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Current Trends in Usage of Traditional System of Medicine in Tamilnadu, India - From the Perspective of Occupation

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ABSTRACT

Socio-economic parameters have significant impact on consumer's attitude towards the usage of traditional system of medicine in Tamilnadu, India. 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 India. While such practices are common in the rural/ remote areas, off 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 among the people working in different sectors (occupation) in Tamilnadu, India.

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

INTRODUCTION

Indigenous Medicine, also known as "Traditional Medicine", refers to knowledge pack concerned with healing, practiced in a particular region, culture or country. Indigenous Medicine is known for it's holistically approach 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 limited access to modern medicine. In many rural communities across developing countries, use of remedies based on traditional medicine forms 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 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 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. Also, 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 and in some parts of the neighboring states. 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). Its literature is entirely in older script of Tamil mostly on palm leaves. Unfortunately, no systematic attempt has been made, so far, either by Tamil savants or by Siddha medical practitioners, to render critical evaluation of the age old traditional system of medicine. This is due to the enigmatic nature of the texts and 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 in Siddha. 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 herbal remedies (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, social behavior and occupation are known to influence the practice of traditional system of medicine (Richard 1965; Robert et al., 1968; Paul et al., 1987; Dunlop et al., 2000; 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 occupation as a factor that influences the public behavior in the

usage of traditional system of medicine.

METHODOLOGY

Hypotheses

It has been proposed that there exist a relationship between place where consumer(s) works, 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^{o} and 13.35^{o} north latitudes and 76.15^{o} and 80.20^{o} 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 32 sample consumers from 4 regions each 8 in Tamilnadu viz., Chennai, Covai, Madurai and Trichy. The subjects were with in the age group of 15–75 years. The subjects had different occupations, different level of income, were literate/ illiterate, married/ unmarried, male/ 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 bi-lingual both Tamil and English and all the questions were objective so as to obtain unbiased response from the subjects.

Sampling Design

The entire subjects were categorized as government employees, employees of private concerns, business people, farmers and skilled labors. 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 occupational category. 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 with in 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. Further, the subjects were categorized as government employees, employees of private concerns, business people, farmers and skilled labors. Sampling was related to consumer subjects.

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) and Yoder (1989), that health services utilization in urban India is influenced by wide array of socioeconomic parameters. 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 from respondent employed in different sectors and categories viz., government employees, employees of private concerns, business people, farmers and skilled labors across different sectors in the state is presented in Table 1.

From the present study it is inferred that more than a 50% of the subjects who are government employees use siddha medicines from the beginning and rest switched from other traditional system of medicine Ayurvedic. Majority of respondents from the category of private employees and business persons (41.60%) have switched over from Allopathic to Siddha. More than two third of the skilled labors (67.24%) and nearly a half of the farmers (49.15%) use siddha medicines having switched from Homeopathy and Unani system of medicines.

It is clear from the above discussions that the skilled laborers and the farmers mainly use siddha medicines from the beginning, whereas government employees those who use siddha medicines have invariably switched over from other system of medicines. The computed chi-square value 132.7 is greater than its tabulated value at 1 % level of significance therefore, the hypothesis is rejected. Hence, it is concluded that there is a significant difference between respondents of different occupations and their usage method of siddha medicines. More of skilled labors and farmers used siddha from the beginning and employees of both the government and the private sector have shown positive response towards the usage of Siddha medicine.

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 PHC in TN, *Geo Journal* 26(1):21 -30.

3) Dunlop S, Coyte PC and Mclssaac 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 Pub, Chennai).

7) Paul H, Taylor JW and Burce GD (1987). The Effects of Social Class and Perceived Risk on Consumer Information Search. *J Cons. Market.* 4:41-46.

8) Pillai NK (1979). History of Siddha Medicine, (Govt. of TN, Chennai).

9) Rajagopalan TG (1991). Traditional Herbal Medicines around the Globe: Modern Perspectives. The Indian Perspective Proceedings of the 10th 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. Influence of Occupation on the usage of TSM (Siddha) in TN, India.

Occupation	FBOS	SOFHU	SOFAY	SOFAL
Government	38 (33.9)	41 (36.6)	27 (24.1)	6 (05.4)

Private	14 (16.7)	16 (18.6)	44 (51.2)	12 (13.9)
Business	14 (11.2)	19 (15.2)	52 (41.6)	40 (32.0)
Farmers	10 (16.9)	8 (13.5)	12 (20.3)	29 (49.1)
Skilled Labors	6 (10.3)	5 (08.6)	8(13.8)	39 (67.2)
Total	**82 (18.6)**	**89 (20.2)**	**143(32.5)**	**126 (28.6)**

Source: Primary Data; Figures in Parenthesis Denote Percentage

Chi-Square Result: Calculated value 132.7; Degrees of freedom 12; table value 1% 32.9.

FBOS = From Beginning only Siddha SOFHU = Switch over From Homeopathy/Unani

SOFAY = Switch over From Ayurveda SOFAL = Switch over From Allopathic