

Profiling the healing practices of Malabar Mappila community of Kerala

Muhammed Shareef Chakkittu Kandiyil *, Bindiganavale R Shamanna¹

ABSTRACT

Background: Prevailing in a contesting field of science and modernity, where high risks for traditional healing mechanisms to get undervalued in treatment hierarchy, Mappila of Kerala have maintained to stabilize their significant position in therapeutic practices of Malabar. As a community that ritually encourages the traces for better health through the mechanisms of mind-body therapy, they treat curing mechanisms not only as a remedial measure but also as a precautionary measure.

Objective: To assess and determine the unrecognized therapeutic practices among Malabar Mappilas of Kerala. **Materials and Methods:** The explorative research design conducted through field study with Snowball sampling method and questionnaire, in-depth interview techniques has been used for data collection. Online databases and public health literatures was reviewed for the study.

Results: Mappila's treatment mechanism can be generally categorized into three approaches; i) The practice assisted with herbal medicines, ii) The practice assisted with diet, iii) The practice assisted with spirituality. Assessments also revealed the influence of 'cultural Islamisation' and attributes of Malabarian terrain in leveraging the incorporation of certain natural materials into the healing episteme which helped in mastering in seasonal medicines and single medicine therapy. **Conclusion:** The curative potentiality of this community medicine will aid for enhancing the credibility and relevance of traditional medicine in general. The subsections oriented over these themes provide a holistic and evaluative understanding of the treatment modalities within Malabar Mappila community and helps to succinct the supplementing relationship within the triads. i.e., the nature, the human, the religion.

KEYWORDS: Cultural Islamisation, Dietary therapy, Malabar Mappila Community, Seasonal medicines, Single medicine therapy, Traditional healing mechanism

INTRODUCTION

The evolution of Traditional medicine in Kerala is a conglomerated journey assisted by medical and ritual knowledge of Buddhism, Jainism, Vedic followers, and Arabs. In the early days of colonization, the indigenous practitioners were extensively consulted and their medicines were widely used by the British administrators in their quest for adapting to tropical climate.^[1] Even though evidence-based medicine possesses top rank in the treatment hierarchy,^[2] traditional healing practices are still in circulation in Kerala due to their holistic and individualistic approach. Among them, the Mappila community has a significant role in enriching Kerala's heritage in traditional medicine through incorporating medical knowledge from *Arabimalayalam* (The traditional

Dravidian language of Muslim Mappila community) Texts. A subtle observation of Mappila's healing medicines in Malabar revealed that there are particular ways of treatment in different subgroups of Mappila's in Malabar. This feasible ground for cultural Islamisation made Muslim Mappilas to reflect those same cultural traits of the society in which they live.^[3] Hence, the reflection of hierarchical features ^[4] is not an exception and the same has been reflected in their treatment and healing practices as well. Accordingly, the Muslim Mappila community in Malabar can be grouped into four subgroups based on their occupation, namely *Thangals* (the gnostic personalities of the community), *Kurikkals* (subgroup engaging in physically adventurous activities), *Ossans* (subgroup engage in customary works), and *Pusalans* (subgroup engage in fishing activities).

They share common traits of Muslims in general where mind-body therapy (5 times prayer) occupies a significant position and the list extends up to fasting in Ramadan, giving *Zakat* (donation from one's wealth) and many more (*Iman* and Islam Traits). Cognizing over the healing practices of Mappila community, they can be generally categorized into three modes; Namely,

1. The healing practices assisted with spirituality
2. The healing practices with herbal medicine;
3. The healing practices assisted with dietary therapy.

This study attempts to profile the healing practices in the traditional medicine domain among the Mappila Muslim Community situated in north and Central Kerala.

