. It seems that he thought of being the caretaker of his wife's estate.

— I have heard about the restrictions on marriage for *Aṣṭavaidyas* in your family. Is it true?

It had been that way until recently. Then, our elders began to worry about the problems in our families as consequences of marriages involving people with blood relationships. As a result, they took up a liberal attitude in the matter of marriage (*vēḷi* Mal.).

I would like to clarify a point regarding *Aṣṭavaidyas*. As the myth goes, Kerala had been divided into 32 villages. Each [village] had a village physician. After a modification, these 32 [villages] became 18 sections. Over the course of time, they (village physicians) [decreased in number again and] came to be known as *Aṣṭavaidyas*.

Another interpretation could be the fact that the name, *Aṣṭavaidyā* could only be claimed by one who had studied [all of] the eight branches of the *Āyurveda*. That was how their families got the name, *Aṣṭavaidyā*. Although, there were 18 families at the beginning, there was a disintegration [of the families] over time. Some [families] became extinct, and had no descendants. Now, the number [of the families of *Aṣṭavaidyā*] is almost 6 or 7.

— Therefore, the marital relations of *Aṣṭavaidya* families have expanded to include other [non-*Aṣṭavaidya*] families?

You are right, but it has been a recent change. To be precise, my father's generation started it. My father married [my mother, who came] from another family. You know, both my uncles were childless. One among my two paternal uncles married [women who came] from the *Aṣṭavaidya* family known as Kuṭṭanceri which was also my grandmother's house. The other uncle had a similar circumstance when he married. Here the family was known as Paḷanellippuṟattu, to which my grandmother belonged. Generally speaking, analyzing the background, one may arrive at the conclusion, which my brother Divākaran also stated at the meeting of *Aṣṭavaidya* families, that the infertility problem [among *Aṣṭavaidya* families] might be due to marriages among members having blood relationships that are too close.

— Did your family name “Pulāmantoḷ” change at any point of time? I ask because I have heard that the original family name of [another *Aṣṭavaidya* family] Oḷaśśa Mūss was ‘Cirattamaṇ’ and that they were originally from Malabar. Did your family ever move away from its original place, possibly during Tipu's invasion of Malabar?

No, this is our native location, and nobody has moved out from here.

— Do you have any other interesting stories about your family?

There have been several stories about my family. Many of them have been published. I recently came across such a book. It is not a book on treatment only about treatment. It tells us a lot about the need of a sense of morality and how we have to foster morality in our daily lives.

There has been also a commentary on the *Aṣṭāṅgahr̥dayam* from one of our ancestors, but the manuscripts of this work are not here at present. They (the manuscripts) are now in Tamil Nadu, in a manuscript repository. I think it is at the manuscript library of the University of Madras, since Malabar was once part of the Madras state.

## 2. Traditional Education of *Āyurveda*

— As for your education, you mentioned that your training to become a physician lasted for about 12 years. Could you please explain how it began? What was the method of traditional learning?

See, the traditional teaching was in the *gurukula* system. [In this system,] the teacher (*guru* Skt., Mal.) would teach [his disciples] whenever he wants to teach them according to the availability of time at his residence. Sometimes, it would start in the morning and continue till noon or even night. The teacher decided everything. That was the way [of the *gurukula* system].

For about six years, I studied under my paternal uncle (Śaṅkaran Mūss) at Ūrakam. Then, for the rest [of my training] I studied under Pūmuḷḷi [Nīlakaṇṭhan Nambūdirippāṭṭi] and under my father here. Pūmuḷḷi and my father differed in their ways of teaching. I mean the method [of teaching] may change depending on the character of the teacher. Both teachers taught without using books. I read [some texts] and they explained [the meanings of those texts]. Reading had to be accurate. Any mistake, even the missing of a letter, was sure to be punished.

As I said, at my uncle's residence, there was no stipulated time for reading. I was supposed to be a member of his house. One should do everything that one is supposed to do at [the teacher's] home; sometimes this meant going shopping, sometimes cleaning and so on. That was the traditional way of teaching. Sometimes the teacher would call me at 8 o'clock or 9 o'clock [in the morning] and our study would continue till midnight. If he got up early and had an hour to spare, he would call me. I was supposed to wake up then. There was no protesting or resenting. At that time and throughout my generation, you had to be ready whenever you were called [by your teacher].

Whatever portion [of the text] was taught in the class had to be memorized and recited the next day [by the disciples]. Only then, could we proceed to the next chapter. Additionally I was allowed to accompany [my uncle] when a patient came.

Until my uncle died, I had the privilege to have my practice with him and he often wanted to know my opinions. He used to ask me: "What do you think? Is this medicine enough?"

