

Evolution and utility of Indigenous medicine

Dr Nimal Karunasiri



Ayurveda

It is said that Ayurveda or the science of life span originated in Northern India 3000 years ago. Of the systems of medicine that originated in Asia Ayurveda is more organized. It is also philosophically, theoretically and practically enriched. It is interpreted to consist of two schools namely the *Dharvanthari* tradition and the *Athreya* tradition. It is believed that the discipline of medicine in Ayurveda originated based on the super physical intuition or the wisdom possessed by the sage *Athreya*, while the discipline of surgery in Ayurveda originated based on the knowledge of the great sage *Dhanvanthari*.

The practical aspects of medicine are those taught by the sage *Charaka*. These teachings have

explained all diseases, their treatments and methods of cure. The diagnosis of diseases are based on the theories *Pancha bootha vadya*, *Thridosha vadya* and *Saptha dathu vadya* from which the basic principles of Ayurveda are derived. It is through these theories that the patient, disease and the treatment are logically interpreted and analysed. The



various medical aspects of paediatrics, gynaecology and obstetrics, toxicology and

geriatrics are discussed based on these theories.

Susrutha is considered the father of surgery. He taught that those disease which cannot be cured by pharmaceuticals (medicinals) may be cured by surgery – by dissection of the body cutting off and removal of the organs and grafting by the use of sharp and blunt surgical tools.

Ayurveda has eight components and the examination of the patient and the disease is done accordingly. The science of Ayurveda teaches not only about the health of humans, but also about the diseases of animals and plants, and the ways to control them. The Ayurveda for animals has separate sections for dealing with elephants,

horses etc. (*Gaja Ayurveda*, *Ashwa Ayurveda* and so on). When analyzing the historical



medical practitioners use the theories of *Vatha*, *Pitha* and *Kapa* as the basis for diagnosis of diseases. In addition *Pancha bootha vadaya* and *Saptha dhatu vadaya* are also used for diagnosis.

information it is seen that the development of the theoretical basis of Ayurveda had been inspired and influenced by the *nyaya* and *vaisesika* philosophies and the vedic literature such as *raghva vedaya*, *Yajurvedaya* and *atharvanvedaya*.

Also they seem to have possessed a knowledge of physics and chemistry acquired through the various philosophical teachings which existed in ancient Bharatha (India). When comparing the basic teachings and concepts it is seen that Ayurveda was more advanced than those of the western system of medicine based on the teachings and beliefs of Hippocrates.

It seems that the indigenous system of medicine in Sri Lanka is an amalgamation between the traditional indigenous system of medicine which was characteristic of Sri Lanka and the Ayurveda system. Traditional indigenous



However in the traditional indigenous system of treatment it is seen that more consideration is given to the hot-cold concept than to the *Thridosha* concept. This hot-cold concept can be considered as the basis of the

traditional indigenous system. The *ying yang* concept in the traditional Chinese system of medicine and traditional Korean system are similar to this, in that both systems also interpret that diseases are caused by two interconnected concepts. It appears that most of these concepts are based on the changes that take place in the environment. Specially

in a country such as Sri Lanka where clearly demarcated seasons do not exist, there is a very hot environment as well as six months with less rain and a cool environment. People in the past may have identified the disease conditions accordingly. It appears that they have been enthusiastic to treat the diseases to neutralize these conditions.

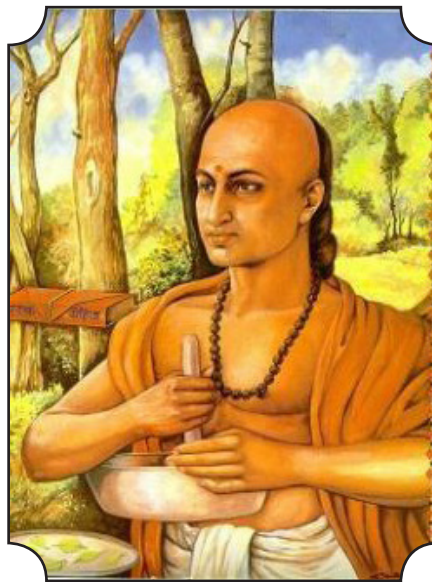
When studying the traditional indigenous medical literature, it is seen that methods by which diseases were diagnosed, the practices recommended to be followed, and the medicine to be used are recorded in the form of verses rather than as prose. This may be because in this form it is either easier to recall or to conserve this knowledge from generation to generation.

