



**DIVERSITY OF AYURVEDA MEDICAL PRACTITIONERS IN SRI LANKA AND
THEIR PRACTICES IN ADDRESSING THE EMERGING HEALTH ISSUE****Ekanayake P.R.¹**¹Department of Sociology, University of Ruhuna, Matara

ABSTRACT

Wellbeing of people has been deeply threatened worldwide due to several emerging health hazards, predominantly including the non-communicable diseases. Despite the instantaneous benefits of Allopathy, an increasing interest is developing toward local medical systems in responding to such health hazards, mainly due to the limits of Allopathy. Ayurvedic practitioners' role in this regard is crucial. This research thus strive to understand diverse nature of health care practices and discuss how this diversity is employed to diagnose and treat emerging health hazards such as the prevalence of communicable and non- communicable diseases. This qualitative study was conducted through in-depth interviews with forty five Ayurvedic medical practitioners. Data were analyzed thematically. The analysis was done based on three groups: Graduated, Diploma holders and Deshiya Chikitsa clinicians. Although these three groups of practitioners commonly believe in principles of Ayurveda treatment procedures, the method of addressing the current health problems varied. This study recommends to formulate a well- established legal framework to incorporate these Ayurvedic practitioners to the National Healthcare system, So that their contribution can be effectively obtained to address emerging health hazards.

Key Words: *Diversity, Emerging Health Hazards, Ayurveda Medical Practitioners*

Introduction

There is a current discourse on the global emergence of health hazards. The demonstrable reduction in the rate of mortality and an increase in life expectancy have given rise to a dialogue on the improvement of health in the last century. However, today, determining the standard of health by using these indices has become problematic. The rate of morbidity in a population is an important indicator in measuring a population's standard of health. Therefore, if one were to go by research data and empirical data available thus far, it is only too evident that the health of the global populace at present is in serious threat. The World Health Organization (WHO) states that the rapid growth in the rate of non-communicable diseases has resulted in a majority in the global population to endure long-term treatment procedures. The report goes on to state that 71% of annual deaths occur as a result of non-communicable diseases. Every year, 15 million people die from a NCDs between the ages of 30- 69 years; over 85% of these "premature" deaths occur in low- income and middle - income countries (who.int/news-room/fact-sheets/detail/noncommunicable-diseases). Further, WHO reports also state that there is an increase in communicable diseases as well. The health hazards experienced by Sri Lanka are parallel to that experienced globally. According to data provided by ministry of health, non- communicable diseases made up 80% of all diseases in Sri Lanka (www.statistics.gov.lk). In the face of such health hazards, a great deal of responsibility is brought upon the global medical systems. However, the biomedical system (Biomedicine is the name given to a form of Western professional medicine that asserts that illness is largely caused by deviations from biological norms), the orthodox medical system in control of global health, is faced with certain limitations that have led to a global trend in opting for alternative systems or complementary systems of treatment. The global trend has turned to eastern methods of treatment known as natural medical systems that are based on plant extracts, and Ayurveda in this regard has the greatest demand.

According to Dunn (1976) Ayurveda is a regional medical system. It is also considered a Ayurveda medical system close to naturalism and globally popular for using plant extracts. Ayurveda is not merely a treatment process for diseases. It is indeed a life philosophy that teaches human being on how to live a healthy life by maintaining physical equilibrium (Shiva Sharma, 1995: 8). *Ashtanga*

Ayurveda, components of which include internal medicine, surgery, ENT diseases, pediatrics together with midwifery, toxicology, psychology and spiritual healing, geriatrics and aphrodite medicine coupled with eugenics, emerged with the purpose of treating various diseases blighting humans and to resolve health related issues. Ayurveda uses a theoretical framework to identify the source of a disease, uncover the symptoms and accordingly decide on treatment. All types of diseases, except those believed to have been created by super natural forces are understood from this theoretical perspective. Moreover, Ayurveda provides the theoretical framework for experimentation. Therefore, Ayurveda has a method of experimentation based on theory (Obeysekare, 1977: 155-181). Ayurveda in its entirety is based upon the four principles of diseases, sources of diseases, health and ill-health (Pilapitiya, 1990: 1-2). The legal definition of Ayurveda adopted by Sri Lanka, thereafter, embraces a very wide scope and a flexible application. The first legal definition given by the indigenous medicine ordinance, No 17 of 1941, include Ayurveda, Siddha, Unani medicine and surgery (indigenous medicine ordinance, 1941). According to the Ayurveda Act No 31 of 1961, the term Ayurveda includes Siddha, Unani, Deshiya Chikiisa and any other system of medicine indigenous to Asian countries and recognized by their respective governments (Ayurveda Act, 1961). Accordingly, Ayurveda practitioners all who provide treatment in all these specified systems of healthcare. However, studies have shown that there are differences among providers of Ayurveda treatment that could be clearly identified. Wolffers (1989); Nordstrom (1988); and Wexler (1988) have identified this diversity when they studied the pluralistic systems of medicine in Sri Lanka. The studies conducted by Wexler, Nordstrom and Wolffers are contemporary, although their description of the nature of supply in the local health care market differ from each other. The objective of this study was to enquire in to this diverse nature of healthcare practices and discuss how this diversity is used to address prevailing health issues and to adjust to current requirements.