It is certainly an advantage for me. I was free to present my view. He would not get angry, even if I made a mistake. We had gotten along smoothly.

— So, your uncle had a kind of paternal attitude towards you?

Truly. You see, only after the traditional method of teaching was completed did I have complete freedom. Before then, I took care of the things at my teacher's household. My learning [of traditional medicine] progressed well. There was no compromise concerning what I had to learn. Punishment was imperative, if I lagged behind.

Today, some students shout slogans against their teachers. We never thought of such things. The circumstances were different and we were conscious of the

goals that they (our teachers) had in their minds. Everything was done [only for our improvement]. There was no chance of any misunderstanding between teacher and student. That was the virtue of the traditional way of teaching.

I am recalling another scene. It just happened when I finished [to learn] the first five chapters of the *Hastyāyurvedam* (a Sanskrit treatise on traditional elephant-medicine). One day, the presence of my teacher, Pūmuḷli [Nīlakaṇṭhan Nambūdirippāṭṭi], was requested because one of the elephants of the Guruvayur (Guruvāyūr) temple had fallen ill.

To my great surprise and dismay, he spent about six hours under the burning sun near the elephant. Walking around the reticent animal, he watched its movements meticulously, but he said nothing. I wondered what the problem was. Finally, he asked me to write down the prescription. I was at my wit's end. After others had left, I tried to clear my misgivings. He was always kind enough to clear all doubts [of students], if they were genuine.

He told me: “See, it is a reticent animal. An elephant has all of the feelings that we (humans) have, but it cannot convey what its problems are to us. So, if you want to diagnose an elephant's disease, you have to observe its movements. What and how it eats, the condition of its eyes and so on. This cannot be done in only 10 or 15 minutes. That is why I made you stand with me for so long time.”

It was a real lesson for me. Now, I know what to do, when I am called to treat an elephant.

— Well, that is how you received lessons.

Yes, that is so, even when he examined a [human] patient. His examination took much time. That was the main difference between him (Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭṭi) and my uncle (Śaṅkaran Mūss). My uncle didn't take much time for diagnosis. He (my uncle) could diagnose, even while he was listening to the details of the illness from the patient. The prescription would follow soon.

As far as Pūmuḷli (Nīlakaṇṭhan Nambūdirippāṭṭi) was concerned, the condition called *āma* (Skt., condition of indigestion) was given much importance in his treatment. His treatment would start only after grasping well the state of *āma*. *Āma* could be defined as the condition in which the sickness has not reached its full potential. Such a patient must be clearly detected. I follow this method. And it has proven very successful in my experiences.

— I would say that this is a topic which most of modern Āyurvedic physicians have not grasped well.

If I can have time, I could explain what *āma* is in detail. Today, these doctors [of *Āyurveda*] do not consider the condition of *āma* and it remains a fault in their diagnosis. I think that is why many of the patients who go to such doctors do not fully recover. My first step is to look for *āma*. Then, I think of the treatment.

— You were together with Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭṭu as his student.

We never compromise our method of treatments that have been very successful. We rely on the experiences of several patients who have undergone treatments for *āma* [initially], taken [treatments] to be freed from *āma* (*nirāmāvastha* Skt.), and then finally have experienced recovery.

— Might the treatments for *āma* not need strong medications?

That is right. Nowadays, when a patient complains of a swelling with pain, they (doctors of *Āyurveda*) prescribe oil, but oil is not suitable for the condition of *āma*.

### 3. A Patient in the Final Stage

— Have you had any interesting experiences during your period of training?

I do remember [one episode]. It happened when I was at my uncle's [house]. I was reading. Someone came by asking for my uncle, [because] there was a patient, an aged *tampurān* (Mal.) (a male member of royal family), at his last gasp in a nearby village.

Unfortunately, the person [who called for my uncle] came when my uncle was shaving. As per the rules of omen, it was a sign indicating the worst outcome. [The rule says:] seeking a physician's help at the moment that the physician happens to be in the act of shaving is a bad sign [for the patient's prognosis].

My uncle told the person: "See, it is of no use, even if I go there. However, as you have come all the way, I will send my young fellow (*uṇṇi* Mal.) there.

Hence, I had the chance of visiting the patient. I tested the patient's pulse and told his son, taking him aside: "He is nearing his last breath (*mahā[śvāsa]* Skt.)."<sup>2</sup> In a normal condition, there are only ninety breaths left. If it does not

2 Here, the interviewee mentioned the stages of a patient's condition in his deathbed by the terms of respiratory disorder (*śvāsa*). The respiratory disorder (*śvāsa*) are classified into



return to *chinna*[*śvāsa*] (Skt.), what is left is only three *ūrdhva*[*śvāsa*] (Skt.).