METHODOLOGY

Due to the lack of official statistical information associated with healers and their beneficiaries of Mappila's, such data have been organized through conducting field study among Mappila community located in Kozhikode and Malappuram districts of Kerala. An attempt has been made to determine the unrecognized therapeutic practices of Mappila's of Malabar in general, their particular traditional healing practices with respect to their internal social hierarchy i.e.; *Thangals*, *Kurikkals*, *Ossans* and *Pusalans* and also to analyse the basis of 'psychological healings' and 'cerebral reliefs' offered by Mappila's that are usually ignored from scientific explorations. In order to encounter the homogeneous myth among Mappila community, the practiced caste hierarchy among them is unravelled through field study formulated on the basis of proposed features of caste in GS Ghurye's '*Caste and race in India*'. Snowball sampling has been used for the collection of samples. First sample is collected from the suggestion of ASHA (Accredited Social Health Activist) worker in the locality. Accordingly, the researchers approached the first sample and then the suggestions were taken from the first sample and approached the next sample.

Already published literatures over traditional healing practices of Malabar is used as secondary data. And the same has been helped to locate the population of the study as well as to collect primary data. Primary data have been collected from 50 samples through fieldwork using in-depth interview and questionnaire tool which consisted of open-ended questions which is designed to figure out the curative potentiality of Mappila's community medicine. This study has included research analysis tools such as Thematic analysis and Narrative analysis for qualitative data and Statistical Package for the Social Sciences (SPSS) software for questionnaire analysis. The different phases of research has been conducted without compromising the research etiquettes and written consent of each participant have been taken.

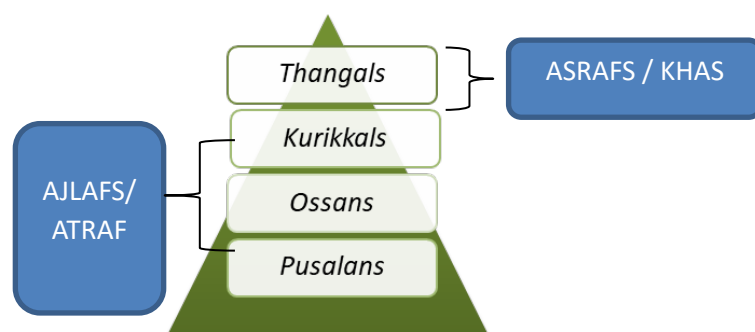
OBSERVATIONS

The hierarchical structure illustrated in figure 1 conveys that each of the above-mentioned subgroups has its own realm of excellence over these categories as well as they are asked to prescribe and suggest those healing mechanisms into out groups as well.

Category 1:

Muslim's mechanism of rationalization placed *Thangals* at the pinnacle of the social and political setup of Malabar. These gnostic personalities are the one who dominates the realm of spiritual healing. *Hadith* (Holy gospels) and *Ayath* (Qura'anic verses) of holy Qur'an act as the primary source of prayer for healing. Reciting these and blowing over the sick person, asking to intake holy water *Zamzam* (holy water) are the usual methods followed by *Thangals* during prima facie meeting with the clientele. For instance, the person who suffers from physical pain is asked to recite *Alhamd* (3 times) and *Kulhwallahu* (7 times) by blowing over the wounded part.^[5]

Figure 1: The hierarchical structure of Muslim Mappila community in Malabar



Category 2:

The major benefit of medication Qura'anic (table 1) is primarily relaxing the negative aura which is psychologically experienced due to physical illness. Even though advanced technological practices are widely consumed as a part of globalization, faith healing is still in demand due to three reasons. Firstly, its risk free methodology enthralls people to select faith healing. This is because of the reason that most of its modalities are designed in a way where mind involvement is more required than physique involvement. Second, the absence of skepticism regarding the general applicability of the treatment. For example, while evidence-based treatment needs to be much cautious while prescribing medicines due to the existence of different physiques and degree of austerity of ailments, the modalities of faith healing can be applied to every individual independent of his or her physique attributes. Thirdly, the promised part of faith healing treatment. As far as a person caught with physical illness, it causes obstructions in his/her body vibration system. The Psychologic confidence gained through faith healing aid in regaining the equilibrium of body's vibration system and thereby to put a relief over the physical suffering of the ill person.

