INTRODUCTION

A rul Jothy’ Siddha Pharmacy and Clinic at Tambaram, in the outskirts of one of India’s big metro, looks like a typical purveyor of medicines to the casual onlooker. However when you walk in you recognize the striking differences in the way the Siddha medicine practice is run. To start with, the business is run by a woman and in the field of traditional medicine, it is a rare find. You normally expect a collection of herbs and messy looking traditional medicinal preparation equipments normally seen with Siddha medical practitioners. But here we just see rows and rows of neatly packaged and also many branded Siddha medicines. Also if someone had entered the premises with a notion of a quick purchase of some concoction if one were to name his illness as in the case of a shop selling Allopathic medicines, that person is going to have a pleasant surprise since Dr. Uma Selvi, who runs the shop will do a complete diagnosis herself before prescribing the correct medicine. The final surprise will also be in the form of the invoice which makes one think if the shop has missed out many items in the invoice and how the items can be so cheap. But any worries about the quality of care will soon be dispelled by the presence of many repeat customers and also many poor who are even given free medicines.

This Siddha medicine shop is a rare phenomenon in the sea of allopathic medical practice and is buffeted by many counter forces threatening its very existence. To understand those forces we need to study the background of the traditional medicine industry in India.

Background of the Siddha Medical Service Industry

The word ‘Siddha’ is derived from the Tamil word ‘Siddhi’ meaning attainment of perfection or heavenly bliss. The philosophy of Siddha included a native system of care of body as in the words of sage Tirumoolar, one of the early proponents of ‘Siddha’ philosophy, ‘To take care of your soul, take care of your body’. Siddha is one of the codified traditional medicines recognized and supported by the Ministry of the Health and Family Welfare at the National and by the Tamil Nadu State government. It shares the main concepts of ayurveda (āyurveda) though the textual corpus of Siddha is in Tamil language and this medicine is practiced in Tamil Nadu, and in other countries which accommodate a large Tamil community. Siddha medical practice is taught in government or private colleges mostly located in Tamil Nadu, and in traditional ways either by hereditary transmission within the family from parents to children (paramparai) or from a master to a disciple (kurukulam). The widespread attitude of traditional practitioners is to maintain secrecy of their method of healing and their medicinal preparations, but some among them have created associations which play a dynamic role for publicizing and improving their medicine.

The practice of Siddha is governed by the Central Council of Indian Medicine created by an Act enacted in 1970, and further by the Tamil Nadu Siddha System of Medicine (Development and Registration of Practitioners) Act, 1997, which mandates registration with the Tamil Nadu Siddha Medical Council as the essential prerequisite for practicing in Tamil Nadu. Over 55% of such Siddha Practitioners in Tamil Nadu are essentially trained in the traditional method as of 2010.

However this class of Siddha practitioners are declining as the percentage was 64% in 2004 and we see a comparative proportionate increase in the college trained practitioners. The final surprise will be the percentage was 64% in 2004 and we see a comparative proportionate increase in the college trained practitioners.
practitioners (especially those who have acquired the Bachelors in Siddha Medicine and Surgery-BSMS from college).

This decline in traditional practitioner is like to continue in spite of the Tamil Nadu government’s initiative to thus recognize and include these traditional Siddha practitioners in to providing alternative medical facilities, the Central Council has been repeatedly pressurizing the State government to stop recognizing traditional practitioners and recognize only those who have been trained in the recognized Siddha colleges offering the 4 year BSMS.

In addition to that in the last ten years there had been continuous attention of the government functionaries on these recognized Siddha practitioners to weed out quackery. However the enforcing personnel or the police force are largely ignorant of the difference between a government registered practitioner vis a vis those who practice without any registration as well. Further even though usage of modern diagnostic methods are allowed for the registered Siddha practitioners but not the use of allopathic medicines, the law enforcers mistake even the use of these diagnostic tools to be a quackery practice.

Siddha medicines use plant extracts, metallic oxide based preparations and animal products. Due to increasing apprehensions raised about the toxic nature of metallic oxides, the proportion of such components have come down in the Siddha medicine practice relying more on the plant based components. However as the natural habitats which were the original sources for the medicinal plants are increasingly getting degraded, this medical practice is threatened also from the supply side6.

Body of Knowledge

The early history of Siddha is steeped in the hoary folk tales and the cryptic verses of the ‘Siddhars’ of whom 18 of them were acknowledged as the originators of the Siddha medicine practice5. Hardly any written books or body of knowledge is found6.

The majority of the knowledge, which included even about how the Siddha verses can be interpreted were passed from generation to generation either through family traditions or a very strict ‘Teacher-Disciple’ lineology with strict rules of who could be the disciple. Hence the body of knowledge was associated with lots of secrecy always7.

The Winds of Change

The Siddha practice of Dr. Uma Selvi had been a little different, outlining the adaption of the traditional practice to the modern. Her husband, Mr. Krishnamurthy was the one who had the family history of Siddha Practitioners and who had also got trained under his father and grandfather. The family tradition was to offer the medical service including medicines free to the needy but were charging nominal fee from the affluent, thus making the service on a not-for-profit basis. However with the increasing popularity of allopathic medicine, the affluent were not interested in Siddha anymore.

The trend was similar for the poor as well, but a new imbalance was created since the numbers have dwindled and the finances were strained, it was very difficult to sustain the service motive.

To somehow continue the tradition of service, Mr. Krishnamurthy had trained his wife, Ms. Uma Selvi and also enabled her to get the government certification in Siddha, named Siddha Medical Practitioner (S.M.P.) to cater to the new regulations and had her take care of the medical practice while he took up another job to improve the financials.

This move could enable the family to continue the traditional service. Dr. Uma Selvi also had brought in new changes such as selling packaged medicines.

Both from the family prepared ones for common ailments as well as products from ayurvedic medicine companies like Dabur etc.

Also she has adopted use of modern diagnostic tools like stethoscope etc. besides the traditional Siddha methods of diagnostics such as nadi (pulse) tests etc.

To popularize Siddha medicine which is seen to be effective for disorders of liver like cirrhosis, primary complex, eczema etc.8 the family had been conducting free medical camps in the surrounding villages in the district and other areas in Tamil Nadu.

Such efforts have resulted increasing patient arrival in to the shop in the current year.

Learning from the Study

Some of the practices observed in this case for preserving traditional knowledge are:

1. Include modern tools to aid the practice where ever useful
2. Ensure continuation of tradition by proper succession planning and training
3. Adopt a service oriented approach for popularizing traditional practices

CONCLUSION

This study has outlined a case study of a family engaged in successful practice of traditional and indigenous medical service and the various strategies used by the family to overcome various challenges posed by the environment.

REFERENCES


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