Methodology of the Study

This study was mainly adopted a qualitative research methodology. The sample consisted of 45 providers of Ayurveda treatments; recruited from Matara district purposively. Participants were selected representing such as 15 graduate Ayurveda practitioners, 15 diploma holders and 15 Desheeya Chikithsa clinicians. To

understand providers of Ayurveda treatment, the researcher had to examine the situations these individuals in the three different categories and the ideological differences in their views and attitudes. Data were collected from in-depth interviews, and analyzed thematically.

Results and discussion

The discussion is based on the following themes: Professional differentiation and related issues, Ayurveda and contemporary social needs, the professional role and modernization of Ayurveda doctors and the preparations of the Ayurveda practitioners in addressing the issues of the health hazards.

Professional differentiation of Ayurveda

The researcher selected a group completed a degree in Ayurveda medicine those who had passed the GCE Advanced level examination in the bioscience stream, and had fallen short of the required score to enter a medical college teaching Western medicine. Students selected to a government Ayurveda medical college have to follow a full-time course for five years, followed by another year of practical training. Ayurveda medical students are also taught some of the main subjects taught in Western medicine, such as anatomy, pathology, microbiology and clinical medicine. Following training, Ayurveda graduates are posted to state Ayurveda hospitals and medical centers. With the establishment of Ayurveda community medicine, Ayurveda graduates are posted as Community Medical Officers.

Another group that provides Ayurveda treatment include those who have obtained a diploma in Ayurveda. The type of training this group receives and their employment position is different to that of Ayurveda practitioners with a degree. The shortage of Ayurveda practitioners in the earlier days led the State to allow children of traditional Ayurveda practitioners to take on the role of their parents by allowing them to face an examination conducted by the Ayurveda Medical Council. This was further expanded to allow individuals who had received training under hereditary physicians to go before the Ayurveda Medical Council. These individuals are allowed to follow courses in Ayurveda at private institutions and upon successful completion are permitted to follow the diploma in Ayurveda, after which they can provide Ayurveda treatment. However, Ayurveda diploma holders

are not posted to government hospitals in the capacity of Ayurveda physicians. Traditional practitioners are the largest group registered as Ayurveda practitioners in Sri Lanka. A large number of Ayurveda practitioners have none of the qualifications mentioned earlier and generally inherit their knowledge from the family or the teacher. Traditional practitioners are separated into special group and Sarvanga *physicians*. A large number of Traditional practitioners specializing in orthopedics, ophthalmology, and poisoning and cancer treatment are operating in Sri Lanka.

Accordingly, the three groups of Ayurveda treatment providers in Sri Lanka undergo different of training. Professional differentiation in Ayurveda is highly complex, although the three categories of practitioners are registered in the same list. The complexity in the classification can be a problem when a system of medicine strives to function and develop. This situation was described by a graduate Ayurveda practitioner in the following words.

“One of the issues in the field of Ayurveda in Sri Lanka is the lack of identity. We, who go through five years of learning theory and another year of practical training and hereditary Ayurveda practitioners who have to only get passed a few questions before a panel are all registered as Ayurveda physicians in one register. Even diploma holders do not go through the same wide-ranging theoretical and practical training that we undergo. The general public confronts the problem of distinguishing between these groups. It would be better if these groups are registered separately and developed accordingly. Such differentiations lead to problems regarding the identity of Ayurveda and its acceptance.”

An Ayurveda practitioner with a degree

The professional and structural differentiation prevailing in Ayurveda can be a problem in a country where a pluralistic system of medicine is practiced. The differentiation occurs even in Western medicine when individuals who have gone through the same training branch out to follow further studies in specialized areas. This does not in any way undermine the status or the professional unity in the medical fraternity while the type of treatment administered remains the same. However, in Ayurveda, professional differentiation exists significantly, which leads each group to shape its perceptions about the other. This separation is evident in the

separate professional bodies that have been set up to represent different groups of Ayurveda practitioners.

For instance, there is the Government Ayurvedic Medical officers Association and the All Ceylon Ayurveda Physicians Federation, while the Ayurveda Conservation Association consists of private Ayurveda Practitioners, which functions at a provincial level with the support of the state. This organizational differentiations will not have a positive influence in full filling the development agenda of Ayurveda.

