

MEDICINE OF MARTIAL ARTS

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Challenges and Prospects of Traditional Medicine and Martial Art: Kalarichikilsa from a Medical Management Perspective

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Abstract

Problem. Though there are a large number of alternative medicinal practices in India, only very few such practices such as Ayurveda, Siddha, Homeopathy, Unani, Naturopathy, and Yoga are popular among mainstream society in India. The broader objective of this paper is to examine the various aspects of *Kalarichikilsa*, a widely-practiced medicinal practice within *Kalarippayattu* (a widely-practiced martial art in India, popularly known as the ‘mother of martial arts’), as an alternative medicinal practice, and to understand the major challenges the sector is facing while developing an alternative medicinal practice from a medical management perspective. **Methods.** The study adopted both direct personal interviews as well as telephone interviews to consolidate the perspective of the *Kalarippayattu* practitioners to meet the study objectives.

Results. This study explored various health packages and the competitiveness of *Kalarichikilsa*. The demand and supply side aspects of the medical management of *Kalarichikilsa* as an alternative medicinal practice were also examined. The study further explored the prospects and challenges of *Kalarichikilsa* in alternative medicinal practices.

Conclusions. In the emerging role of alternative medicinal practices in health care, exploring *Kalarichikilsa* as an alternative medicinal practice found significance in strengthening and popularizing it for the common good.

Introduction

Today, traditional medicinal practices are gaining popularity globally, and the acceptance level is also highly exponential. As Jamshidi-Kia, Lorigooini & Amini-Khoei [2018] observed, Chinese traditional medicinal practices are considered quite popular, followed by Indian traditional or alternative systems of medicine. Generally, these categories of medicinal practices are segmented into oriental medicine, including Chinese, Japanese, Korean, and Asian medicine, including traditional Chinese medicine, Ayurveda and related Indian alternative medicinal practices, and Tibetan medicine [Liu 2011].

Traditional medicine is a system of medicine, where traditional procedure-based therapies are incorporated with or without herbal medicines, strongly promote healthy diet habits and advocate for behavioral modifi-

cations in lifestyle practices [Baer, Gesler 2004]. Herbal medicines include herbs, herbal materials, herbal preparations, and finished herbal products containing active ingredients such as plants, other plant materials, or combinations [Conradson 2005]. Traditional use of herbal medicines refers to the long historical use of these medicines [Jamshidi-Kia, Lorigooini, Amini-Khoei 2018].

Traditional procedure-based therapies are therapies that use various techniques, where medication gets less priority for health care. They include, for example, chiropractic, osteopathy, manual therapies, qigong, Tai Ji, thermal medicine, and other mind-body therapies that promote physical, mental, and spiritual wellbeing [World Health Organization 2014]. In India, besides Ayurveda, many alternative medicinal practices are followed among different geographical regions, among which few are recognized by the government of India and institution-

alized on a larger scale. Necessary support is extended both technical as well as financial. One of the prominent martial art-based treatments widely practiced in the southern states of India is *Kalarichikilsa*.

Kalaripayattu and Kalarichikilsa

Studies on martial art practices and their social-psychological implications are yet to be explored in the academic circle, particularly in promoting educational opportunities and research [Lakes, Hoyt 2004; Theeboom, De Knop, Vertonghen 2009; Vertonghen, Theeboom 2012]. *Kalaripayattu*, a popular martial art in India, popularly known as the mother of all martial arts [Kidangil 2012], has one of the best self-defense training for all people. Continuous training is essential for the body's fitness, while pre- and post-application of various medicines are also part of this [Mukherjee, Sen 2017].

Kalari system was found one of the widely accepted self-defense techniques; hence it has a prominent place in exploring self-understanding and strengthening outer physical space [Kurup, Vijayakumar 1997]. It is considered one of the methods of gaining experience and forming self and self-development [Gurukul 2000; Zarilli 1994]. Thus, *Kalaripayattu* creates internal and external vigor through fitness and associated transformation in the body and the mind [Zarilli 2001].

There are two schools of thought existing among *Kalaripayattu* practitioners on medical application systems developed under *Kalaripayattu*, such as *Kalarichikilsa* (medicinal practices related to *Kalaripayattu*) and *Marmachikilsa* (Treatment on Vital point/spot); the general understating among practitioners and researchers is that both are under the umbrella of *Kalarichikilsa* [Balakrishnan 2003]. According to Vinodan & Meera [2019], medicinal practices under *Kalarichikilsa* can be divided into four types: (a) Health-giving and maintaining full-body massages, (b) Muscle and body-strengthening applications, (c) Treatments for specific injuries or pathological conditions including bruises, dislocations, bone breaks, general weakness of the muscles and limbs, or complex crippling injuries, and (d) Emergency counter-applications for potentially deadly shocks or blows to the body's vital spots. “Therapeutic engagement and specialized treatments are the two emerging segments under *Kalarichikilsa*” [Vinodan, Meera 2018: 82]. Among these, *Kalari* massage is one of the widely sought-after therapeutic practices in medical or wellness applications. It enhances energy pathways, improves and stimulates nerves and muscles while revitalizing and self-healing the body. Besides these, other major forms of therapeutic engagement are “*Sukha Thirummu*: the system of massage that provides relief to the body from aches and muscular pains and also provides physical relaxation. *Raksha Thirummu* is for holistic healing and rejuvenation (normally found in the northern style), and *Katcha Thirummu* increases body flexibility and endurance for

practitioners of martial arts, dance, and sports. Specialized treatments: Specialized medical treatments for various health ailments, particularly orthopedic and sports-related injuries, have found an important place in *Kalarichikilsa*” [Meera, Vinodan 2019: 118].