Then, somebody called me. It was none other than the patient who was breathing his last breath. He said to me: “I expected the senior Mūs (my uncle) [would have come here], but well, you also belong to the Pulāmantōḷ family. Tell me, what is my condition?”

I tried to comfort him saying: “No problem, it is not at all serious.”

Do you know what he said then?

He said: “Have you started telling lies? Am I not breathing my last breath (*mahā*[*śvāsa*)?”

— So, he knew such things?

Yes, yes. The patient continued: “Tell me the truth. I am not worried. See, I have fulfilled all my duties. Nothing more to be done here. I am aware that the *ūrdhva*[*śvāsa*] will be over with the third one. I am just entering the first. Please advise this fool, my son about it. Let me lie on the floor. Ask him to prepare the last ritual bed of *darbha* grass.”<sup>3</sup>

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the five types, namely *mahā*, *ūrdhva*, *chinna*, *tamaka* and *kṣudraka* in CS Ci 17.17; SS Utt 51.5; AHS Ni 4.2cd; AS Ni 4.3cd.

For *mahāśvāsa*, CS Ci 17.46-48 runs: “The one, who has the upward-moving of [aggravated] *vāta*, is afflicted [by the *vāta*] and accompanied by a loud sound; [whose airway] is obstructed, breathes with loud tones and behaves like an excited bull continuously; has lost comprehensive and cognitive faculties and has abnormal movements of the eyeballs; has abnormal conditions of the eyes and mouth, and suppression of urine and feces; says incoherent things. The one who is afflicted [with the aggravated *vāta*] and his/her heavy breathings are recognized from a distance. Such a person who has the *mahāśvāsa* will be died immediately.” (*uddhūyamānavāto yaḥ śabdavad duḥkhito naraḥ | uccaiḥ śvasiti samruddho mattarṣabha ivāniśam || pranaṣṭa-jñāna-vijñānas tathā vibhrānta-locanaḥ | vikṛtākṣyānana baddha-mūtra-varcā viśīrṇavāk || dīnaḥ praśvasitaḥ cāsya dūrād vijñāyate bhṛśam | mahāśvāsopasṛṣṭaḥ sa kṣipram eva vipadyate ||*). See also SS Utt 51.12 and AHS Ni 4.13cd-15=AS Ni 4.16-18.

- 3 *Darbha* (*Desmostachya bipinnata* (Linn.) Stapf; see IMP Vol.2 p.326) is sacred grass used for religious ceremonies especially by Brahmins. At the deathbed ritual of Brahmins, this grass is customarily spread over the bed. The *Garuḍa Purāṇasāroddhāra* 9.16 reads: “One should lay the dying man on the ground cleaned with cow-dung and spread over with *darbha*-grasses; not support him in the air.” (*gomayenopalipte tu darbhāstaraṇasaṃskṛte | bhūtale hy āturaḥ kuryād antarikṣaṃ vivarjayet ||*) in Ernst Wood and S. V. Subramanyam’s translation and ed., p.78; see the *Garuḍa Purāṇa*, *Pretakāṇḍa* 29; see also Hikita [2000] and Großmann [2009]. Marjatta Parpola translated Hermann Gundert’s *Schriften und*

He said all these things after the first *ūrdhva[śvāsa]*. I went out and asked his son to oblige his father. At the third [stage of] the *ūrdhva[śvāsa]*, he closed his eyes forever. It was an unbelievable experience. The person spoke so bravely while he was breathing his last breath. I have never had similar experience before or after that. He knew the names of the breaths so well.

#### 4. The *Carakasamhitā* and the *Aṣṭāṅgahṛdayasamhitā*

— You mentioned that when you were being trained under Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭṭu, he also taught you the *Carakasamhitā* [in addition to the *Aṣṭāṅgahṛdayasamhitā*]. But this is not so common in Kerala. Could you please explain?

You see, he (Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭṭu) was a master of various subjects, [for example,] *Aṣṭāṅgahṛdayam* (the *Aṣṭāṅgahṛdayasamhitā*), *Carakam* (the *Carakasamhitā*), *Suśrutam* (the *Suśrutasamhitā*), *Tarkam* (a traditional Indian philosophical system of logic), *Vyākaraṇam* (traditional grammar of Sanskrit), *Sāṃkhyam* (one of the six schools of classical Indian philosophy), *Pālakāpyam* (the *Hastyāyurveda*, a work on elephant-medicine attributed to Pālakāpya), [traditional Indian] music, *Kalari* (traditional martial art in Kerala), *Yoga*, and so on.

