



Indigenous poison healing traditions in Kerala

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Abstract

Prior to the emergence of modern medicine as a universal method for all diseases across cultures, and geography—specific methods of treatment existed in various regions. It is not to argue here that these cultural particularities in the treatment of diseases totally disappeared. Under the pressure of modern medicine, pre-modern methods reformed, reformulated and re-emerged as a hybrid system to survive and sustain. The history of snake poison healing in Kerala is sufficient for this argument. The modern and indigenous (consisting of textual and folk) poison healing methods have simultaneously been in existence in the state. The *viṣavaidyam* (poison treatment), an anti-snake venom treatment practiced by different sections of people with known herbs is plural in nature. However, Ayurveda takes second place in authority and hierarchy of treatments because of the textualization of the treatment methods. Other methods lack such authority. However, due to the presence of poisonous reptiles all over Kerala, the practice of different treatment methods by different castes and communities' points to the inclusiveness of the poison healing system. In this paper, an attempt has been made to present an overview of the native poison healers and their healing systems in Kerala, with special attention to their traditions and present condition.

Keywords Anti-venom · Ayurveda · Indigenous medicine · Poison-healing · Snake-bite

1 Introduction

The pre-colonial societies in all the continents have developed their own methods and systems of healing for diseases caused by the internal mechanism of the body and external surroundings factors. India as a colonial society too had developed its methods of treatment. Among them, the poison healing from snakebite is one of the long-known traditions which vary from region to region as the poisonous reptiles also vary from one region to another. Among the poisonous snakes, the 'big four' spectacled cobra, common krait, Russell's viper, and, saw-scaled viper are the most dangerous and deadliest. Among them, the Indian Cobra (*Nāgarāja*) became dominant in Hindu religion and culture and acquired a place in *vedas* and *purāṇā* and is worshipped by Hindus. Including the 'big four', there are more than sixty venomous snakes in India. Keeping away from Indian Cobra by ascribing godliness status and worshiping or killing at sight has been the usual methods of dealing with it. The rest of the poisonous snakes are killed at the site as they pose threat

to human lives. There has always been an unavoidable confrontation (accidental and occupational) between poisonous snakes and humans. Snakebite may be termed an occupational disease as farmers, plantation and estate workers, herdsman, hunters or workers are the ones who are most affected. It shows a classical seasonal variation with most common in summers and rainy season during agricultural activities. The history of *viṣa* (poison) and its treatment goes back to ancient times. In *Viṣṇupurāṇa*'s *samudramanṭhana* (churning of ocean) episode, the snake Vāsuki which resides on the neck of Śiva was used as a rope for churning the ocean by the *devās* and *asurās*. It omitted venomous fumes because of which *asurās* died. Since poison could be dangerous to the three worlds, Śiva consumed it. *Atharvaveda* provides a description of two types of *viṣas* (poisons) i.e., *sthāvara* and *jaṅgama*, and their management through *mantracikitsā*. In *Rāmāyaṇa*, Rāma and Lakṣmaṇa were treated for poisoning by *vaidya* Suṣena with the help of *sañjivanī* along with four types of herbs brought from Himalaya. In *Mahābhārata*, poisoned Bhīma was treated by the *sarpaviṣa*. Kautīliya's *Arthasāstra* contains many references regarding *viṣa*, particularly descriptions of *kālkuta*, *vatsanābha*, etc. One of the branches of Ayurveda called *danstracikitsā*, *agadatantra* or *viṣatantra*, *viṣagaravairodhikapraśmāna* is dedicated solely to the treatment of *viṣa* (Bhargav & Rabinarayan, 2012).

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Ayurveda has been one of the traditional methods of treatment prevalent in Kerala before the establishment of Brāhmin-centric social functioning (Gopalakrishnan, 2000). After Brahmins monopolized it, almost of all it became an exclusive practice of Brāhmins and same happened to *viṣacikitsā* (poison healing). Prior to Ayurveda establishing its domination, the poison healing practiced by Buddhist monks in their *vihārās* was democratic and inclusive. The lower caste communities of Kerala such as Tiyya, Velan, and Mannan were associated with them. The changes that took place in the social formation from the twelfth century onwards facilitated the growth of Brahmin settlements across the region and *varṇāśrama* system again brought exclusivity to medicine.

Brāhmins or *Nambūdiris*, as they were called by fourteenth century, were the predominant social forces who practiced Ayurveda (Valiathan, 2003). The practitioners like *aṣṭavaidyās*¹ were generally from the Sanskrit-learned section of the Brahmins (Mathews, 1996). But they were not hesitant to continue the tradition of the Buddhist practices of the early medieval period. The Buddhist influence forced the dominant forces in healing to move beyond the practice of classical texts such as *Suśrutha samhitā* and *Bhela samhitā*. *Suśrutha samhitā* excels in the description of snakes, symptoms of snakebites, and treatment (Jolly, 1910). Buddhist practice was also reflected in *Aṣṭāṅgahṛdayam* of Vāgbhāṭa, who was extensively influenced by Buddhism and its notion of body, illness, and, healing (Varier, 2002). Medical practitioners in Kerala also tried their best to keep the ties of their practice with explored capacities of their medicines along with the existing religious thoughts (Subbarayappa, 2001).