As there are numerous provisions available under traditional medicinal practices to make people physically and mentally fit, this segment is gaining popularity worldwide. There is a shift in focus from modern medicine to alternative medical options is gaining popularity in recent years owing to its minimal side effects and other benefits. Moreover, alternative medicinal practice under martial art is gaining popularity in European countries [Cynarski, Sieber 2015]. The coexistence of herbal and procedure-based medicinal practice in *Kalarichikilsa* could attract general as well as medical tourists. The soundness of this segment of medicinal practice gained market attention among a few. In this direction, there is an immense possibility of recognizing *Kalarichikilsa* as alternative medicine in the medical and wellness market.

It is also noted that travel for health purposes has emerged as a means of income generation and as the well-sought-after product under tourism programs of many nations. Countries like India, Malaysia, Singapore, Thailand, South Africa, Brazil, Costa Rica, Cuba, Mexico, and Dubai [Lunt *et al.* 2011]. It is estimated that the total value of the global health tourism market was \$53,768 million in 2017, and it is expected to reach \$143,461 by 2025 with an annual CAGR of 12.9% from 2018 to 2025 [Research n. d]. India has been a health hub for neighboring countries for the last several decades. Studies indicate that the earnings from medical tourism would reach \$8 billion by 2020, while India continues to hold a leadership role in the wellness tourism market through yoga and Ayurveda [IMTJ 2015; World Economic Forum 2017].

Though several practices are associated with *Kalarichikilsa*, the scant literature indicates that this domain's medical management perspective is yet to be explored. It is essential to examine the various aspects of *Kalarichikilsa* as an alternative medicinal practice and understand the significant challenges the sector faces while developing an alternative medicinal practice as it is less established among the mainstream of society. The study further seeks to develop it as a niche segment of medicinal practices that people can rely on for better health practices. Accordingly, the study made the following specific objectives:

1. Explore various health packages and the competitiveness of *Kalarichikilsa*,
2. Examine the medical management aspect of *Kalarichikilsa* as an alternative medicinal practice,
3. Examine the challenges of *Kalarichikilsa* as medical practice.

Table 1. Respondents of the study

Style of Practitioners	Supply-side respondents			Demand-side respondent		
	Face-to-face interview		Telephone	Tourists		Local people
	<i>Kalari-Gurukkal</i>	<i>Kalari-Apprentice</i>	<i>Kalari-Gurukkal</i>	Foreign	Domestic	
Northern	7	23	03	12	41	62
Central	2	09	06	05	21	38
Southern	3	08	09	05	14	10
Total	12	40	18	22	76	110

Source: Primary data/Author compiled

Methodology

Study area

Kerala is one of the widely sought-after health tourism markets known for traditional medicinal practices like Ayurveda, Siddha, Unani. It has been estimated that nearly 40 percent of the state's tourism revenue accrued from medical and wellness packages [Radhakrishnan 2020]. The study of Joseph & Manalel [2008] indicates that the tourists seeking health packages from Kerala are interested in alternative medicinal practices owing to their uniqueness, authenticity, feel, and confidence. Major source markets for health packages to Kerala are from Germany, France, Switzerland, the USA, the UK, Italy, Russia, and the Middle East.

A qualitative research approach was adopted for data collection. As Creswell & Poth [2018] stated, qualitative methodology is appropriate for investigation in a new field of study. Further, this helps to get an in-depth and extensive understanding of the subject matter and its contextual interpretation, mainly through the interview method. As mentioned above, the studies on *Kalarichikilsa* are yet to emerge in academic and medical discourses and garner many aspects that are not available in written format. The interview method is found to be more appropriate in this context. Accordingly, the study adopted both direct, in-depth personal and telephonic interview methods for collecting data. The study identified tourists, the local community, and *Kalari* practitioners, including *Gurukkal* (Learned master who practiced Kalarippayattu for several years) and apprentices (people who assist *Gurukkal*), for in-depth face-to-face interviews. A few respondents, mainly *Gurukkals*, who were initially considered a hard-to-reach category, later arranged a telephonic interview with a prior appointment. The selection from both the demand and supply sides was made to strengthen the validity of the result. Further, such observations could strengthen the study to progress towards better medical management strategies to augment both consumers as well as provider-centric approaches.

In-depth interview

As Rubin & Rubin [2016] observed, face-to-face interviews are one of the major qualitative research techniques to explore detailed information about a topic based on mainly an open-ended and discovery-oriented method.

The interview was completed during the period from June 2014 to March 2018. The investigator planned to interview 200 from the demand side and 85 from the supply side, respectively. Respondents consisting of *Gurukkal* of Kalarippayattu, Apprentice of Kalarippayattu, international and domestic tourists (few of them already underwent minor medical services under the *Kalari* system), and the local people, who generally seek medical assistance from *Kalari Gurukkal*. Reputed *Gurukkal* will have 25 to 50 patients per day for consultation. Finally, as indicated in table 1, we interviewed 70 respondents, including 18 telephones from the supply-side and 198 from the demand side. Direct personal interview respondents consist of Kalarippayattu *Gurukkal* – 12, Apprentices – 40, foreign tourists – 22, domestic tourists – 76, and local people – 110. Interviews were completed by spending 4 – 5 days in each *Kalari* center. The availability of literature in this specific area of medicinal practice is minimal because most practices are taught orally. The study incorporated books and websites of various *Kalari*, which follow all the three styles of Kalarippayattu, i.e., Northern, Central, and Southern, as a secondary source.

