

Public Health of Ancient Sinhalese in the Face of Epidemics

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Abstract

In recent years, the COVID-19 pandemic has affected countries globally, creating numerous social, economic, and, most significantly, health-related challenges that have significantly threatened human life and wellbeing. Not a single country has been immune to the devastation caused as a result of pandemics and epidemics that emerged at different points in history. This study aims to explore how communities in historical Sri Lanka confronted epidemic outbreaks and implemented strategies to mitigate their impact. The methodology is based on the thematic analysis of qualitative data obtained from purposively selected senior members of Sri Lankan communities. Although contemporary media often depicts disease prevention practices as modern innovations, the findings indicate that many such measures were commonly used by ancient societies in Sri Lanka. These include household and village isolation, travel restrictions, social distancing, hand washing, strengthening immunity through medicinal herbal concoctions, and wearing masks. The study further elaborates that certain contagious diseases, such as measles and chickenpox, were considered divine diseases, some of which were believed to have spread as a result of intense sunlight. Overall, the research concludes that ancient Sinhalese responded to epidemics by effectively adapting to nature while maintaining mental and physical resilience.

Keywords

Disease Control, Epidemics, Pandemics, Rituals, Sinhalese, Sri Lanka

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Introduction

Infectious diseases and their spread across communities have been a phenomenon since time immemorial. In ancient Sri Lanka, the Sinhalese community would identify these illnesses as diseases related to Goddess Pattini, accidental diseases, or diseases caused by the gods (Dalupotha, 2020, p. 28). Sri Lankan communities have long followed a series of rituals, widely recognized as ways of managing and coping with such epidemic contexts, such as during the onset of mumps, measles, and rubella. (S. Sainoris, and we, January 8, 2023) The infectious period in these diseases has been identified as 14 days. (Dingiribanda, and we, January 11, 2023). These two weeks are known as the *Pattini desathiya* (Goddess Pattini's two weeks), which is comparable to the coronavirus, which is also known to have an active lifespan of two weeks.

The main objective of this study is to explore how the ancient Sinhalese managed to overcome epidemics. It will not, at any point, assert that these people had scientific knowledge of infectious diseases or the treatment and control of such illnesses; rather, it explores how they were able to control the spread and survive during such health crises through certain practices demonstrating their capacity to strengthen their immunity through ayurvedic medications and control measures. The older generations had experience handling infectious diseases that afflicted their livestock, and as a result, they were armed with the knowledge and coping skills to overcome similar situations, even when it came to protecting themselves in disease-ridden contexts. (Jeewathhaami, and we, 11 January, 2023) It is noteworthy that older generations in Sri Lanka had employed various preventive measures that western medical practitioners are prescribing in the twenty-first century medical emergencies. While only the generic names and idioms reflect a Western scientific background, the practices themselves remain consistent with generations-old traditions in Sri Lanka. Nonetheless, the competencies and perseverance that were present in older generations do not seem to be present in the same way in the younger generations. One reason for this could be that the new generation is, more often than not, in sync with nature and is ignorant of the ancient practices.

Methodology

This study was conducted through a review of diverse studies, and a thematic analysis was done using the data gathered from in-depth interviews. Data were gathered during the COVID-19 pandemic, and as such, certain limitations were encountered. The interviews were

individually conducted using six selected members of the Sinhalese community across six villages through a purposive sampling technique. Due to travel restrictions resulting from the government-imposed lockdown at the time of data gathering, only villages accessible to the researchers were considered as study sites. Using a structured interview format, the voluntary participants were questioned, and responses were recorded with their consent. Participant anonymity was not required, as they gave their permission for including their real names as knowledgeable informants. According to the participants, they considered it to be an honour to be referred to by name and not as anonymous individuals, which is a general practice to ensure participant confidentiality.

These elders shared their awareness regarding how they coped and handled epidemics in the past as well as in the current context, and compared and contrasted the practices employed during then and now. The series of actions described by the elders was subsequently compared with the restrictions and public health guidelines issued by the Sri Lankan government during the COVID-19 pandemic. By doing so, we critically examine whether there were parallels between the epidemic-prevention strategies traditionally practiced by ancient communities and those adopted in the modern-day context, and if the former can be meaningfully applied or adapted to prevent modern diseases such as COVID-19.

