



**DESCRIPTIVE STUDY OF DIAGNOSTIC PATTERNS FOR VARIOUS DISEASES
AMONG TRADITIONAL PRACTITIONERS IN TIRUNELVELI DISTRICT**

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ABSTRACT

Background: Ancestral therapeutic practice describes a group of health care practices and products with a long history of use. It frequently refers to medical knowledge and various diagnostic patterns to treat illness. Traditional practitioners means person who are member of a traditional community and have been practicing traditional knowledge and customary practice. **Aim:** The aim of the study is to investigate the prevalence and diagnostic patterns followed by traditional medical practitioners in Tirunelveli district. **Method:** It is a Descriptive study. Information's are collected from the ten genuine traditional practitioners were interviewed face to face for the study to collect and gain knowledge about their diagnostic patterns. **Conclusion:** This documentation contributes primary data stored on the indigenous knowledge on diagnostic tools Followed by Traditional Practitioners. **Discussion:** In this study many important and useful information were collected from traditional practitioner's diagnostic methodology.

KEYWORDS: Traditional practitioners, diagnostic tools.

1. INTRODUCTION

Traditional medicine as defined by the world health organization, is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures to diagnosis and the treatment of physical and mental health. Some traditional medicine system are supported by huge volumes of literature and records of the theoretical concepts and practical skills, others pass down the knowledge from generations to generation through verbal teaching. The traditional siddha system of medicine holds its own uniqueness in dealing with the etiology, diagnostic patterns, pathogenesis, prophylactic and therapeutic aspects of every particular disease. This system is mainly concerned with the theories of panchabhootham(five elements), mukkutram(three humours), 96 thathuvam.

2. AIM

To documenting and analyzing the diagnostic patterns used by the traditional health practitioners of Tirunelveli district in Tamilnadu, India.

3. OBJECTIVES

PRIMARY OBJECTIVE

To map the traditional health practitioners in Tirunelveli district.

SECONDARY OBJECTIVE

To document the traditional diagnostic patterns.

4. METHODOLOGY

A) MATERIALS AND METHODS

The data will be collected by conducting in-depth interviews in a face to face manner. (Questionnaire survey).

B) STUDY DESIGN

Qualitative study.

C) STUDY SAMPLING

Snow ball sampling.

D) SAMPLE SIZE

10 Genuine Traditional Health Practitioners.

E) STUDY PERIOD

4 Months.

F) STUDY AREA

Tirunelveli district, Tamil Nadu. Tirunelveli district was chosen for the study because its famous for its traditional health practices, which have been part of its culture for generation. Besides, Tirunelveli is well – known for its rich biodiversity, particularly in the western ghats region, where there is abundance of medicinal plants. We're blessed with a rich diversity of flora and fauna here. This makes the place even more beautiful and adds to its healing powers. The district is easy to get to and there are many different kinds of Traditional practitioners there, making it perfect for learning about tradition medicine. Also, Tirunelveli's culture is interesting because it shows how tradition medicine and local customs are connected. By studying this area, we want to understand more about how these traditional practices still matter today, and how nature plays a big role in it all.

5. DATA COLLECTION

The government siddha doctors working in the project area were briefed about the objective of the project and their expertise were sought for identifying traditional health practitioners and also to validate the practices within their PHC/GH coverage areas. The associations of traditional health practitioners were consulted in Palayamkottai, Tirunelveli. Details like names and locations of the traditional health practitioners in the area were collected.

Data on traditional health practitioners, resources utilized for these practices and socio-cultural aspects relating to these traditions were recorded through individual interviews with traditional practitioners. 10 traditional

health practitioners were interviewed in Tirunelveli district individually at their location of healing. Photo documentation was also made.

6. DATA ANALYSIS

MS-EXCEL & MS-WORD.

7. QUALITY ASSURANCE

Protocol is reviewed by review board and experts opinion was taken. The whole procedure of the research will be supervised by guide and faculties of Noi-Naadal department.

8. HUMAN PARTICIPATION PROCEDURE RISKS

No possible risk for the participants during this study.

BENEFITS

Participants may gain awareness about siddha system of medicine.

CONFIDENTIALITY

The personal information of the participants will be kept in confidential manner.

INFORMED CONSENT

The participants will be informed about the study in their own language.

The study conducted only after obtaining their consent.

9. ETHICAL APPROVAL

The research protocol was approved by college council review board, Government siddha medical college & hospital, Palayamkottai. In addition, the researcher sought informed verbal consent from study participant after explaining the purpose of the study.