Once, there was a function at C\*\*\* clinic where a lot of students, not only from Kerala, but also from other states and countries had participated. Pūmuḷli [Nīlakaṇṭhan Nambūdirippāṭṭu] and [my] uncle attended the function. They both spoke about the *Carakasamhitā* and [especially] the difference between the *Carakasamhitā* and the *Aṣṭāṅgahṛdayam*.

In the course of his talk, he (Pūmuḷli Nīlakaṇṭhan Nambūdirippāṭṭu) made a comment that he would not teach *Carakam* (the *Carakasamhitā*) to students who had no knowledge of *Tarkam* and *Vyākaraṇam* (traditional grammar of Sanskrit), because the two subjects are indispensable to enter into the world of *Carakam*.

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*Berichte aus Malabar mit Meditationen und Studien*. Stuttgart, 1983, pp.120-126 into English as “Kerala customs according to Gundert.” in Parpola [2000] pp.420-425. In this translation, No.24 runs: “To perform the rites for the dead (*śeṣakriya*) Br[ahmin]s want the Darbha grass and Tulasi[,] other castes only Caruka (*karūka* grass) and Cheru-pula (*cerupūla*): The Br[ahmin]s pass it off with speaking Mantrams (*mantrapūrvvaṃ*) the others with ceremonies (*tantrapūrvvaṃ*).” and Marjatta Parpola remarks: “[*Kuśa* is] often also identified with *darbha*, but sometimes clearly distinguished from it.” in Parpola [2000] p.365.

When he said ‘No’ to the students who approached to him, he also made an important remark that there was only one scholar who had a right to learn *Carakam*. He asserted that only Ś\*\*\* P\*\*\* Müss (the interviewee) could do it. He remarked: “*Carakam* is a great work. It was not something that could be studied by every person. One who wants to take it up should have some knowledge of *Tarkam* and *Vedānta* (one of the six schools of classical Indian philosophy). And *Vyākaraṇa* is essential, because *Carakam* consists of a lot of verses (*śloka* Skt.) and prose [in Sanskrit].

That same night, my uncle called me. I did not know what had happened at the function. My uncle told me: “Go and meet Kuñṅappan (= Pūmuḷḷi Nīlakaṅṅhan Nambūdirippāṅṅ) tomorrow.” He insisted that I should learn *Carakam* (the *Carakasamhitā*) [from Pūmuḷḷi Nīlakaṅṅhan Nambūdirippāṅṅ].

You see, I was a married man by then. So I tried to excuse myself mentioning that I had several consultation visits at various places. But my uncle was adamant. He even asked me to cancel my visits. Then, I was curious about why he was so persistent. I headed straight to Ūrakam. There, I got the news about the announcement by Pūmuḷḷi (Nīlakaṅṅhan Nambūdirippāṅṅ) at the function, and then, I promised that I would go [to him to learn the *Carakasamhitā*].

I didn’t feel nervous about going to him, because I had already been his disciple for a period of one and a half years. I went boldly, and his teaching started on that very day. Incidentally, I tried to tell him that I also hoped to study *Hastyāyurvedam* (traditional elephant-medicine). I said that, as it is often said, once an elephant [in its excitement] reached Pulāmantōḷ (the area of the interviewee’s household), all its aggression would disappear. It would be relieved of its state of rut. Therefore, it might be that there was something like [a sedative] treatment for elephants at Pulāmantōḷ. At that time, nobody in my generation had studied it (traditional elephant-medicine).

When I expressed my wish, he readily consented. In fact, he said he would rather teach me alone excluding [another student,] Dr. Devan who was studying *Carakam*. He (Pūmuḷḷi Nīlakaṅṅhan Nambūdirippāṅṅ) asked me to come to him that very evening. [From then on,] I studied *Pālakāpyam* (the *Hastyāyurveda*) and *Carakam* alternately. But at the time I had reached the twelfth chapter [of the *Hastyāyurveda*], circumstances became unfavorable to continue it. I had patients that needed attention and I had to stop my study briefly. [After that,] I studied the rest of *Pālakāpyam* with the help of books.

— Your present career is on the traditional line?

Quite so.

— Your son is learning *Āyurveda* in the modern way. Why?

He has already had the traditional training. He will be able to know the difference between the two (traditional and modern methods of education) in a better, deeper way than I can. The modern science is also included in their curriculum. He already knows the traditional knowledge and accordingly can go forward. The rest of his future depends on what fate will bring. We can only give him what we have.

