



The Slum Dwellers of Chennai: Indigenous Health Practices

S. A. Samy

Mr. S. A. Samy, Director of the **Centre for Culture and Development (CCD)**, has over 20 years experience in development work among the poor. With advanced degrees in Sociology, Public Administration, and Communications, he is presently working on a doctoral thesis in Development Communication. He strives to achieve social change among marginalized communities through education and the alleviation of poverty.

Susila Dharma International Association (SDI) fosters global cooperation and understanding through long-term partnerships, education, and capacity-building within its member organizations. SDI supports social and humanitarian activities including health, education, women and children's development, and community development through its network of members and projects in more than 30 countries.

SDI is an affiliate of the **World Subud Association**, an association of people of all cultures and religions, united through an inner spiritual experience. SDI maintains consultative status with the U.N. Economic and Social Council (ECOSOC) and the U.N. Children's Fund (UNICEF).

Susila Dharma Intrntl.

777 rue Campbell
Greenfield Park
Montréal, Quebec
J4V 1Y8 Canada

Tel: 450-761-9797
Fax: 604-728-7123

info@susiladharma.org

www.susiladharma.org



It has been my long-cherished desire to study the cultural life of the slum dwellers of Chennai.¹ There have been many socio-economic and political studies of slum people that have been carried out in various circumstances but I doubt very much whether a profound and complete study of the customs, habits, beliefs, arts, etc. has ever been done. I hope that a preliminary study may enable me to tackle a full-fledged research project on the cultural life of the slum dwellers later. Slum dwellers are often treated as untouchables or as uncultured people by the other sections of the urban population. The reason for this attitude is due to many social factors such as the caste system. As in other parts of India, the caste system is quite prevalent in Tamil Nadu. The majority of the slum population includes Dalits and other backward castes.

It is important to note that a particular version of the Tamil language in Chennai is still considered to be "Slum Tamil." But the "Khana songs" sung by the slum dwellers during their household functions have gained entry into Tamil cinema and have hit the records of cassette companies. So, it is not true that they do not have a culture.² As collective members of the slum they have unique characteristics that constitute their culture. This culture may be expressed in their way of dressing, in the language they speak, or in many other forms that exist in contradistinction from the popular version of city people. Economic plans for the development of slums should include the need for cultural pride in the slum people for their wholesome development.

Objectives and Methodology

The objectives of this study are:

1. To find out whether the slum dwellers have any indigenous health practices to treat common ailments.
2. To find out if they have invented any new health practices that stem from their environment, their dwelling conditions, or their "slum character."

In order to find out whether the residents have developed indigenous health practices or not, the nature and scope of this study are limited to enquiries in one particular slum in Chennai. The next step will be

to look into the practices among the slum dwellers that result from their occupational and living patterns. The third level of the study is to interrelate the health practices and other common factors that indicate the indigenous nature of these practices.

The methodology I adopted involved interviewing slum dwellers. I interviewed thirty families directly in an informal manner—often probing in nature—to elicit answers. Sometimes the slum dwellers could not understand my questions. The major handicap of this method was that the interviewers could not remember all their practices at one time, and therefore could not provide complete details.

The Slum

Chennai has 1,700 slums that together contain twenty-one lakhs³ of slum people in the city. The particular slum where this study was based is the Tank Bund Road slum. In Tamil it is known as Kulakarai Slum.

The Location

The slum dwellers of Tank Bund Road live on the southern side of Loyola College. The total population of this area is 659, including 241 children. The dominant family size is between four and six members (77 out of 131 families).

Among adults fifteen years and above, 163 are illiterate—71 males, 92 females. It is encouraging to note that 98 adults have had a high school education. There are about 139 school-going children and 102 non-school-going children.

The major occupation of the people is construction, with 74 members involved (M-69, F-5). Most of the female labour force works as maid servants (63). The total workforce is 249 (M-165, F-84). Most people travel to their place of work on foot.

Single-earner families make up about 50 percent (58 out of 131) of the households. Their monthly income is between Rs. 401 and 500 per month. It should be pointed out that more than ten percent of the families have a monthly income of above Rs 1,000.⁴ (Adidraavidars± constitute 60 percent of the total population.⁵



Diseases and Treatments

Clarification of Diseases

The slum dwellers have their own names for diseases that do not always correspond with allopathic names. For diseases that have allopathic equivalents, the allopathic names are used.

