

Traditional Knowledge and Experiences on Contagious Diseases in Ancient Sri Lanka

Mr Mathugama Seneviruvan



There is substantial indigenous knowledge and experiences in dealing with the spread of contagious diseases in ancient times as evident from archaeological studies. It is also on record that a Chilean woman who had with her a preserved mummy, had died of pneumonia. Historically in a global context, it has been observed that frequent occurrences of the transmission of infectious diseases from person to person had been a matter of worldwide concern. Statistical records show that globally over four hundred thousand people had been killed due to contraction of the dreaded small pox disease. This contagious disease which originated in the 15th Century AD had been seen to re-appear from time to time. The so-called Spanish Fever which appeared for the first time in the 1930's had also been observed to be an epidemic. In Sri Lanka too people had been subjected to epidemics from time to time. In fact the Portuguese conquest of Sri Lanka which resulted in a sense of insecurity, also contributed to this unfortunate situation. In early 1580, after the arrival of

the Portuguese, it is on record that some citizens of Sri Lanka had been infected with small pox. History also records that The King Karaliyadde Bandara and his queen, who was the King of Sri Lanka ruled from Gampola, who had been in the custody of the Portuguese in the Fort of Mannar, had died of small pox.



Subsequently in 1766, by an Agreement with Dutch invaders, the Portuguese were permitted to acquire a considerable extent of the sea front in the Slave Island area, thereby depriving the Sinhala King of the coastal belt.

During this period, combined with the declining economy of the country, the foreign invaders

prevented the Kandyan Kingdom of acquiring the salt produced in the country's salterns. In addition, the Dutch invaders brought migrant Indian labour, and settled them along the coastal belt at a time when in several states in South India, the contagious small pox epidemic was prevalent and rapidly spreading. The result of this unfortunate situation was the re-appearance and rapid spread of small pox in Sri Lanka.

By 1796, with the acquisition of some Dutch-owned land areas by the British, large scale transfer and settlement of South Indian labour migrants had taken place. It is also recorded that with the arrival of these migrants, the contagious small pox and cholera diseases had also been introduced to Sri Lanka. Then in 1815, with the fall of the Kingdom of Kandy to the British, the social order of the people also had collapsed with the consequence that both small pox and malaria diseases began to spread rapidly to the rural areas of the country. Unfortunately, these epidemics

which were believed at that time to have been caused by deities or other demon-like evil spirits led to the total isolation of the infected patients. These victims of the dreaded disease, in some instances had been placed in isolated jungle huts as a means of preventing contacts with other people. In current context this is called quarantining and Srilankan people used this method to prevent spreading of infection diseases even in the past.

The Use of Traditional Knowledge in the Occurrence and Prevention of Contagious Diseases

The small pox infection became a problematic issue in 1805. In fact, even King Sri Wickrema Rajasinghe was also known to have been infected with this disease. Nevertheless, the Kings physicians apparently had treated and cured him. During this period a rural indigenous system of medicine was in flourished state, and local physicians with their indigenous knowledge had managed to discover various new herbal medications for the treatment of these so-called “deities illnesses” or infectious diseases. One of these medicines was known as “*Dhinya Rājaguli*”. This medicinal preparation in the form of packs was known to provide protection against infectious diseases when tied to the waist belt of a person. It was also the belief that placing these medicinal packs on top of the door lintel in the house, helps to prevent infection of contagious diseases coming to household. Likewise burying these medicinal packs in the four corners of a hamlet was also believed to prevent the invasion of contagious diseases into the villages.

A local physician by the name Rājaguru Mudiyanse Rālahamy resident in Devinuwara, Matara, had apparently used a knowledge system called “mineral based intelligence” to developed a medicinal preparation called “*Pētha Karosena Guliya*”, and treated persons infected with small pox. These medicinal packs are said to have been intensively experimented, and often included highly toxic ingredients such as mercury, vermillion, arsenic etc., formulated with other appropriate herbal components and finally macerated in bees honey or juice of vishnu kranthi (*Evolvulus alsinoides*). But the most significant feature of this treatment process is that it can also be used for diagnostic purposes.