— Could you please tell me how the study of *Tarkam* (a traditional Indian philosophical system of logic) helped you? Other students straight away come to learn *Āyurveda* without any such background.

*Tarkam* means an attempt to argue and come to a point after considering various interpretations. For example, in the definition of *vyāpti* (invariable concomitance, one of the technical terms of traditional Indian logic), what we say is “*yatra yatra dhūmo tatra tatra vahniḥ*” (wherever there is smoke, there is fire). All reasoning converges to the final point of *vyāpti*. Such a way of thinking from different angles helps you to consider the various possibilities, such as why all symptoms might appear when the body is attacked by a disease.

— You mean it is a systematic approach?

Yes, a systematic approach. *Aṣṭāṅgahṛdaya* (the *Aṣṭāṅgahṛdayasaṃhitā*) does not demand [the knowledge of] *Tarkam* [to master it]; *Carakam* (the *Carakasamhitā*) gives it (*Tarkam*) much importance, and it is said to be very useful. A lot of verses and prose sentences [of the *Carakasamhitā*] can be fully understood, only if you go that way [of *Tarkam*].

### 5. The *Aṣṭāṅgahṛdayasaṃhitā* and the *Aṣṭāṅgasamgraha*

— Vagbhata authored the *Aṣṭāṅgahṛdayam*. There is a view that the *Aṣṭāṅgahṛdaya* and the *Aṣṭāṅgasamgraha* were written by different authors.

I don't think so. The reason is that if you attempt to study [the whole book of] the (*Aṣṭāṅga*)*saṃgraha*, it is hardly possible, [because of its voluminous texts]. Realizing this fact, Vāgbhata himself re-wrote the (*Aṣṭāṅga*)*saṃgraha* into a concise form in which he included all the essential things and avoiding what he thought was not essential. And he completed the final form as the *Aṣṭāṅgahṛdaya*. That is the difference between the (*Aṣṭāṅga*)*saṃgraha* and the

(*Aṣṭāṅga*)*hṛdaya*.

You see, there are several things in the (*Aṣṭāṅga*)*saṃgraha* that you do not find in the *Aṣṭāṅgahṛdaya*. For example, there is a medicine for *śvitra* (Skt.) (morbid whiteness in the skin) called *mahānīlaghṛtam* in the (*Aṣṭāṅga*)*saṃgraha*. But you cannot find it in the *Aṣṭāṅgahṛdaya*. There are several fine medicines found there (only in the *Aṣṭāṅgasamgraha*), [because] the text [of the *Aṣṭāṅgahṛdayasamhitā*] has been condensed.

You see, the study of *Āyurveda* was a life-time activity. Often the study would remain incomplete. Realizing this difficulty, a concise form, the (*Aṣṭāṅga*)*hṛdaya* was compiled. [However] even though the (*Aṣṭāṅga*)*saṃgraha* proved to be too much [to learn as] life-time enterprise, every [medical] issues have their roots in the (*Aṣṭāṅga*)*saṃgraha*. That is the greatness of the (*Aṣṭāṅga*)*saṃgraha*. These days, who studies it (the *Aṣṭāṅgasamgraha*)? It is used only for reference. I have a copy of it. Occasionally, I refer to it. But a complete study is impossible.

## 6. Modern *Āyurveda*

[In older times,] you know that everything [of the texts of *Āyurveda*] had to be memorized as our elders stipulated. It was quite different from what we do today. Today's learning method is to select a few chapters [of the texts of *Āyurveda*] and prepare notes comprising everything. Then, you are ready for the examination of B.A.M.S. (Bachelor of Ayurvedic Medicine and Surgery) [at the modern *Āyurveda* Colleges]. Students of the B.A.M.S. [course] have to touch [only] a small portion [of the texts of *Āyurveda*]. They need to touch on [only] small portions of the *Caraka*(*saṃhitā*) and the *Suśruta*(*saṃhitā*) [in the course of B.A.M.S.]. You know the current syllabus [of *Āyurveda* Colleges is prepared in this way].

For a student who has not had any trainings in fundamentals [of *Āyurveda* before his B.A.M.S. course] or who has no privilege [to undergo fundamental trainings] at home, such a student would feel as if he is thrown into the middle of a vast ocean [even] after the completion of his [B.A.M.S.] course. That student will not know how to deal with it, what to do and where to [look for guidance]. That is why, when I am called to attend some functions, I take the opportunity to give advice to students [of *Āyurveda*]. I ask them to eliminate the ego and get an apprenticeship with a well-experienced physician and not to think about money. Only this can make you a good physician. It will take a long time to learn by doing your own practice, step by step, which is a slow process.

