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# LAST DESCENDENT OF BHARADVAJIYA-PARAMPARA - A TRIBUTE TO LATE VMC NAMBOODIRI

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#### **INTRODUCTION:**

Philosophy and science have witnessed many chains of wisdom and thought that have withstood struggles for existence and remained in the path of propagation through centuries of descendants. The legacy of Confucius in China presents a good example of this. Confucius's family, the Kongs, have the longest recorded extant pedigree in the world today. The father-to-son family tree, now in its 83rd generation, has been recorded since the death of Confucius. [1] It continued unchallenged until 2008 when controversies arose in the Chinese media regarding the authenticity of descendants.

The history of Kerala, God's own country, has also been stage to many such legacies over its short history in many fields of knowledge, including dynasty, literature, art, astronomy, etc. The field of Ayurveda is no exception. Ashtavaidya, a unique tradition in Ayurveda, is an amalgamation of the codified Ayurvedic medical knowledge and the non-codified folk medical tradition of India practiced by a few physician families in Kerala. [2] The term Ashtavaidya is derived from the term Ashtangavaidya; ashta means eight, anga branch and vaidya physician. In the past, there were approximately eighteen families belonging to this blessed group of physicians. Now only few of them remain in the field. Pulamanthole Mooss, Thaikkat Mooss, Elayidath Thekkat Mooss, Alathur Nambi, Vayaskara Mooss, Olassa Mooss, Cheerattamannu Mooss and Vaidvamadham are prominent among them. [3]

Ashtavaidya, physicians whose practice covers the eight branches of Ayurvedic medicine that follow the Vaagbhata school, used to practice both streams of surgery (Dhanvantareeya – school of surgeons with Lord Dhanvantari as the pioneer) and treatment (Bharadwajiya- school of physicians with Maharshi Bharadwaja as the pioneer). However, paathithyam, the lowering of the grade, was assigned only for the surgeons. Thus it became necessary to find an individual, or a family of physicians, to be assigned to the Yaagasaala needs. They were not permitted to do surgery (either Salyasaalaakya, surgical and ENT procedures, or Sasthrakriya, surgery) that causes "paathithyam" (lowering of the grade). That is how and when the Vaidyamadham family of Mezhathur was honored with the role of Saalaavaidya, selected perhaps from one of the several families of the Vaagbhata tradition. [4] The family is believed to have been invited to Kerala as Saalavaidya about 1700 years ago to conduct Yajna, rituals based on Vedas, by none other than the famous Mezhathole Agnihotri (preacher and practitioner of Vedic wisdom and believed to be the son of Maharshi Vararuchi), who conducted ninety-nine Somayaga

(a kind of Vedic ritual) to re-establish the Vedic Karma and *Yagnya* culture of India. [5]

Saalavaidya is a status conferred on a family of physicians responsible for the health of Yagnya participants. The normal practice in Yajna culture is for the Yajamaanan, the master and the person actually doing the Yajnam, to consult and get the permission from the Rithwik, a specially trained Vedic practitioner, and the Vaidya before deciding on the Yaagam. Once decided, a request is made to the Raja of Kollangode (Palakkad district, Kerala) for the Soma, an essential for conducting Somayaga, and the leather. He is called the "Gandharvan," the protector of the Soma. The traditional rule for the Saalaavaidya is to be present in the Saala from the beginning to the end of the Yaagam to look after the health and medical needs of the Yajamaanan and Rithwiks, as they are not permitted to leave the premises until the end. This formality continues today, though the Saalaavaidya may not be present at all times, every day. [6]

Vaidyamadham Cheriya Narayanan Namboodiri, a contemporary legend in *Ayurveda* who passed away on 18<sup>th</sup> October 2013, is considered as the last link in this rare chain of legacy. Today, Vaidyamadham swaroopam is the only family in Kerala belonging to the *Bhaaradwajiya* tradition (as per the Vedic branch they follow, they are *Rigvedi – Aaswalaayana* and *Kashyapa-gotra*). [7]