“Western medical doctors in government service are represented by a united group – the Government Medical Officers Association (GMOA) – which is a very powerful body. Hence they are able to resolve their work related issues fast. But we don’t progress because we are not united as professionals. The best example for this is the 1996 service related constitution. It’s been 16 years since then and there have been no amendments.”

An Ayurveda practitioner with a degree

The above statement made by a graduate Ayurveda practitioner refers to professional segmentation in the field of Ayurveda along with a lack of unity. A traditional practitioner in the study area explained the current situation in the field of Ayurveda in the following words.

“Our traditional medicine is thousands of years old. It is thanks to the marvels of traditional medicine that ancient people of this country lived a healthy life. Traditional medicine is none other than Ayurveda. There is historical evidence to suggest that we extended people’s lives through our system of medicine. People in those days lived healthy lives beyond the age of 80 years. However, we cannot do today what we did with our expertise in the past. We have no value today. Ayurveda has been modernized. Ayurveda practitioners are trained to treat patients according to Western medicine.”

Traditional practitioner

The statement above describes today's graduate Ayurveda practitioner from the point of view of a physician of traditional medicine. The answer of the same hereditary traditional practitioner to the researcher's question on the necessity for Ayurveda to change according to current social changes was unique.

"What has changed is people's lives. The processes in the universe take place as normal; the rise of the sun and the moon, the dawn of day and night time and the growth of trees occur according to a rhythm that has remained unchanged. People have made their lives complex, which has pitted man against nature. A result of this clash is the emergence of new diseases. Ayurveda means nature. Therefore Ayurveda cannot change. What needs to be changed is the destructive lifestyle of human beings."

Traditional practitioner

Ayurveda and contemporary social needs

A key argument in the discourse on existing health hazards is the need to alter people's lifestyles, which is deemed as the main factor that leads to diseases. The outcome of modernism is a busy lifestyle that people have inherited. However, it is unlikely that people could change this busy lifestyle for the better. Beck (1992), a radical critique of modern society speaks of the pace of modern society as being harmful for its own good. Beck contends that risks in modern society are created by our own social development. He describes the new modernity as 'reflexive modernity', which is characterized by new risks. The risks that emerge as a result have to be managed. Similarly, emerging health issues have to be managed by existing systems of medicine that need to adapt to the changes in diseases and their patterns. Under such circumstances, what begs discussion is whether Ayurveda should adapt. Eastern knowledge of the universe and its elements were built on intuition, which differs from Western knowledge that was built upon logical and rational foundations. Human mind takes precedence in acquiring knowledge that is based on intuition. The knowledge derived from intuition comes from a highly developed state of mind that uses awareness through meditation for this process. This is not confined to the realms of logic and intellect. It is a highly developed state of awareness that uses synthesis over analysis. The mind does not think in a straight set of patterns but as in liberated, moves wherever

it pleases and into various streams of thought. It examines anything as a whole rather than in compartments (Ranaweera, 1994: 3). Accordingly, Ayurveda is a result of Eastern philosophy. As an upshot of Eastern philosophy, Ayurveda deals with health and ill-health from a holistic approach. Of significance is the Five Great Elements of Roopa (vision), *Shabda* (sound), Gandha (smell), Rasa (taste) and *Sparsha* (touch), which are connected to the functions of the five sensory organs, emotions, consciousness and the self. Given the inherent nature of Ayurveda, the recurring question is the extent to which such a system can be modernized and be alternated with machines.

The 45 Ayurveda practitioners in the sample were asked about modernizing Ayurveda to which they had different answers.

Table 01. Views on modernizing Ayurveda

View	Number	Percentage (%)
Modernize only the modes of investigations of the disease	07	16
Modernize only the manufacture and use of medicines	06	13
Both the above should be modernized	28	62
Must not be modernized	04	09
Total	45	100

Source; Field survey

According to the data, 41 (91%) out of 45 practitioners in the sample expressed a desire for Modernization of Ayurveda medicine. It was just 04 who felt that there should not be any form of modernization in Ayurveda, which included one graduate Ayurveda practitioner and three Traditional practitioners.

“The description of the human mind and body in Ayurveda is established, according to which every individual is unique and different from the other. This individuality is of importance when treating a patient in Ayurveda. There is a difference in the quantity and nature of medicine prescribed for two patients suffering from the same disease. Therefore, it is not part of Ayurveda to prescribe medicines according to a set pattern. Modernization is a feature of industrialized societies and not that of the human body.”

This being the view of one of the practitioners of traditional medicine, 91% from the sample have endorsed modernization of Ayurveda, of which 16% said that there should be modernization in terms of disease examination, all of whom were traditional practitioners of medicine. Disease diagnosis must be fast in keeping with the expectations of today’s individuals. Therefore, the importance of using equipment and tools to diagnose complex conditions was acknowledged by them. However, they pointed out that modernizing medicines (tablets, capsules) made from plant extracts may cause harm to the quality of these medicines.

