A Cross-Sectional Study on Awareness of Siddha Daily Regimen (Naal Ozhukkam) in Lifestyle Among Patients Reporting at National Institute of Siddha, India

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Abstract: The Siddha system of medicine is the eternal science of life. The tenets of the Siddha system of medicine are to maintain health, prevent and cure diseases, and also to restore good health. Naal Ozhukkam (Siddha Daily Regime) refers to a set of personal hygiene and professional care practices associated with the promotion and preservation of health and healthy living laid out by Siddhars. According to the literature, Naal ozhukkam means to follow certain daily disciplines like waking up early in the morning, brushing teeth, dietary consumption, Tambulam (Betel leaves chewing), Ennaikuliyal (Oleation), Paanam (Siddha beverages), Nithirai seiyum kalam (Sleeping time), etc. This study aimed to assess the awareness of Siddha's daily regimen (Naal ozhukkam) in lifestyle among patients reporting at the National Institute of Siddha and to assess the knowledge, attitude, and practice of Siddha daily regimen among the patients reporting at the National Institute of Siddha by a questionnaire survey containing questions about the practices of waking up early, sleep patterns, diet, etc. The study was a cross-sectional observational study (hospital-based) conducted at Ayothidass Pandithar Hospital using a questionnaire among 200 patients by the systematic random sampling method. Among 200 patients, 1% were good followers, 80.5% were moderate followers, and 18.5% were poor followers of Naal ozhukkam in lifestyle among patients reporting at National Institute of Siddha. 80.5% of moderate followers of the Siddha daily regimen are higher due to evolving westernization and globalization of the world, lack of time, etc.

Keywords: Siddha, Naal ozhukkam, EnnaikuliyaL, Nithirai seiyum neram, Lifestyle disorder


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Introduction

The Siddha system of medicine is one of the ancient systems of traditional medicine that originated in southern parts of India, especially in Tamil-speaking places. Siddha medicine was bestowed by the wisdom of 18 Siddhars (ancient sages or ancient scientists). The Siddha system of medicine is an absolute science of lifestyle, and it is the science of life, which emphasizes the restoration of the health of individuals over the treatment of diseases. Siddhars had emphasised the practice of Siddha’s daily regimen for a salubrious lifestyle and enumerated the importance of the daily regimen for the well-being of people (Durairasan, 2008).

According to the Siddha system of medicine, the daily regimen (Naal ozhukkam) is defined as all the activities done by the individual from one day morning to the next day morning. As quoted in Thirukural by Sage Thiruvalluvar, “Ozhukkam vızhupam tharalam ozhukkam uyirenum omba padanum”. Ozhukkam, which means virtue, righteousness, morality, regularity, discipline, decorum, etc., has immense value, and so it is regarded as higher than the life we live (Uthamarayan, 2003; Durairasan, 2008). Though there are different meanings for Ozhukkam, it means regularity and good habits. Each and everyone must have good virtues for practicing Siddha’s daily regimen for healthy living.

According to the Siddha system of medicine, the Siddha daily regimen (Naal ozhukkam) is defined as a regulated system for the daily routine duties done from a day’s morning to the next morning in a systematic manner with scientific validation. These activities are common in all stages of life. Siddha literature has given detailed rituals or practices (Ozhukkam) that one should follow every day to establish the balance of Tridosham in their body, which helps to regulate a person’s biological clock and synchronise the body to nature’s circadian rhythms. It also aids digestion, absorption, and assimilation and generates self-esteem, discipline, peace, happiness, and longevity. These practices or routines begin with waking up in the morning in Brahma Muhurtham, Malam, Kulilal, Ennaikulial, Panam, etc.

In the current scenario of globalisation, westernisation, and commercialization of the world, people have forgotten to be regular in their daily regimen. The lack of practice of a daily regimen in lifestyle may be a reason for the rapidly increasing prevalence of lifestyle disorders compared to before. 50% of the deaths are due to lifestyle disorders like obesity, hypertension, coronary artery disease, and diabetes. A huge population is affected nowadays, mainly because of changes in their lifestyle, the recent increase in life expectancy, changes in diet habits, and sedentary behavior.

This study explored and established the prevailing practice of Siddha’s daily regimen (Naal ozhukkam) among patients reporting to the National Institute of Siddha Outpatient Department.