#### Grooming

VMC Narayanan Namboodiri studied Sanskrit in the traditional way (kaavya, vyaakaranam, tarkam) under two famous scholars: Vidvan Kalakkathu Raman Nambiar and Vaishravanath Raman Namboodiri. His study of Ayurveda began at the age of 20 under his grandfather, Vaidyamadham Valiya Narayanan Namboodiri I, and his disciple, VK Raman Thirumulppad. For clinical training, he attended the Vaidhyamadham Vaidyashala and Nursing Home established by his grandfather. By the time his grandfather passed away in 1959, he was a fully qualified practitioner of Ayurveda. He benefited remarkably working with his (Vaidyamadham Valiya Narayanan Namboodiri II) and grandfather. In the 1950s, he witnessed Kuti Praveshika Chikitsa (an indoor regimen involving bio-purification and

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rejuvenation), the famous treatment using rasayana oushadha (medicine for rejuvenation), carried out under their supervision. The beneficiary of the treatment was Poomulli Vasudevan Namboodirippad, a member of the famous family of Namboodiri.

## Links to Brihat-trayi Parampara (Charaka-Sushruta-Vaagbhata tradition) of *Ayurveda*

There is a 300-plus published and unpublished palm leaf (Grantham) collection pointing to the tradition of the Vaidyamadham swaroopam, "the abode of physicians." Vaagbhata achaarya apparently had two great disciples, one with pen name "Indu" and the other "Jarjatan" (Jejjata), as mentioned in the Vaaqbhata invocation song Dhyaana slokam. Vaidyamadham may have their ancestry in the family of Indu. Copies of Sasilekha-vyaakhya of Indu, the disciple of Vaagbhata on Ashtanga-hridaya and Ashtanga-sangraha, are among them. Such a huge ancestral collection could not have been there if the wealth of knowledge were assigned to an individual. Considering the many commonalities in the treatment techniques of Vaidyamadham and Kaarathol Nambi, another Ashtavaidya, some believe that the latter was inducted as the Yaagasaala doctor through the efforts of Agnihothri and was resettled at Mezhathur. [8] These conclusions are, at best, only logical conjectures and beyond solid proof.

#### Footprints of the legend

In his own domain, VMC Narayanan Namboodiri was instrumental in modernizing the Vaidyasala and Nursing Home founded by his grandfather and expanding them to their present form and style. More than 700 kinds of medicine are prepared at the Vaidyamadham pharmacy. He uplifted the Ayurveda treatment practice by strictly following the traditional practice without compromise. The Panchakarma unit in Vaidyamadham closes in the summer season for about one and half months during April-May and re-opens when the rains start in June. Siraa-vedha, bloodletting, was performed by him only in the month of Kumbhamaasa (February-March). Siraa-vedha, a dying practice of surgery in Ayurveda, was popularized by his grandfather, Vaidyamadham Valiya Narayanan Namboodiri I. VMC Narayanan Namboodiri, used to perform this procedure in the traditional method even after undergoing cataract

### **Authorship**

VMC Narayanan Namboodiri has written and translated many books and has contributed to local newspapers and magazines in different areas of knowledge, including *Ayurveda*, culture, poetry, Vedanta, etc. His important literary works are summarized below.

Title	Area
The Tradition of Ayurveda in Kerala and Longevity in Ayurveda	Ayurveda
Chikitsa Anubhavam	Ayurveda—combination of presentations in Ayurvedic seminars and case histories
Ayurvedathinte Prathama Padhangal	Malayalam translation of the first fourteen chapters of the <i>Ashtangahridaya</i>
Hasti Ayurvedam	Malayalam translation of Palakapyam
Garga Bhagavatam	Vedanta - Malayalam translation
Adhyatma Ramayana	Vedanta - Malayalam translation
Ayurvedavum Deerghayussum	Ayurveda - a collection of essays
Albathille Ormakal	Autobiography
Kaalpaadukal	Autobiography
Kaavyatheerthadanangal	Malayalam poetry

#### **Contributions:**

In 1982, in his grandfather's memory, he co-founded the *Vaidyamadham Valiya Narayanan Namboodiri Dakshinamoorthy Trust* with the goal of providing the needy with medical care, rehabilitating physically and mentally ill persons, creating *Ayurvedic* research facilities, imparting intensive training in different branches of *Ayurveda*, gathering and maintaining *Ayurvedic* manuscripts, and setting up a library of *Ayurvedic* books.