This research was conducted in selected locations across Sri Lanka. From the town of Horana, the study included the areas of Keselhenawa and Boddalgoda. From the Panadura District, the villages of Moravinna and Vaakada were selected. In addition, Kandaketiya and Meegahakivula from the Badulla District were included in the study.

It should be noted that the guidelines used for comparison were taken from the circulars and guidelines issued by the health services in Sri Lanka, as well as from medical documentaries aired via the national television channel, Rupavahini.

Results and Discussion

Pandemics can be identified as infectious diseases that are passed on from one human to another at a significant rate (Sri Sumangala Dictionary, 2011, 911 p.) A pandemic is “a disease that spreads over a whole country or the whole world,” whereas an epidemic is “a widespread occurrence of an infectious disease in a community at a particular time.” (Oxford Learner’s Dictionaries, n.d.)

According to Wijayathunga (2017) and Jayawardana (1994), the common Sinhala names for such infectious diseases are *bovana roga* (infectious diseases), *gampaalu roga* (diseases destroying villages), *Pattini roga* (Goddess Pattini's diseases) (S. Sainoris, personal interview, January 8, 2023). As in any other community, the Sinhalese community also perceives these types of diseases as a major threat due to the loss of life, the weakening of individuals' functional capacity, the resulting physical and psychological trauma, and the broader economic consequences. Thus, eradicating or controlling infectious diseases has been an integral part of village life, and greater attention was paid to illnesses that posed a threat to the wider community than to those that affected only individuals.

In Sri Lanka, commonly recognized infectious diseases include chicken pox, measles, mumps, acute lower respiratory infections, typhoid fever, and meningitis. COVID-19 is the most recent disease to be added to this list. This research identified key rituals, practices, and administrative measures that have been traditionally followed by communities to control and eradicate such diseases. In the past, people believed that plagues spread with intense sunshine. They identified diseases such as measles and chickenpox as epidemics. Some referred to these illnesses as *deiyange leda* (god's diseases) while others called them *Pattini leda* (Pattini diseases). Goddess Pattini is one of the most widely worshiped deities in Sri Lanka, and the cult of Pattini was brought to Sri Lanka from India by King Gajaba, a former great king of the island.

Several creative expressions reflecting ancient people's attitudes towards such plagues can be identified, particularly in folk songs. These compositions provided a means for them to express their grief, fear, and supplication to the locally worshipped deities during times of widespread disease. Several such poems have been preserved and are still recited today. These folk verses are known as *pel kavi*. One example is presented below.

Sal valaava iramudune thibenna
Dukmulava hithayata karakevenna
Daru munuburan vedihitayan miyenna
Sakvala deviyane pihitak lebadenna

(The environment is hostile to us. Both children and adults die. We are helpless because of this disease. May all the deities help us.)

Means of Communicating to Warn Against the Spread of an Infectious Disease

Traditional communities employed visible and socially recognized methods to signal the presence of infectious illness within a household or village. Such practices enabled collective awareness and encouraged precautionary behavior among neighboring families or villages, as the case may be. In such instances, households would mark their status by closing the entrance to the house and hanging neem or mango leaves above the doorframe and/or on the wooden fenced entrance gate. This visible sign informed the surrounding neighbors that a member/member of the particular household had taken ill and that precautions were required (Dingiribanda, personal interview, January 11, 2023). This type of warning sign was also crucial in alerting the surrounding neighbors, and outsiders would not enter such a house. This form of communication isolates the household and limits the usual face-to-face interaction with others. It is maintained as a long-standing tradition within the community. Young children and youth learn this mode of communication through observation and lived experiences.



**Figure 1: Hanging of mango or neem leaf branches on the fence in front of the house
(Dalupotha, 2020)**

This method of communication temporarily prevents verbal interaction. People living in such a house are not expected to appear in front of the house, as doing so would involve face-to-face communication with others and put them at risk. In this context, instead of resorting to spoken language, non-verbal, semiotic communication, as presented here, is produced through culturally shared symbols. The hanging of leaves operates as a sign that communicates social boundaries, privacy, and ritual status without the need for direct verbal exchanges.