13% that said that only the manufacture and use of medicines must be modernized, justified their stand by pointing out to the fact that people had moved away from Ayurveda treatment not because they did not trust the remedy but because of the inconvenience of its usage. Hence they said that it was important to prepare medicines that will be easy to consume. Meanwhile, 62% said that disease examination and medicines in Ayurveda need to be modernized. They were clear in their expectations for the system – for Ayurveda to change to meet the shifting needs of the present with minimum impact on the system as a whole.

Table 02
Methods used in disease diagnosis

Usage	Number	Percentage (%)
Uses modern equipment	36	80
Does not use modern equipment	04	09
Uses only X – Ray	05	11
Total	45	100

Source; Field survey

Although the definition of modernization is broad, in this instance, the term was used to include easy and quick methods of disease diagnosis, the need to use them and to cater to social aspirations in the manufacture and prescription of medicines. There is a social discourse that Ayurveda will have to make certain changes in order to respond adequately to the evolving needs of the present. The following was the response of a graduate Ayurveda practitioner to the question on whether Ayurveda should modernize.

“It is difficult for us to work within the boundaries of the Ayurveda practitioner of a bygone era. The Ayurveda practitioner of the days gone by was from an elite family in the village. He had the ability to make people defer to his authority, while he was also someone who served the people devoid of monetary goals. We studied to become Ayurveda practitioners amidst a great deal of difficulties. And having entered the system following a lot of issues, we have to compete with Western medicine that wields power over and above us. Learning from the Ola leaf or knowing to read the pulse will not suffice to meet the challenges from Western medicine. We have to adopt scientific methods for diseases examination and diagnosis, and the manufacture and use of medicines. My view is that Ayurveda has to undergo changes to suit the requirements of the present, while ensuring that such changes do not harm the fundamentals of Ayurveda.”

An Ayurvedic practitioner with a degree

The thermometer, stethoscope and the pressure meter as tools of medicine come in handy to the physician who uses them in his/her work. In fact the Samhita states that the physician must be well-equipped (Perera, 2000: 29).

All those who said that Ayurveda should use modern methods of diseases diagnosis were of the view that modern tools are a result of scientific discoveries and not the ownership of Western medicine. It is a result of the development in technology; and technological discoveries, according to them, are owned by all. Therefore, any system of medicine should have the right to utilize modern technology for disease diagnosis, said the respondents who added that, therefore describing such a change as following Western medicine is completely unreasonable.

A graduate Ayurveda practitioner described this situation in the following manner.

“Modernizing Ayurveda does not mean the prescription of Western medicines or trying to take over the role of a Western medical doctor. This is not required because Ayurveda is a complete system of treatment. However, it is important to understand the needs of the times and adjust accordingly. People still like Ayurveda treatment. And people do believe that it is a system with the least side effects. Ayurveda however, does not suit the current lifestyle of people, who are looking for treatment that ensures fast cure and convenient to use. We must at least try to accommodate those needs while ensuring that it does no harm to the basics of Ayurveda.”

An Ayurvedic practitioner with a diploma

Another graduate Ayurveda practitioner expressed her views on modernization with reference to the modernization of Ayurveda in India.

“Ayurveda in India is highly developed, especially the pharmaceutical industry in Ayurveda is greatly developed. Large pharmaceutical companies export medicines to countries all over the world. Medicinal plants are cultivated in large acres of land. Most of our physicians use Indian manufactured medicines in treating patients. Although Ayurveda in India has been modernized, Ayurveda treatment has not been damaged. Indian Ayurveda has been taken beyond its borders internationally. This is an example on how to modernize Ayurveda without damaging its fundamental teachings.”

An Ayurvedic practitioner with a degree

Modernizing a system of treatment that is based on nature, and plants and plant extracts is indeed a complex process. One of the biggest challenges confronted in the process is to ensure that modernizing Ayurveda will not damage the core of its teachings while at the same time it fulfills the aspirations of modern society. It is important to examine the preparedness of today's Ayurveda practitioners to this challenge. One notion that prevails in explaining the manner in which Ayurveda meets this challenge pertains to the practitioners themselves, who have modernized their professional role.

The changes within the professional role of Ayurveda practitioners and its impact when addressing the current health hazard.

