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History of Indigenous Medicine in Sri Lanka

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Sri Lanka has diverse forms of Indigenous Medicine for preserving the well-being of the ancient society and a rich intangible cultural heritage associated with traditional knowledge coming from throughout the history (1) Understanding the historical evolution of Indigenous Medicine is vital for addressing contemporary challenges such as preservation of traditional knowledge, integration with modern health care, and ensuring sustainable access to medicinal plant resources.

Ancient Medical Practices

It is traditionally believed that King Ravana, the pre-historic king of Lanka of Ramayana fame was was highly knowledgeable in medical lore (2). He is said to have attended a medical conference in India during his time. It was while returning from this conference that he met Seetha (wife of Rama) and committed an act which was not quite professional and which led to the first "Indo-Lanka conflict " described in Ramayanaya. Ravana is believed to have been the author of several books on medicine, the best known being "Arkaprakashaya ", "Nadivignanananaya ", and "Kumarathanthraya.

The majority of medicinal plants used in Sri Lanka are the same as those currently used in India. This common ground may have given rise to the popular legend that certain forested hills, eg. Doluwakanda, Ritigala and Rumassalakanda, from which medicinal plants are often collected, are only fragments of a part of Himalayas that was carried over to Lanka by the mythical monkey-king, Hanuman , to provide drugs for the wounded in the "Rama-Ravana battle "(4)

However, Charms and Incantations which figured prominently in primitive societies, would certainly, have had their due place. Such a theory derives support from the state of medicine among the Veddhas, who are quite reasonably regarded as the aboriginal inhabitants of Lanka (5) However Prehistoric Burial sites discovered in Pomparippu (situated within the Wilpattu National Park, on the ancient Puttalam – Mannar road) and at Bellan Bedi Pelassa of Balangoda found to be older than 6000 years (measured by chemiluminescent dating) The skeletal remains suggest that these mesothilic men were the ancestors of Veddha (6) A similar Prehistoric Burial site has been discovered in Ibbankatuwa, situated closer to Sigiriya (Dambulla) and according to folk-tales of Inamaluwa (village near Sigiriya) it is said that Sigiriya is a creation of King Rawana, and the Sigiriya paintings are those of "Mandodhari "the queen of King Ravana (with her maid).

Veddah Medicine

The Veddah are a vanishing race, in the forests of Binthenna, living in jungle caves and subsisting on hunting. Over the years, exposure to civilization led them to adopt cultivation as their chief means of livelihood, following the practices of their Sinhala, Muslim, and Tamil neighbors.

The Veddah believed that disease was sent by evil spirits, and the sick were sent to devildancers to drive away the evil spirits (7). However, Veddah of later generations acquired new attitudes, including that towards disease, through the influence of their Sinhala, Muslim and Tamil neighbours. Dr. R.L. Spittel, writing in 1920, found that they, at that time relied on a few medicines, unlike before. They used a particular herb for headaches, and another herb crushed with lime, for wounds. Python fat was employed for fractures. (8) But they still resorted to charms and incantations as the first line of treatment .

Occult Practices

Not only among Veddah, belief in the supernatural in the causation of disease was widespread till recent times, especially among the rural population. Almost every such village had its own practitioner, and in times of illness, the villagers' age-old faith in this healing art, coupled with its easy access, led them to seek this form of treatment. A good example is the treatment of snake bite envenomation. The practitioner always used astrological and demonological considerations. Auspicious times and rituals are observed before, during and after the collection of herbs used in the treatment. The prognosis depends on auspicious or inauspicious signs interpreted according to the day, time, site of the bite and the state of the moon when bitten. The location of the bite is significant; for example, a cemetery presages a poor prognosis. The practitioner believes that he has the ability to derive much information, from "Duthaya "or messenger, who is generally, a member of the victim's family or a neighbour who rushes to summon the practitioner. The messenger's behaviour and the first sentence

spoken by the messenger, are used to predict the identity of the offending snake, the bitten body part and the number of fang marks, are considered by the practitioner to predict whether the patient would survive or not. The practitioner also recites a charm to protect himself when he leaves his residence and again on entering the victim's house, and also at the patient's bedside to protect the patient from evil spirits (9)

Deshiya Chikitsa

The earliest system of medicine that existed in Sri Lanka, before the advent of Ayurveda, was " Deshiya Chikitsa "or "Sinhala Wedakama "which was handed down from generations to generations.

This system was officially recognized when the Ayurveda Act of 1961 was adopted and stated as Ayurveda. Ayurveda includes the Siddha and Unani and Deshiya Chikitsa systems of Medicine and Surgery (10). In the course of time Deshiya Chikitsa system became integrated to a larger extent with Ayurveda and has now lost its independent existence. However, a few "Village Wedarala "or village medical practitioners still produce some remedies belonging to this system, which are generally preserved exclusively within the family.

This secrecy was one of the very reasons for decadence of the system.

Siddha

Siddha is a system of medicine practiced by the Tamil speaking people. It has certain basic concepts similar to Ayurveda, and there are hardly any doctrinal differences between the two systems. However, while the ancient work on Ayurveda was written in Sanskrit; Siddha texts were written in Tamil. Further, Siddha medicine makes greater use of metallic preparations. The South Indian sage, "Agasthiya", is traditionally credited with having propounded this system (11). Mercury was a common ingredient used in Siddha or "Rasa Vidya ". The system prevailed through such literary works as those by "Pulasthya Muni "of India and by "Pararajasekaram" the ruler of Jaffnapuram. The Siddha system of medicine in its pure form is still practiced in the Jaffna District. (12) The college of Ayurveda from its inception conducted a separate course for Siddha students and another for Unani.