2 Viṣavaidyam

The venomous snakes in Kerala are broadly categorised into four: (i) Indian cobra or the spectacled cobra (*Nāgaraja*) (ii) Russell's viper (*Daboia russellii*) (iii) saw-scaled viper (*Echis carinatus*) and (iv) common krait (*Bungarus caeruleus*). Apart from these, more than thirty poisonous and non-poisonous snakes are found in Kerala. Snakebite incidents, in this region, occur in rural areas mainly during monsoon, paddy-sowing, and harvesting seasons, especially at night. The inhabitants in rural and mountainous areas and agricultural workers who do not wear footwear are the most likely victims of poisonous snakebite in low light or dark

conditions. The geographical and climatic conditions of Kerala provide suitable environment for the growth of a wide variety of plants, animals, and, reptiles. The poisonous creatures including highly venomous snakes, spiders, and scorpions as well as plants are also found. Snake poisoning seldom occurs in crowded cities with hospitals always open. It mostly happens in the fields where the peasant steps on the lurking reptile or more frequently in remote villages where females are bitten in a dark corner of the hut by the snake (Arnold, 2016). The working-class male population while doing an outdoor activity without adequate protective footwear during monsoon season is at risk of contracting snakebite.

The snakebite healers are very peculiar as they will teach the treatment method only to selected students or their own children (Chandrakumar et al., 2016). The traditional method of treatment for poison in Kerala is classified broadly into two categories, (i) *viṣavaidyam* (healing-based diagnosis and medical material) and (ii) *viṣavidya* (healing based on *mantra* recitation). While *viṣavaidyam* is medical practice using medicinal plants and mineral drugs following the theory of Ayurveda, *viṣavidya* is primarily based on reciting *mantras* and ritual practices in the process of treatment based on the tantric concept. The first one was natural and the latter was supernatural. Until the first half of the twentieth century, it was the supernatural stream that had a prominent presence in Kerala. Interestingly, in the category of *viṣavidya*, the traditional tantrics attributed castes to poisonous snakes. Snake's caste was identified by the description of the messenger (the one who comes to report and describe the snake bite). If he speaks to the *vaidya* directly, the snake was considered as *Brāhmin*; if the messenger happens to speak to him from the south corner, the snake was supposed be *Kṣatriya*; if he was talking to him in the north, the snake was taken as *Vaiśya* and if the messenger was talking to him from behind it was identified as *Śūdra* (Santhosh, 2007). One of the main prerequisites to be conferred as a *viṣavaidyam* was the ability to identify the caste of the snakes.

It is likely that there was no obvious distinction between *viṣavaidyam* and *viṣavidya* in the past, but gradually the distinction seems to have become more prominent, the earlier moving closer to science and the latter towards superstition. Compared to the damage that might be caused by the wrong dosage of the material in *viṣavaidyam*, presumed dangers from mispronouncing a *mantra* in *viṣavidya* were thought to be more dangerous. Some experienced practitioners of *viṣavidya* cautioned that their words should be pronounced properly while employing *mantras* along with herbs. If *mantra* is recited improperly in the process of healing, it would affect not only the lives of patients but the practitioners and their family members as well. *Viṣavidya* has lost its significance. However, its cultural connection with religion is still alive, at least, in the peripheries. Even today, in rural and

¹ Among the healers of Kerala, the *aṣṭavaidyās* represent the Brahmin scholar physicians who were masters of the eight branches (*aṣṭāṅga*) of Ayurveda mentioned in classical texts. *Aṣṭāṅgahṛdayam*, the primary text of the *aṣṭavaidyās* deals with these eight branches of therapy.



mountainous areas far from a town in Kerala, a considerable number of victims of poisonous snakes or venomous insects are taken to the native practitioners' dispensaries for treatment. The practitioners of *viṣavaidyam* and *vidya* are commonly referred to as *vaidya*.

Viṣavaidyam was practiced by the people from the top such as members of royal family to the people at the bottom. Among the different traditions of *viṣavaidyam* practitioners, the Karattu Namputiri's tradition known as Kokkara Namputiri has been popular and the most renowned. Karattu was a gifted physician and toxicologist and he was an innovator of the treatment techniques and prescribed drugs for the native poison-healing and after him the treatment methods for poisoning were significantly improved in Kerala. Kokkara Namputiri's knowledge and methods of poison-healing are mainly based on the Karattu Namputiri's tradition. It is said that he had studied poison-healing methods and toxicology under the guidance of ascetics (*sanyāsīs*) and tribal communities who were living in the uncultivated regions of the forest. He used herbal medicines in his treatment.