Interviewees' Criteria

Respondents of the study were identified based on their experience:

- Both *Gurukkal* and Apprentice have 15 and 10 years of experience, respectively. In some instances, Apprentices were considered the primary respondent as the *Gurukkal* of the respective *Kalari* were busy with their consultation and training or other preoccupations.
- Tourists and Local people visited *Kalari* or were aware of Kalarippayattu or Kalarichikilsa.

Development of Interview Questions

For both face-to-face as well as telephonic interviews, a semi-structured interview outline was prepared. Murray Thomas [2011] methodology was adopted to design questions based on the following parameters:

1. *Evaluation*; respondents' experience in Kalaripayattu and related practices were aimed through evaluative questions,
2. *Context*: sought opinion on *Kalarichikilsa* as a health package from both respondents, i.e., *Gurukkal* and Apprentice,
3. *Process*: Sought the intervention areas of *Kalarichikilsa* as a health package both for general patients as well as health tourists, opportunities, prospects, and challenges perceived by them,
4. *Prediction*: Asked them to predict the probability of institutionalizing health packages under Kalaripayattu in the form of *Kalarichikilsa* as a separate medicinal practice, including market potential. Questions were directed towards both practitioners, general patients from local areas, and tourists, and
5. *Symbolism*: explored strategies to position *Kalarichikilsa* as alternative medicinal practices for the overall wellbeing of the society.

Face to face Interview Process: There were pre-tests as well as pilot sessions organized with five practitioners and twelve local people, including domestic tourists. The reliability of the response was good. During the final interview, questions were placed on one basis. A coding frame was adopted to extract terms, and separate unique identification numbers were allotted. Gordon [1992] suggested that the independent coder method was used to examine the intercoder reliability and consistency, and refining was also done *inter alia*. Respondents were identified based on the chain referral system. An interview guide with the following open-ended questions was asked to explore the various domain of discussion under study:

1. Health packages under *Kalarichikilsa*; (a) What are the major aspects of *Kalarichikilsa*? Tell us about the linkage between Kalaripayattu and *Kalarichikilsa*? What are the widely used health applications of *Kalarichikilsa*?
2. Competitiveness of *Kalarichikilsa* How is this medicinal practice beneficial to the general public as well as tourists? What are the comparative advantages of using *Kalarichikilsa*? Can you narrate the benefit in physical, emotional levels benefits?
3. Medical Management aspects of *Kalarichikilsa*; as a service provider, what are the consumer (tourist and local community only) suggestions you have to strengthen *Kalarichikilsa* comparable with other alternative medicinal practices? As a service provider (*Gurukkal* and practitioners only), what is your suggestion to strengthen *Kalarichikilsa* compared to other traditional medical practices?
4. Prospects of *Kalarichikilsa* in the alternative medicine market; How do you perceive the prospects of *Kalarichikilsa*? Who are the beneficiaries of *Kalarichikilsa*? How can we identify the prospective market? In which market segment of health tourism

Kalarichikilsa will be appropriate? Suggest ways and means of recognizing and promoting *Kalarichikilsa* as health packages among the general public and tourists?

5. Challenges of *Kalarichikilsa* as an alternative medicinal practice; According to you, what are the major perceived challenges of *Kalarichikilsa* in medical management?

Most of the questions were general. However, besides these questions, *Gurukkal* was interrogated wherever possible to explore more inputs to augment the study and substantiate the researchers' arguments. Patients and tourists were asked about their experience in *Kalarichikilsa* and how they present this medicinal practice in their circles, along with the above-mentioned questions with minor changes wherever required. The last sessions of the interview were to give some comments and suggestions (not compulsory for all respondents) for positioning *Kalarichikilsa* as an alternative medicinal practice. (Which were optional) about the topic.

Telephone interview

It is understood that a telephone interview is a preferred interview method where social cues are less critical, or respondents belong to different geographical locations [Opdenakker 2006]. However, the present study tried to comply with the criteria of Champion [2006], which emphasizes the legitimacy, convincing, and sufficiency of the interview result. As all respondents of the present study are well aware of the interview and the study's objective, these issues have been addressed from the beginning. Moreover, it is pertinent to state that all interviews were done based on prior appointments at various levels to ensure a rich descriptive response.

As mentioned above, the chain referral system was also followed to explore potential respondents over the phone. The investigator was able to locate initially nine prominent *Gurukkal*; with their support, nine more were able to locate through this process, and we were able to gather data from 18 respondents (Table 1). Interview guide-based questions were presented over the phone. In a few cases, the response of the *Gurukkal* over the phone helped us to reestablish the reliability of certain answers given during face-to-face interviews. Average 35 to 50 minutes took to finish each interview. Content analysis or categorization of observations and inputs was done in the post-interview phase of the study.

Result and Discussions

As the study progresses towards understanding the challenges of *Kalarichikilsa* and its prospects in traditional medicine from a medical management perspective,

it is imperative to have a holistic understanding of *Kalarichikilsa*. In this direction, the study was organized by giving the profile of health packages under *Kalarichikilsa*, including *Marmachikilsa*, one of the major treatments or therapy under *Kalarichikilsa*. The competency of *Kalarichikilsa* as an alternative medicinal practice is discussed subsequently. Further, to meet the objectives mentioned above of the study, the remaining sections were organized as (a) target market of *Kalarichikilsa* (b) contemporary perceptions of *Kalarichikilsa*, (c) medical management perspective of *Kalarichikilsa*, (d) prospects and marketing option of *Kalarichikilsa* in the health tourism market and its challenges and (e) finally mar-

keting strategies for promoting *Kalarichikilsa* among general patients as well as medical as well as the wellness tourism market