Unani

The Unani system of medicine was introduced to Sri Lanka by the Arabs several centuries ago. As the Arabs traded directly with Sri Lanka, many of them settled down in the country, especially in thecoastal areas. The descendants of the great Mohammedan merchants who resided in Beruwala about six or seven hundred years ago, were granted certain privileges and immunities by the Sinhala king and these were honoured by the successive Portuguese, Dutch and British governments. It was customary for at least one member of this merchant's family in succession to become a physician. Muslim physicians attained much power and influence in the Kandyan court, and it may be inferred that the system of medicine they practiced was Unani. One of them, Gopala Mudaliyar, was the head of "Behethge "or the department of medicine of the Kandyan king. (13) There are Muslim families still living in Kandyan areas whose names bear the appellation, "Behethge "(House of Medicine) which their ancestors earned centuries ago through their medical antecedents in their service of the Sinhala Kings. Unani physicians at first transmitted their medical knowledge orally to members of their families. Later, information was written down in the Tamil language and also in Arab script, and kept within the family. Many of the medicinal plants found in the Kandyan areas which are used in Ayurveda, are also used in the Unani system too. However in some coastal towns, such as Colombo, Galle and Beruwala, Unani was practiced more or less in its pure form. Unani drugs were brought to the country through trading vessels coming from Arabia and the Persian Gulf. These drugs consisted of mainly syrups, which contained ingredients such as rose petals, grapes, dates and musk. Many local constituents were also made use of. However, as of today, Unani medicine in its pure form as introduced by the Arab settlers is hardly practiced in Sri Lanka. Thus, scholarships are awarded to prospective candidates to qualify abroad (mostly in India)

Ayurveda

Ayurveda is a combination of two Sanskrit words which literally means "Science of Life ". Its origins are shouldered on Indian Mythology. It is one of the oldest systems of medicine in the world following after those of the Egyptians, the Jews and the Babylonians. It was introduced to Sri Lanka from North India where it flourished over three thousand years. A knowledge of Sanskrit, which was the language of science, would have been essential for the proper understanding of Ayurveda, and this would have been possible only with the cultural influence with the introduction of Buddhism.

Ayurveda places emphasis on both prevention and treatment of disease in man. "Thridosa "or the three humours, "watha "(wind), "pitha" (bile) and "sleshma "(phlegm) constitute the fundamental concepts of Ayurveda. A person is healthy when these three humours exist in dynamic equilibrium, while any disturbance causes disease (14) Ayurveda was fed by an extensive pharmacopeia of drugs which were mainly of herbal origin. but included animal products such as milk, honey and musk; and also, minerals, examples being copper, zinc, iron, silver and gold. "Susrutha "who was the best-known protagonist of surgery in Ayurveda,

described several surgical operations and over a hundred surgical instruments.

Ayurveda which had served the needs of people for several centuries, faced many difficulties during the periods of foreign invasion of the country. During the Portuguese and the Dutch periods, the threat to Ayurveda was minimal as those foreigners mainly focused on taking care of their nationals (Eg Dutch Hospital in Colombo Fort). But with the advent of the British, the Ayurveda began to decline. The entire country came under British rule, thus removing all Royal patronage for Ayurveda. In spite of these antagonist forces, Ayurveda with its centuries old ingrained traditions, managed to survive, especially among the rural people, who were least exposed to the inroads of western medicine.

During the early period of the 19th century, a nationalist revival with cultural, social and religious overtones began to take shape. The Ceylon Social Reform Society in 1905, decided to create a fund to resuscitate the indigenous system of medicine. The money subscribed to this project by well-wishers was formed into the Oriental Medical Science fund in 1915. This fund was later used for training of Ayurvedic Physicians in India (15)

Later, in September 1928, the British Governor appointed a Board of Indigenous Medicine and finally the Indigenous Medicine Ordinance was enacted in 1941. Further developments were made possible after the enactment of the Ayurveda Act of 1961. Since then, several measures were introduced, and these included the establishment of the Department of Ayurveda, Bandaranaike Ayurveda Research Institute at Nawinna, expansion of the central Ayurveda hospital at Borella, increase in the number of Ayurveda hospitals and dispensaries throughout the country, setting up of Ayurveda Drugs Manufacturing Corporation, affiliation of the Ayurveda college to the University of Colombo, publication of books on Ayurveda, scheme for training of traditional Ayurvedic physicians and creation of the Ministry of Indigenous Medicine with in the Ministry of Health.

However, lack of rigorous clinical trials was found to be the major drawback in TM research being undertaken in Sri Lanka. While the quality of the clinical trials was not the focus of this review, most studies were published only in conference proceedings and few in peer-reviewed journals, and even fewer in journals with high citation indexes. Many of the randomized controlled trials (RCTs) did not adequately report on key study components such as sample selection methods, selection of outcome measures, statistical analysis and data collection methods. Most studies were at a high risk of bias. The use of relevant Ayurvedic or TM outcome measures was also absent in some clinical trials. (16)

In summary, the history of Indigenous Medicine in Sri Lanka reflects a rich and resilient tradition shaped by cultural exchange, adaptation, and continuity. While each system, Deshiya Chikitsa, Siddha, Unani, and Ayurveda, has faced challenges from colonialism and modernization, they continue to offer valuable insights for healthcare today. Looking forward, efforts to preserve traditional knowledge, integrate

Indigenous medicine into mainstream health policy, and foster interdisciplinary research will be essential for sustaining these ancient practices.

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