Aṣṭavaidyās of Mezhatthur, another family of specialists in the *viṣacikitsa* lived in medieval times near a major forest on the Western ghats which was full of wild animals and poisonous snakes. They used herbs such as roots of *alpam* (*Apama siliquosa* Lamk). A proverb in Malabar says "As soon as the *alpam* roots enter the body, the poison leaves it." Few royal families of princely states such as Rama Varma Kunjukkidadavu (1858–1932), Kerala Varma (1863–1943) and Kocconni Tampuran (1870–1937) not only gave patronage but also practiced *viṣavaidyam*. They opened schools and offered patronage to publish works in Malayalam apart from extending the same patronage to *viṣavaidyas* (Tsut-mou, Brahmadathan and Madhu, 2010). Some members of the Cochin Royal family had learned the traditional toxicology and poison-healing system from Kokkara Namputiri himself and his disciples. They treated patients for poisoning at their palace. Among them, Rama Varma Kunjukkidadavu popularly known as 'the Maharaja who demised in Madras' was said to be one of Kokkara Namputiri's direct disciples. He specialized in the treatment of snakebites and other cases of poisoning and his skill in this branch of medicine enabled him to save thousands of lives and brought him in a large measure the only fees he would receive (Menon, 2007).

Kerala Varma, popularly known as 'Midukkan Tampuran' also practised as a doctor of poison healing before his coronation. His teacher was Brahmasri Tharuna Namputiri, who was one of the direct disciples of Kokkara Namputiri. He probably also learned toxicology from his elder brother, Rama Varma Kunjukkidadavu. Under the personal supervision of Midukkan Tampuran, the treatment methods of the traditional poison-healing system and toxicology were taught

for 3 months every year without fees in Tripunithura, where his palace was located.

Kocconni Tampuran, the crown prince of Cochin was a practitioner of *viṣavaidyam* and author of the *Prayogasamuccaya*, a *viṣavaidyam* text in Malayalam. Mussatu, a contemporary of Kocconni Tampuran wrote that "Kocconni Tampuran was a great man embodying the radiance of *kṣatriya* nobility. His lofty head had not once bowed before anybody. It would be difficult to find another Tampuran (nobleman) with such force of a command. He did not hesitate to suffer any hardships or spend any quantity of money for treating patients, affected by poison. If a poisoned person was brought to him, he could be called upon without regard for the time, even in the middle of the night. He would immediately come outside and arrange to treat the patient. Then, until the patient had returned to health, the patient, and those who accompanied him, could stay in the palace at the Tampuran's expense and under his care".

During the nineteenth century and at the beginning of the twentieth century, members of the Cochin Royal Family had set up some schools and hospitals of Ayurveda and supported the publication of Ayurvedic works including text on *viṣavaidyam* in Malayalam. They had received western education to a certain extent and seem to have had a tendency to draw a distinction between rational thinking and magical aspects in Ayurveda. One such example is the distinction between medical practice and *mantra* chanting. In this way, they played an important role in the spread of the neo-Ayurvedic movement in Kerala during this period.

Most of the *viṣavaidyam* was carried out by individual or family practitioners from home given their spread and division by social identities. There was hardly any unity. There was one association of *viṣavaidyās*: the Pappinisseri Vishachikilsa Association in Pappinisseri, Kannur. This society developed its own method of treatment for snake bites comprising a combination of polyvalent anti-venom serum to combat the systemic effects of the snake venom and Ayurvedic treatment for local effects such as necrosis. The success of this treatment improved the confidence of people in anti-venom serum and helped turn them away from quack remedies such as snakestone and unproven herbal preparations (Whitaker and Whitaker, 2006).

3 Institutionalisation

By the beginning of the twentieth century, snakebite poison healing, along with other indigenous systems was brought into modern institutional setup. Healthcare institutions at village panchayat and municipality were accommodating *viṣavaidyas*. Modern society's interest in investigating the reason for death and deaths by snakebites were brought into



