

## **Revitalization of Siddha Medicine in Tamilnadu, India - Changing Trends in Consumer's Attitude: A Survey**

**A. Krishnan,<sup>1\*</sup> P. Bagyalakshimi,<sup>2</sup> S. Ramya,<sup>3</sup> and R. Jayakumararaj<sup>3</sup>**

<sup>1</sup>PG and Research Department of Commerce, Government Arts College, Dharmapuri - 636705, TN, India

<sup>2</sup>Department of Computer Science, Government Arts College, Dharmapuri - 636705, TN, India

<sup>3</sup>Department of Botany, RD Government Arts College, Sivagangai - 630561, TN, India

\*Corresponding author: Prof. A. Krishnan, PG and research Department of Commerce, Government Arts College, (Affiliated to Periyar University, Salem), Dharmapuri - 636705, TN, India. Phone: +91 4343 230008, Email: krishdr\_66@yahoo.co.in

**Issued 15 December 2008**

### **ABSTRACT**

Socio-economic characteristics have significant impact on consumer's attitude towards the usage of traditional system of medicine. Though traditional systems of medicine have made significant contributions towards fulfilling healthcare needs of the people in the past, impacts of modern medicine have been so large that traditional medicine witnessed a dark period in southern part of India. While such practices are common in the rural/ remote areas, of late, change in the trend with respect to the usage of Siddha medicine as complementary alternative therapy among urban population has been observed. Present study aims to evaluate the resurgence of interest in Siddha medicine in Tamilnadu, India.

**KEY WORDS:** Siddha Medicine; Consumer Behavior; Complementary Alternative Therapy.

### **INTRODUCTION**

Indigenous Medicine, also known as "Traditional Medicine", refers to the body of knowledge concerned with healing, practiced in a particular region, culture or country. Indigenous Medicine is known to be practices holistically designated to promote mental, physical and spiritual well-being. Long before the discovery and development of modern scientific medicine such as the use of pharmaceutical drugs and doctor's surgery, traditional healing methods had been in use, and are still being in use in ethnic culture. Having been rooted in practical wisdom over the ages, it is still in practice in the rural remote areas where people have less access to modern medicine. In many rural communities of across developing countries, use of remedies based on traditional medicine form the basic framework of health care needs (WHO, 2002).

Every Traditional System of Medicine has a methodology of its own and a body of knowledge preserved through many centuries and is typically passed on orally from generation to generation (WHO, 2000). Application of Indigenous Medicine include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders. The preparation and dispensing of herbal medicines is one of the most common forms of Indigenous Medicine practiced in different ways in different parts of the world (Rajagopalan, 1991).

Attention across the world is focused towards alternative systems of medicine in recent past for the

reason that no medical system is complete for all the ailments encountered. Most of the therapeutic agents/ approaches aim at symptomatic relief rather than providing unambiguous cure to the problem. Hence, there is growing interest in traditional system of medicine that caters the healthcare needs for a wider population across the globe, especially in the developing countries. Therefore, WHO recommends the practice of traditional system of medicine as it is affordable, safe and culturally acceptable (WHO, 1998).

In India, two major traditional indigenous systems of medicine are common, among these two, Ayurveda is practiced in North and Siddha is practiced in Southern part of India. 'Siddha' the most ancient indigenous system of medicines of Indian origin is practiced exclusively in Tamilnadu. Perhaps, it is the foremost of all other medical systems in the world. Its origin dates back to BC 10,000 to BC 4,000 (Sambasivapillai, 1931; Pillai, 1979). Traditional Siddha medicine, prevalent in Tamil Nadu (southeastern India), is popular among Tamil-speaking people even outside of this region. Its literature is entirely in Tamil, one of the oldest Indian languages. Unfortunately, however, no systematic attempt has been made, so far, either by Tamil savants or by Siddha medical practitioners, to render with critical evaluation of the age old traditional system of medicine. This is due to the enigmatic nature of the texts and the secretive attitude of Siddha practitioners (Subbarayappa, 1997).

Siddha is largely therapeutic in nature. Siddha owes its origin to Siddhars (holy immortals). Herbs, minerals and products of animal origin are basic raw materials of the Siddha system. Since, Siddha System of Medicine relies on herbs, it has fewer side effects. Siddha comprises of Alchemy, Philosophy, Yoga, Mantra and Astrology (Pillai, 1979; Hausman, 1996). In Bogar Nikandu, more than 4,448 diseases have been described with herbs remedies for each of them (Manickavasagam, 1978). Siddha is effective in treating chronic cases of liver, skin diseases, rheumatic problems, anaemia, prostate enlargement, piles and peptic ulcer. It has been proven that traditional medicines are effective in treating several venereal diseases and AIDS (Haddad, 1998).