Table-1 Qura'anic Medication

QURA'ANIC RECITES	DISEASES
<i>Surah Al falaq</i>	Pain
<i>Surah Al Fatiha</i>	Bitten by venomous animals
<i>Surah Al Mu'minun</i>	Skin Allergy
<i>Surah Al Bakara</i> <i>Surah Yunus</i>	Hypertension and Diabetes
<i>Surah Muhammed</i>	Psychological Illness; Bipolar disorder

This mode of healing is placed under the umbrella term of psychotherapy.^[6] A combination of religiosity and spirituality has been applied for mental health care. Mental health care cannot be solely curable through drug assistance; indeed, it needs a bio-psychosocial model where the social fact, religion occupies a primary role. Hence, choosing faith healing is thus a priority in this context. Other customary practices like '*Noolukettal*' (The holy thread tied during illness)', '*Pinjanam Ezhuthu*' (Spiritual

treatment using special ink) '*Urukkezhuthu*' (inscription kept inside round sheet metal Amulet), etc., come under the realm of *Thangal*. *Pinjanam Ezhuthu* is a mode of spiritual treatment that is especially offered for pregnant women.^[7] Having the water-dipped with pieces of *Pinjanam* (porcelain) where Arabic alphabets were written with *Arabi Mashi* (black ink) will bring psychological strength to the women and aid them for a less complicated delivery. Women among the *Thangal* community also act in the role of practitioners. When the male head of the family passed away, that medical knowledges were transferred to his spouse either through oral mode transmission or written scripts in the Arabic language. They also provide treatment for ill infants as well as kids who suffer from vomiting and stool issues. A spoon of water diluted in sugar were dropped into the kid's tongue along with reciting Qura'anic verses. Epilepsy was also treated with spiritual healing where the '*Apasmaraneyyu*' (oil used for epilepsy) has been provided for the ill person for a better cure.^[8] *Elas*, a cylindrical-shaped mini copper element where Qura'anic verses have been rolled in were asked to wear by the sick person. The ingredients of the medicines suggested by *Thangals* vary according to the intensity of the disease (for severe disease flowers, egg, chicken, etc., are used). The practice of wearing *Tabeez* (holy chain) and black string over the ankle are also functioned by them. Succinctly the fear of being stigmatized and causing side effects enhanced people's selection for faith healing in such diseases.

Elaborating over the second subgroup who head the category of healing practices with herbal medicines is known as *Kurikkals*. Most of them basically engage in physically adventurous activities like *Kalari* (martial art practice), and the treatment practices evolved among them is invented for treating their injuries. They are an excellent service provider for bone ailments. They use bamboo for immobilizing the broken bone and egg white to maintain the stiffness of the tied area. This practice do have resemblance with the *Puttur Kattu* bandage system, the traditional bone setting practices popular in Andhra Pradesh. The process of tying will repeat weekly once or till the time of completely regaining bone alignment and position. As a part of cultural Islamisation, new methods were accommodated by *Kurikkals* for treatment especially oils like *Shifathailam* (Herbal sesame oil) and oils prepared with ethnic herbal materials. Women in this sub-group also practice these roles if the patient hail from her sex. Other than these, consuming black cumin seeds which is having anti-toxicant properties is advised to relax muscles and to reduce inflammation.