the ambit of law by the government.² However, the nature of death caused by snakebites presented legal problems in defining its legality. Initially, Section 156 of the Criminal Procedure Code dealt with it. This section is entrusted with the investigation of snakebite deaths and their report to the District Magistrate. These magistrates were of the opinion that this procedure would ensure the proper investigation of every death and safeguard from disposing of any death without proper investigation and ascertaining the truth. When an amendment was suggested to this existing section in 1910, it ensued a debate, where the local legal experts were opposing the amendment and colonial experts supported it.³ The amendment was, whether the snakebite was to be considered a natural death, accidental death, or death that needed to be viewed with suspicion and investigated. Sesha Aiyangar, the town Magistrate Court of Trivandrum was for immediate amendment. It was considered an accidental occurrence in the law by then.⁴ Aiyangar cited the regular occurrence of snakebite deaths, the impossibility of remedy, and the absence of suspicious circumstances to support his argument for treating snakebite as a natural death. He argued that reporting of snakebite deaths be entrusted to revenue officials who had been reporting the cholera deaths. Most importantly, he foresaw that the investigation into the death and examining the body to establish the cause of the death might backlash at the government. Invoking the cultural sentiments of the people Aiyangar argued that subjecting the dead to snakebite might come in conflict with the local traditions of body cremations, caste prejudice, and religious sentiments and that might result in revolt against subjecting the dead body to police tests. He has rejected the amendments and wanted the status-quo to be maintained. Krishna Pillay, Second Class Magistrate, Trivandrum too believed it as an accidental death and no amendments were needed. In quite contrast to these opinions, the colonial legal expert, Kernede, District Magistrate, Trivandrum refused to see it as a natural/accidental occurrence. The reasons for bringing it under the law, though, were not cited, yet he made it clear that snakebite deaths needed to be investigated and inquired. Man and snake confrontation is natural. However, he viewed that not all snakebites would be alike. There could be some if viewed with reasonable doubts and suspicion might bring out the ultimate truth behind snakebite deaths. On the question of reporting the cases of snake bites, Kernede argued

that Proventhicar who was entrusted with responsibilities of revenue collection might get overburdened if he was asked to report the snakebites. But Aiyangar suggested that Proventhicans could be entrusted with preparing *mahazar* (inquest report) on the death before handing over the corpse to relatives.⁵

The *viṣavaidyam* got accommodated into the modern institutional setup during colonial times, and was recognized by the local governments at village panchayats and municipality level. The village panchayats and municipalities appointed grant-in-aid *viṣavaidyas*, who belonged to the families who have been practicing *viṣṣvaidyam*. They were given a license under the Travancore Medical Practitioners' Act (VIII) of 1119 as Class B (Ayurveda *viṣa*only). The act was stringent about restricting *viṣavaidyas* to their practice. The licenses were cancelled if they were found to be treating patients in any other branches of medicine.⁶

Ayurvedic poison healing treatment for snakebite had been a free humanitarian service in Kerala, at least in rural areas. Allopathic private doctors were not offering free treatment as they were not given any subsidies by the government. The government-run hospitals and dispensaries thought that the treatment was free but treatment for snakebites did not exist. Therefore, at least in the villages, where snakebites were frequent, heads of the local bodies were asking the government for the payment of grants to *viṣavaidyās*.⁷ In 1949, the Director of Village Panchayats in his communication to the government of Travancore explained the essentiality of such grants to save people from snakebites. He was seeking permission of the government to allow Village Unions to grant money to such *vaidyās*. The grant was Rs. 5/- per mensem (month). Though licenses were given to B-Class doctors, only A-Class license holders would be getting grants from the government. The Chenganoor Village Union justified its grant to Abraham Philip by citing that these license holders don't get funds from the government. It allocated Rs. 120/- under the 'IV Miscellaneous *viṣavaidyāśālās*' to support *viṣavaidyās* healing snakebite poison.⁸

In 1948, municipalities such as Kuzhithurai and Thiruvalla felt that it is essential to encourage *viṣavaidyās* as grant-in-aid *vaidyas* and recommended the raise in grants. In 1946, the

² Government of Travancore, Administration Report of the Medical Department, No. 3162 dated 21/6/910, Kerala State Archives, Trivandrum.

³ Government of Travancore, Administration Report of the Medical Department, No. 4489/49/dated 25/3/1949, Kerala State Archives, Trivandrum.

⁴ Government of Travancore, Administration Report of the Medical Department, No. 3602, dated 15/7/1910, Kerala State Archives, Trivandrum.

⁵ Government of Travancore, Administration Report of the Medical Department, No. 1085/dated 2/June/1910, Kerala State Archives, Trivandrum.

⁶ Government of Travancore, Administration Report of the Medical Department, LS3-6383/49/E. N. L. S.G dated 31/October/ 1949, Kerala State Archives, Trivandrum.

⁷ Government of Travancore, Administration Report of the Medical Department, No.3925/49, dated 14/October/1949, Kerala State Archives, Trivandrum.