1. Profile of health packages in *Kalarichikilsa*

Kalarichikilsa is a system of medicine specializing in the treatment of orthopedic disorders and neuromuscular problems. It cures several cases where surgery is a must in modern medicine and many more issues like sprains, bruises, fractures, and dislocations. As stated, there are four types of medicinal practices under *Kalarichikilsa*, most of the applications are primarily massage treatments with the hands, arms, or feet. Internal medicines are also prescribed

Table 2. Widely practiced treatment types in *Kalarichikilsa*

Name of service	Methodology of service	Service Benefit
AdankalUzhichil (Massage)	Systematic application of pressure on the muscles according to the structure. Oiling and massaging the various parts of the body, including the face and head. According to SDK, nineteen types of <i>Uzhichil</i> are practiced across the state. Two major methods of <i>Uzhichil</i> are: 1. <i>Kaiuzhichil</i> - using hands, applied on children, old and people of the light build. 2. <i>Chavuttiuzhichil</i> - using feet, is used to treat young and healthy persons (figure 1)	— It rejuvenates the nervous and muscular systems of the body and stimulates blood circulation. — It can also enhance the general fitness of an average man — Effective treatment for even spondylitis and back pain and as a supplementary form of treatment which increases vitality and strength
Kizhiuzhichil (Massage with Kizhi) (Figure 2)	Specially prepared herbs and leaves are bundled in a cloth bag known as <i>Kizhi</i> , which then is dipped into a Medicated Oil (<i>Thailam</i>). The combination of the oil also changes depending on the nature of the bruise or the disorder <i>Njavarakizhi</i> , a particular type of <i>Kizhi</i> based on fomentation of four boluses of variety of paddy called <i>Njavara</i> with medicinal value by adding milk and herbal decoction <i>Sidarhombifolia</i> (<i>Kurumthotti</i> in Malayalam; the language of Kerala state).	— Very effective for Osteo and Rheumatic (Rheumatoid) arthritis. — Useful to treat age-old bruises and other disorders — Stimulate nerves and strengthen muscles — General rejuvenation of the body.
Nasyam*	Where the medicated oils are administered through the nose.	— This treatment is effective for sinusitis and other ENT infections.
Pizhichil*	Lukewarm herbal oils are applied all over the body by 2 to 4 trained therapists in a rhythmic way continuously. It is similar to <i>Dhara</i> but has no equipment used.	— Beneficial in curing spondylitis, hemiplegia, and arthritis, paralysis, sexual weakness, nervous disorders, etc.
SarvangaDhara*	Pouring warm medicated oil on different parts of the body and head using a particular equipment	— For insomnia, <i>vatha</i> (wind humor) predominated diseases, mental tension, certain skin diseases, insanity, and similar disorders
Sirodhara*	Medicated oil is poured slowly over the forehead Medicated oil is also poured onto the body	— beneficial in treating headaches, mental tension, insomnia, stress, and disorders of the central nervous system — Beneficial in curing neuromuscular disorders, rheumatism, and general debility.
	<i>Thalapothichil</i> -covering the head with herb paste	— Effective for psychiatric problems, tumor, clotting, and injuries
Vamanam*	Medicated ghee is given to the patient initially in small quantities and increased as per the requirements to vomit unwanted elements in the stomach	— Effective treatment for curing asthma and various skin diseases
Virechanam*	Medicated oils are injected/ consumed to excrete the waste for cleansing the digestion system.	— Useful for general fitness and beauty, youthfulness, etc.

Source: Compiled from various sources like Personal and Telephonic interviews with *Gurukkal* and apprentices, Records from *Kalari*, Related websites, etc.

* Terms are available only in the local language

as necessary. According to Kerala Kalarippayattu Academy; organization for the promotion of Kalarippayattu in Kerala, based at Kannur district, and Shafi Dava Khana; leading practitioners of *Kalari* related medicinal practices at Kanhangad of Kasaragod district of Kerala, major treatment under *Kalarichikilsa* is *Uzhichil*, *Kizhiuzhichil*, *Nasyam*, *Dhara*, *Sirodhara*, *Vamanam*, and *Virechanam*. Table 2 shows those major medicinal practices, the methodology adopted, and their benefits in detail. Since most of the words used in the treatments are in the local language, the explanation of the application method would help get the meaning of the services offered.



Figure 1. Foot massage,
[Courtesy: Sudhakaran Gurukkal, CVN Kalari, Kozhikode, Kerala].

As mentioned earlier, *Kalarichikilsa* has developed medicinal practices for orthopedic disorders, which is popular, especially in displaced or fractured bones. “Issues like joint repairs, internal and external fixation in the bone, post-laminectomy, tennis elbow and carpal tunnel releases, anterior cruciate ligament reconstruction, ankle reconstructions, rotator cuff repairs, subacromial decompression, meniscectomy, bankart repair, etc. are the areas where the *Kalarichikilsa* is found to be more effective. Traditional medicinal preparations like herbs, barks, and leaves of plants locally available constitute the major ingredients of this treatment. It is pertinent to mention that most orthopedic treatments are suggested for operation in the system of Allopathy. In *Kalarichikilsa*,

the treatments are done without surgery and side effects,” Murali Gurukkal clarified.



Figure 2. Massage with Kizhi
[Courtesy: Dineshan Gurukkal, MGS Kalari, Kannur, Kerala].

