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ISSN 2349-7750



CODEN [USA]: IAJPBB

ISSN: 2349-7750

INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

SJIF Impact Factor: 7.187

Available online at: <u>http://www.iajps.com</u>

Research Article

TO ASSESS THE HEALTH SEEKING BEHAVIOUR AND AWARENESS ABOUT TRADITIONAL MEDICINE OF THE TRIBAL PEOPLE (NARIKURAVAR TRIBES) IN TAMIL NADU-A CROSS SECTIONAL STUDY

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Article Received: February 2022	Accepted: February 2022	Published: March 2022
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Abstract: Background:

The study aims to assess the intersection of gender on Health-seeking behaviour are closely linked with the health status of a nation and the study was aimed to explore and document folk medicine knowledge, and they also know to treat diseases with these herbal, their traditional customs, thus its economic development. Narikuravar are group of people who predominantly found in Tamilnadu and some southern part of India. Narikuravar is a migrated tribal community in Tamilnadu. Among the tribal population relatively few studies have focused on the Narikuravas tribal groups.

Objective: The present study aimed on health seeking behaviors among Narikuravas in Manampathy village, Tamil Nadu.

Method: A cross-sectional study was conducted among 153 families using a structured interviewer administered questionnaire among Narikuravar tribal groups, of which community people living in Manampathy village, Tamil Nadu.

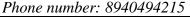
Results and Discussion: This survey revealed that the narikurava peoples were experienced from their ancestor in practicing traditional medicine. They mainly concerning their knowledge in health so they organized Siddha Maruthuva Sangam for helping other health seeking peoples. Many traditional formulations such as Parpam, ilagam, chooranam, thylam etc. were still prepared by them. Infertility cases weren't reported. Further study needs to be carried out in this tribal community. In this study observed Among153 families interviewed, chronic illness not affected by (97.3%). Out of 100% of family not affected by metabolic disorders 96.1%). Any family members are not affected by Covid – 19. 96.7% not suffered by nutrition deficiency. 96.7% not suffered by skin diseases. 66.6% knew about own preparation medicine. 91.5% mostly conduct normal delivery. 93.4% knew about vaccination. 73% graduated people mostly take self-medication.

Keywords: Health Seeking Behaviour, Narikuravas traditional medicine, Siddha, Tribal community

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Please cite this article in press Jeeva S et al, **To Assess The Health Seeking Behaviour And Awareness About Traditional Medicine Of The Tribal People (Narikuravar Tribes) In Tamil Nadu-A Cross Sectional Study., Indo** Am. J. P. Sci, 2022; 09(3)

INTRODUCTION:

Narikuravar are group of people who predominantly found in Tamilnadu and some southern part of India. Their population is not more than 30000 in Tamilnadu. They don't have representatives in any decision-making bodies. The main occupation of the people who originally belong the indigenous tribes. Narikuravar speak an indo – Aryan language called Vagriboli. Vagriboli is a Western Indian language of Indo-Aryan family. They are nomads and do not have a fixed home they may have a story of their origin. They sing folk songs in Vagriboli. All of them are well versed in Tamil ⁽¹⁾. The Vagriboli language has no written form. Their tribal population constitutes 8% of total India's population. Among them the narikuravar community playing the significance role. The gypsy community in Tamilnadu is turned as narikuravar, Nari means jackal Kuravar means hunters. Literally the Tamil word narikuravar means the fox or jackal hunters. They belong to dome community which is a community of Indian gypsy Narikuravar is a nontechnical term which is used to denote semi tribal or tribal communities. Tribal communities which leave the connection ethno linguistically.

Narikuravar are one of the marginalized communities in Tamilnadu and have major issues like poverty. Narikuravar is a migrated tribal community in Tamilnadu. They make alternative occupations such as making and selling beads for their livelihood $^{(2, 3)}$. Those who know narcissistic psychiatry (siddha) and natural medicine. Most of them are illiterate, but talented people. They are traditional hunters. They uses is natural medicine for deadly venomous snakes, scorpion, dog bite etc. they also uses herbs like polygala glabra (Siriyanangai), and polygala elongate (Periyanangai). Children and women have their own medicine for diseases such as Infertility, kanam (primary comlex), maantham (Indigestion), (Dysmenorrhea). soothagavali soothagathadai (Amenorrhea), Skin diseases, Renal calculi etc. Increase masculinity and specialize in their natural medicine for diseases such as diabetes and hypertension. Tattooing is one of their profession. On observing Narikuravas the practices siddha or natural medicine and also provide medication to others for poisonous bite they weren't follow allopathic medication in spite they follow their own medications even though some were educated, they follow natural medication only. They get experience from their ancestors.

METERIALS AND METHOD:

A cross-sectional study was conducted among 153 families using a structured interviewer administered

questionnaire among *Narikuravar* tribal groups, of which community people living in Manampathy village, Tamil Nadu.