⁸ Government of Travancore, Administration Report of the Medical Department, No.J- 1824, dated 12/August/1910, Kerala State Archives, Trivandrum.



grant-in-aid *viṣavaidyās* were being paid Rs. 12 per mensem. This was found to be very less for the service they were rendering. The Commissioner of Thirvalla Municipality recommended the hike in the salary of *vaidya* Kumaran, in the Ward VI of the town from Rs. 12/- to Rs. 15/- as it felt that patients were increasing but it seemed they were not able to pay for his services.⁹ Apart from increasing the grant-in-aid, they were also provided with medicine worth Rs. 25/- every quarter for conducting *vaidyaśālās*. Unlike the amateur *viṣavaidyās*, the grant-in-aid *vaidyās* were not supported beyond sixty years. In 1950, in Kodakara, Trivandrum, grant-in-aid that was being given to Eachara Warriar, a retired junior Physician, who, perhaps had expertise both in modern medicine and *viṣavaidyam* was supported with this aid and when he reached sixty years, the Director of the Indian Medicine, Trivandrum Station recommended the government to suspend the grant-in-aid promote senior grant-in-aid *viṣavaidyam* of the second category in Warriar's position.¹⁰

4 Methods of treatment

Traditional *vaidyās* had a well-developed sense of understanding the minute details of each poisonous case with adequate methods of treatment. The poisons and poisonous animals were classified as *vyāghraṇṇiṣa* (tiger poison), *nakraṇṇiṣa* (crocodile poison), *vr̥ṣhika* (scorpion), *nakala* (mongoose), *vānarāṇṇiṣa* (monkey poison), *sarpāṇṇiṣa* (snake poison), and, so on. They strictly followed the methodology of *Aṣṭāṅgahr̥daya* and developed medicines along with magical spells and *pūja* (Muzur et al., 2005, p. 16). In Kerala, there are a number of traditional poison healers from different castes and religious communities. The traditional *viṣavaidyā* families are also famous in the state. Each person or family follows their own methods of treatment like the poison-stone or snake-stone method, *oothu cikitsā* (blowing therapy), herbal medicine, etc. Most of the native Christian poison healers are using the snakestone and herbal medicine for the treatment, while the majority of the poison healers in the Hindu community are following the *viṣāharileha* and herbal medicines, and, the *vaidyās* from Muslim communities prefer the *oothu cikitsā* and also use herbal medicines. Though three religious communities developed three unique methods of poison healing, *vaidyās* from all three could communities liberally borrowed knowledge from each other.

The Black stone or Snake stone (*viṣakallu*) is widely used in Asia and Africa, as well as in some countries in Latin America (Baldwin, 1995). John Rice called it a 'mad stone'

which was used to draw the poison from the wounds of the victims of mad dog bites and snake bites. Moran (1996) called it 'snakestone'. There are various opinions regarding the origin of the Stone method for poison healing. According to Jean-Philippe Chippaux, it was originally from India and the stone arrived in Europe around 1650 and was mentioned for the first time in a study of 1656 on Far Eastern uses and customs. Fr. Babu, the Parish priest from Wayanad revealed that this poison stone originated in Portugal. The missionaries from Portugal introduced this stone method in Asian countries.¹¹ Moran opined that in the 1660 s and 1670 s, a controversy raged between two prominent natural philosophers in Italy over the use of certain stones brought from various parts of India, China, and Southeast Asia as antidotes to all forms of poisoning of the human body. The stones, called snakestones, were lenticular in shape, green or reddish in colour, and were thought to have been formed in the heads of certain indigenous cobras. According to the traditional instructions, the stone is applied on the site of the bite, where it strongly adheres and extracts the venom, spontaneously detaches after venom removal is complete. The stone would then be soaked in warm milk to remove the poison. The milk would acquire a greenish-yellow scum that was supposed to contain the poison, and the purified stone was ready for use again (Rice et al., 1960, p. 409).

A debate about the efficacy of the snakestone involved a Jesuit curator of the museum of the Collegio Romano named Athanasius Kircher (1602–1680) and a court physician and superintendent of the ducal pharmacy in Florence, Francesco Redi (1626–1698). According to Martha Baldwin (1995) who studied the dispute, the stone was reported to stick to a poisonous snake bite and draw out the poison from the wound before falling away from the bite naturally. In 1663, Kircher allowed a dog to be bitten by a viper and then applied the stone. His own observations led him to become an advocate of snakestone therapy. Healers across religions, especially Christian priests and nuns were using this. Fr. Babu and Sr. Lissieu from Kannur, Valayathu Ouseph Antony and his wife Thresiamma at the High Range Settlements, Idukki District, Tomy Plackad and his brother, Saji Plackad from Wayanad were the traditional healers who provided anti-venom treatment for the bites of the poisonous snake, leech and spiders. They mainly depended on this *viṣkallu* for poison treatment. This stone was made by using various kinds of herbal plants. Fr. Babu from Wayanad and Sr. Lissieu from Kannur opined that the priest and nuns were using this method because it was not expensive and was easy and effective. They were treating all the poor people freely.¹² According to *viṣavaidyās* of Wayanad, the *viṣakallu* were available from Kozhikodu. One family from Kozhikodu was making

⁹ Government of Travancore, Administration Report of the Medical Department, LS3-6383/49, dated 27/1/1949, Kerala State Archives, Trivandrum.

¹⁰ Government of Travancore, Administration Report of the Medical Department, GI 1769/49, dated 26/6/1950, Kerala State Archives, Trivandrum.