2. *Marmachikilsa* (*Marma* Therapy) - Treatment on Vital Spot

What distinguishes the *Kalarichikilsa* from Ayurveda is the psychophysical training and practical knowledge of the body’s vital spots (*Marma*). Psychophysical training gives great control over the body and therefore attains the ability to control the vital energy or wind (*Prana Vayu*). The word *Marma* derives from Sanskrit. Kizhichilword ‘Mrung’ or ‘Marane’. ‘Marane’ means death”. Mrung means close to death. In Tamil, this practice is referred to as ‘*Varmakkalai*’, and the Kalarippayattu is referred to as ‘*vaittiyacalai*.’ Any injury or hurt on 107 (*Asti Marma* /bones-8, *Mamsa Marma* /flesh-10, *Snayua Marma* /tendons-23, *Siraa Marma*/arteries-37, *Dhamani Marma* /veins-9, and *Sandhi Marma* /joints-20) vital points on the human body may cause death. The contact with the vital points will happen in a way that the breath will be blocked, and death may occur. The ‘*Marma* (s)’ are central points to life. A *Marma* can be defined as an anatomical area where the flesh veins, arteries, tendons, bones, and joints meet to form the seat of life, having secret and significant values at these junctions.

In other words, the anatomical areas where structures pulsate and where pain exists can be labeled as *Marma* [Govindan 2005]. It has been understood that a judicious manipulation of the *Marma* points is highly useful for diagnosis and subsequent treatment (figure 3). In some instances, these practices are given separately to the patients according to their specific needs. Headache, urinary problems, torticollis, facial paralysis, hemicranias, cardiac pain, psychosomatic illness, etc., have a direct link with *Marma*. Treatment that emphasizes these vital points is the prime treatment under *Kalarichikilsa*, known as *Marmachikilsa* [Balakrishnan 2003].

Accordingly, the observations can be made that the *Kalarichikilsa* is available for orthopedic disorders and neuromuscular. *Marmachikilsa* support as a fundamental proposition in treatment and also support the treatment in the advanced stages. All the treatments under *Kalarichikilsa* are directed towards vital points (*Marma*), and identifying the affected vital spots and treatment is directed towards the ailment’s root cause. It makes it

the most suitable method for treating sprains, bruises, fractures, and dislocations. It is noteworthy that nothing hostile to the body is used, and nothing toxic is left behind, unlike allopathic treatment. Most medicines for this treatment are infusions of herbs in oil or water. These are either applied to the body or consumed. This attribute makes *Kalarichikilsa* free from side effects.

3. Competitiveness of *Kalarichikilsa*

The popularity of Kalarippayattu goes reduced due to various reasons; as an oral tradition, the availability of literature was limited, the lackluster attitude of the present generation, and the collapse of princely states who were promoting Kalarippayattu as a defense strategy and judicial process, including many other traditional medicinal practices.



Figure 3. *Marmachikilsa*- treatment on vital points
[Courtesy: Dineshan Gurukkal, MGS Kalari, Kannur, Kerala].

This situation created confusion about *Kalari* treatments and their methods. When we examine the competitiveness of traditional or alternative medical practices, the first attempt would be to compare and contrast the same with Ayurveda in the Indian context. It is the most acclaimed alternative medicinal practice. In this direction, the investigation was directed, and the study explored various insights. According to *Gurukkal(s)*, they further elaborate that the conversion of eternal cosmic energy into matter leading to the formation of five basic elements of the human body known as *Pancha bhootas* like air-water, earth, fire, and ether, help energy transform one energy into another energy or to matter. Life energy or *prana* is in constant motion in the human body. *Marma* or vital points are the vehicles, which carry

energy or bioelectricity flows. They further opined that “Ayurveda treatment doesn’t involve a detailed study of the vital spots on the body. *Kalari* experts have practical knowledge about these spots. When the massage is given, ‘we know how to apply pressure or avoid these spots. Though *Kalarichikilsa* has few similarities with Ayurvedic practices and treatments, it has developed its methods and practices for treatment”.

The interaction with practitioners of various *Kalari*-related therapists (mostly *Gurukkal*) and patients, the investigator could mobilize many positive comments on *Kalarichikilsa* where Allopathy has failed to give proper solutions. The respondents summarize that the *Kalarichikilsa* helps to rejuvenate the body and mind in the following ways;

Physical Level: bone centers, joint centers, muscle centers, and nerve centers can work more efficiently, and old age disorders can be cured. Massage helps to increase body flexibility and reduces fat. The veins and arteries gain elasticity, and the body becomes supple. Healthy blood circulation cleans the impurities collected at different points in the body through outlets like breath, sweat, stools, and urine. The kidneys, rectum, lungs, liver, and small intestine are strengthened and work more efficiently. Sense organs, especially sensual organs, have a new vigor. Fatty deposits in things, especially in women, can be eliminated by breaking them down. Massage tones up pectoral muscles and keeps the breast firm and in shape. Get rid of the sedentary or physically unfit situation; massage is an ideal substitute to improve blood circulation. Skin that lost its vitality due to chronic diseases, can regain its vigor after massage practices of *Kalari*. Improves blood and lymphatic circulation and stimulates *Marma* (vital points). Stimulates footpoints (foot reflexology) and allows free flow of life-energy.

Mental Level: This gives new energy to the mind, improves health awareness, provides complete relaxation and releases emotional stress, and balances the *sapta dhadu* (seven tissues of the human body; plasma, blood, muscles, fat, bone, marrow, and semen).

The observation shows that *Kalarichikilsa* is a unique selling proposition (USP) in the health tourism market because it provides recreation, cure, rehabilitation, and wellness. A wide array of healthcare practices, nutrition, fitness, stress management, and meditation forms part of *Kalarichikilsa*.

4. *Kalarichikilsa* and Medical management

Medical management is generally the management of the medical practice, process, and case with the support of technology and related application to deliver better service to the customers and make the administration of such service easier for providers. Medical management strategies are designed to address the consumers of both consumers as well as providers and thereby ensure

behavioral changes among them to improve the quality and outcome of health care delivery.