Waxler (1988), Wolffers (1989) and Nordstrom (1988) also propounded the same ideas through their studies. Perera (2000) points out that society estimates the differences between an Ayurveda practitioner and a Western medical practitioner according to its accepted norms and relations. A large number of graduate Ayurveda practitioners tend to be influenced by Western medical practitioners and imitate them because of a psychological state that has been influenced by prevailing socio-economic factors (Perera, 2000: 10). At a time when people favor the monopolistic and hegemonic Western medicine, which is equipped with the most advanced machines and tools that have been developed from modern technology and scientific knowledge, Ayurveda has to decide its role in fulfilling this public expectation. Ordinary people judge the good and the bad aspects in Ayurveda in relation to Western medicine. What should be the response of Ayurveda if the tools used to measure the differences include instant healing, ease of use and modern technology? Ayurveda has to give serious thought to these factors in the context of finding solutions to prevailing health hazards, which cannot be achieved by the Ayurveda practitioner attempting to emulate the Western medical practitioner or by prescribing Western medicine. People expect Ayurveda treatment from the Ayurveda system of medicine and not Western treatment. Ayurveda practitioners responded to this problem in the following manner.

“I don’t see any reason for Ayurveda practitioners to follow Western medical practitioners. As a graduate Ayurveda practitioner, I have developed a personality to engage in my profession with pride. Both my brothers are Western medical practitioners. But I’m the main physician in the family who treats all family members in times of illness. Ayurveda is a complete system of medicine. Going by current needs.

I think it’s alright to use modern tools to diagnose diseases fast. But it is absolutely unnecessary to use Western medicine. After all, we don’t have to take anything from a system that is below us. The chemical ingenuity of Ayurveda medicine is indeed great.”

An Ayurvedic practitioner with a degree

An allegation leveled at Ayurveda practitioners is that they use Western medicines in treating patients, an allegation mostly leveled at Ayurveda practitioners who work in private treatment centers. There were practitioners who in a bid to fulfill social expectations prescribed Western medicine to ensure speedy healing.

One graduate Ayurveda practitioner in responding to this social expectation opted to practice Western medicine. He belonged to the first batch of graduate Ayurveda practitioners recruited when the state set up the Ayurveda Medical College. As he remained unemployed for several years with no opportunity for government sponsored placement, he had set up a private practice for Western medicine. He is currently registered with the Sri Lanka Ayurveda Medical Council. Although he was subsequently given a posting at a government Ayurveda hospital he had declined the offer and continues with his practice of Western medicine. His private medical practice is 25 years old. Displayed in front of his clinic were bottles of *Arishta*. But inside the clinic there were only Western medicines and not a single Ayurveda medicine. He explained this unusual situation thus

“I was unemployed for several years without a posting after my Ayurveda degree. I started a clinic in Western medicine because I was unemployed and because I had received training in Western medicine. There was no problem with that. Patients consulted me just like they do a Western medical doctor. I treat only general ailments though. I see at least 25-30 patients a day. Patients have no issues with my degree. Their need is to be cured, which I fulfil. I sat for the GCE Advanced Level examination with the hope of becoming a Western medical doctor. But I had to opt to study Ayurveda as I had not scored enough marks. Although initially I detested it, eventually I liked studying Ayurveda. As a system of medicine, Ayurveda is very effective. But we lack facilities in Sri Lanka to practice original Ayurveda. I don’t follow Ayurveda in treating or prescribing medicine. Yet I have some qualities that I cultivated as a student of Ayurveda. For instance, the relationship with the patient is very important to me. As a result I have the ability to sort out the mental state of a patient. I think most people prefer to see me over other Western medical doctors in the area.”

An Ayurvedic practitioner with a degree

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An Ayurvedic practitioner with a degree

This Ayurveda practitioner has been practicing Western Medicine for the last 25 years. Although registered as an Ayurveda practitioner, he practices western medicine because he has not encountered opposition from either patients or any other group and more importantly he likes western medicine. He was a special person among the sample. However, the interviews revealed that a majority of fresh graduates passing out as Ayurveda practitioners were keen to safeguard Ayurveda medicine.

"Five years of intense learning allows you to understand the depth of Ayurveda medicine. Ayurveda practitioners successfully treated sick people even in ancient times. Today the Ayurveda practitioner can diagnose a disease fast and easily because of the knowledge acquired through scientific training about the human body and its functioning. This knowledge is important in confirming the scientific nature of Ayurveda. We can address health issues more efficiently because we receive training in both systems of medicine. The Western medical practitioner has the knowledge of just a single system of medicine. The prevailing health hazards have proven the failure of looking at health and ill-health from a purely Western medical point of view. Although we have the knowledge we don't have the opportunity to use it. New Ayurveda graduates are trying to modernize the system according to the requirements of current society while ensuring that the fundamental philosophy remains unharmed."

An Ayurveda practitioner with degree

My empirical evidence suggests that Ayurveda diploma holders have fine-tuned Ayurveda to harmonies with the needs of the existing market for healthcare. *PanchaKarma*, cosmetology and acupuncture are popular areas of Ayurveda today, which are being popularized and promoted by diploma holders in Ayurveda. Following is the nature of employment of the 15 graduate Ayurveda practitioners, 15 diploma holders in Ayurveda and 15 traditional practitioners identified according to sectors.