Living:

The tribal whom we investigated, are living in Kancheepuram district Manampathy village since 15 generations. They have created an association for siddha people and educating their generation people. There are 153 families out of that, 50.1% are male and 49.9% are females. The pitiable condition is that they are living together with families of their married children in a single roomed house. The government has proposed to build new houses for them through the Narikuravar welfare board. Most of them are having ration card and voter ID. Water, housing and toilet facilities are available in their region.

Education:

More and more Narikuravas community are interested towards education. They are sending their children to schools. Literates 61% illiterates 39% many are doing their higher education, under graduation in B.ed, B. com etc.

Food:

Their primary occupation is hunting. They hunt animals, birds and feed on their. The tribal people prefer more non vegetarian foods. They feed only twice a day. On the food available form hear by areas.

Neonatal and post-natal care:

The Narikuravas community are having awareness about neonatal care vaccination, polio drops for them. They treat children with small ailments using medicinal herbs. Regarding pregnancy, they treat postnatal symptoms. Most of the narikuravar community have normal delivery and nowadays very rarely they undergo LSCS. They are aware of vaccination schedule, child health care, family planning and health insurance.

Traditional medicine information:

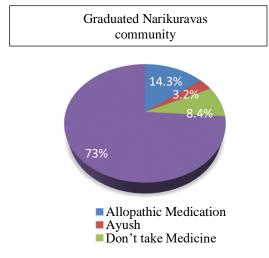
Siddha medicinal system is one of the traditional medical systems practiced by narikuravar people from prehistoric period and nowadays its gaining recognition as complementary or an alternative medicine. Narikuravar people are using more traditional medicines than allopattic ayurvedic and other medications. They are using plant based (*Mooligai Vargam*) and animal product based (*Jeeva vargam*) medical system were followed in siddha medicine

Thes tribals use various herbal drugs and herbal

medicines for treating snake, scorpion bites etc. They use this for self-treatment and for treating others. They don't depend on any others treatment procedures except their medicines. For snake bite, Siriyanangai they use (Polygala glabra), periyananngai (or) visha naarayani (Polygala elongata), Nancharuppan (Ttlophora indica Burm.f) Naga malli (Rhinacanthus nasuta linn) and Nagathali (Opuntia dillenii.Haw). For scorpion bites they are using Nruvili kottai (Cordia dichotoma *Forst.f*) and Thetran kottai (Strvchnos potatorum, linn.f.). For bone fracture, they are using Usiththagarai leaf (Cassia tora.Linn).

In this, fast moving world, we see more prevalence of infertility case. According to WHO, infertility cases are the estimated prevalence of primary infertility among reproductive age group women in india is 11.8%, infertility affects millions of people of reproductive age worldwide- and has an impact on their families and communities. Estimates suggest that between 48 million couples and 186 million individuals live with infertility globally ⁽⁴⁾. On the other hand, there is no infertility cases among tribals. This is due to their traditional ancestral food habits and life style. They are using the following drugs for the treatment of infertility of both sexes Oritazhttamarai (Ionidium suffrutiocosum, Ging), Thannirvittan (Asparagus racemosus willd). Punaikkali (Mucuna pruriens.Linn), Madanakamappu (Cycas circinalis.Linn), Vishnukiranthi (Evolvulus alsinoides, Linn).

They use various plant medicine for treating all the mensural distrubances like dysmenorrhea, leucorrhoea, amenorrhea, etc. also, they are providing prenatal and post natal care. Regarding pediatric group, they treat fever, commen cold, pneumonia, diarrhea, worm infection, hemorrhoids, skin disease,

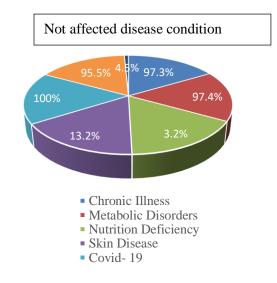


oral ulcer and infectious diseases etc. To differentiate between true and false labour pain Murungai eerkku kudineer (Moringa oleifera Lam.) medicine for lochia, they are preparing one food following delivery.

About 80% of people in developing countries depend on traditional medicine for their primary health care needs, because of their low costs, effectiveness, frequently inadequate provision of modern medicine, cultural and religious preferences ^(5, 6).