Even if we can teach ourselves like this, there are still some risk [for physicians of *Āyurveda*]. Enough patients may not come to us. If the patients do not

feel comfortable during the first visit to us, they may not come back [to our clinics]. They would even discourage other patients [to come to us] and would comment that the doctor doesn't know anything.

Conversely, if our prescription clicks well, the patient would advertise for us by telling everybody about us. Then, notoriety would come [to us]. Like here, as you have seen. I do not insist on fees. A consultation fee is a secondary thing. I mingle with the patients in such a way to create a feeling that I am a member of their family. I am one of theirs. There is nothing they cannot tell me. Along with the details of their illness, they also discuss their family matters. Aged people, say grandfathers or grandmothers, fathers or mothers, they have free access here throughout the day. They come without hesitation. Just now, one patient is waiting. See, they come here as if they were coming to meet one of their own. It is a bit difficult to develop this kind of feeling. See, when you are being consulted, the patient would feel that you are not a stranger. I mean, we should mingle with them in this way.

Otherwise, there is no chance of getting inside their mind. And there are also a lot of other concerns that come with this method. I become indispensable for the patients even if it is just a simple cold or if they want to consult another doctor in an emergency. I am someone to whom they can unburden their problems and sorrows. They do not make any decisions. They call me and the decision is left to my will. They might have [other] doctors in their house or elders who hold high positions in society, but still they consult with me for a decision. In some urgent cases, like a heart attack, this type of relationship is very risky.

## 7. Vāgbhaṭa in Kerala

— I would also like to ask you to tell us about Vāgbhaṭa. He claims to have hailed from *Sindhudēśa* (Northwest India). At the same time, he seems to have achieved some strong influence in Kerala (South India), maybe more than in other parts of India. [In Kerala,] it is said that there were 18 families that were famously taught by Vāgbhaṭa directly. What is your opinion on this?

Kerala's climate is very congenial to Āyurvedic treatments. Another factor is the attitude of the families that learned and taught the *Aṣṭāṅgahṛdayam*. Such an attitude was seen nowhere else in India apart from Kerala. It seems that North India favored Caraka's line of treatment. This was our destiny. This is ordained by God.

— Often it has been transformed into a mode of worship [of Vāgbhaṭa]. Has it not?

In Kerala.

— There are also several stories concerning Vāgbhaṭa and *Aṣṭavaidya* families. There is a story that his (Vāgbhaṭa's) demise occurred here at here Pulāmantol (the interviewee's place). And there is another story concerning Indu to the family of Vaidyamaṭham.

Indu was the disciple of Vāgbhaṭa.

— Yes. There seems to be almost a religious fervor to it. Could you explain a little more about the relation between Vāgbhaṭa and your family?

I had collected some information on this. I also made a list of *Aṣṭavaidya* families with their members including the names of those who have already passed away. This is a sort of historical account.

Vāgbhaṭa's presence here was truly a blessing. His demise while he was teaching here was probably known to many people. I had tried several times to plant a banyan tree in my compound [as a memorial to Vāgbhaṭa's demise], but without success. The one [tree] you see here is at the spot believed to be where Vāgbhaṭa died. I consulted an astrologer. He told me that this was the place where Vāgbhaṭa died and you should start paying tribute to his soul by lighting a lamp everyday here. We already had the custom of food offering [to gods, fasting and] ritual (*nivedya* Skt.) on every eleventh lunar day of a half-month (*ekādaśī* Skt.) day. I am sure we have had that blessing.

— You mentioned the special worship of Vāgbhaṭa. Could you explain it in detail?

The worship (*pūjā* Skt.) is modeled on the same lines as the worship for lord Viṣṇu. The meditation (*dhyāna* Skt.) of the image is for Vāgbhaṭa. The offering of food (*nivedya*) is a rice milk gruel (*pālpāyasam* Mal.) that needs to be offered on the eleventh day (*ekādaśī* Skt.) [of every fortnight of a lunar month] that falls in the waxing period of the moon. This offering is done by the head of the family and I am doing it now. As the offering of rice milk gruel is meant for the worship, it is therefore not to be sweet.

Any breach or failure to comply with this ritual will reflect upon my performance in the next month. There had been occasions for me to leave for Trivandrum on to do some paperwork without being able to attend to the worship. As a result, I suffered from decreasing numbers of patients for one month. The number of patients has been much less than usual. [Therefore,] as far as

possible, I have had to observe the details of the worship.

You may not find a queue here, but there is a steady flow. They oblige me by coming at times that suit my free time. They are not mere patients here; the place is theirs, as I am too. They have a lot to tell me. Sometimes they talk over the phones to people at their homes. Sometimes they may have to consult me about their mother [who has been unable to come here]. They believe me so much that they need just to hear my voice and they are all right. This is because I have such a place in their hearts.