Materials and Methods

Study setting:

The study was a prospective observational systematic randomised cross-sectional study (hospital-based) that was conducted in the outpatient department of Noi Naadal, Ayothidoss Pandithar Hospital, National Institute of Siddha. The duration of the study was 6 months (March 2019 to August 2019). The study was conducted after the Institutional Ethical Committee clearance (NIS/IEC/2019/M-32, dated February 22, 2019), and it was registered in the Clinical Trial Registry of India (No. CTRI/2019/05/019081). Normal
treatment procedures at the National Institute of Siddha were followed, and the data collected from the patient was kept confidential. Informed consent was obtained from the patient prior to the enrolment.

Patients of age more than 18 years, both genders and patients willing to sign informed consent were included in the study. Patients not willing to sign the informed consent were excluded from the study.

**Study enrollment:**

Patients were informed about the study, and written consent was obtained for this study. A total of 200 patients were screened and selected through systematic random sampling without any bias for sex, occupation, socioeconomic status, or disease. A pre-designed, self-administered questionnaire interview method was used for collecting data about the patients and their daily regimen.

**Evaluation of Pre-designed Questionnaire:**

Screening proforma and predesigned questionnaire findings were recorded in the prescribed format separately, along with informed written consent and an information sheet.

**Statistical analysis:**

All collected data was entered using MS Excel software by the investigator. The data was analyzed using STATA software under the guidance of the Senior Research Officer (stat) and Junior Statistician, NIS. The level of the P value was less than 0.05. A descriptive analysis was made, and necessary tables and graphs were generated to understand the profiles of the patients included in the study. Then a statistical analysis of the significance of different diagnostic characteristics was done. The ‘t’ test, chi-square test, Mann-Whitney U test, Wilcoxon test, Z test, and Kruskal-Wallis test were performed for the analysis of qualitative and quantitative data.

**Results and Discussion**

Among the 200 patients selected by systematic random sampling, 45.5% were male and 54.5% were female.

As per our literature, the practice of the daily regimen of waking up time is between 4 AM and 5 AM. Among 200 patients, 21.5% woke up between 4 and 5 AM (good followers), 0.5% woke up between 4 and 5 AM occasionally (moderate followers), and 78% woke up after 5 AM (poor followers) (Fig. 1).

As per Siddha literature, the practice of the daily regimen of oleation (oil bath) should be done four days a week, once or twice a week. Among 200 patients, 12.5% took oil baths twice a week regularly (good followers), 38% took oil baths once a week regularly (moderate followers), and 49.5% do not have the habit of taking oil baths (poor followers) (Fig. 2).

According to Siddha literature, the practice of a daily regimen—sipping water between meals—should be avoided. Water can be sipped after or before consuming food. Among 200 patients, 26% do not have the habit of sipping water in between meals (good followers), and 74% have the habit of sipping water in between meals or food (poor followers).

As per Siddha texts, the practice of a daily regimen is called direction of sleep. The appropriate directions for sleep are east, west, and south. Among 200 patients, 92.5% slept in the east, west, and south directions (good followers) regularly, and 7.5% slept in the north direction (poor followers).

The following 5 daily regimens were followed and abided by the trial participants in a good manner: direction of sleep, habit of taking breakfast without skipping, drinking water after waking up, regular bowel and bladder habits, and shunning day sleep.

Among the patients with moderate adherence to the daily routines, the following 5 were most followed: pattern of food, eating habits, oleation, appropriate time to go to bed, and adhering to appropriate sleeping duration.
Fig 1: Waking up time.

Fig. 2: Oleation.

Fig. 3: Siddha's daily regimen.
Among the daily regimens surveyed, the following were the least followed: maintenance of food pattern, appropriate waking up time, chewing of betel leaf, the habit of fasting 15 days once, and eating habits.

Overall study analysis concludes that 1% were good followers, 81% were moderate followers, and 18% were poor followers of the daily regimen (Fig. 3).

There is no preponderance for the gender association with following a daily regimen, as the Mann-Whitney U test statistic suggests the p value to be greater than 0.05. And also, there is no association between the presence of diseases and following a daily regimen.

**Conclusion**

From the study, it is concluded that the good hygiene principles outlined in the Siddha text were followed well by only a smaller percentage of people among the hospital population. And there is no possible association between daily regimen and lifestyle disorder as it is a hospital-based study. As the study was a KAP study, the investigator enhanced their knowledge about Naal ozhukkam, their attitude towards the practice of Naal ozhukkam, and also emphasized the practice of Naal ozhukkam in their salutary lives. The study is hospital-based, so it cannot be generalized to the general population.

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**References**