RESULTS AND DISCUSSION:

This cross sectional and observational study assessed the any chronic illness, metabolic disorders, viral infections, nutrition deficiency, skin disease, choose for emergency treatment, had normal or LSCS delivery, family planning methods, they are approach for maternity care and labour, aware of the vaccine schedule, medicine insurance plane, education status of our children, type of food, water facility, type of house, home remedy pattern among the narikuravar with attending Manampathy x-road, family Manampathy post, Kanchipuram District-Tamilnadu. About 153 family were included in the study. In this study was observed that 50.1% of male and 49.9% of female, educated people is 61% and noneducated people is 39%. In this study observed anog 153 families interviewed, only 2 families affected by chronic illness (2.6%) and 151 families not affected by chronic illness (97.3%). Out of 100% of family, 2.6% of family affected by Metabolic Disorders and 151 families not affected by metabolic disorders (97.4%). This study interviewed, no one families affected by covid-19. 100% of families not affected by covid-19.



In this study it was observed that in 3.2% of families suffered by nutrition deficiency and families (96.7%) not suffered by nutrition deficiency. Among 153 families interviewed, only 18 families (3.2%) suffered by skin disease and 148 families (96.7%) not suffered by skin diseases. 102 families (66.6%) knew about own preparation medicine and 51 families (33.3%) did not about own preparation medicine. In this study 146 families (95.5%) mostly conduct normal delivery and 7 families (4.5%) conduct LSCS delivery. Among 153 families interviewed, 139 families (90.8%) knew about family planning methods and the remaining are unaware about it. Out of 100% of families (9.1%) conduct home delivery, (3.26%) conduct private delivery and (87.5%) conduct government hospitals.

Among153 families, (93.4%) knew about vaccination and (6.5%) did not about vaccination. Out of 100% of families (72.54%) knew about medical insurance plan methods and (27.4%) did not about medical insurance plan. In this study, it was observed that (98.03%) followed the vaccination scheduled and (1.96%) did not followed by vaccination scheduled, out of 100% of families (82.3%) having health card by a government and (17.6%) did not having health card by a government. Among 153 families, 113 families (73%) graduated people mostly take selfmedication, 22 families(14.3%) take allopathic medication, 5 families (3.2%) take Ayush medication and 13 families (8.4%) don't take medicine

CONCLUSION:

This survey revealed that the narikurava peoples are basically selling ornaments hunting is also the projession they also sell many herbal medicines. The society of narikuravar are getting developed in education they have food one or two times a day they were mostly non vegetarian hoofs, wings, head of the animals as food.

On observing Narikuravas the practices siddha or natural medicine and also provide medication to others for poisonous bite they weren't follow allopathic medication inspite they follow their own medications even though some were educated, they follow natural medication only. They get experience from their ancestor.

For the healthy wellbeing of them natural medicine and food habit are the reason. They take food only when they feel hungry. All pregnant women mostly had normal delivery. Mostly infertility is not seen in their society. They were getting married at early age. They had well knowledge about vaccines and immunization. Even for babies they follow siddha medicines only. They collect raw drugs for their medicine from mountains and forest nearby. Diabetes and Hypertension was not found anywhere in their society. Most of them had tinea as they don't follow daily hygiene. They take cat meat as food which is reason for their agility.

They prepare their own medicine for pox infection, skin diseases, indigestion, common cold, menorrhagia, poisonous bite, traumatic injury, etc.

REFERENCES:

1. R. Kanthiah Alias Deepak, C. Velaudham, M. Manivannan "Gypsy" Narikuravar Community: Problems in Accessing Health Care Services *DOI Number:* 10.5958/0976-5506.2019.02400.8

2. Mara Zafiu, Health Access for Vulnerable Groups: A Study on the "Gypsy" Narikuravar Community in Tamil Nadu, India *University of Pennsylvania* Joseph Wharton Scholars Wharton School 2017

3. Dr. J. Jayachithra A Study on Narikuravar (Nomads) Community in Palamalai Nagar, Sivagangai District, Tamilnadu Assistant Professor of Education, Alagappa University College of Education, Karaikudi-630 003, Sivagangai Dist.Tamil Nadu Volume-5, Issue-6, June - 2016 4.<u>https://www.who.int/news-room/fact-</u>

sheets/detail/infertility

5. Shanley P, Luz L. The impacts of forest degradation on medicinal plant use and implications for health care in Eastern Amazonia. Bioscience 2003;53(6): 573e84.

6. Mukherjee PK, Wahile A. Integrated approaches towards drug development from Ayurveda and other Indian system of medicines. J Ethnopharmacol 2006;103:25e35.

7. https://narikuravarnews.wordpress.com

8. <u>http://indiatogether.org/news-children</u>

9.<u>http://www.newindianexpress.com/cities/chennai/N</u> arikuravas-Get-Their-First-

Engineer/2016/03/12/article33222 5.

10. Nirmal Kumar Bose. (1971). Tribal Life in India, New Delhi: National Book Trust, P.12.

11. Beteille, A. (1998). "The Ideal of Indigenous People"CurrentAnthropology39:187-91

12. Banerjee, S. K. & Anderson, K. (2012). Exploring the pathways of unsafe abortion in Madhya Pradesh, India. Global Public Health, 7(8), 882-896.