The most widespread serious diseases are elephantiasis, cholera, dysentery and malaria; but these diseases are invariably treated in hospitals. Based upon the slum dwellers' health practices, I have classified common diseases into six categories. For the sake of convenience I have included pregnancy as one of these categories, though it does not fall under the category of "diseases."

Causes of Disease and Its Treatment

The diseases surveyed here have many causes for their occurrence, but many of the immediate causes are specific to the environment, occupational patterns, sanitation, malnutrition and poor living conditions of the slum dwellers. The slum dwellers themselves are quite aware of this. However, this study does not propose to find out the causes of the diseases that it surveys.

Diseases and Treatment Practices as Related by the Interviewees

1. Headache

- Apply a paste made out of the mixture of chillies and onions on the forehead;
- Apply kerosene on the forehead;
- Apply a hot juice made out of garlic and camphor mixed with coconut oil on the forehead;
- Heat three small pieces of brick on the fire and put them in hot water along with eucalyptus leaves or nochi leaves (*vitexnegundo*, five-leaved chest tree). Cover the patient with a blanket and have him inhale the steam;
- Apply the juice of raw garlic to the forehead.

Families Practicing these Methods

Applying garlic juice or camphor with coconut	4
Brick and eucalyptus steam	7
Kerosene	4
Other	15
Total	30

2. Fever with Cold, Cough, and Throat infection

- Mix *kuppaimeni* leaves (*acalypha indica*) with nochi leaves and drink the juice;
- Grind the leaves of the horseradish tree, mix with lime mortar⁷ and apply it on the throat;
- Apply a paste made out of *cuppamen* leaves on the throat;
- Drink a *khashayam*,⁶ a concoction made out of garlic, pepper, dried ginger and mustard. Proportions of the mixture may vary from family to family, but the formula and components do not change.

Families practicing these methods

Drinking <i>Kashayam</i>	5
<i>Horseradish Tree</i> and Lime Mortar	15
<i>Kuppaimeni</i> Leaves	1
Other	9
Total	30

3. Gastric Trouble (Stomach)

- Make a dish (curry) out of the bark of the horseradish tree, asafoetida, dried ginger, garlic, pepper, and dried fish and take it along with cooked rice;
- Eat raw garlic;
- Drink a *khasayam* made of dried ginger and pepper;
- Drink water mixed with the powder of dried ginger and pepper;
- Keep a ten paise coin on the spot of the body where there is pain and burn camphor on the coin. After two seconds, cover the coin with a tumbler placed upside down. The tumbler is removed from the body only when the pain is

relieved. It may take three to twelve hours before the tumbler can be removed. It cannot be removed till gas is released from the particular spot.

Families practicing these methods

Drinking <i>Khasayam</i>	13
Eating raw garlic	3
Burning camphor	3
Other	11
Total	30

4. Dysentery

- Drink buttermilk along with rice;
- Give the juice made out of the horseradish tree leaves along with the seeds of dried chillies;
- Drink water mixed with sugar or salt

Families practicing these methods

Buttermilk drink	1
Juice of horseradish leaves	1
Water with sugar or salt	4
Other	24
Total	30

5. Wounds (cuts caused by knife or other objects)

- Dried chillies are fried in oil and kept over the wounds;
- A piece of cloth is burnt and the ashes are mixed with lime mortar and pasted on the cut;
- Cobweb is mixed with lime mortar and coconut oil and is kept over the wound;
- Talcum powder is mixed with coconut oil and kept over the cut;
- Apply lime mortar;
- Apply snuff.

6. Prolonged Wounds

Apply coconut oil

Other methods of treating wounds	
Burnt cloth and ashes	18
Other	12
Total	30

Families practicing these methods	
Kayamarunthu after delivery	22
Other	8
Total	30

7. Pregnancy (hour of delivery)

When labour pains come, the juice of horseradish tree leaves mixed with salt is given to the woman. After consuming this drink the pain may increase. If the pain does not increase, it is diagnosed that the hour of delivery has not yet come. If the pain increases, they rush the patient to the maternity hospital.