Table 03 Sectors of employment of treatment providers in the sample

Sector of employment	Diploma holders	Traditional practitioners	Graduates
Government service	-	04	14
Owns private medical centre	15	15	08
Tourist hotels	06	01	-
Puncha karma treatment	05	-	03
Acupuncture (Korean/Chinese)	04	-	03
Ayurveda based cosmetic procedures	05	-	-
Manufacture of Medicine	08	07	-

Source: Field survey

According to the table above, there are 04 traditional practitioners employed in government service. These traditional practitioners who are physicians in special category in treating certain conditions are employed in government service on contract-basis to work in units dealing with orthopedic treatment, poisoning and ophthalmology. All the diploma holders in Ayurveda had their own private treatment clinic, an outcome of the failure to incorporate them into the state apparatus.

Graduate Ayurveda practitioners are guaranteed of government service. However, unlike western medical doctors they do not receive postings as soon as they complete their university education. There were graduate Ayurveda practitioners in the sample who had not received a posting for sometimes 02, 03, or 04 years. Channeling the training they had received in western medicine as undergraduates, these Ayurveda practitioners started their private clinic during this interim period. However, according to the graduate Ayurveda practitioners in the sample, once they received government appointments they had returned to fulltime Ayurveda practice. Unlike western medical doctors working in government service who have no legal barrier to engage in private practice while serving in a state hospital, this provision does not apply to Ayurveda practitioners. However, 08 Ayurveda practitioners in the sample treated patients in their homes after they finished work in government hospitals. Since these restrictions are not applicable to the diploma holders, they have been able to spread their professional services along a wider spectrum to span several areas of work.

“My father was a traditional practitioner. He mainly treated patients with catarrh. Successive generation of ours is famous for treating catarrh. He also treated burns. I used to be keen about Ayurveda medicine even as a school boy. Upon completion of my GCE Advanced Level Examination I enrolled with a private institute to follow a diploma course in Ayurveda. Today the Vidum Pillissum method of treating burns in Ayurveda has gone out of practice. But I have been practicing it continuously. Since we have no government appointment it is important to establish ourselves in the field. Therefore I also studied Chinese acupuncture. A large number of patients come to me for acupuncture treatment. My wife is also an Ayurveda practitioner. She has studied the cosmetics side of Ayurveda. We manufacture several cosmetic-related items (shampoo, toothpaste, hair oil, face wash, fairness cream).”

An Ayurvedic practitioner with a diploma

This practitioner had established himself in the field of Ayurveda treatment. His only daughter is an undergraduate in Ayurveda medicine. Majority of the medicines required for treatment is manufactured by them. He sees at least 30-40 patients every day. He has a separate section with modern equipment for *Panchakarma* treatment.

Several practitioners have acted similarly in responding to current social aspirations and requirements. A traditional practitioner in the sample explained his professional role in the following words.

“The majority has forgotten that it was the traditional practitioners who have safeguarded our indigenous system of medicine for thousands of years. Even today, the largest number of patients healed by indigenous medicine are those treated by traditional practitioners. The treatment of orthopedic conditions, poisoning and tumors were all part of deshiya chikitsa. Students studying for the Ayurveda degree are trained by us. They may be taught theories but have no practical knowledge. There are several good hereditary physicians who can treat highly prevalent health conditions such as heart diseases, diabetes, arthritis and gastritis. And there are quite a number of patients who have been healed by them. It is our field of medicine that is most popular as an indigenous system of medicine. Our hospitals will be filled with patients if our hereditary physicians decide to leave the profession. The government will not be able to manage the large number of patients who would flood hospitals. The government will have to build more hospitals and operating theatres to deal with orthopedic conditions, but will still fail to treat them completely. Our services are appreciated in this country only during the time of an election, when we are made to feel good by speaking positively about us and by giving us awards for the work we do.”

Traditional practitioner

The description above provides an account from the perspective of a traditional practitioner (a **traditional** health **practitioner** is anyone who has some ability to heal by **traditional** methods which come from ancestors), the services provided by them in terms of healthcare and their status in Sri Lanka. As was mentioned previously, the largest number registered as Ayurveda practitioners are in fact traditional practitioners, several of whom had built their professional role to suit current needs.

“I belong to a lineage of physicians with a history of more than 200 years. My ancestral home is in Middeniya, in Hambantota. Several of my family members still practice medicine in Middeniya. Even today people in that area do not go to a hospital when there is a dislocation or fracture; they come to my family. People down my generation did not use X-Rays and blood reports to diagnose ailments. Even a minute crack in the bone was identified through our system of medicine, an ability which I too possess. But today there are facilities that assist in quick disease diagnosis. I also use such facilities. We use these new facilities to confirm our diagnosis. It’s been 30 years since I settled in Matara. Nearly 25-30 patients seek treatment from me on a daily basis. I can fix the broken bone of a child under the age of 05 within an hour. I

can do the same within 24 hours for an adult. We manufacture all the medicines. I don't use a single Western medicine. We have treatment to deal with germs."

