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Pedagogies of Indigenous Medical Knowledge Among Deprived Castes in Precolonial Malabar

Dr. Mujeeb Rahiman K G

The article examines the dissemination of indigenous medical knowledge among deprived castes in precolonial Malabar by foregrounding oral pedagogy, hereditary apprenticeship, ecological familiarity, and community-centered healing traditions. Moving beyond the conventional historiography that privileges classical Ayurveda and Sanskrit textuality, the study argues that marginalized caste communities and tribal groups sustained autonomous therapeutic systems rooted in experiential and embodied knowledge. Drawing upon subaltern historiography and indigenous epistemology, the article analyses the role of Ezhavas, Mannans, Velans, tribal healers, Kalari practitioners, and women in preserving and transmitting medical practices through caste occupations, ritual performance, and domestic instruction. The study interconnects evidence from *Hortus Malabaricus*, the writings of Francis Buchanan and William Logan, and the records of the Basel Mission to reconstruct the social history of indigenous medicine in Kerala. It demonstrates that healing knowledge circulated through oral transmission, apprenticeship, ritual pedagogy, ecological interaction, and women-centered caregiving rather than through formal institutions alone. The article further explores how colonial medicine and missionary intervention disrupted these hereditary pedagogic systems by privileging biomedical rationality, print

culture, and institutional education. By recovering the medical traditions of marginalized communities, the study contributes to a more inclusive understanding of Kerala's intellectual, ecological, and scientific history.

Keywords: Indigenous Medicine, Folk Healing Traditions, Deprived Castes, Knowledge Dissemination, Oral Pedagogy, Hereditary Apprenticeship Colonial Medical Encounter.

Introduction

The history of medicine in Kerala has conventionally been interpreted through the framework of classical Ayurveda, Sanskrit textual traditions, and Brahmanical scholastic institutions. Such a historiographical orientation often marginalizes the role played by indigenous communities, deprived castes, tribal groups, and women in sustaining and disseminating practical medical knowledge in precolonial Malabar. Yet the medical culture of Kerala was never confined exclusively to codified Ayurvedic learning. Alongside elite textual traditions existed a broad and dynamic sphere of folk medicine, tribal therapeutics, Kalari-marma treatment, poison curing, bone-setting, ritual healing, and domestic healthcare systems maintained by non-Brahman communities.

The compilation of *Hortus Malabaricus* between 1678 and 1693 under the supervision of Hendrik van Rheede remains one of the strongest testimonies to the sophistication of indigenous medicinal knowledge in Malabar. The work depended extensively upon the expertise of local physicians, herbal collectors, Ezhava healers, and tribal informants, especially the contributions of the Ezhava physician Itty Achudan.[1] (Hortus Malabaricus35*).* The successful documentation of hundreds of medicinal plants demonstrates that precolonial Kerala possessed an elaborate network of practical and ecological knowledge preserved outside Sanskritic institutions.

The article argues that the indigenous medical systems practiced among deprived castes in precolonial Malabar constituted autonomous epistemological traditions with distinct mechanisms of dissemination. Unlike Brahmanical Ayurveda, which relied heavily upon manuscripts and scholastic pedagogy, indigenous medical traditions depended primarily upon oral transmission, hereditary apprenticeship,

embodied learning, ritual performance, and ecological interaction. Drawing upon subaltern historiography and indigenous knowledge theory, the article attempts to recover these marginalized pedagogic traditions by interlinking evidence from *Hortus Malabaricus*, colonial ethnographies, missionary archives, and local medical practices.

Theoretical Framework: Subaltern Knowledge and Indigenous Epistemology

The study of indigenous medicine in Kerala requires moving beyond elite textual historiography toward what Ranajit Guha described as the recovery of "small voices" excluded from dominant historical narratives.[2] (Ranajith Guha,115). Subaltern historiography challenges the assumption that legitimate knowledge emerges solely through literate, institutional, and upper-caste structures. Instead, it emphasizes the autonomous domains of knowledge production existing among marginalized communities. Indigenous medicinal systems in Kerala can also be understood through the framework of embodied and experiential knowledge. Paul Connerton argues that societies preserve memory through bodily practices and ritual performance rather than textual preservation alone.[3](Ranajith Guha,115) Such an approach is particularly relevant to precolonial Kerala, where healing knowledge circulated through observation, apprenticeship, performance, and practical engagement with the environment.