¹¹ Interview with Fr. Babu from Wayanad, the *viṣavaidyā* Practitioner, Wayanad, 11 December 2017.

¹² Interview with Fr. Babu from Wayanad and Sr. Lissieu from Kannur, *Vishavaidyans*, 11 December 2017.



it, but unfortunately, they never taught the method of making the *viṣakallu* to the new generation. So now it has become rare in Kerala.¹³

Viṣaharileha is one of the magical remedies given in *sarpadamśa* (snakebite) by traditional *viṣavaidyās* of Kerala. Apart from being a medicinal formulation, the *viṣaharileha* has another surprising usage. It is used to detect “which snake has bitten the victim”. In other words, one can say that it is a confirmatory test for a snake bite. The *viṣaharileha* itself seems to have some antidote effect, but this medicine is mainly used for the diagnostic purpose (Tharayil, 1999). It is one of the original inventions by the native practitioners which is given to the patient mainly to see the state of *tridoṣa* in the patient’s body, in other words, it is a test that is used to diagnose which *doṣa* (*vāta*, *pitta* or *kapha*) is most effective in the patient’s body at that moment (Manuprasad and Ashok, 2016).

Oothucikistā is to treat the patient fallen unconscious with snake bite. It is an emergency treatment which is very handy and could be practiced with minimal requirement.¹⁴ It starts in the stages of *vāta*, *kapha* or *vātakapha* predominance and when the effect of *viṣa* is limited to the first three *dhātus*. The textual reference for this treatment method is found in *vyotsnikā*.¹⁵ Vimalāntarajanam of Ollurmana, Thrissur families of *vidyās* is known for using this treatment method. In this method, three persons who have not consumed alcohol for the last 24 hrs. are needed. The patient should be seated in a comfortable position, either in a chair or a high pedestal, which is convenient for the treatment. One attendant should

stand behind and the other two on either side of the patient. They should then chew a small quantity of four drugs like *sunthi* (dried rhizome of *Zingiber officinale*), *duśparśa* (the root of *Tragiain volucrata*), *marica* (dried fruits of *Piper nigrum*), *iśvaramuli* (the root of *Aristolochiaindica*), slightly pounded together. The person standing behind the patient should blow air through his mouth onto the *murda* (forehead) of the patient and the two attendants standing on either side should blow air through their mouth to the ear on the respective side. This should be done synchronously at least 150 times. It could be increased as per the patient’s condition. The attendants can briefly stop the treatment in between to spit out excess saliva. Care should be taken not to spit out the medicines kept in the mouth. Improvements could be noticed in the responses of the patient after 75–100 blowing. After 150 blows there is usually a marked improvement in the verbal and physical responses, drowsiness, and drooping of the eyes. The patients report a vivid feeling of the effects of *viṣa* descending down their bodies before disappearing.¹⁶

Sarpaviṣa cikitsā is more popular in the rural areas of Kerala due to the increased rate of mortality by *sarpadamśa*. Some of the *viṣahara yogas* which used in emergency conditions of *sarpadamśa* were mentioned in textbooks of *Keralīya viṣacikitsā*, *Viṣavaidya jyotsnikā*, *Prayogasamuccayam* and *Kriyākaumudī*. These methods of treatment were followed in particular areas according to the availability of drugs and also the nature of snake bite cases coming around those areas. In regions like Attappady, people mainly depended on phytotherapy for cures

Table 1 Plants used in snakebite treatments

Name of plant	Snakebite usage	Ayurvedic and local uses
<i>Zingiberofficinale</i>	Treatment of knee swellings, to prepare tablet for snake bite and decoctions	As digestive, for the treatment of vomiting, fever, cough, anaemia, and diarrhoea
<i>Alpiniagalanga</i>	Treatment of swelling due to snake bite, preparing decoction of <i>thailams</i> , <i>vadippu</i> , <i>mukkoot</i>	To improve strength, digestion, cure toothache, stomach diseases, malaria, and vomiting
<i>Cedrusdeodara</i>	Treatment of swelling, pain, bruise, due to snake bite, preparing decoctions of <i>vadippu</i> , <i>thailams</i> and <i>kizhi</i>	As digestive and in preparation of decoction for cough, fever, skin problems and respiratory diseases
<i>Curcumalonga</i>	Treatment for poisonous bites, preparing decoction of <i>kizhi</i> , <i>uzhichil</i> , <i>vadippu</i> and in <i>kalari</i> oils	To improve complexion, cure liver problems, skin diseases, sprains, wounds, ulcers in the stomach, to purify the blood, diabetes, and eye diseases
<i>Glycyrrhizaglabra</i>	Used in snake bite treatment as <i>vadippu</i>	Treatment of sore throat, cough, tuberculosis, and vomiting. The dry rhizome is used to make the sound clear
<i>Hemidesmusindicus</i>	Preparing decoction of <i>thailams</i> , <i>mukkoot</i> , <i>enna</i> , for curing knee swellings and cure wounds	Treatment of skin diseases, wounds, respiratory problems, fever, vomiting, urinary diseases, and increase blood in anaemic patients
<i>Santalumalbum</i>	Medicine for viper bite and swelling due to snake bite	Remedy for vomiting, and in treatment of swellings, urinary infections, pain, and headache

¹³ Interview with Tomy Plackad and Saji Plackad, *Vishavaidyans* from Wayanad, December 12, 2017.