Many of his clinical experiences and practices were subjected to pharmacological and clinical researches, "The Estimation of Total Iron Content of Aqueous Extract of *Lepidagathis Incurva*," by Rahul. K and Jessy Jacob, is one among many. <sup>[9]</sup> He had remarkable diagnostic skills and developed several models of clinical interventions for different ailments that were successfully implemented under his supervision.

He was also instrumental in imparting clinical training to hundreds of young physicians across south India. His training method was unique and similar to the age-old *Gurukula*  system. Trainees would join him in his consultation and observe patient interrogation and examination. He would make comments based on his observations and dictate the treatment protocol. Sometimes, he would recite the relevant sloka (sanskrit verse) from Ayurvedic texts. All of his observations were based on Ayurvedic roga-rogi pareeksha vidhi (clinical examination methods). He hardly relied on modern diagnostic methods or interpretations. After his outpatient consultation, he would conduct clinical rounds in the hospital where he followed similar methods. He would also involve interested students in his literary works. There were no strict rules for his students, for he would not insist anyone stay with him for any specific period. Instead, his outlook was open and he expected the trainees to learn for themselves from what he practiced.

Exemplary was his clinical experience that spread well over half a century. His treatment approach was simple and adhered to the fundamentals of *Ayurveda*. Whether a patient was diagnosed with suffering from lumbar inter-vertebral

disc prolapse, sero-negative arthritis or spondylarthropathy, his consideration would be the stages of *gridhrasi*, *vata-rakta* or *sandhi-vata*. Medications would be based on these pathologies rather than prescribing parallel analgesic, anti-inflammatory or disease modifying agents. In most of these conditions, he would begin the treatment with an *ama-paachana* formulation, *chithrakaadi kashaya* or *shad-dharanam gulika*. He would incorporate formulations in these conditions such as *kaaraskaadi gulika* (pill form of *kaaraskara ghritham*) and/or *pipplai-rasayanam* (*pippali* triturated with *kimsuka-kshara* in powder form). He also advised feasible local *sveda* (fomentation) treatments in the early stages. Only after achieving *ama-paachana*, he would ask the patient to get admitted to the hospital to receive *Panchakarma* therapy in which *kaaya-seka* and *vasti* were

given prime importance. In chronic cases of arthritis, he

would advise them to take a course of Shiva-gutika (herbo-

mineral formulation containing *shilajatu*) as in-patient.

Management of cancer patients was another area of his focus. He devoted two days every month for cancer patients apart from his routine consultations. A unique combination of *Guloochyadi gana* and *gulgulu-tiktaka yoga* was given as curative in many conditions. Many single drugs were prescribed by him to deteriorating patients in an effort to maintain their positive health. He ensured an element of palliation also in his approach to cancer patients by inviting a modern and an homeopathic physician to his cancer consultation camps, thereby giving an option to the patient based on their autonomy.

#### **CONCLUSION:**

Recipient of Kerala government's *Ayurveda Acharya* award for contributions to the field of *Ayurveda*, his demise marks the end of an era, not only for his followers, but for the *Ayurvedic* community. "It is doubtful if there would be another *Vaidyamadham* among his disciples, because these people (*Ashtavaidya* like VMC Narayanan Namboodiri) were products of a very specific, detailed and intense way of

learning. They were also products of the culture in which they grew up. The whole milieu in which they were brought up and the kind of depth which they had is very difficult to reproduce.  $^{''}$  [10]

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