Traditional practitioner

This particular traditional practitioner operated his medical centre within the confines of the Matara town. He also has residential facilities at his clinic. The architecture of the building was very much like a private hospital providing western medicine, with residential facilities, food, a gymnasium and a special area for relaxation. The researcher observed that a large quantity of medicines required for treatment was manufactured at his private residence situated adjacent to his private clinic. He said that certain oils and medicines were obtained through a supplier who imported them from India. It was evident that this traditional practitioner was trying to match his practice to current requirements while making every effort to ensure that his hereditary practice is safeguarded. He said that he had prepared all medicines, such as *Paththu* and *Mallum* required to treat concussions, sprains, and dislocations to give the patient the convenience of using them at his clinic rather than having to search for the required medicines. The greatest hindrance for the patient wanting to access indigenous treatment in the context of today's busy lifestyle is to search for medicines and have them prepared and the inability to use them appropriately. The medical centre operated by this practitioner provided the solutions for such shortcomings. Accordingly, he has been able to fulfill the aspirations of modern society. A close patient-doctor relationship absent in institutions practicing western medicine was observable at this traditional practice.

Orthopedics is an active area in traditional medicine in Sri Lanka. Many traditional practitioners have, depending on the requirement, opted for modern systems in the treatment process. One such person is the practitioner who has been described above who operated a medical centre to deal with fractures and dislocations. Another example of this trend could be determined in an interview given by a practitioner from the renowned *Horuwila* lineage of practitioners.

"My intention is to heal the sick. In that sense the indigenous system of medicine is very strong. However, a patient can die if infection sets in as a result of a severe fracture. Western antibiotics are very useful in dealing with such infections. It is not wrong or disgraceful to recommend something not available in our treatment but is available in another system. Hence I

recommend antibiotics such as ampicillin and cloxacillin and instruct patients to get the tetanus toxoid vaccine from a Western medical doctor. Previously many patients with fractures died due to infection. I have experienced great success after advocating this formula”(Anon; Ayurveda Samikshawa, 1995: 144).

The above statement is a testament to the fact that hereditary traditional practitioners have established themselves in the field of indigenous healthcare by adapting to current social needs.

However, the majority of traditional practitioners in Sri Lanka do not use modern methods in practice. For instance, physicians practicing *Sarvanga* therapy have limited their treatment to writing prescriptions only, the main reason being the difficulty in accessing medicines

A traditional practitioner in the sample is an excellent example in this regard. Hailing from a family of physicians well-known for treating bone related issues such as fractures and dislocations, this practitioner had his practice at his residence. At least 15-20 patients obtain treatment from him on a daily basis. One of the questions that was posed to him was whether there was scope for hereditary medicine to modernize to meet current requirements. Following was his response.

“Modernization is irrelevant to us. Traditional medicine is connected with nature; a system protected by the ethos of coexistence, morality and respect. I have no modern machines, but I treat patients who seek treatment for multiples fractures from accidents. I do use X-Rays to obtain an accurate picture of the extent of damage. Although we have pain-killers, I prescribe Panadol for quick relief from pain. I also manufacture some medicines (especially two essential oils). I write prescriptions for the items necessary to prepare *Mallum* and *Paththu*.”

Traditional practitioner

The researcher observed that the above traditional practitioner had not attempted to portray himself as a physician through external appearances. In fact he said that most patients who visit him for the first time asked him whether they could meet the doctor, an experience which the researcher itself encountered. His answer to this was the following.

“If a patient is to be healed, the physician must associate the patient closely. If the physician’s appearance causes fear and doubt in a patient, then it becomes

an obstacle to the treatment process. I have no need to adorn myself in a special manner. I am wearing what I am comfortable in. Everyone addresses me as ‘*aiyya*’, ‘*malli*’ or as ‘*putha*’. I feel a great sense of joy when elderly patients who come to see me for pain in the joints depart with the ‘*theruwan saranai*’ (Blessings of the Triple Gem) blessing.”

Traditional practitioner

Not all (15) the traditional practitioners in the sample had introduced wide ranging changes to their professional role. The opinion of the majority (12 out of 15) was that the need is not for indigenous medicine to be modernized but a trouble-free environment with enhanced facilities to practice. Traditional practitioners have not studied Ayurveda theory extensively as graduate practitioners and diploma holders. What they possess is knowledge obtained from the experience gained from doing, seeing and practicing. And they contribute in varying degrees to Sri Lanka’s healthcare system.