¹⁴ Nagarjuna Ayurveda group, ‘Oothuchikitsa (Blowing Therapy)’, *Renaissance–Quarterly Magazine*, December 2010, p. 68.

¹⁵ *Ibid.* p. 68.

¹⁶ *Ibid.* p. 68.



of poisonous bites. Wayanad is another area with numerous antidote plants and famous tribal healers. (See Table 1).

5 Social inclusivity

The healing practices of Kerala are dominated by the upper caste, given the pervasiveness of reptiles, and the treatment offered have never been easily accessible to *sūdras*, untouchables, Christians, and Muslims. Each and every community based on its own understanding of the snake bite and locally available materials has developed their methods of treatment. This social inclusivity i.e., the existence of snake poison healers in all communities is not to suggest that social groups which acquired domination over the healing methods are inclusive. Poison healers exist among many communities because an immediate response was needed for snakebites. Each and every religious and caste group has evolved poison healing methods and there is a visible variation from each other as the healing is neither completely scientific nor completely religious and ritualistic.

In Kerala, there are a number of traditional poison healers from different castes and religious communities. The traditional *viṣavaidyās* families are also famous in the state. Each person or family follows their own methods of treatment like the snake-stone method, *oothucikitsā* (blowing therapy), herbal medicine, etc. While most of the native Christian poison healers are using the snake stone and herbal medicine for the treatment, the majority of the poison healers from the Hindu community are following the *viṣaharileha* and herbal medicines, and the *vaidyās* from Muslim communities prefer the *oothucikitsā* method and also use the herbal medicines.

The variation was both in the methods of healing material, recital of verses, and prayers. The upper castes, while foregrounding their treatment in Ayurveda claimed scientificity. Further, the caste-based social hierarchy provided a natural monopoly to the upper caste and religious priests. However, lower castes were not completely absent from the snake poison healing. Compared to any other community, the hierarchy of habitation was again based on the caste hierarchy which placed the untouchables in the borders of the village which were near the dumping grounds, scrubs, swamps, and unclean areas. This naturally increased the proximity of the lower caste to the reptiles. Therefore, the untouchable castes such as Ezhavas, in Kerala developed their methods of Ayurveda largely different from the classical tradition (Manilal, 1996). Along with other indigenous groups such as Kaniyan and Malayan, the lower caste perceived illness differently from other groups and they have their own methods of sorcery and black magic. The knowledge generated by the Dalits out of the real life experiences was never considered as knowledge and they naturally lack the courage to claim it.

The constant association with prominent physicians and working with the upper caste as their helpers and assistants at close proximity gave the lower castes a greater understanding of science as well as the metaphysical concept of therapies. They could access the prescription handed over to them in order to collect medicines and get the preparation done with ease because they were the gardeners and menial workers in the estates and also because of their hereditary attachment to the Nair families. Physicians of these sorts made valuable contributions in the later period as well by compiling the time-tested validity of many medicines and their applications.

The tribal communities like Pulluvar who were attributed to have the power against snake bites with their *pambin/pulluvan thullal* (snake dance) (Thurston, 1986, p. 136), claimed to have mastered the treatment of snake poison as they had very close living relation with forests which was very famous for its poisonous snakes. Malayans and Kuravas also specialized in treating snake bites. They acquired the specialization through the constant social association with Buddhist *bhikṣus* in Malabar (Menon, 2007).

6 Textualisation

There are many *viṣaviadyās* also referred as *paramparā viṣacikitsā vaidyās* in Kerala who developed their own methods for treating snakebites. They were totally dependent on their practical experience which included both *mantra* and *ouśadha cikitsā*. For many years, they limited this knowledge to their families and did not disseminate it to others. They believed that if they taught the method of treatment to others it might affect their treatment and thereafter, they might do it improperly which might eventually result in the loss of the entire tradition. So, they allowed the interested persons to stay with them and help the aspirants to learn in their supervision. As long as it remained an oral tradition, it remained a monopoly of a few families.