Isolation of the Patient and Treatment

If a person is infected with a contagious disease, s/he is kept isolated in a separate room in the house, while the elders in the home hang or spread various medicinal leaves and branches throughout the house (Dalupotha, 2020, p.53). Such a measure is generally in place for 14 to 21 days. In addition, the patient is given porridge made from medicinal herbs to strengthen his/her immunity. Herbs such as raw turmeric would be hung or attached to a pillow or a piece of furniture in proximity to the patient, while medicines such as *Perumkayam* are made into tiny bundles and worn in order to remain in contact with the body of the patient. The infected patient is to have regular baths using water that has been boiled with medicinal herbs added to it. Additionally, s/he has to inhale the steam of such boiling water (Aushadhahami, personal interview, January 11, 2023).

To limit cross-contamination among family members, the patient remains isolated within a room, and only one person in the house deals with such a patient. Generally, this role is assigned to the mother because she is regarded as an experienced and responsible woman who can perform the task of caregiver. According to local belief, the protective practices she employs reduce the likelihood of harm to either the patient or herself. Another reason for getting a mother to care for the sick person in her family is that it is assumed that the afflicted individual's mental state does not deteriorate when the mother, who is a strong and possibly the most important presence in the Sinhala community's domestic sphere, remains closely present. As such, a mother's love, care, and emotional support are understood to have a direct influence on the patient's well-being. Given the risk of contamination, during this period, the mother's interaction with other household members is somewhat restricted. Nevertheless, she continues to carry out her domestic responsibilities as usual. She is also instructed to prevent others from entering the patient's room, and this protective role is culturally understood as the responsibility of a mother.

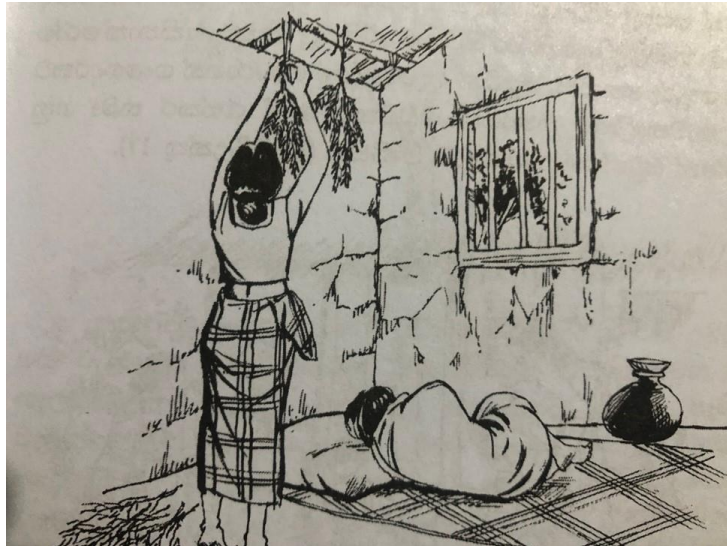


Figure 02: A mother attending to the patient (Dalupotha, 2020)

In traditional village society, the mother has been entrusted with primary responsibility in the domestic sphere, and this convention largely prevails in the contemporary context as well. In fact, the female homemaker is often regarded as a central figure in making decisions related to illness and medical care. Even during the COVID-19 pandemic, Sinhala mothers seem to have borne the responsibility of caring for the sick, even though the role has largely been assumed by the Sri Lankan government, which made institutional arrangements for patient care. While this shift has been necessary, it can be argued that earlier generations regarded caregiving as an honour and a moral duty. The decline of this sense of shared responsibility among members of the community could be seen as contributing to social difficulties in the country. Although government support is essential in national health crises like the COVID-19 pandemic, this shift also reflects a weakening of personal and communal responsibility. The diminishing of this sense of shared duty is implied to contribute to wider social problems, including emotional neglect and social fragmentation.