Kenneth Walker (1957) had stated in his book *Patients and Doctors* that it was wrong for doctors to consider themselves as scientists, a noun which does not adequately describe the service rendered by a doctor. He added that medical treatment must be considered a practical art that is built upon a plethora of experiments built by several generations. The above analysis stands relevant in relation to Sri Lanka’s traditional practitioners. Although they may fail to offer scientific evidence on health and ill-health, they have developed the art of healing extensively. It is this very reason that certain areas in indigenous medicine has remained intact for thousands of years and hence have earned their validity in today’s context.

Conclusion

The focus of the above discussion was on how Ayurveda practitioners identified current health related problems and their response based on professional differentiation. Accordingly, three types of Ayurveda practitioners can be identified registered with the Ayurveda Medical Council of Sri Lanka. Practitioners belonging to all three professional divisions are represented in this study. This differentiation is completely different to the differentiation among Western medical practitioners. Although they all subscribe to a single philosophy that centres on indigenous medicine, differences prevail in the way they dispense treatment and their views on adapting to the requirements of modern society.

In general, all categories of Ayurveda practitioners were subscribing to modern methods to varying degrees in disease examination, and in the manufacture and prescription of medicines. However, in comparison, the professional role played by traditional practitioners of indigenous medicines was mostly traditional in outlook. Although they did use certain modern methods (laboratory reports, X-Rays) to determine the disease, they were firm in their opinion that the manufacture of medicines must not be subjected to modernization. They believed that subjecting natural plant extracts to changes and failure to adhere to certain formalities associated with the preparation of certain medicines will damage their quality. Only 13% from the sample of traditional practitioners were involved in the manufacture of medicines, while only 51% prescribed medicine and the remaining 36% gave medicine purchased from outside. The reason for the latter practice is the difficulty in obtaining the necessary medicines from outside. However, these hereditary physicians said that their ancestors in the past had successfully prepared the medicines by themselves.

Despite such issues, two popularly accessed areas of treatment – orthopedic and poisoning – are still preserved intact among hereditary physicians.

The new generation of graduate Ayurveda practitioners expressed partiality towards essential changes necessary in Ayurveda (Example:- use of new methods in disease diagnosis, conduct research on Ayurveda medicines, promoting Ayurveda as a system of primary healthcare among people), who are most aware of and active about the impediments to the development of Ayurveda.

Diploma holders in Ayurveda were involved in areas that have become popular components of Ayurveda practice, such as Ayurveda tourism in which the majority of diploma holders were engaged in. In addition, Korean and Chinese acupuncture has been made popular by this same group of practitioners. The highest contribution to the most commercialized areas in Ayurveda is made by the diploma holders in Ayurveda.

Several studies of Ayurvedic practitioners in Sri Lanka have highlighted their behavioral changes (Wolffers, 1989; Waxler, 1984; Nordstrom, 1988; Liyanage, 2000). Specially it has been pointed out that practitioners have had to adapt according to the demands by the patients within the health care

market. In that case, the 1989 study by Wolffers is significant. In it he has clearly identified the diversity between Ayurvedic practitioners in Sri Lanka. He categorized them into three groups as traditional indigenous practitioners, traditional specialists, and modern traditional practitioners (Degree holders). According to Wolffers, there are significant differences between the practices belonging to these three categories and among them, it is the modern traditional practitioners who are adapting to the modern social needs. However, the present study concludes that all Ayurvedic practitioners today have adapted their therapeutic practices according to modern social needs. Despite the behavioral changes, they have a common philosophy of health and illness. They interpret the body with a holistic approach. The most effective ways to address the current health hazards is through a medical approach that analysis health and illness from such a holistic approach.

Accordingly this study Ayurvedic practitioners are undergoing various adaptations to respond to the current requirements. Previous studies on the nature of Ayurvedic practitioners in the Sri Lankan healthcare market, have also shown that they have adapted to modern social needs in different ways. However, it is clear that the capacity of Ayurvedic practitioners have not been taken in to well consideration when preparing the National Health Policies in Sri Lanka. The only way to prevent an escalation in non- communicable diseases as the main source of prevailing health hazards is to take necessary steps to promote individual health, for which Ayurveda has the capacity. The components of primary health care in the life science of Ayurveda is the best solution to deal with non- communicable diseases. The WHO had emphasized the importance of primary healthcare in promoting good health. Especially the Alma Ata Declaration (1978) had emphasized the importance of identifying the critical of traditional medicine in meeting the primary healthcare and that declaration of 1978 points to the importance of ascribing traditional medicine its rightful place in primary healthcare in all counties. However, it is quite evident that the Sri Lankan government has failed to recognize the importance of traditional medicine in primary healthcare and the extent of the ability of Ayurvedic practitioners in addressing current health issues. So further studies are needed to identify this situation and contribute the formulation of the necessary policies.

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