However, as far as *Kalarichikilsa* is concerned, medical management is primarily focused on addressing the concerns of both consumers as well as providers as both are unorganized. As an alternative medicinal practice, *Kalarichikilsa* requires some basic assessment of these concerns to move to the standardized medical management process of mainstream medical practices. Based on the above points on medical management, elaborate on a few points from both consumers and providers.

4.1. Consumer-centric strategies

Major consumer eccentric strategies to manage *Kalarichikilsa* and thereby to mainstream the medicinal practices to the betterment of overall wellbeing are as follows:

Supervision and management of possibilities of quality medical applications usually found in herbal medical applications need to be strengthened. These aspects are mainly centered around misidentification of herbal properties and adulteration while processing and preparation, unsound formulation, etc. The application of technology to monitor these issues, including the geographical positioning system, could bring better quality assurance to consumers all traditional medicinal practitioners, including *Kalarichikilsa*.

The availability of qualified and competent *Gurukkal* or practitioners as and when required and their exposure to modern technologies is very less. Acquittances and technology adoption to do their service at consumer end to be streamlined and mechanism to developed to standardize their skill through institutional means either with certification or endorsement under national or state level administrative agencies.

As clinical trials are not performed for medicines used in the recent past, there may be concerns over the safety and efficacy of herbs used in *Kalarichikilsa*. There is a need to make available all relevant details of various medicines or herbal properties to the public through practitioners' forums or other provider associations. Proper sensitization among practitioners needs to be done to counteract the possibility of irrational use of the medicinal application. More importantly, the *Marmachikilsa* segment of *Kalarichikilsa* requires properly trained *Gurukkal* or practitioners; otherwise, the treatment may harm the body badly.

Lack of awareness of various treatment practices available under *Kalarichikilsa* is one of the major impediments of the system. Though locally centered word-of-mouth publicity exists, there is much negative publicity on traditional medicine in general and *Kalarichikilsa* in particular. Recognition and institutional level acceptance of these practices could bring name and fame to these practices, improving confidence among consumers.

4.2. Provider centric strategies

As the system is not standardized, various issues or aspects require proper management in the contemporary medical scenario to promote *Kalarichikilsa* as an alternative medicinal practice. Most of such issues/ areas mentioned are common to all traditional medicinal practices in India. However, few endemic aspects are also found prominent while promoting *Kalarichikilsa* as medicinal practice. Quality assurance is one of the major concerns as the consumer's expectation is always at par with modern medicine and related facilities and delivery style. Though medical practices are endemic, delivery of medical delivery standards meets the expectations of market trends. As the knowledge is passed through generations, there are hardly any reference materials to prove its clinical trial and other verification to support the existence of *Kalarichikilsa*.

The possibility of developing unethical practices, the non-availability of qualified *Gurukkal*, and the intervention of miscreants are possible issues in this field. Regional or association level intervention of *Gurukkal* could bring these practices down to a greater extent to address consumers' concerns.

The availability of herbs is also one of the major constraints of *Kalarichikilsa*, as most of these herbs are protected under intellectual property rights (IPR) and indigenous protective measures. As the formal regulation on these practices is less, the acceptance level of such practices among the mainstream also becomes low. Subsequently, the coordinated efforts inevitable to promote research in this domain to gain the attention of the mainstream society.

To address these issues, at the regional or association level, Kalarippayattu practitioners can have academic and research committees in collaboration with existing alternative medical boards or institutions under the AYUSH Ministry of the Government of India. Facilitate possibilities of clinical trials if required; as far as *Kalarichikilsa* is concerned, most of the applications are pressure point-based, i.e., the direct medical applications. However, an integration of modern technology could bring more positive results, which could improve the better application of these practices; accordingly, the reach and ambit of *Kalarichikilsa* can be enhanced to address most health and wellness issues of society in general. Besides these, support is required for *Kalarichikilsa* for IPR protection and the development of hardware and software infrastructure to facilitate services to many medical attention seekers.

Efforts are to be channelized to make management strategy more effective at the consumer and provider level and develop appropriate processing and development strategies of traditional medical practices. The regulatory initiative, which supports consumers and providers regarding their rights, responsibility, and quality assurance, needs to be developed based on a baseline survey. Such documentation could explore the socio-economic

conditions of Kalaripayattu practitioners and *Gurukkal*, and their expertise and credibility are to be documented for the scientific organization of *Kalarichikilsa*.

5. Prospects of *Kalarichikilsa*

Though the development and organization of *Kalarichikilsa* will benefit all medical and wellness seekers, belong to both general patients and health tourists' category, the present study looks into the prospects of *Kalarichikilsa* as a medical and wellness product. Suppose the programs are initiated to develop *Kalarichikilsa* as a medical and wellness product based on the understating of potential challenges. In that case, appropriate strategies can be designed for a market consisting of both general patients as well as health tourists. Accordingly, the following sections are presented to meet the study objectives.