### 8. Treatments of *Āyurveda*

— Coming back to your method of treatment, do you give preference to purifying (*śodhana* Skt.) more than the allying (*śamana* Skt.) mode of treatment.

I give more preference to purifying (*śodhana*) than allying (*śamana*).

— Generally speaking, *Āyurvedic* physicians in Kerala prefer to go with the allying (*śamana*) mode of treatment. Is that right?

This is because the patients now want quick and easy relief from their illnesses. Somehow, relief has to be achieved. I am of the opinion that to completely cure a disease, you need to remove all of the corruptible or corrupted bodily elements (*dūṣya* or *dhātu* Skt.) and *doṣa* from the body. This is imperative to root out the disease. Only after purifying treatment (*śodhana karman*) will there be the full effect of any allying (*śamana*) medicine. This is my way of treatment. I will never waver from it, because I am absolutely convinced of its success.

— Does the present generation of patients agree to undergo the difficult regimens of a purifying (*śodhana*) mode of therapy?

In my experience, they are willing to go by my words. They do not mind the difficulties.

— There is a general conception that patients are a bit apprehensive about this method. How do you see it?

That is a misunderstanding. It depends on the seriousness of the disease. A patient having reached a critical stage will surely abide by what you prescribe. It is true that many patients are in a hurry. But I tell them frankly about my method and they are ready, because they want to be cured.



— You have mentioned your family and the connection with Vāgbhaṭa. You also mentioned the current state of education of *Āyurveda*. Currently, there are a lot of agitations by modern *Āyurvedic* doctors and students against *Āyurvedic* physicians who have been trained by traditional educational system (*pāramparya-vaidyas* Skt.). What is your take on this?

I am not against the claims made by the agitating doctors and students and also [respect] their right to agitate. See, recently research on the traditional physicians' (*vaidya*) families has been conducted across Kerala. In my opinion, some people are taking advantage of the term 'traditional' (*pāramparya*). On one hand, there was one physician in a family, but after him there was nobody to continue the tradition [of *Āyurveda*]; [on the other hand,] after some four or five generations [of traditional physicians], somebody who comes from this family has been dispensing some medicines claiming to have the tradition of healing in his family. They do not have any knowledge. One cannot claim oneself to be a traditional physician, if the continuity or tradition [of healing] is lost.

For example, in my case, having a long tradition of physicians in my family, I can claim it. But, if I had not studied *Āyurveda*, my son or my grandson could not claim this tradition. Maybe my son can because he has inherited the genes of his grandfather who was a traditional physician. But after my son? They may be not able to claim it. In order to claim 'traditional physicians' family', there should be at least an unbroken lineage of ten [generations of] physicians.

— Do you think the present generation of *Ayurvedic* doctors does not respect traditional physicians?

There is a reason for it. Those who come out from the B.A.M.S. course [of *Āyurvedic* Colleges] know only a mixture of *Āyurveda* and Western [modern] medicine. Look at the B.A.M.S. question paper! It is almost a question paper of Western medicine. What we must have is *Āyurvedic* diagnosis.

— Do they approach you to learn and practice under you?

Rarely. I think the system we have here is much better. See, recently six students came here from Bangalore to practice under my guidance. I am sorry to say that they did not know much. All they knew were a few patent preparations [of medicine]. This was their *Āyurveda*.

— Do you mean that their treatment was based on only drug products?

Yes. Another matter of concern is what we call *pañcakarman* treatments. It has its own rules and regulations to be observed during treatment. Nobody outside Kerala seems to be bothered about these things. Here in Kerala, the treatments give you the desired results, because we observe strictly what *Āyurveda* instructs. For example, if emesis therapy (*vamana* Skt.) is contraindicated for a certain condition, we do not administer it.

Others (modern *Āyurvedic* doctors) do not go to the fundamental causes. In other words, if the complaint is fever, they just treat [only] the fever. There is no inquiry as to why there is fever. In *Āyurveda*, we treat the root-cause, not the complaint. Modern *Āyurvedic* doctors are taking on the style of Western medicine.

— You have been in this field for almost thirty years. How do your patients welcome your instructions on wholesome diet and living habits (*pathya* Skt.), besides medicines?

Only in the case of [the instructions on] wholesome diet and living habits (*pathya*) do they find it difficult to abide. But if it is a grave situation, they are ready to co-operate fully. Credit goes to the physician if he can make them follow his [instructions on] wholesome diet and living habits. As I told you, they are ready to follow my instructions word-for-word. They have so much confidence in me. I tell them that [my instructions are] not meant for you, but for your disease. The patient is not the target, but the disease is.

