

MUSLIM WOMEN AND TRADITIONAL MEDICINAL PRACTICES IN MALABAR

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Kerala has a rich heritage of medical treatment. Traditional medical treatment system remains important part of health care system in Kerala. Folk healers of Kerala, traditional healing practices of Vedas, Buddhism, Jainism and the medical tradition followed by the Arabs from centuries through the coastal belts of Malabar have all contributed to the evolution of traditional medical system in Kerala. The so called Adivasi medicine of the tribal community is another exclusive branch of traditional medicine in Kerala. Between the 13th and the 17th centuries, with generous royal and individual patronage, a fertile intellectual milieu developed around temples in Kerala, especially in the Nila valley region in Malabar, where scholarship and scientific research on medicine, mathematics and astronomy made significant progress.¹

The vaidyam traditions were well established in the region when the Sanskritic textual tradition of āyurveda arrived in the sixth and seventh century. Subsequently the term 'vaidyam' came to denote both the local traditions as well as Sanskritic āyurveda. However, unlike elsewhere in India, a separate caste of vaidyas [āyurvedic physicians] did not emerge and the various strands of vaidyam became the domain of specific castes and occupational groups.²

Mappila community developed variety of knowledge in this field. They produced various books in Arabi Malayalam and also translated many books from various languages. The medicinal practice of the people of Kerala at the advent of nineteenth century was pragmatic. It was a mixture of traditional scientific knowledge and ritualistic practices. About Muslims, clerics played a vital role in health issues. Even though, the Arabic and Arabi-Malayalam texts written by regional scholars contained bunch of knowledge on medical treatment and healing practices. The knowledge transmission through inheritance as well as Sufi Silsilas (Sufi Chains) was a great tradition among Kerala Muslims.

As the whole life was attached with religious customs, treatment of health problems also became ceremonial and customary. Muslims, especially women, went to Musliyers, and Thangals as well as Dargas and Jarams for treatment. When a woman becomes pregnant, the first step was the '*Pinjanam Ezhuth*'. Then the Musliyar will lead many customary practices like *Noolu Kettal*, *Uruk Ezhuthal*, *Burda Manthrikkal*, etc. these were all considered as necessary for easy delivery. When the delivery pain starts, the Musliyar will prepare something called as *Kalam Varach Thakseer Aakkiyath*. It will be continued with *vettilla ezhuthikkal*, *vazhakai prayogikkal*, etc. if there is found any complication in delivery, they had to recite some special part from Quran and it was locally called as '*Wassama'a othi padi kadakkal*'. Again, they have to recite a special Arabic term

“*Hannath valadath Maryam; Maryanu valadath roohullah*”. This recitation was in loud voice and the recite has to kick powerfully on the wall during the recitation.³

Consultation of a doctor for delivery was not allowed for Muslim women in early days and hospital facility was comparatively very less in those days. Generally Muslim community in Malabar was not used to consult doctors for any diseases. There were many local traditional medicines. Ayurvedic medicines were used. There are both Hindu and Muslim vaidyans in Malabar.

In Malabar, the indigenous midwife was known as ‘*Vayttati*’ or ‘*Pettichi*’ or ‘*Ottachi*’. They would go to the houses of pregnant women who were on the verge of delivery. They could calculate the time of delivery. They used the indigenous herbs for preparing medicines and antiseptics. Pepper, turmeric, dried ginger and garlic were used for making Ayurvedic medicines for delivery. Along with these local medicines they used Quranic verses and some special *Mala Songs* like *Nafeesath Mala* during the time of delivery. *Nafeesath Mala* was the most popular and common *Mala* sang during the time of delivery. This *Mala* was in praise of womanhood. Actually, it worked as a psychological treatment on the pregnant women to give confidence and impose power during the time of delivery. It was believed that the song can strengthen the pregnant women and to equip her to bear the pain and to ensure safe delivery. In some regions of Malabar, the Muslim used holy water specially collected from *Thangals* or *mazjids* or *Jarams* like Mamburam or Puthanpalli to treat the pregnant women during the time of delivery.

‘*Pinnjanamezhuth*’ was a popular system that some lines from Quran would be written on the porcelain plate called *Pinjanam* and water will be poured and the pregnant women were asked to drink. Apart from all these, ‘*Uruk*’ and ‘*Elass*’ were tied or worn by the pregnant women to free from evil spirits. ‘*Kombuvekkal*’ was an indigenous system of medicine used by the *Ottachi* or *Pettachi* to control the blood pressure of the pregnant women.⁴

The child would be washed in warm water and dried with a piece of soft cloth immediately after the delivery. The eldest male in the *tharawad* available at that moment will recite the *baank* or *aazaan*. Normally the delivery was held in her family. A trained mid-wife called *eettukarathi* was appointed to attend to the woman and the kid for a few weeks. Husband has to provide an amount for delivery expenses which was called *pettuchelavu*. *Mudikalachil* (Tonsuring the head of the new born), *Nalpathukuli* or *Nalpuli* (A celebration on the 40th day of delivery) were the main celebrations in connection with delivery.