The concept of ecological epistemology is equally significant. Indigenous medicine in Malabar emerged from intimate interaction with forests, rivers, marshlands, and biodiversity. Knowledge was embedded within labor, caste occupations, and everyday environmental experience rather than formalized scientific institutions. These frameworks collectively help reinterpret folk medicine not as "primitive superstition" but as an alternative intellectual tradition rooted in lived experience.

Indigenous Medical Traditions in Precolonial Malabar

Precolonial Malabar witnessed the coexistence of multiple therapeutic systems. Although Ayurveda enjoyed prestige among upper-caste groups, a wide range of indigenous medical practices flourished among ordinary people and marginalized communities.

These included tribal medicine, Kalari therapeutics, folk herbalism, ritual healing, poison treatment, and women-centered domestic medicine.

According to Dr. Pramod N., Kerala possessed "an ensemble of local practices followed by innumerable caste and social groups," many of which remained autonomous from dominant Ayurvedic traditions.[4] (Ranajith Guha,115) Such observations challenge the assumption that all indigenous medicine in Kerala originated from Sanskritic Ayurveda. The ecological richness of Malabar contributed immensely to the growth of medicinal knowledge. Forest-dwelling communities such as the Kurichiyar, Kurumar, Paniya, Kattunaickan, and Malakuravar developed extensive botanical expertise through long interaction with forest ecosystems. Medicinal knowledge emerged from experimentation, ecological familiarity, and communal experience accumulated over generations. The sophistication of this indigenous botanical knowledge becomes visible in *Hortus Malabaricus*. K. S. Manilal demonstrates that the work relied heavily upon local practitioners, particularly Itty Achudan, whose practical expertise enabled the identification and classification of medicinal plants.[5] (K S Manilal,44) The text therefore represents not merely a colonial botanical project but also the intellectual contribution of marginalized healers whose knowledge traditions rarely entered written archives.

The observations of Francis Buchanan further reveal the diversity of indigenous therapeutic systems in Malabar. Buchanan noted that communities such as the Tiyyas/Ezhavas possessed extensive practical knowledge regarding medicinal plants, oils, fractures, wounds, and poisonous bites.[6](Francis Buchanan, 360) His account suggests that medical knowledge was deeply embedded within occupational communities and local ecological experience. Similarly, William Logan observed that medicine in Malabar functioned as a hereditary and community-based profession.[7](Willaiam Logan,14) Logan's descriptions demonstrate that therapeutic expertise circulated through caste occupations, kinship structures, and hereditary transmission rather than centralized institutions.

Folk Medicine and Caste-Based Healing Traditions

Folk medicine constituted one of the most important therapeutic systems among common people in Kerala. Unlike classical Ayurveda, which relied upon Sanskrit treatises and institutional learning, folk medicine functioned through community-based practice, oral communication, and experiential knowledge. Several marginalized caste communities traditionally functioned as hereditary physicians and healers. Mannans, Velans, Ezhavas, and Kaniyans possessed specialized therapeutic expertise in areas such as herbal treatment, poison curing, childbirth, ritual healing, and bone-setting.[8] (Pramod N, 3) These communities maintained independent systems of medical dissemination outside Brahmanical educational institutions. The women of the Mannan community were particularly renowned for their expertise in gynecology and obstetrics. They supervised childbirth, administered herbal medicine, processed the umbilical cord, and practiced postnatal care.[9] (Pramod N,4) Such evidence demonstrates the crucial role of women in preserving and transmitting indigenous medicinal knowledge within domestic spaces.

The writings of Francis Buchanan reinforce this picture of caste-based therapeutic specialization. Buchanan observed that medical learning generally began from childhood within practitioner families where young members gradually learned healing techniques through observation and participation.[10] Francis Buchanan, 370-380) The system depended not upon formal schools but upon hereditary occupation and apprenticeship. Likewise, William Logan noted that folk healers, poison-curers, bonesetters, and midwives occupied important positions within village society despite their lower status within the caste hierarchy.[11] (William Logan,217) Logan's account indicates that medical authority in Kerala was socially stratified yet widely dispersed among different caste communities.