Restricting Community Interaction and Office-Based Interaction

This section examines how traditional community practices of illness management and communication have altered with time, especially in relation to public awareness and modern health challenges. As mentioned in the previous section, when infected, interaction with other members of the community is not permitted for the patient. It was considered essential that the affected person remain isolated at home. Once awareness of a contagious disease was acquired, it was regarded as good practice for residents to inform others. Today, however, it is common for such patients to continue associating with others due to work-related restrictions and a lack

of communal spirit and responsibility. This self-centered attitude, which places others at risk, has often led to the spread of contagious illnesses, as can be seen in the rapid spread of COVID-19, especially among Sri-Lankan city-dwellers. As a result, the government has had to work extra hard to raise public awareness. In this context, the use of various communication methods has become increasingly visible. The villagers warned the rest of the community regarding contagious diseases through visible signs, posters, and banners, which are used for the same purpose at present.

They were also not allowed to report to duty at their respective workplaces. The current ‘Lockdown Theory’ seems to be following this same guideline.



Figure 03: Public health signs displaying COVID-19 prevention guidelines. (Source: Facebook)

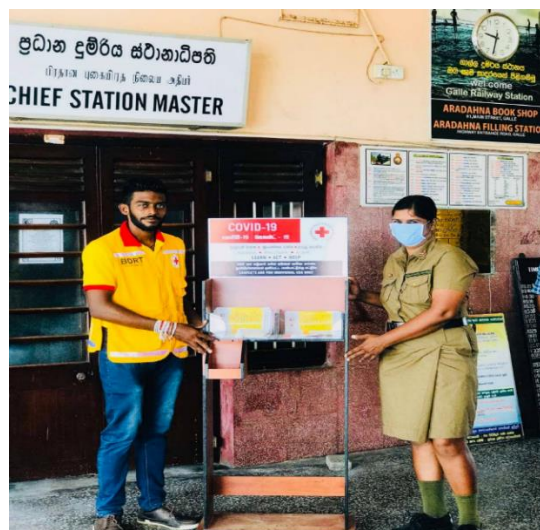


Figure 04: Awareness posters during COVID-19 in public places in Sri Lanka- (Posted by Sri Lanka Red Cross Society, 2020, March 28 – Facebook)

Paa Diya Banduna

Most households in ancient Sri Lankan communities had a container called the *Paa Diya Banduna*, which was a water container kept at their doorsteps. The water in this container was infused with various medicinal herbs known to kill harmful germs. Residents would use this water regularly to wash their faces, hands, and feet before entering their domiciles. Notably, this practice became mandatory during outbreaks of infectious diseases.



Figure 05: The *Paa Diya banduna* placed in front of the doorstep (Dalupotha, 2020)

This method helped prevent the spread of germs, thereby reducing disease transmission. These ancient practices have influenced contemporary hygiene measures. We now witness similar approaches being widely implemented in instances of epidemics and pandemics. Today, soap and other cleaning agents, such as sanitizers, have replaced medicinal herb-infused water once used as antiseptics.

Communication During Village Isolation

When there were several contagious patients in a village, the common practice was to build isolation fences across all access roads to the village (Dalupotha, 2020). Most of the time, this was done by stretching vines and hanging leaves to block the main entrance of the village. For this purpose, the various medicinal branches mentioned earlier were used. No outsider enters the village when such fences are erected, as others understand that there is a risk involved when entering such a village. Indeed, such signs are culturally transmitted rituals that the community comprehends so well that no person is assigned near these posts to prevent outsiders from entering the village.

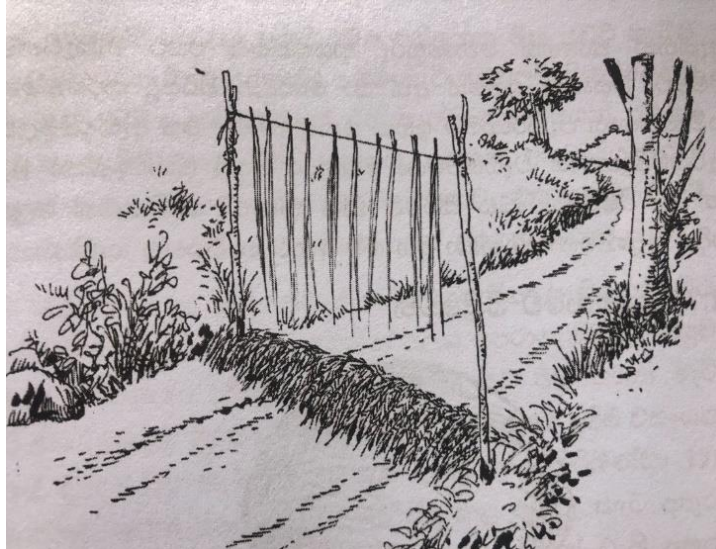


Figure: 07: A makeshift fence marking restricted access to the village (Dalupotha, 2020)