The third subgroup is the *Ossans* who are basically assigned with the task of conducting ritual practices like doing *Sunnath* (circumcision) as well as hair removal for the community members. Through engaging in minor surgical activities, they are actually playing the role of traditional surgeons within the community. As there are higher chances for wounds while shaving, they use *Sphadikam Kallu*, (Potassium aluminium sulphate, the stone preventing inflammation). It's a stone were rubbing with it aid in removing the infections and inflammations. The *Sunnath* ceremony is a well-celebrated ritual in the Muslim community. It is believed that there is less risk for wound while removing the layer of the skin if it is done by an *Ossan*. It can be both a religious belief as well as an attitude towards the person who is having much experience in doing so. For a swift cure, they suggest the use of charcoal parts from *Chirattakkayil* (Spoon made from coconut shell and bamboo sticks) which is much a sceptical one in the medical field due to its risk factors for infection. These practices have been widely used before the adequate establishment of clinical practices and even now followed by orthodox families of the Malabar community. Washing with hot water and tying tightly with a white cloth over the skin removed is also done by *Ossans* themselves. While evidence-based medical practitioners rely on stitching the area, *Ossan* follow a particular kind of cloth tying. Women among *Ossans* engage in the role of indigenous midwives which is known as *Vayattatti* (Indigenous midwives) in vernacular dialect. They took the role of the home nurse and even prepare medicines especially antiseptics made out of pepper, dried ginger, turmeric, and garlic to ensure a safe delivery. The anti-septic power of spices has been the topic of various scientific writings. The article, *antibacterial and antifungal activities of spices* (2017) published in National Library of medicine reiterate the antiseptic properties of spices which has been used by Mappila's as their ingredients in medicine. Quranic verses are also recited along with *Mala* songs (An ode of praise for the Muhyadheen Abdul Khadir Al Gilani composed by the poet Khazi Muhammad) which act as a psychological treatment for the woman and robust her mental health to efficiently equip the pain during pregnancy. Midwives also act in the role of caretaker for infants and mothers until the baby completes 40 days and also assist and lead the ceremony of *Nalpuli* (ritual bath after forty days of delivery).

The fourth sub-groups are the *Pusalan* (*Puthu Islam*) who are basically the converted Muslims from other religions who shared a subjugated rank in those

hierarchies. During the time of their conversion, they have come along with the traditional medical practices that they followed previously. They resumed the use of natural antioxidants like pepper, ginger, garlic, honey, and fenugreek and prepare *Lehyams* (Herbal medicine) for themselves. Belonging to the fishing community, they showed high interest in consuming fish in their diet especially sardine popularly known as *Chala/Mathi* (sardine fish) in Malabar. They are basically calcium rich food that enhances the strengthening of bones. Engaging in an occupation where physical strength is necessary, these people are conscious of taking such geographically available food in their diet. Both social and economic factors of *Pusalans* made them close to their environment and nature, and even their treatment practices are developed on the influence of these factors. Thus, they become the mastery in single medicine therapies which are locally known as *Ottamooli* (Single medicine therapy) in Malabar. It is comparatively easily available and less expensive and less expertise is needed when compared to other models of treatments. *Ottamooli* is widely used for diseases like fever (having drops of ginger juice diluted with pepper and dried ginger powder, having *Tulsi* (*Ocimum tenuiflorum*) nectar with honey, throat pain (applying the papaya stain on the throat, having water diluted with white sugar candy, and dried ginger), blood pressure (having the powder of dry watermelon seeds, consuming drumstick leaves daily), skin infections (applying oil made out of crown flower or *Erikku* (*Calotropis acaia*) juice and turmeric)s, breath ailments(having an egg dipped in lime water for twenty-four hours, having honey and Malabar nut's leaf juice or *Aadalodagam* (*Adhatoda vasica*) together, etc.