Families practicing these methods	
Horseradish tree leaf juice before delivery	18
Other	12
Total	30

Distribution of Family Size	
No. of persons	No. of families
1 to 3	7
4 to 6	18
4 to 9	6

8. Pregnancy (after delivery)

A medicine known as chelavoo marunthuor kayamarunthu is sold in grocery shops. The slum dwellers buy this medicine and use it in a curry by adding vegetables or mutton to it. They feed this to the new mother. Kayamarunthu consists of herbs and various barks of medical trees, etc. They say that it increases the ...

Distribution of Interviewees by Age and Gender					
Age 2-25		Age 26-40		Above 41	
M	F	M	F	M	F
0	8	0	14	0	8
Total					30



Distribution of Families by Occupation			
Occupation	Males	Females	Total
Construction workers	8		8
Servant maids		0	0
Vendors	3	3	6
Tailors	1		1
Carpenters	1		1
Cobblers	1		1
Painters	2		3
Scavenger	1		1
Drivers (rickshaw, auto)	4		4
Others	5		5
Total	27	3	30



The term “indigenous medicine ” is used in the context of:

1. Local knowledge
2. Local maintenance
3. Local implementation
4. Local supplies
5. Local administration
6. Medicines easily accessible to the slum dwellers
7. Resources cheaply available
8. Use of traditional knowledge
9. Consistency with local cultural values
10. The local worldview
11. Production for local consumption
12. Benefits that go to the local people
13. Not taxed

“Indigenous” can also mean any medical practices that originate in the slums. Some of the dominant practices can be related to occupational patterns. Consider, for instance, the practice of heating three bricks on the fire and putting them in hot water along with eucalyptus leaves or nochi leaves and inhaling the steam in case of headache and cold. This practice might seem very peculiar to those who use the method of inhaling the steam of eucalyptus leaves but do not add the bricks. Though the slum dwellers are unable to trace the origin of this practice, I infer that it is the result of their occupational pattern. The survey of their occupation reveals that the majority are construction workers and use bricks in their work. It is clear that the bricks do not have any medicinal value but are used as an extra element in the process of healing. The reason they give for adding the heated bricks is that they make the water hotter.

The easy accessibility to resources for treatment practices is related to their living conditions. Most of the families earn below Rs 200 per month.⁸ Allopathic treat-

ment in a hospital may not be feasible for those who earn below the marginal line of survival but a treatment that is derived from resources that are easily available is possible for them. As an example, the use of horseradish tree leaves is common in the treatment practices of sixteen families out of the thirty surveyed. In fact, the horseradish tree is the only green plant that is commonly found in the slums. Apart from their medicinal use, these leaves, along with a vegetable known as “drumsticks”, are often used in their meals.

Conclusion

The survey reveals that the slum dwellers of Chennai are self-sufficient enough to cure some common diseases without waiting for external expertise. Since many of them are migrants from rural areas, these family practices may have been carried out for generations. In a way, they are people lost in an alien situation, caught up in their attraction to the popular version of urban life. It is, perhaps, because of poverty and deprivation that they are forced to use these health practices, or perhaps they do not trust the allopathic system. Whatever the reason, they are able to continue their tradition in the environment in which they now find themselves. ∞

Endnotes...

1. The Socio-Economic Survey of Madras Slums (1971) defined slums as “hutting areas with huts erected in a haphazard manner without proper access, without protected water supply and drainage arrangements and so congested as to allow little free flow of air to get in.”
[The term “Slum” may seem derogatory to Western ears, however it is commonly used in India in the sense that Westerners might use the term “Inner City.” —Editor]
2. The word culture is used here to denote the “ideological system” consisting of physical, intellectual and emotional aspects that give meaning either to evaluate or to keep the status quo.
3. A lakh is an Indian term for 100,000 (one hundred thousand).
4. 401–500 rupees is the equivalent of eight to ten US dollars. One thousand rupees is about 20 USD.
5. *Adidraavidars* are the original Dravidian people of Southern India (adi—early, dravidar—Dravidian).
6. A hot drink made from herbs and other ingredients.
7. Lime mortar was used in the construction of the vast majority of brick and stone buildings worldwide from ancient times until the widespread adoption of Portland cement in the late nineteenth century. It is still used today.
8. Rs. 200 equals about two US dollars