5.1 *Kalarichikilsa* as a medical and wellness product

The following session will discuss the various aspects of *Kalarichikilsa* as medical and wellness products in the growing demand for alternative health practices among general patients and tourists, presenting *Kalarichikilsa* as a unique selling proposition (USP) of alternative medicinal practice in the emerging medical and wellness market:

- Traditional medicinal practices of India are unique in their methodology, and there is only limited competitor exists. *Kalari* and allied treatments are among such unique medicinal practices where the combination folk medicine, Ayurveda and Siddha coexists, which has wider application in the medical and wellness market.
- The increasing demand for medication and therapy without side effects expedite presenting *Kalarichikilsa* as an alternative medicinal practice. *Kalarichikilsa* has a strong base of textual heritage like *Dhanurveda*, Ayurveda, Naturopathy, and *Siddha*, having no side effects.
- *Kalarichikilsa* has a very long tradition of treating sports injuries, bone, and joint diseases. According to APM Kalari Sangam Bekkal, 64 types of sports injuries and 66 types of bone and joint injuries can be treated under *Kalarichikilsa*.
- Specialized proven services like *Marmachikilsa* and massages are the biggest strengths of *Kalarichikilsa*.
- *Kalarichikilsa* typically takes 4-21 days for normal ailments. As an economic activity, it gives ample scope for retaining visitors at a locality with a direct, indirect, and induced effect.
- Customers would be getting the opportunity to learn Kalaripayattu as a self-defense technique as well as *Kalarichikilsa* for ailments.
- Provision for curing age-old ailments like orthopedic disorders and neuromuscular problems.
- Experience shows that several cases where surgery suggested by the Allopathy cured by *Kalarichikilsa*, without side effects.
- Availability of *Kalarichikilsa* centers with competent *Gurukkal* and apprentice.
- Provision for adding more entertainment values during medication.
- The popularity of Indian traditional medicine would be a value addition for *Kalarichikilsa*.

5.2 Opportunities ahead

Though there are several USPs of *Kalarichikilsa* explored from *Gurukkal* from across the state of Kerala, experts had of further understanding of various opportunities available for promoting *Kalarichikilsa*. These observations are listed as follows:

- The growing health concerns across the world and the emerging popularity of alternative medicinal practices, particularly in developed countries, need to be explored in the domain of *Kalarichikilsa* along with other alternative or traditional medicinal practices. In other words, alternative medicinal practices are considered the much sought-after product among medical as well as wellness seekers; *Kalarichikilsa* would be promoted as an extension of existing alternative medical and wellness practices.
- The existing globalised environment owing to the penetration of information and communication technology (ICT), as mentioned above, explores all possibilities of standardized medical management strategies for presenting *Kalarichikilsa* as an alternative medical practice.
- As Joseph and Manalel [2008] observed, medical treatments, including alternative medicine, are comparatively cheap in India compared to industrially advanced countries. This low-cost opportunity needs to be tapped through appropriate promotional strategies, including *Kalarichikilsa*.
- The possibility of developing a *Gurukul* learning system of imparting education can be explored to attract learners and students from across the globe. The opportunity for developing the concept of *Gurukul Tourism* for learning and healing practice could gain better attention among prospective learners or patients. Tourists interested in learning the basics of self-defense can be attracted to the country under *Kalarichikilsa*.
- Most of the *Kalari* centers are located in a very natural setting of the rural life of Kerala. It provides ample scope for clubbing tourism components like rest, relaxation, and recreation with health practices.
- There is an increased demand for specialized treatment for people who work extensively, like sportspersons, dancers, security staff, computer professional, etc. The development and marketing of tailor-made packages to meet various customer profiles could attract a more number of medical as well as wellness seekers to this sector.
- The existing brand image of the destination of Kerala can be a supporting factor to attract more medical

tourists seeking alternative medicine. Kerala has been branded as God's Own Country in global tourism. The other accolades like the top in human development index (HDI) in India, supply of quality health professionals irrespective of health practices, etc., need to be encashed to promote *Kalarichikilsa*.

6. Challenges in Medical Management of *Kalarichikilsa*

Though several opportunities are explored in the discussions, the interaction with experts indicates numerous challenges for *Kalarichikilsa* to enter the medical or wellness market. The extracts of the discussion are presented in two sections:

(a) Marketing challenges of *Kalarichikilsa* as a Medical and Wellness Product

Rest, Recreation, Relaxation is a part of *Kalarichikilsa* since time immemorial. However, the following pose as bottlenecks in promoting *Kalarichikilsa*:

- An inherent weakness of *Kalarichikilsa* like a reasonably long period for recovery; the same practitioners are required for the entire period of treatment (this is also not considered as a major issue today, provided, equally competent practitioners are available in the nearby areas to continue the treatment), along with restrictions like strict vegetarianism, emphasis on self-discipline, etc.
- Ayurveda is considered a popular and most preferred alternative medicinal practice even among foreign nationals, finding a place for *Kalarichikilsa* more challenging.
- Language barriers are one of the challenges as most of the *Gurukkal* cannot communicate in English or other foreign languages to the tourists, thus creating apprehensions in the minds of patients /foreign tourists.
- The location of *Kalari* is a major constraint as most of them are located in remote villages that are very far away from airports and other tourist entry points.
- Lack of popularity even among the domestic tourists.
- Qualification does not reflect *Gurukkal's* expertise as they are known by their professional skills, not degrees.
- The general belief in alternative medical practices/therapies is not very staunch.
- The system for the administration and practices of alternative medicinal practices needs to be more comprehensive. The exclusion of other widely practiced medicinal forms like *Kalarichikilsa* reduced the confidence of new users and affected the continuance of this medicinal practice.
- The absence of legal and administrative mechanisms to address the concerns like quality, research and development, ethical issues, intellectual property rights (IPR) and biopiracy issues, clinical trial, and pharmacovigilance issues dissuade the market proliferation of the practices like *Kalarichikilsa*.