Recently, there has been a resurgence of traditional medical systems the world over, based on the holistic nature of their approach to healing (WHO, 2002). The efficacy of indigenous systems has been proved in various contexts. Hence, usage of Siddha that has strong cultural and historical bonds with the people of Tamilnadu is becoming increasingly relevant. In a heterogeneous public domain, wide array of factors such as economic status, psychological state and social behavior influence the practice of traditional system of medicine (Richard 1965; Robert et al., 1968; Paul et al., 1987; Sarwade and Ambedkar, 2002). Therefore, to analyze the factors that influence consumer attitude towards the usage of Siddha medicine needs to be explored. The present study aims to examine the factors that influence the public across the state to switch over to this traditional system of medicine to meet their health care needs.

## **METHODOLOGY**

### **Hypotheses**

It has been proposed that there exist a relationship between region where consumers reside, their attitude, source from they gain knowledge about the medicine and usage of siddha medicine in Tamilnadu.

### **Study Area**

Tamil Nadu is located between 8.5° and 13.35° north latitudes and 76.15° and 80.20° East longitude covers an area of 1, 30,058 sq km. Bounded on the north by Andhra Pradesh and Karnataka, on the west by the Western Ghats and Kerala on the east, the state has coastline of about 1,000 km. Population of according to 2001 census is 6.02 million accounting for 6.6 % population of India, with a density of 429 as against the national average of 267 per sq km. The sex ratio is 974 females for 1000 males as against the national average

of 929. The literacy rate is 63.72 % against the national average of 52.11%. The decennial growth of the population is 19.59 % as against the national average of 29.3 %.

### **Period of Study**

The study was carried out in Tamilnadu, India for a period of one year during Jul 2007 to Sep 2008.

### **Pilot Study**

In the present study, Siddha medicine consumers were selected. A pilot study with a view to find out suitability of information furnished in the interview schedule for consumers. The pilot study is undertaken with reference to 32 sample consumers from 4 regions each 8 in Tamilnadu viz., Chennai, Covai, Madurai and Trichy. The subjects were within the age group of 15–75 years. The subjects had different occupations, different level of income, were literate or illiterate, married or unmarried, male or female.

### **Interview Schedule**

A well structured interview schedule was used to evaluate the response from the consumers. The questions in the interview schedule was divided into three parts namely part I, part II and part III. The language in the interview schedules was simple, clear and free from technical terms. The questionnaire was bilingual both Tamil and English and all the questions were objective so as to obtain unbiased response from the subjects.

### **Sampling Design**

The entire state was divided into four regions viz., Chennai, Covai, Madurai and Trichy. Sampling was related to consumer subjects. As compared to allopathic medicine, consumers of Siddha medicine were less in number. Therefore, it was very difficult to identify the consumers of Siddha medicine. Hence, it was proposed to identify the consumers of Siddha medicine at Siddha hospitals, Siddha clinics and Siddha medical shops. Uniformly, 110 consumer subjects were selected from each region. Since, sample size was large and population chosen was a heterogeneous group from different parts of the state, purposive non-probability sampling method was used for collection of the data. The subjects were within the classified into four groups from the beginning, switch over from Homeopathy/Unani, switch over from Ayurveda, and switch over from Allopathic.

### **Collection of Data**

In the present study both primary and secondary data have been used. Primary data was collected from the consumers (across four different regions viz. Chennai, Covai, Madurai and Trichy in the state of Tamilnadu, India) by employing an interview schedule.

### **Data Analysis and Statistical Tools**

The study is exploratory and empirical in nature. The collected data were classified and tabulated with the help of statistical packages. Percentile and Chi-square Test were used for the analysis of the data.

## **RESULTS AND DISCUSSION**

It has been pointed out by Yesudian (1989), that health services utilization in urban India varies considerably. In the present study, consumer respondent's method was employed to analyze the usage of Siddha medicine among the selected subjects in Tamilnadu. Consumer response obtained across four different regions viz., Chennai, Covai, Madurai and Trichy is presented in Table 1. It could be observed from the data that nearly 82 out of the total 440 subjects (18.6 %) use Siddha medicine from the beginning. Of the 82, 30 subjects (more than one third) were residents from Chennai region. This shows these subjects were less influenced by other system of medicines that are in practice in the region. While analyzing the data of those who were not the users of Siddha medicine from the beginning rather switched over from other system of

medicine, it was observed that 28.6, 20.2 and 32.5 % have switched over from Homeopathic/ Unani, Ayurvedic and Allopathic respectively. However, nearly fifty percent of the subjects of Madurai region (43.6%) have switched over from Homeopathy and Unani to Siddha.