In the middle of the nineteenth century, some of the *viṣaviadyās* documented their knowledge in the form of books. This textualization of the *viṣaviadyās* provided the much needed authority to them over treatment. Most of those who were writing texts were Brāhmins. Therefore, they were acquiring some sort of authority through this process, while the subalterns who continued with the oral traditions could also equate themselves with Brāhmins. Some of these Malayalam texts are published and others are in manuscript form in Kerala so far. Some of the traditional *viṣacikitsā* texts of Kerala are *Viṣajyotsnikā*, *Viṣavaidyāsāra samuccaya*, *Kriyākoumudī*, *Prayogasamuccaya* and *Viṣanārāyanīyam*. The *Jyotsnikā* might be the oldest text of native toxicology and therapeutics of poisoning in Kerala



written in an old style of Malayalam language (*Manipravalam*). This text belongs to the Karattu Namputiri's school which is regarded as the foremost and still authoritative school of the native poison healing system in Kerala. The *Prayogacamuccaya* is written by Kohcunni Tampuran (1870–1937). *Kodeserymargam* is one such book enriched with many clinically relevant aspects of *viṣacikitsā*. It also covers certain aspects of the diagnosis of *viṣa* (Mohan at., 2015, p. 38). Muslims in Malabar also made efforts to look for textual references for treatment. Mappila community sought help against poison from the Quranic/Hadith textual traditions.¹⁷ The author of *Upakaram*, an Arabic–Malayalam compilation of medieval healing practices of Muslims in Malabar suggests that certain verses of the Quran could act like pesticides and insecticides against snakes, ants, beetles, and other flies and insects. These verses seemed to have had the power of preventing the attack on the crops if the method was administered properly.¹⁸

7 Healers among the tribal community

The low castes like Malayans and Kuravas also specialized in treating snake bites. They acquired the specialization through the constant social association with Buddhist *bhikṣus* in Malabar (Nair, 2008, p.53). After the people from the mainland, it is the tribal community that suffers most due to snake bites. Snakebite is common in tribal habitations. Tribal people have an intricate relationship with their surroundings. As a result of which tribal people or tribal healers are regarded as the repositories of knowledge of anti-venomous phytomedicine. The natural proximity of the tribal population with various poisonous reptiles not only places them in a vulnerable situation but also their natural disconnection from the general society. The lack of modern medicine for poison healing forces them to evolve methods of their own. They know several remedies for snakebites which are prepared from forest plants. They use to pluck these plants from the surrounding areas, mainly from forests. But a great majority of them keep the details about these plants a secret.

Lakshmikutty Amma, a 75-year-old tribal woman from Kallar forest area in Thiruvananthapuram district has been known as a 'poison-healer'. She has knowledge of more than 500 medical treatments from memory. She received this knowledge from her mother who was a traditional midwife.

She is known as *vanamuthassi* (the grandmother of Jungle). She received the country's fourth highest civilian honor: the Padma Shri award and the government's *Naattu Vaidya Ratna* (award for naturopathy) for her devoted practice to traditional medicine. Traditional *vaidyās* had a well-developed sense of understanding the minute details of each poisonous animal with adequate methods of treating them.¹⁹ Similar to other physicians, she advocates never killing the animal which has caused poison. She believes that while praying before giving medicines, that prayer goes to that insect too and if it is killed, it is a bit difficult task for the physician. He may feel tired and sleepy and the effort turns tedious too. She quotes from her personal experiences. She often gets an inner call that someone is to approach her for the treatment of snakebite and she starts making the preparation before they reach her hut. She is one of the last chains of the generation who is well familiar with the culture of the tribal group of Kerala and many things related to their knowledge and magical healings. The knowledge she has accumulated over the years is indeed an asset for future generations.

8 Conclusion

Viṣvaidayam emerged from local and regional necessity and in course of time acquired a sort of textual representation. The Buddhists seem to have offered the treatment to all and it remained democratic and socially inclusive before it got Brahmanised. Given its domination in India and Kerala, Ayurveda quickly accommodated *viṣvaidyam*, which lends the upper hand to Brahmins over the treatment. The modern hospital and medicine too accommodated it and its relocation into modern medicine and treating the body came into conflict with local cultural prejudice. Though at the outset, it looks like there are poison healers from royals to lower caste people, both the modern and traditional treatments remained inaccessible to the people who needed the most. It has been in existence in different methods which represent social, religious, regional, and, cultural variations. The Ayurveda and modern poison healing methods emerged dominant and yet they could not remain the only options. Alongside, sub-altern folk methods are practiced by nomadic and settled tribal communities to whom neither Ayurveda nor modern medicine is available. Since different communities belonging to different socio-religious identities followed different methods, poison healing turned plural in nature.

¹⁷ *Upakaram*, (*Arabic-Malayalam Medical Treatise*), compiled in 1885 by Ahmad Bava.

Musliar, Reprinted at C.H. Muhammad Koya and Sons, Thiruran-gadi, 2001, p.123.

¹⁸ *Ibid.*, p.68.

¹⁹ *Mahasaram*, (compilation of 33 medieval texts by an unknown person in the beginning of 1800), M.K.Vaidyar, (ed), Government Oriental Manuscript Library, Madras, 1951, p.12-15.



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