### 9. Traditional elephant-medicine (*Hastyāyurveda*)

— I would like to ask you about your treatment of elephants. Is it based on *tridoṣa* [theory]?

Yes.

— You mentioned that elephants were treated at your place (Pulāmantōl). Until which generation had it been there?

It lasted until my grandfather's time. You see, my grandfather's demise was in the 1960s. As long as he was alive, it was there.

— Your father did not practice it (treatment for elephants)?

You are right.

— So, you started it again little by little?

That is so. It is God's will.

— How do you diagnose problem and symptoms of elephants?

One of the most dangerous complaints that often troubles elephants is *eraṇṭakkeṭṭū* (Mal.) or constipation. One of the main reasons is untimely feeding and not providing enough water as needed. Constipation may result even in the death of the elephant. For an elephant the choice of food is of paramount importance.

Another disease that causes much suffering to an elephant is joint pain (*vātam* Mal.). Elephants rarely go wrong when they select their food themselves; they take good care of themselves. Feeding them well and on time will bring quick relief to their complaints.

— Are they affected by diseases due to unwholesome foods (*apathya* Skt.) as just as human beings are?

Not so.

— What about the dosage of their medicines?

They are given the same medicines as those given to human beings. When we consider the recipe of medicines mentioned in the texts [of traditional elephant-medicine] like *Pālakāpyam* (the *Hastyāyurveda*), they are the same ones that have been prescribed for humans in our texts [of *Āyurveda*]. But sometimes there are minor variations. The contents [of the texts of the human *Āyurveda* and the elephant *Āyurveda*] may vary a little bit here and there. Sometimes, a couple of drugs are added to the prescription (*yoga* Skt.). The difference lies in the dosage.

— What is the usual dose?

It is about 50 times that of what the human dose is. The dose can vary between 10-50 times. It is equally true in the case of decoctions (*kaṣāyās* Skt.).

— How do you treat the condition called *madappāṭṭ* (Mal.), or elephant's rut?

It is a period when elephants become very violent. It is seen in elephants at the time of mating. And [especially] when they have been tamed and unable to perform their natural urges, they get very agitated. You see, there is a small spot near their ears which gets swollen during this period and a liquid begins to ooze out [from the spot]. When an elephant smells the peculiar smell of this liquid, it becomes very agitated and the two glands behind either sides [of the ears] get swollen. What we do in the treatment process is to hasten the process of this flow [of the liquid]. The medicines are meant to make the body warmer, so that the flow is hastened. After two or three days, [other] medicines are administered to cool down the body and stop the flow of the liquid from the glands. As a result of these medicines, the flow stops naturally. See, this is what really happens. We call it madness of the elephant. We cannot blame the creature. It is not a deliberate doing from its part. It is a natural process and if we leave them alone, very few become aggressive.

— Sometimes, humans are also responsible for provoking the animal. Aren't they?

Yes. When we behave without sense, the creature is also out of its senses.

— I have heard that in places like Guruvayur (Guruvāyūr), elephants belonging to the temple are given special treatments for rejuvenation. Which is the most suitable time for this treatment?

Usually, it is done when they are free, not engaged in their temple services. It is like the treatment given to human beings in the month of *Karkkiṭaka* (July-August) [in the calendar of Kerala]. It should be in tune with the climatic features of nature. *Karkkiṭaka* is the month when we do not have the heat of the summer and the atmosphere is cool from the rain. The *tridoṣas* are in harmony.

Another opinion is that it is a hard time, because of the rains and people keep to their homes without having much to do. So, for the rich people, who own elephants, it is a good time for such treatment. But, I do not agree with this view. In my view, it is the congenial atmosphere of the climate in *Karkkiṭaka* that is good for treatments. But it does not mean that the other months are not suitable at all. If you have to do such treatments during the hot season, you will have to prescribe suitable medicines. That is all. You can perform the treatments in any season, but people usually do not venture for it.

It is a deep-rooted belief that *Karkkīṭaka* is the most perfect time. The belief holds good in the case of elephants too. You know, this rejuvenation therapy [for elephants] is not for cosmetic purposes. The owners [of elephants] aim for good returns. Therefore, it is imperative that its health must be maintained well. So, the elephant is provided with oil-massage and electuaries (*lehas* Skt.) like *Cyavanaprāśam* or *Brāhmarasāyanam* to keep it in good condition. The advantage is that there will be nothing to worry about concerning its health for another year. Few elephant owners do it. But, [the owners in] Guruvāyūr are an exception. They do it.

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