10. DATA COLLECTIONS

Table No. 1: Demographic Profile of The Informants Included In The Survey (N = 10) From Tirunelveli District.

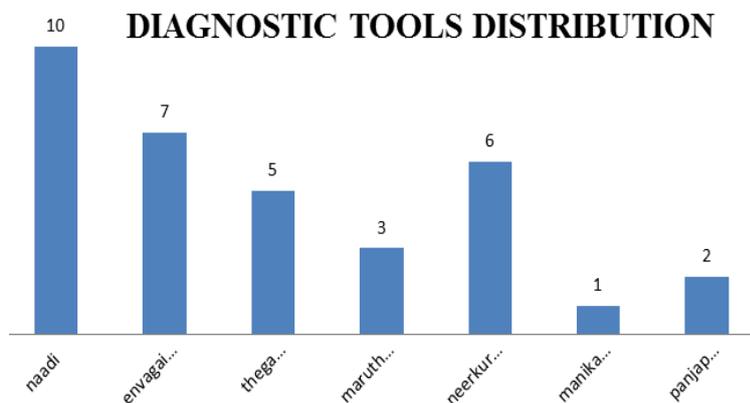
NO.	Traditional practitioners	Diagnostic Pattern
1	Vaidiyar.Ramasamy.S	Naadi, Neerkuri/Neikuri, Envagai thervu, Thega ilakkanam, Maruthuva jothidam, Manikadai Nool, Lab Investigations and physical examinations
2	Vaidiyar. Thalavai Indiran.S	Naadi, Neerkuri/Neikuri, Thega ilakkanam, Maruthuva jothidam, Lab Investigations and physical examinations
3	Vaidiyar. Mrs. Mary John. S	Naadi, Neerkuri/Neikuri, Envagai thervu, Lab Investigations and physical examinations
4	Vaidiyar. Sokalingam Yadav. A	Naadi, Interrogation with patients for disease's history. X-Ray
5	Vaidiyar. Raj Kapoor. S	Naadi, Envagai thervu, Thega ilakkanam, Lab Investigations and physical examinations
6	Vaidiyar. Gabriel.E	Naadi, Neerkuri/Neikuri, Envagai thervu, Lab Investigations and physical examinations
7	Vaidiyar. Narayanan.V	Naadi, Neerkuri/Neikuri, Envagai thervu, Thega ilakkanam, Maruthuva jothidam, Panchapatchi sasthiram, Lab Investigations and physical examinations
8	Vaidiyar. Kannan.L	Naadi, Interrogation with patients for disease's history. X-Ray
9	Vaidiyar. Jegajeevan.J	Naadi, Envagai thervu thega ilakkanam, Panchapatchi sasthiram, Lab Investigations and physical examinations
10	Vaidiyar. Gangadharan.S	Naadi, Neerkuri/Neikuri, Envagai thervu, Lab Investigations and physical examinations

Table No. 2: Traditional Practitioners & Their Diagnostic Patterns.

	N	%
Age		
20 – 30	0	0
31 – 40	1	10
41- 50	3	30
51 – 60	2	20
61-70	2	20
71-80	2	20
Above 81	0	0
Experience		
2 – 4 years	1	10
5 – 20 years	4	40
21 – 40 years	2	20
41-60 Years	3	30
Gender		
Men	9	90
Women	1	10
Education		
Uneducated	4	40
Primary school	5	50
Secondary school	0	0
High school	0	0
Degree	1	10
Occupation		
Full time practitioners	5	50
Part time practitioners	5	50