Folk medicine in Kerala also integrated ritual and spiritual dimensions. Healing practices frequently involved mantras, fumigation, sacred ash, protective threads, and offerings to local deities. Disease was understood not merely as a physiological condition but as a phenomenon connected to spiritual, ecological, and social imbalance.

This ritual dimension appears prominently in the records of the Basel Mission. Missionaries repeatedly described villagers seeking assistance from astrologers, ritual specialists, and herbal practitioners before approaching mission hospitals.[12] (E S MuhammedAslam, 385-387) Such observations reveal the continuing social legitimacy of indigenous healing traditions in nineteenth-century Malabar.

Knowledge Dissemination and Indigenous Pedagogies

Oral Transmission

The dissemination of indigenous medical knowledge in precolonial Malabar depended primarily upon oral transmission. Medical formulas, herbal identifications, therapeutic techniques, and diagnostic practices were memorized and transmitted verbally across generations. Unlike Sanskritic Ayurveda, which depended heavily upon manuscripts and scholastic commentary, indigenous medicine operated through embodied pedagogies. Learning occurred through storytelling, songs, chants, demonstrations, and direct participation in healing activities. Knowledge was experiential rather than abstract. The study *Intergenerational Transfer of Ethnic Medicine Knowledge by Tribal Communities of Malappuram District* demonstrates that tribal medicinal knowledge was transmitted "through word-of-mouth communication from generation to generation."[13](Nshamna, 295-307) Elderly healers possessed significantly greater medicinal knowledge than younger generations, revealing the importance of intergenerational continuity.

The oral nature of indigenous pedagogy is also reflected in the observations of the Basel Mission. Basel medical reports observed that villagers commonly relied upon inherited community practices for treating fever, snakebite, skin diseases, and spirit-related illnesses. Muhammed Aslam notes that local healing practices circulated through everyday social interaction rather than written texts.[14] (E S MuhammedAslam, 386) This st atement demonstrates the existence of empirically developed therapeutic knowledge circulating orally among ordinary people.

Apprenticeship and Hereditary Training

Hereditary apprenticeship constituted another important mechanism of dissemination. Young learners accompanied experienced healers into forests and village spaces where they learned plant identification, diagnosis, medicine preparation, and therapeutic application. This system ensured both continuity and specialization. Certain branches of knowledge, particularly toxicology and ritual healing, were restricted to selected family members or trusted disciples. Knowledge transmission therefore operated through kinship, caste, and occupational structures. Francis Buchanan observed that mastery in indigenous medicine required years of apprenticeship under experienced practitioners.[16] (Francis Buchanan,443-445) Healing knowledge circulated through observation, participation, and ecological interaction rather than institutional instruction. Similarly, William Logan described indigenous medicine as a hereditary profession where therapeutic expertise circulated through kinship networks and caste traditions.[17](William Logan,215) For many practitioners, practical experience itself functioned as a form of "text." The Basel Mission records further reveal that mission doctors encountered hereditary specialists in areas such as poison treatment, ritual healing, and herbal therapeutics.[18] (E S MuhammedAslam, 385) Missionaries often criticized these practitioners as "superstitious," yet their reports unintentionally preserve valuable evidence regarding indigenous systems of pedagogy and medical dissemination.

Kalari, Tribal Medicine, and Ecological Knowledge

The institution of Kalari functioned not only as a martial training center but also as a therapeutic institution. Kalari practitioners possessed sophisticated knowledge of anatomy, marma points, massage therapy, physiotherapy, and bone-setting. Kalari medicine evolved through interaction with folk medicinal traditions and relied heavily upon demonstration, correction, and embodied learning. Students acquired therapeutic knowledge through repeated physical practice under masters rather than textual study. Traditional oils such as *Murivenna* and herbal pastes were widely used in Kalari treatment.[19] (PramodN,5) Tribal communities likewise preserved some of the oldest