Category 3:

This category of healing practice is based on dietary is commonly followed in the Muslim community of Malabar. It is also encouraged from the *Sunnah* point of view as well as assisted by the geographical features of Malabar. Seasonal health care through including *Halal* animals is the main thing to be discussed here. Having mutton and chicken occupies a primary role in this. They are asked to have the soup prepared with the corresponding bone of the lamb. Accordingly, a person suffering from leg pain should consume soup made with gigot. *Kozhimarunn* (Seasonal homemade medicine) which is a dish made with chicken by adding Ayurveda medicines and having it in the ratio of one is to one is also a major dietary practice followed among the Malabar Mappila community in the rainy season. The process of choosing chicken is highly selective to maintain the quality of medicine prepared. *Naadankozhi*

(Domesticated chicken), a specific breed of premature chicken that is locally domesticated is consumed for the medicine preparation. Along with this, Mappila's also consume *Kashayam* (decoctions) and *Lehyams* (herbal jam) which is a localized practice among Kerala. The intake of garlic, camel meat (if available), and dates in the diet are also promoted among the community. If a person is afflicted with fever, s/he is asked to enhance the consumption of young goat's mutton along with the diet including vinegar and olive oil. The use of olive oil within the traditional healing practices of Malabar started after cultural islamisation and accelerated gulf country migrations. Obese people are encouraged to have green leafy vegetables along with onion, mint, and *Piper longum* whereas epilepsy ill people are asked to have black mustard along with fried mutton and cabbage. Consuming goat's milk for the people who suffer from tuberculosis and *Kanji* (rice soup) and white bread for worm infestation are strictly followed by them. All of this particular diet therapy come under the Unani mode of treatment as well.

DISCUSSION

All of these practices have an established status within each subgroup of the Malabar Muslim community, but it has not occupied a sanctioned status in mainstream Kerala or in general. Such an endeavor to popularise and validate these traditional practices have to be followed through two cumulative phases; the organisation phase and the undertaking phase. The first phase is to organise this scattered knowledge into a realm and to form an association that is adequate enough to initiate the credentials for the undertaking phase. The second phase deal with open discussions along with distribution of feedback on successful results and that would enhance the achievement status of the treatment. This will aid in assuring certification and standardisation of traditional healing mechanisms throughout Kerala. Along with this, employing systematic research in the field and particularly intervention studies will assist in validating this mode of treatment that would assure accuracy.

In between the contested field of science and modernity, the traditional medicine of the Mappila community has established itself as a significant part of the therapeutic practices of Malabar. Especially Ayurveda and homeopathy enjoy high level of confidence among people for specific illnesses. Based on a Government of Kerala survey around 40% of health care is serviced by traditional medical systems such as Ayurveda and Homeopathy.^[9] These subjective medicines have also gained momentum

when people inculcated the idea of the medicalization of human life.^[10] When normalized things started being categorised or surveilled as abnormal things, man have to explore the possibilities of cure whether the remedy hails from a folk medicine or scientific medicine. Along with geographical factors, stigmatizing attitudes and consumer driven policies of evidence-based medicine pull back people to depend on folk medicine. The benevolent approach of the practitioners hailing from the heritage of traditional medicine along with providing individual care and normalized attitude to the stigmatized person enthralled people to elect the services of the Mappila community. The non-differentiation of the prescriber and pharmacist in such a mode of treatment enhanced the trust bonds and a feeling of security. Malabar Mappila community who have accumulated all these qualities of being a traditional medical practitioner thus always treated with a favourable attitude within the community as well as outside the community. A sweep of modernization has not sacrificed the circulation of folk medicines instead it prepared them to stand for an alternative modernization. For instance, according to the World Health Organization sixty to eighty per cent of people in developing countries depend on traditional medicines for their health security which raise a need to provide 'traditional medicine of good quality'.^[11]

CONCLUSION

Surrounded by various antithetical skepticism, the Malabar Mappila community has effectively made use of their hereditary knowledge in healing. As far as the relationship between religion and health exist in human history, the healing practices promoted by these *gnostic personalities* will also survive. This paper is an attempt to provide the readers with a scope to explore such unrecognized complement medicines and its practices that are validated along with other plural systems of medicine which are highly relevant to the context. Lack of official statistics regarding such complementary medicines practiced among the community is a major limitation that the researcher has to overlook. However, exploration of such medical practices in specific to gender-based practices, medical practices in specific to class-based practices etc., showcase new research possibilities.

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