There developed many indigenous methods of treatments by Musliyors for different diseases. The main ingredients of this medicine were egg, coconut, chicken, flowers if the disease was serious, there was some special items called *Homam*, *vedi*, *bank*, *kuppi thookkal*, *palaka kettal*, *katheena*, *thakid nikshepikkal*, etc. most of the diseases are considered as play of shaithan or Jinn.⁵

There were many women from elite families like *Thangals* and *Makhdam* who were given healing to other within their houses. They heal female patients inside their home. Those women who learn soul healing will follow religious rituals strictly and they will spend most of their life inside a room where they treat their

patience. They will occupy themselves in reading Quran and other *surahs* for hours. Some women in elite Muslim families traditionally handed down their traditional healing practices from mother to elder daughter.⁶

Number of socio-political conditions that emerged in the wake of colonialism prepared the ground for this transformation. The spread of modern education and a print culture, introduction of technology, emergence of new governance systems and more importantly, the rise of social and democratic movements, etc led to a drastic change in all walks of life. Hospitals and clinics were started by European missionaries and government in various parts of Malabar.

The colonial administrative system linked gender and their health conditions to legitimize their rule and authority in the colonies and they tried to intervene in the field of health on their behalf.⁷ They prepared reports and published the health reports accordingly. These reports can be used as a source to evaluate the attitude of the indigenous people towards the modern medicine and to answer how the indigenous people reacted to an alien system of medicine.

A dispensary was started at Calicut in 1st September 1845 during the reign of Conolly as the district collector. In 1855, even after one decade of the establishment of the dispensary, the number of female patients belonging to the Muslim community coming out for treatment was very less compared to other communities. The following table shows the number of admission of in and out patients in the civil dispensary at Calicut in 1855.

Table I

Type	In – patients		Out-patients		Total number of patients	
	Male	female	Male	Female	Male	Female
Europeans	-	-	38	15	38	15
Eurasians	1	-	827	625	828	625
Hindus	15	35	1532	657	1657	69
Muslim	46	18	729	173	775	191
Total	17	53	3126	1470	3298	1523

Source: *Report of Assistant Surgeon E.S. Cleveland M.D who was in charge of the Civil Dispensary at Calicut to A Lorimer M.D., Secretary of Medical Board Fort St. George Dated 14th June 1856. Regional Archives kozhikode*⁸

An exclusive ‘women and children’ hospital was started at Manachira with the financial assistance of many philanthropists and government agencies in May 1904. A Lady doctor was appointed along with three midwives. There were different types of wards in the hospital. Panchama ward for patients belonging to the backward class, the Nair ward for Nair women and Muslim ward for Muslim women.⁹ The municipal council of Calicut maintained two dispensaries at Kallai and Kuttichira. The dispensary at Kallai named Prince of Wales dispensary was started in 1908, Another dispensary was started at Kuttichira in 1921. The increasing number of patients treated at Kuttichira dispensary, a Muslim majority area shows the changing attitude and

health consciousness of the community by time. The total number of delivery cases attended at Kuttichira dispensary in 1921-22 alone was 156.¹⁰

The reports say that people are unaware of the seriousness of many diseases. The annual report of Basel Medical Mission of Calicut in 1907 says that 'it is regrettable that the people during epidemics (cholera and smallpox) do not resort to hospital medicines but ascribe them to the devil's scourge. Especially the ignorant and superstitious *Mappilas* believe that cholera is due to demoniac possession and can only be cured by exorcism.¹¹

We can see a drastic change in the attitude of community towards modern medicine by the second half of twentieth century. People started to approach clinics and hospitals for serious medical issues as well as for delivery. But the role of Vayattatties (female experts in delivery and post delivery treatments) was not limited during the early days. The availability and approachability of hospitals as well as the traditional religious believes were the root cause for this characteristic feature of the community. Institutionalization of reform movements and Gulf boom of 1970s led to a drastic change in all walks of life in Malabar. Majority of the traditional female health practitioners were wiped out or failed to hand over their great knowledge to their ancestors.

¹ Dr. Annamma Spudich and Indudharan Menon, 'The Ashtavaidya physicians of Kerala: A tradition in transition', Journal of Ayurveda & Integrative Medicine, October 2010 Vol 1 Issue 4

² Leena Abraham, From Vaidyam to Kerala Ayurveda, *The Focus*, News Letter, No. 65, 2013.
https://www.ias.asia/sites/default/files/nwl_article/2019-05/IIAS_NL65_3233.pdf

³ K. Moidu Moulavi, *Ormakurippukal*, Islamic Publishing House, Kozhikode, (1992) 2001, p. 20

⁴ Sheela F. Christina, 'women and health in colonial north Malabar with special reference to Calicut', *Kerala Charitra Congress Prabandhangal*, Sahithya Pravarthaka Sahakarana Sangam, Kottayam, Kottayam, 2014. p. 405

⁵ K. Moydu Moulavi. p 21

⁶ Shareena Banu c. P, *Education and identity construction among Muslims in Kerala: a study of select schools in Malappuram district*, unpublished ph.d thesis, centre for the study of social systems school of social sciences jawaharlal nehru university, 2007, p. 228

⁷ Mridulla Rammanna *Western Medicine and Public Health in Colonial Bombay 1845-1898* orient Longman Hyderabad, 2001, p.10

⁸ Sheela F. Christina, *Ibid.*, p. 404

⁹ Seluraj, *Kozhikodinte paitrkam*, Mathrubhumi Books, 2011

¹⁰ Administration Report of Calicut Municipality (1921-192) Regional Archives Kozhikode

¹¹ Edgar Thurston, *Castes and Tribes of South India*, Vol. IV, 1909, Government Press, Madras, p.456.p.467