(b) Challenges faced by *Gurukkal/Practitioners*

- Recognition of *Kalarichikilsa* as a separate medicinal practice has not been understood among mainstream society, even those using other traditional medicinal practices like Ayurveda, Siddha, Unani, etc.
- Though there are various treatment provisions available with *Kalarichikilsa*, a few areas only explored, and those are made available in the domain of *Kalarichikilsa*, for example, *Marmachikilsa* and a few ortho-related treatments are quite popular.
- *Kalarichikilsa* practitioners and *Gurukkal* are not recognized as traditional medical practitioners at the state or regional level.
- The development and practice of *Kalarichikilsa* are confined to a few people, including those specializing in medical practices in Kalarippayattu.
- Another concern of *Gurukkal* is to meet the patients' expectations concerning the ambiance and facilities at the clinics where they are practicing. Most often, these clinics are attached to their house or nearby where they practice Kalarippayattu. Creating such ambiance with other facilities for patients in their locality or nearby *Kalari* is beyond their financial capability.
- The education level of *Gurukkal* in marketing and interacting with foreign patients is one of the hurdles usually found in *Kalarichikilsa*.
- As there is no standardization or parameters to project the skill and expertise of *Gurukkal*, it is challenging for them to differentiate each other, and branding may take a long time in this practice.

Conclusion

Kalarippayattu is a training program based on *Marma* (vital points). These vital points are used for correcting the body's energy flows and replenishing its resources. Such a practice makes the practitioner not only a self-defender but also a self-healer and can heal others. Moreover, *Kalarichikilsa* is one of the medical applications that promote both internal and external treatments simultaneously. Compared to Ayurveda, the *Kalarichikilsa* practitioners have expertise in *Marma*-vital spot and *Nadis*-meridians. This expertise is being used to give a special kind of massage to positively stimulate life energy, leading to a person's wellbeing. The uniqueness of *Kalarichikilsa* in treating sports injuries and bone-related issues is widely recognized in medical science. Body rejuvenation through different massages is one of the much sought-after products in the medical and wellness market. Exploring this uniqueness for catering to the medical and wellness segment needs a coordinated and systematic effort in framing policies and programs for the proper projection of *Kalarichikilsa*. Such effort should be directed towards the marketing and promo-

tion of the USP of this medicinal practice.

While examining the market potential, nearly 80 percent of the population one way or other depends on alternative medicinal practices [World Health Organization 2002]. The approbation of Indian traditional medicine in Western countries is also encouraging [Jamshidi-Kia, Lorigooini, Amini-Khoei 2018]. The possibility of exploring *Kalarichikilsa* as an alternative medicinal practice is immense, particularly in a certain segment of treatment in an authentic environment. Since Kerala has a great potential to emerge as a health tourism hub in India [Bureau n.d.], exploring alternative niche medical practices could add value to it. As discussed above, based on a thorough understanding of the challenges marketing strategies need to be developed to tap the maximum possible opportunities of both general patients as well as health tourist demand for traditional and alternative medicinal practices. It is praiseworthy to note that all medical management concerns attached to the *Kalarichikilsa* could act as a guiding light in framing these strategies. Accordingly, one of the traditional medicinal practices of India can be conserved and made available to the needy of the present as well as the generations to come.

Limitations

The study's approach is to trace first-hand information from a reliable source about the potential of *Kalarichikilsa* as an alternative medicinal practice in the growing medical and wellness market. During the progress of the study following limitations were identified:

1. The system of *Kalari* and its practices are not adequately documented. So, the availability of secondary data is minimal.
2. Most of the respondents are busy with their practical and treatments they are *hard to reach* (HTR) category like *Gurukkal*, patients, and Apprentice. And some of them are not even willing to respond systematically.
3. Most of the words used in the study area in the local language.
4. The aspects of medical management concerning *Kalarichikilsa* covered in the study may have limited coverage.

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Wyzwania i perspektywy tradycyjnej medycyny i sztuki walki: Kalarichikilsa z perspektywy zarządzania medycznego

Słowa kluczowe: kalarichikilsa, zarządzanie medyczne, metoda wywiadu, alternatywna praktyka lecznicza

Streszczenie

Problem. Chociaż istnieje kilka alternatywnych praktyk leczniczych w Indiach, bardzo niewiele takich praktyk, jak *ayurveda*, *Siddha*, homeopatia, *Unani*, naturopatia i joga jest popularnych wśród głównego nurtu społeczeństwa Indii. Szerszym celem tego artykułu było zbadanie różnych aspektów *Kalarichikilsa*, szeroko praktykowanej praktyki leczniczej w ramach *Kalaripayattu* (powszechnie praktykowanej sztuki walki w Indiach, popularnie znanej jako matka sztuki walki), jako alternatywnej praktyki leczniczej, a także zrozumienie głównych wyzwań stojących przed sektorem medycznym podczas rozwijania alternatywnej praktyki leczniczej w perspektywie zarządzania medycznego.

Metody. W badaniu zastosowano zarówno bezpośrednie wywiady osobiste, jak i wywiady telefoniczne, aby skonsolidować perspektywę praktyków *Kalaripayattu* w celu spełnienia celów badania.

Wyniki. Niniejsze badanie zbadało różne pakiety zdrowotne i konkurencyjność *Kalarichikilsa*. Zbadano aspekty popytu i podaży w zakresie zarządzania medycznego *Kalarichikilsa* jako alternatywnej praktyki leczniczej. Badanie obejmowało również perspektywy i wyzwania związane z *Kalarichikilsa* w alternatywnych praktykach leczniczych. Wnioski. W wyłaniającej się w roli alternatywnych praktyk leczniczych w ochronie zdrowia, badanie *Kalarichikilsa*, jako alternatywnej praktyki leczniczej, znalazło znaczenie w umacnianiu i popularyzacji jej dla wspólnego dobra.