AN INVESTIGATION INTO UTILIZATION, BELIEFS AND PRACTICE OF INDIGENOUS MEDICINE IN SRI LANKA

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Abstract

Background: Most countries pose their own indigenous knowledge systems. Native knowledge on indigenous medicine is one of the knowledge systems widely used in many countries in Asia and Africa. In some countries, 80% of the population depend on indigenous medicine for primary health care. Sri Lanka is an island enriched with a well-established indigenous medical system.

Materials and Methods: The objectives of the study were to identify characteristics, usage patterns, and perceptions of communities concerning indigenous medicine. Beneficiaries of indigenous medicine were selected through purposive sampling for this study. The data were collected through a documentary survey and interviews.

Results: The study identified that the indigenous medical system of the country is called ‘DeshiyaChikitsa,’ ‘Sinhala Vedakama,’ or ‘Hela Vedakama,’ which encompass ritual healing practices, astrology, religious observances, and spiritual powers. Different approaches of people including the use of domestic medicine, obtaining the assistance of astrology, and rituals were identified. Regardless of age, level of education, or employment, communities trust indigenous medicine as a primary or a secondary option on the health care system of the country. The survey identified the growing demand for the indigenous medicine.

Conclusion: Around 60 to 70% of the rural population which is comprises 77.3% of total population relies on indigenous medicine. Domestic medicine, astrology and rituals associated with indigenous medicine plays a vital role in people’s health care process. Experts in indigenous medicine are scattered in the country.

Key words: Indigenous Knowledge; Indigenous Medicine; Medical pluralism; Rituals; Sri Lanka

Abbreviations: LKR - Sri Lankan Rupee

Introduction

Indigenous medicine

Indigenous medicine is the sum total of knowledge, skills, and practices, based on the theories, beliefs, and experiences, which are strands of different cultures, whether explicable or not, used for the maintenance of health as well as for prevention, diagnosis, improvement, or treatment of physical and mental illnesses (Traditional, complementary and integrative medicine: definitions). De Wet and Ngubane (2014) recognised that indigenous medicine was in practice for thousands of years in South Africa, greatly contributing to the primary health-care at the community level, and according to the World Health Organization (2003), 80% of the population in some Asian and African countries depend on the traditional medicine for primary healthcare.

Herbs are considered as a requisite or a primary medicinal treatment, accessible to rural communities and the urban poor (Kaniki and Mphahlele, 2002). Herbal medicines include herbs, herbal materials, herbal preparations, and finished herbal products that contain active ingredient parts of plants, or other plant materials, or combinations (Dan et al., 2010; Traditional, complementary and integrative medicine: definitions). Developed countries have now recognized the value of traditional medicine, and health care statistics demonstrate that 70-80% of the population in many developed countries depend on traditional medicine as an alternative medicine (World Health Organization, 2003). Indigenous medicine is often termed as ‘traditional’, ‘complementary,’ ‘alternative,’ or ‘non-conventional’ medicine.

Indigenous medicine is a multi-faceted knowledge system which functions alone or with religion, astrology, spiritual power, and rituals. As described by Ramcharan and Sinjela (2005), traditional medicine is a combination of herbal and spiritual elements. These treatments often include either religious observances or spiritual rites (Cho, 2004; Dan et al., 2010). Demand for traditional medical systems increased globally due to its favourable features such as cultural appropriateness, economic affordability, environmental friendly, and with fewer side-effects. Usage of multiple