It is evident that the modern-day lockdown method closely resembles this traditional practice. At present, police or military personnel are stationed near the main gates of a lockdown area to enforce restrictions; without such supervision, people might not adhere to the imposed restrictions and enter. This historical comparison highlights the high level of discipline maintained by rural communities in the past and the need for government rules and regulations to control the spread of an infectious illness.



Figure 08: Roadblock in place to enforce lockdown (Source: EconomyNext)

Yet again, these practices, from ancient village quarantines to modern lockdowns, demonstrate the former's long-standing understanding of disease prevention and community discipline, and the latter's unreliability of the community. Moreover, it also highlights how traditional methods have shaped contemporary public health measures.

Enhancing Immunity Against Diseases

Patients have been given a herbal tea made from boiling herbs such as flowers from the Bael tree and the Indian Acalypha plant, coriander seeds, and ginger. All these are boiled separately or in various combinations to create the herbal tea.



Figure 09: Belimal³



Figure 10: Iramusu⁴



Figure 11: Koththamalli⁵



Figure 12: Ginger⁶

Patients would drink this anecdote made hot, at frequent intervals. When preparing food, one would use oils such as sesame seed oil, coconut oil, and gingelly oil. Certain grains like sesame, millet, finger millet (kurakkan), and rice varieties such as Suvandal, Madathawalu, Rathal, and Godaheenati were also included in immunity-boosting meals (Dalupotha, 2020, p.117). The villagers firmly believed that these foods built up immunity in patients. (Punchirala, personal interview, 12 January 2023.)

Conversely, modern medicine used to address and cure contagious diseases like COVID-19 includes the use of vaccines, painkillers, and antiviral drugs, along with preventive measures such as surgical masks, hand sanitizers, and social distancing, all of which have also become effective in curtailing the spread of diseases as well as for their cure. Nonetheless, despite scientific testing and science-based rationale for their introduction, there are adverse effects and failures. For example, vaccines and other medications could result in side effects, such as allergic reactions, drug interactions, or other adverse effects. As such, unlike traditional dietary approaches and herbal treatments, contemporary treatments, despite their capacity for rapid and largely effective disease control, require careful administration and monitoring.

Use of Face Masks

In ancient times, patients and their caregivers used face coverings made from cotton cloth. The use of cotton in Sri Lanka has a long history; according to the Mahavamsa, Kuveni, considered

³ Belimal – *Aegle marmelos*

⁴ Iramusu – *Hemidesmus indicus*

⁵ Koththamalli – *Coriandrum sativum*

⁶ Ginger – *Zingiber officinale*

the first queen of Ceylon, is said to have practiced cotton weaving. This practice of using cotton fabrics for protection reflects an early understanding of hygiene and disease prevention.



Figure 13: Kuveni weaving cotton thread (Published by Crazy Travel⁷)



Figure 14. The covering of the nose and mouth using a cloth handkerchief (Dalupotha. 2020)

Villagers believed that covering the nose and mouth could prevent the spread of germs, which is why they often used a clean cloth. Today, however, mask-wearing has, for many, become more of a fashion statement than a protective measure, and many people do not understand the reason behind it. The effectiveness of face masks, whether worn with awareness or not, directly impacts disease transmission, yet most people do not use them correctly. In some cases, stronger enforcement may be more effective than simply raising awareness. Especially since the COVID-19 pandemic, masks continue to serve as a disease preventive measure, although the materials and designs have evolved with surgical masks, N95 respirators, and reusable cloth masks freely available in the market. Modern masks, despite their scientific design and technically advanced features, still demonstrate a clear continuity in the basis of disease control through the use of protective face coverings.