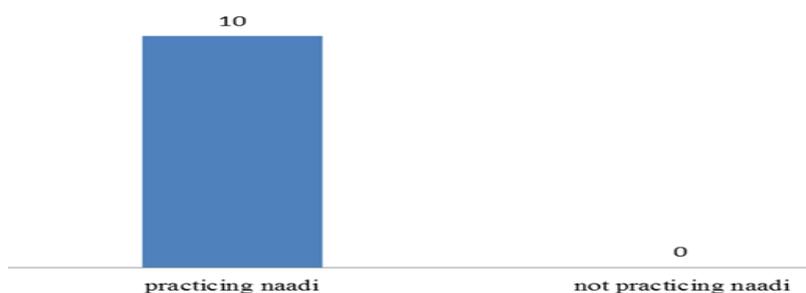
11. OBSERVATION AND RESULTS

A. UTILIZED TRADITIONAL DIAGNOSTIC TOOL

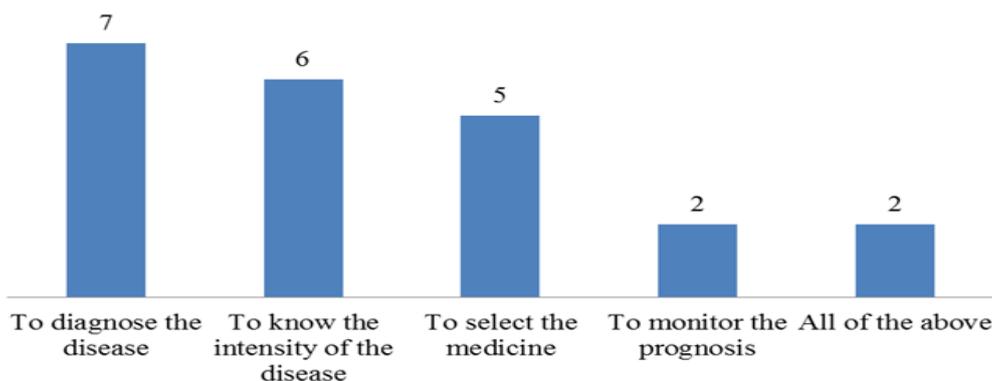


B. INCORPORATING NAADI AS A TRADITIONAL DIAGNOSTIC TOOL IN PRACTICE

NAADI AS DIAGNOSTIC TOOL

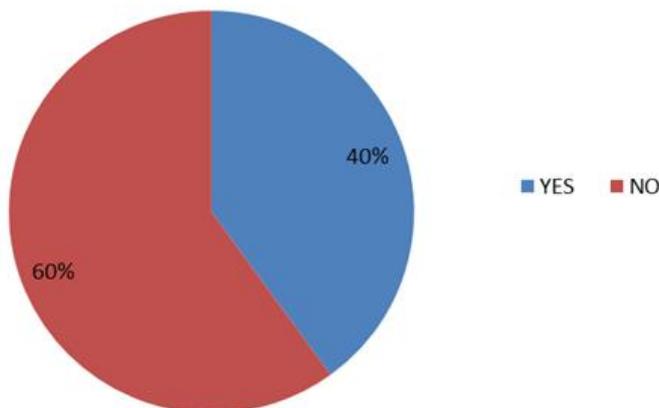


C. UTILIZING NAADI FOR SPECIFIC DIAGNOSTIC PURPOSES IN TRADITIONAL PRACTICE
PURPOSE OF USING NAADI



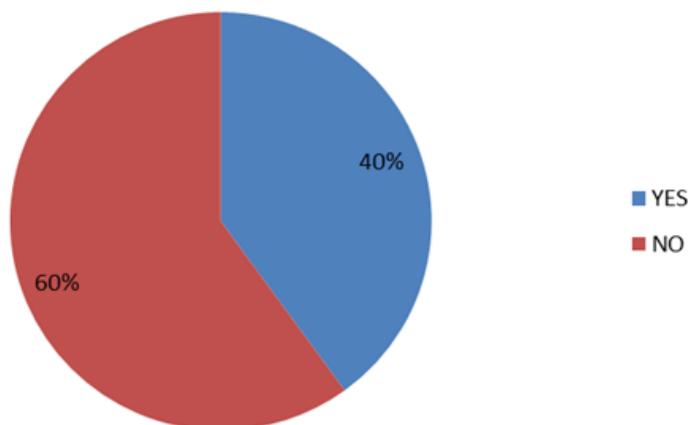
D. OBSERVING GURUNAADI/BOOTHANAADI IN TRADITIONAL PRACTICES

Usage of Gurunaadi / Boothanaadi



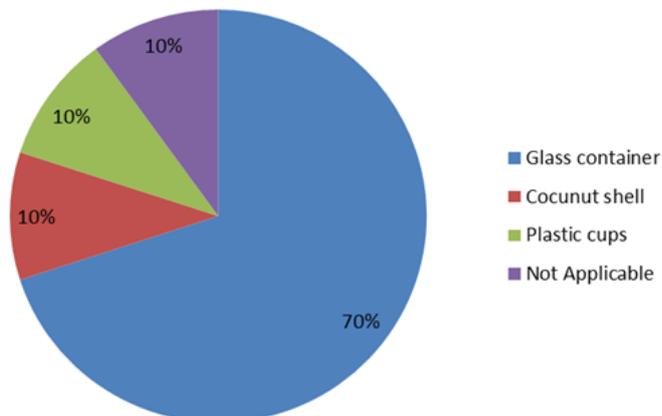
E. OBSERVING NEERKURI/NEIKURI IN TRADITIONAL PRACTICE

Usage of Neerkuri/Neikuri



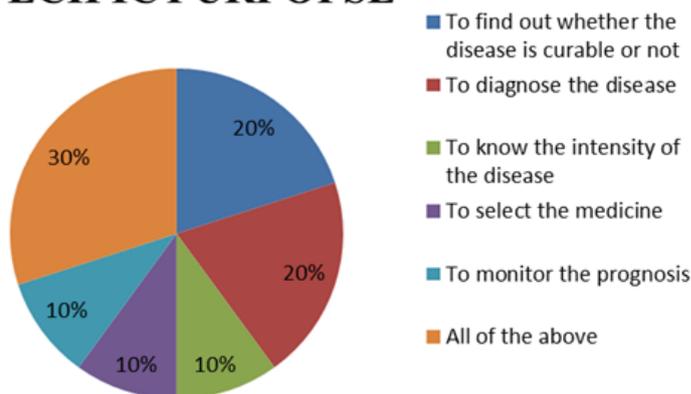
F. INSTRUMENT USED FOR OBSERVING NEERKURI & NEIKURI

Intrument using for Neerkuri/Nei kuri



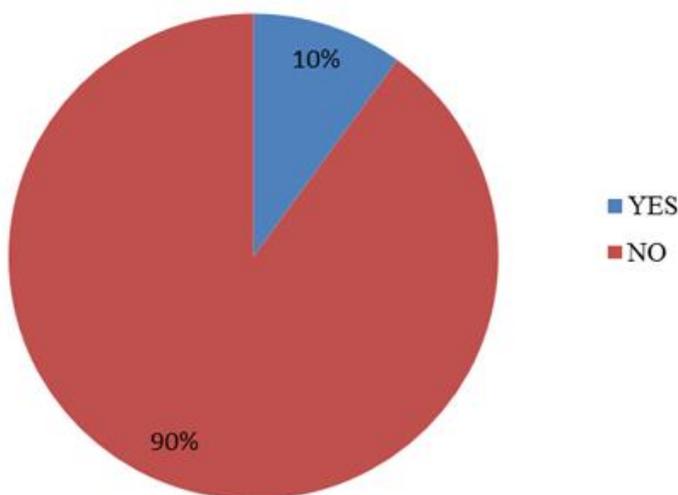
G. UTILIZING NEERKURI AND NEIKURI FOR SPECIFIC PURPOSES IN TRADITIONAL PRACTICE

UTILIZING NEERKURI/NEIKURI FOR SPECIFIC PURPOSESE

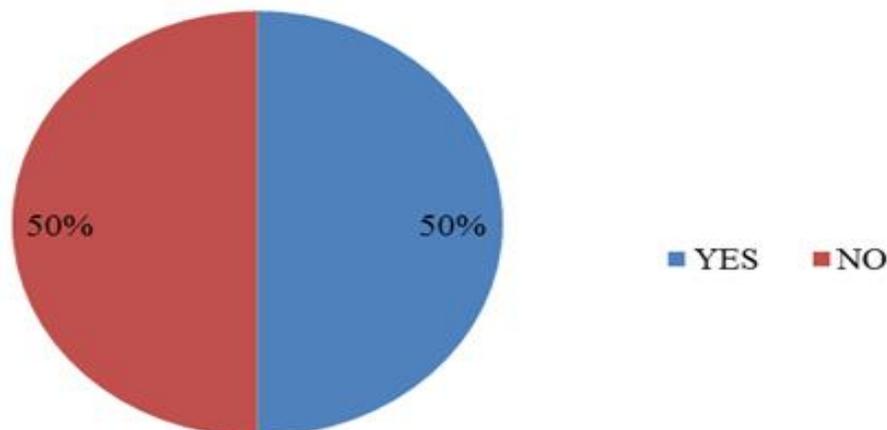


H. INCORPORATING MANIKADAINOOL FOR DISEASE DIAGNOSIS

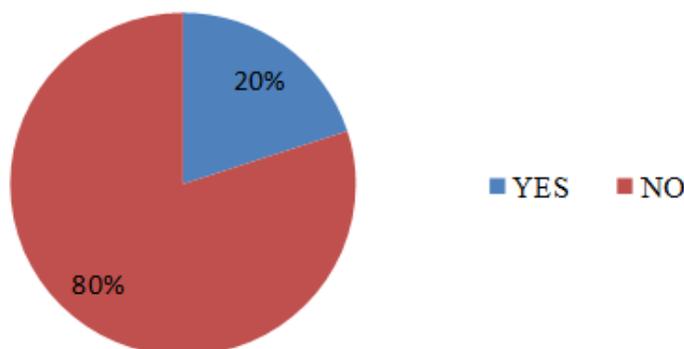
Usage of ManikadaiNool



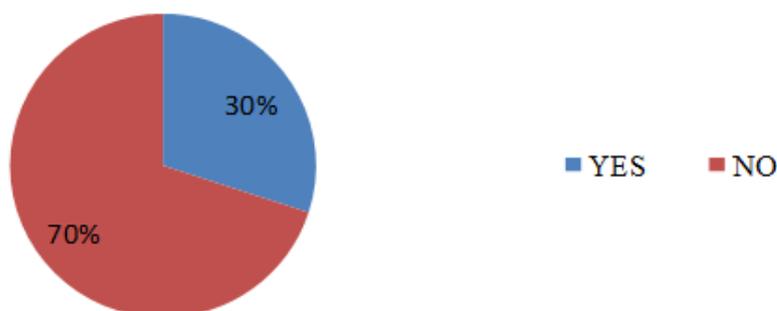
I. OBSERVING PHENOMENON OF THEGA ILAKANNAM IN PATIENTS.

Usage of Thega ilakannam

J. UTILIZING PANCHAPATCHI SASTHIRAM FOR DISEASE DIAGNOSIS

Usage of Panchapatchi sastram