It is seen that the Sri Lankan traditional system of medicine uses many prescriptions which are not widely known in Indian Ayurveda. While most of the medicines used in the Indian Ayurved system are the spice plants growing in India, the main medicinals used in the traditional indigenous system in Sri Lanka are Aralu (*Terminalia ekebulu*) Bulu (*Terminalia bellirica*) and Nelli (*Phyllanthus emblica*) as the main ingredients. At the same time the traditional system in Sri Lanka uses a large number of medicinal plants which are indigenous to Sri Lanka. These plants are not mentioned in the Indian system of Ayurvedic medicine. Eventhough orthopaedics, treatment of snake bites, Hydrophobia, Epilepsy and

malnutrition (*Mandama*) are not prominent disciplines within the Indian Ayurveda system, they are given more prominence and seem to possess many methods of treatment in the traditional indigenous system of Sri Lanka. With respect to orthopaedics and treatment for snake bites, it is possible to observe differences in the series of medicine used and the recommended practices to be followed depending on the respective geographic regions. For example it is seen that the medicines and the bandaging techniques used for the treatment of fractures in the Nuwara Kalaviya region (Anuradhapura) are different from those of the Sabaragamuwa and Ruhuna provinces. This shows that the traditional, knowledgeable learned people in the respective regions have acquired this knowledge with their practical experience, and modified it as required. In addition to the methods developed, and the experiences gained, the *Siddha* system of medicine which is related to the Dravidian culture, are used in the indigenous Sri Lankan system. The *Siddha* system has the basic principles of the North Indian Ayurveda system of medicine and has been influenced by it. However regional differences can be seen in the use of medicinal plants. Sulphur and rock materials are also used in these medicines. Among those Sri Lankans who are followers of Islam, the Unani system of medicine is widely used. Unani system originated in the ancient Persian civilization. There

are many differences between the Unani system and the medical traditions which originated in the Indian region.

The Unani system seems to have an interpretation somewhat different to the philosophical interpretations in Ayurveda, Siddha and the traditional indigenous systems of medicine, which employ the philosophical interpretations such as *Thridosha Vadaya*, *Saptha Dathu Vadaya*



and *Pancha Bootha Vadaya* in the diagnosis of diseases. The Unani system seems to possess a *Chathushvadi* concept to determine the cause of disease, and to interpret them instead of the *Thridosha Vadaya*. In the Unani system the bodily activities are interpreted to be of four different types, *Sapra*, *Sanda*, *Balba* and *Koon*. Disease conditions are analysed depending on the interpretations based on the four *chathushvadi* concepts. The medicinals are also adopted

accordantly. There is very little of plant based medicinals in the Unani system, while more attention is paid to the use of medicinals with soil minerals. The main factor that has influenced this difference is that the Unani system originated in the Arabian region with an environment devoid of plants. So it can be observed that the processes of treatment have been adopted according to the ecosystem. Later with the development of chemistry, the minerals that are used in the Unani system have been used to prepare western pharmaceuticals, and also the properties of the chemical elements have been interpreted accordingly. Historical records show that the learned medical practitioners such as Avicenna have worked to enhance the Allopathic (Western) system of medicine based on the Unani system.

Therefore it is clear that the systems of medicine have evolved around culture and environment in the respective countries. It is possible to understand that the traditional indigenous system of medicine in Sri Lanka and the present day indigenous practices in medicine, have all evolved with usage, development, and spread through the various ethnic and cultural entities. It is not incorrect to say that any system of knowledge is cultural.

Dr Nimal Karunasiri
0777675679