⁷ <https://erasmusu.com/en/erasmus-sri-lanka/erasmus-blog/sri-lankan-history-part-two-the-tragedy-of-the-love-story-558394>

In addition to the above practices, villagers believed that one significant path to recovery was keeping the mind as healthy as possible. The Sinhalese community's beliefs in the prowess of the deities and their benevolence gave them added strength and mental stamina to fight illnesses. In addition to making a personal vow to the goddess Pattini, the patient would wear a blessed yellow thread around his/her wrist. Rituals such as the cutting of lime, performed by a designated ritual specialist in the community, i.e., exorcists, the lighting of citrus, and the sprinkling of water mixed with turmeric powder were also carried out (Ran Naide, personal interview, 14 January 2023).

Mental well-being is considered a crucial element contributing to overall health, especially when one is ill. In earlier times, when access to Western medicine was limited, villagers relied on their spiritual beliefs and practices to cope with stress, anxiety, and the emotional burden of sicknesses. Often, they resorted to prayer, vows to deities, and rituals as a way of managing fear and distress. In Sri Lanka, the cult of goddess Pattini has historically been associated not only with protection against disease but also with psychological and communal support during times of crisis. Scholarly studies situate the worship as beneficial in augmenting the mental state of a patient, as it helps externalize anxiety through the emotional catharsis granted to him/her via shared rituals and practices. Emotionally balanced individuals can fight diseases better than those who are mentally weak. Goddess Pattini, revered as a guardian of fertility and health, has been invoked for protection against diseases such as smallpox, measles, chicken pox, and other afflictions. Conducting rituals to appease her is expected to offer comfort and a sense of control in times of uncertainty. The psychological and social dimensions of these practices emphasize how spirituality functions as an emotional buttress for overcoming diseases, which is acknowledged in studies focusing on spiritual healing.

Although Western medicine and modern biomedical technologies play a crucial role in diagnosing and treating infectious diseases, illnesses cannot be understood solely as a biological condition. Many patients continue to experience stress, social isolation, and anxiety during illnesses, particularly when healthcare relies heavily on clinical interventions with limited attention to mental, emotional, or spiritual needs. Contemporary health research increasingly recognizes that a patient's mental state significantly influences physical well-being, immune functioning, and recovery outcomes (Engel, 1977; Taylor, 2021). Accordingly, practices that promote mental stability, such as clinical counseling, community support, and spiritual engagement, can positively affect healing processes (Koenig, 2012). Therefore, while

Western medicine provides scientifically grounded treatment protocols, both ancient health promotion traditions and modern holistic approaches emphasize the importance of integrating mental well-being with physical care.

Conclusions

Based on the study's findings, a comparative examination of Western medicine-based practices and ancient Sinhala methods of curing and preventing infectious diseases reveals significant similarities. These findings indicate that the Sinhalese had developed a sophisticated health system long before the introduction of modern biomedical frameworks to Sri Lanka. In addition to Ayurvedic medicine, which emphasizes healing through natural elements, this system incorporated preventive strategies like isolation, hygiene practices, and ritual-based behavioral regulation. Notably, these measures closely resemble public health responses adopted during contemporary health crises, including the early stages of the COVID-19 pandemic.

The challenges encountered at both state and individual levels in mitigating the impact of COVID-19 can be attributed, in part, to the contemporary generation's increasing detachment from indigenous practices that emphasized harmony with nature and spiritual well-being. Over time, these traditional healing methods have been marginalized and reclassified as "alternative" therapies, resulting in the erosion of indigenous knowledge systems that once played a central role in disease prevention and health regulation.

Although Western medical systems have been instrumental in ultimately controlling pandemics, they also expose certain limitations, particularly in addressing psychosocial and cultural dimensions of health. In this context, traditional healing practices should not be dismissed as unscientific; rather, they could serve as complementary approaches that support and strengthen existing biomedical health systems. Therefore, the perceived dichotomy between modern medical systems and ancient healing traditions should be reconciled rather than treated as competing paradigms. Recognizing and integrating these systems can offer valuable insights into culturally grounded, holistic approaches to disease prevention and health promotion in contemporary society.

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