K. EXPLORING MARUTHA JOTHIDAM FOR BOTH DIAGNOSIS AND PROGNOSIS OF DISEASES

Usage of Maruthuva jothidam**12. DISCUSSION**

The data collected from interviews with 10 traditional practitioners provided insights into their demographic characteristics, experiences, gender distribution, educational qualifications and their diagnostic patterns. The majority of practitioners fell within the 41 to 70 age

range, with no representation above 80 years old. Experience levels varied, with 40% reporting 5 to 20 years of experience, followed by 30% with 41 to 60 years. Gender-wise, males dominated the sample at 90%, while females constituted 10%. Regarding practice status, an equal split was observed between full-time and

part-time practitioners, each comprising 50% of the sample. Educational qualifications varied, with 40% having no formal education, 50% having attended primary school, and 10% holding a degree. The data also provided insights into their diagnostic practices, revealing a diverse array of diagnostic tools utilized in patient assessments. Naadi emerged as the predominant diagnostic tool, employed by 100% of practitioners, followed by envagai thervu (70%), thega ilakanam (50%), Maruthuva jothidam (30%), neerkuri/nei kudu (60%), manikadainool (10%), and panachapatchi sashthiram (20%). While the majority of practitioners rely on traditional diagnostic methods, 40% are aware of gurnaadi/boothanaadi for diagnosing diseases, with 60% not utilizing this method. Additionally, neerkuri/neikuri is employed by 20% of practitioners to determine the curability of diseases, 20% for diagnosis, 10% to assess the intensity of diseases, 10% for selecting medicines, and 10% for monitoring prognosis. Practitioners also additionally used modern approaches such as lab investigations, X-ray, ultrasound and CT Scan to ensure comprehensive patient assessments. In terms of observing Neerkuri/Nei kuri, 70% of practitioners utilize glass containers, 10% use coconut shells, 10% use plastic cups, and 10% indicated it was not applicable.

13. CONCLUSION

This research provides a comprehensive exploration that the Traditional practitioners are aware about diagnostic tools such as Naadi, Envagai thervu, Maruthuva jothidam, Neerkuri/Neikuri, Thega illakanam, Manikadainool and Panchapatchi sastram and are using it appropriately for the wellness of patients and flourishing of traditional system of medicine. This collaborative approach between traditional practitioners and scientific inquiry can bridge the gap between ancient wisdom and contemporary understanding. However, acquiring more and deep knowledge is recommended for further research study. Further scientific analysis is needed to understand deeply about the detailed Traditional health practice.