Earlier David et al., (1992) made a comparison of the use of traditional and modern medicine in primary health centers in Tamilnadu and reported that most the primary health centers in the state follow the modern health care practices. However, it could be seen from the present study that the subjects who is switched from allopathic to siddha medicine constitutes first in the order of the representation followed by Homeopathic/Unani and Ayurveda while user siddha medicines from the beginning are the least. This observation is more attributed to the socioeconomic status of the users than influence of other factors (Dunlop et al., 2000). The computed chi-square value is 35.9 and is greater than its tabulated value at 1 % level of significance. So the hypothesis is rejected. Hence, there is a significant difference between subjects of different regions and their usage method of siddha medicines.

## CONCLUSIONS

The survey across the cities viz., Chennai, Covai, Madurai and Trichy in Tamilnadu state revealed that less number of subjects used Siddha medicine from the beginning and majority of subjects switched from other traditional system of medicine like Ayurveda, Allopathic, Unani and Homeopathic. It is concluded that more number of user switched over from other system of medicine to Siddha than the original users.

## References:

- 1) Bhargava NA (1992). Impact of Colonialism on Ayurvedic Medicine in India, PhD, Dissertation Rutgers State University, NJ, US.
- 2) David RP, Hyma B and Ramesh A (1992) A comparison of the use of traditional and modern medicine in primary health centers in Tamil Nadu, *Geo Journal* 26(1):21 -30.
- 3) Dunlop S, Coyte PC and McIsaac W (2000). Socioeconomic status and the utilization of physicians' services: results from the Canadian National Population Health Survey. *Social Science and Medicine* 51(1):123-133.
- 4) Haddad S, Fournier P and Potvin L (1998). Measuring lay people's perceptions of the quality of primary health care services in developing countries. *International Journal for Quality in Health Care* 10(2):93-104.
- 5) Hausman GJ (1996). Siddhars, Alchemy and the Abyss of Tradition: 'Traditional' Tamil Medical Knowledge in 'Modern' Practice, PhD Dissertation, University of Michigan, US.
- 6) Manickavasagam R (1978). NamNattu Siddargal (Abbirami Publishers, Chennai).
- 7) Paul H, Taylor JW and Burce GD (1987). The Effects of Social Class and Perceived Risk on Consumer Information Search. *Journal of Consumer Marketing* 4:41-46.
- 8) Pillai NK (1979). History of Siddha Medicine, (Govt. of TamilNadu, Chennai).
- 9) Rajagopalan TG (1991). Traditional Herbal Medicines around the Globe: Modern Perspectives. The Indian Perspective Proceedings of the 10<sup>th</sup> General Assembly of WFPMM, Seoul, Korea, *Swiss Pharma* 13(11a):63-67.
- 10) Richard NC (1965). An Experimental Study of Consumers Effort, Expectation, and Satisfaction, *Journal of Marketing Research* 244-249.
- 11) Robert P, Brody J and Cunningham SM (1968). Personality variables and the Consumer Decision Process. *Journal of Marketing Research* 5:53-57.
- 12) Sambasivapillai TV (1931) Dictionary based on Indian medical science, (National Institute of Siddha, Chennai).

- 13) Sarwade WK and Ambedkar B (2002). Emerging Dimensions of Buyers Behavior in Rural Areas. *Indian Journal of Marketing* 32(1-2):13-21.
- 14) Subbarayappa BV (1997) Siddha medicine: An overview, *Lancet* 350(9094):1841-1844.
- 15) WHO (1998). Regulatory Situation of Herbal Medicines - WHO/TRM: 49.
- 16) WHO (2000). General guidelines for methodologies on research and evaluation of traditional medicine WHO/TRM; 2000.
- 17) WHO (2002). Traditional medicine strategy 2002–2005.
- 18) Yesudian CAK (1989). Health Services Utilization in Urban India Mittal Publications, ND, India.
- 19) Yoder RA (1989). Are People Willing And Able To Pay For Health Services? *Social Science and Medicine* 29(1):35-42.

**Table 1. Region-wise mode of usage of traditional medicine (Siddha Medicine).**

Region	FBOS	SOFHU	SOFAY	SOFAL
Chennai	30 (27.3)	20 (18.2)	31 (28.2)	29 (26.3)
Covai	22 (20.0)	24 (21.8)	26 (23.6)	38 (34.5)
Madurai	12 (10.9)	48 (43.6)	10 (09.1)	40 (36.3)
Trichy	18 (16.4)	34 (30.9)	22 (20.0)	36 (32.7)
Total	82 (18.6)	126 (28.6)	89 (20.2)	143(32.5)

Source: Primary Data; Figures in Parenthesis Denote Percentage;  
Chi-Square result: Calculated value 35.9; Degrees of freedom 9; table value 1% 27.9.

FBOS = From Beginning only Siddha  
SOFAY = Switch over From Ayurveda

SOFHU = Switch over From Homeopathy/Unani  
SOFAL = Switch over From Allopathic