URUNDAI

Background

As a Sri Lankan Tamil I grew up with what my family calls "urundai" which are small rolled herbal balls that make everyday remedies easy to dose at home. Anthropologically speaking that matters because it shows how Siddha healing is not only a clinic-based system but also a household practice that demonstrates local ideas of what counts as care. Siddha medicine originated in Tamil Nadu and remains widely practiced among Tamils in Sri Lanka, where people often move between Siddha and biomedicine as needed (Sathasivampillai et al., 2018). Siddha frames health through the balance of three humours commonly described in scholarly literature as vata (wind), pitta (bile), and kapha (phlegm) which represents fundamental physiological forces that regulate the body (Weiss, 2009). In my experience, neem-leaf urundai (Azadirachta indica) and turmeric urundai (Curcuma longa) function as a type of food-medicine where the practice of taking them teaches you a form of discipline that is required to maintain health and embodies habits in a way that medical anthropologists describe through explanatory models and the everyday making of meaning around illness (Kleinman, 1988; Laws et al., 2016).

Describe

Urundai is also a technology of standardization. Siddha pharmaceutics explicitly describes pill or tablet forms as mathirai (also referred to as kuligai/urundai) which turns plants into something you can store and take repeatedly (Madhavan et al., 2022). That practicality is part of why it remains a standard familial practice. However, anthropology pushes us to ask who can safely use it and under what conditions. Neem is studied for bioactive effects relevant to antimicrobial activity and metabolic pathways (Yarmohammadi et al., 2021), yet official public health-style guidance stresses caution with oral neem in pregnancy and with conditions like diabetes or kidney/liver problems (Health Canada, n.d.). Turmeric and curcumin are widely studied for anti-inflammatory and antioxidant mechanisms (National Center for Complementary and Integrative Health, n.d.), and there is clinical research looking specifically at menstrual symptoms like dysmenorrhea and PMS (Shabani et al., 2025). But the same reputable sources emphasize negative side effects at higher doses highlighting how traditional does not automatically mean low-risk (National Center for Complementary and Integrative Health, n.d.).

Family

Growing up I never liked turmeric urundai and that dislike became part of how I remember my first period ceremony. From an anthropological lens, puberty ceremonies are classic rites of passage where the body becomes a public symbol of a new social status, and the ceremony manages both vulnerability and community (Turner, 1969; van Gennep, 1960). My family gathered as I changed into several outfits and had a priest perform various rituals. However, eating the turmeric urundai was the hardest part of that day because of how strong the unique taste is. I despised the urundai and was convinced that there were no legitimate benefits to me eating it. I ended up forcing myself to eat it as I knew it was the correct practice, which highlights the intersection between biology, social expectations, and cultural meaning (Scheper-Hughes & Lock, 1987). Even now I tend to avoid urundai but I can also recognize that my mom's insistence was never just about taking medicine. It was a way of expressing care through practices that felt culturally familiar and meaningful. At the same time, biomedical research suggests neem and turmeric may be associated with symptom relief in certain contexts (National Center for Complementary and Integrative Health, n.d.; Shabani et al., 2025). This evidence makes me appreciate the practice more as I am a type of person that best understands scientific evidence rather than solely spiritual belief.

History

There is also a deeper historical and social context for why Siddha-style preparations like urundai feel normal in Tamil life. Scholarly reviews argue that major Tamil texts such as Tholkappiyam and Tirukkural carry medical ideas that later align with Siddha concepts helping create a sense that healing knowledge is part of Tamil literary heritage rather than separate from it (Jeyavenkatesh et al., 2023). Historically in Sri Lanka, Siddha is actively practiced alongside biomedicine which shows continuity rather than solely a symbolic tradition (Sathasivampillai et al., 2018). Anthropologists call this medical pluralism which means people navigate multiple therapeutic options that each carry different kinds of social meaning (Kleinman, 1980; Lock & Nichter, 2002). That is also why global health institutions have approached traditional medicine as both a resource and a policy challenge. The World Health Organization notes that traditional medicine can be accessible and affordable, while emphasizing regulation and quality (World Health Organization, 2003). Urundai is a strong example that highlights the capabilities of traditional medicinal practices and how affordable cultural staples can display modern day healing.