medicinal traditions in Kerala. Their healing systems emerged from intimate interaction with forests and biodiversity. The study *Roots of Remedy: The Historical Evolution of Tribal Medicine in Kerala* argues that tribal medicine depended heavily upon oral dissemination, ritualized care, and ecological familiarity.[20](Niju P, 939-943) The ecological dimension of indigenous medicine also appears in the writings of Francis Buchanan, who repeatedly emphasized the extensive practical knowledge possessed by local healers regarding medicinal plants, oils, and forest resources.[21] (Francis Buchanan,508-510) Such observations indicate that ecological interaction functioned as an essential pedagogic medium. The Basel Mission records similarly describe indigenous healers treating fever, fractures, wounds, and poisonous bites through locally available herbs and ritual techniques.[22] (E S MuhammedAslam, 385-387) Missionaries frequently encountered villagers who trusted hereditary healers more than colonial hospitals, especially in rural areas where indigenous therapeutic systems remained socially embedded.

Colonialism, Missionary Intervention, and Epistemic Displacement

Colonial rule and missionary intervention gradually transformed indigenous systems of medical dissemination in Kerala. Western medicine, missionary education, print culture, and biomedical institutions increasingly challenged the legitimacy of hereditary and oral healing traditions. The Basel Mission played a significant role in this transformation through mission schools, hospitals, and literacy campaigns. Missionary education privileged textuality, institutional certification, and biomedical rationality. Oral and hereditary systems increasingly came to be regarded as irrational or backward.

Mission hospitals weakened local healing networks by centralizing medical authority within institutional structures. Basel medical reports repeatedly contrasted indigenous healing practices with Western scientific medicine. Villagers who relied upon astrologers, charms, and herbal remedies were often portrayed as victims of superstition.[2323] Fedrick Sunil Kumar N. I., (Fedrick Sunil Kumar N, 218) Nevertheless, the Basel records unintentionally preserve important

evidence regarding the resilience of indigenous medicine. Reports reveal that patients frequently combined folk medicine, ritual healing, and mission treatment rather than abandoning older traditions completely.[24] (E S MuhammedAslam, 387) This coexistence demonstrates that colonial medicine did not entirely replace indigenous therapeutic systems but instead interacted with them in complex ways. Print culture further transformed knowledge organization. Medical learning increasingly became dependent upon books, certification, and institutional instruction rather than communal transmission and apprenticeship. Younger generations from marginalized communities sought modern education and wage employment rather than hereditary occupations. The decline of indigenous medicine therefore reflected a broader process of epistemic displacement under colonial modernity.

Conclusion

The indigenous medical traditions of precolonial Malabar represented a complex and dynamic sphere of knowledge sustained by deprived castes, tribal communities, women healers, Kalari practitioners, and hereditary specialists. Contrary to colonial and missionary representations that dismissed such practices as irrational or superstitious, these therapeutic systems operated through highly organized mechanisms of pedagogy rooted in oral transmission, apprenticeship, ritual instruction, ecological familiarity, and embodied learning. The evidence drawn from *Hortus Malabaricus*, the writings of Francis Buchanan and William Logan, and the records of the Basel Mission collectively demonstrates that indigenous medicine in Kerala constituted an autonomous epistemological tradition rather than a derivative extension of Brahmanical Ayurveda. Healing knowledge circulated through caste occupations, kinship structures, women's domestic labor, ecological interaction, and community practice, thereby enabling the continuity of local therapeutic traditions over centuries. Colonial medicine and missionary institutions gradually weakened these hereditary systems by introducing biomedical rationality, literacy-based pedagogy, and institutional certification. Yet the persistence of folk medicine and tribal healing practices reveals the resilience of indigenous knowledge systems despite processes of epistemic displacement. The study therefore highlights the need to reinterpret Kerala's medical

history through subaltern perspectives that foreground marginalized communities as producers of scientific and ecological knowledge. Future research may further explore gendered pedagogies of healing, manuscript traditions among non-Brahman practitioners, regional variations in tribal medicine, environmental dimensions of medicinal knowledge, and the interaction between indigenous therapeutics and colonial biomedicine in different parts of South India.

Endnotes

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