The triple symptomatic condition (*Thri-dhōsha*) caused by air (wind), bile and phlegm plus external influences are said to result in 9 forms of small pox. Feverishness, dehydration, joint pains, stiff hair, soreness of eyes, headaches, and cold are some of the common symptoms. The effects of air causing body aches, bile causing a smarting sensation and phlegm becoming thick and dry are the causative factors. These symptoms show painful aggravation of the disease. In all cases of small pox, phlegm and bile need to be coughed out, while blood vessels have also to be cleansed, while inducing vomiting. Thereafter, various decoctions are given, followed finally by the administering of the previously mentioned medicinal preparation (*Pētha Karosena Guliya*)

The following are some of the decoctions given to such patients:

- 1) Drinking of boiled *valmi* – *Kobomba* mixture.
- 2) Administration of *Thorastbavalu sunu* with bee’s honey and inducing purging of the patient.
- 3) A decoction made out of *inguru*, *thippili*, *Kobomba*, *dhumella*, *kottan*, *coriander*, and *nelli*, given with bee’s honey.

It has been claimed that with this treatment regime, it has been possible to treat and cure 8 forms of small pox.

Potential Methods of Challenging Contagious Diseases

According to a reference in an ola-leaf text known as “*Vydyiya Chinthamani Bhaiashadjiya Sangrahava*”, the primary cause of the spread of contagious diseases is the unsatisfactory nature in the conduct and behaviour of people, resulting in the occurrence of toxicity in blood. This ola-leaf text is also said to provide a comprehensive account of symptoms of small pox, in addition to the manner or ways in which the spread of the infection occurs.

For instance, if an uninfected person panics on seeing a small pox patient, he will also get naturally infected due to drop of immunity, while a bold person who attends on a small pox patient is not likely to get infected easily. Nevertheless, direct contact, or inhaling the odour emitted by a small pox patient can result in the transmission of the disease.

It is thus evident that even in the current context in the occurrence

of a contagious disease, there seems to exist an ill-omen and demonic fear. It has been postulated, and expected that the inhuman attitude of the World's powerful nations over the last 500 years or so, may cause imbalance in the nature that burst out in different form of adverse effects.

During epidemiological period ancient people also used spiritual and religious rituals to prevent contigogenesis and control of the diseases.

It had been the practice to seek blessings by organizing drumming ceremonious, incantations of charms and the chanting of the *Ratana Sutra Piritha*, to seek the blessings of the Triple Gem.

In ancient times when such a contagious disease is contracted by one individual, it unavoidably spreads rapidly throughout the hamlet, causing the other residents to flee the village, usually under the hidden threat and influence of unworldly evil spirits. In such instances, it has been the practice for the people to organize various ceremonies which include various types of rituals that comprise *Kem* (a secretive spiritual prescription), charms, incantations, propitiatory offerings etc, seeking blessings of tutelary deities. In the meantime, as special measures to help patients to recover from congestion, and in helping them to increase resilience, resistance and immunity through various herbal decoctions eg. *Cungi*, many other rituals are carried out. This traditional treatment regime includes for instance, the releasing of herbal based fumes, followed by recitation of incantations, and in

particular, a charm that is said to be recited 108 times. In addition, it was the practice to provide charmed water as a drink, and subsequently, the charm is cast in an ola leaf to which saffron and sandalwood had been included. This charm is then recited 108 times, and finally rolled into a talisman to be tied on to the right hand. It has been claimed that the following charm has the effect of reducing the body temperature as well as the influence of evil spirits.

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 පිසාවාස්වාසාකිතීකුලොත්මුලනාය
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 සිවසිවාය නමං

The above verse describes the manner of causing the reduction of the body temperature as well as the dispelling of the influence of demons (evil spirits) or germs in modern context. There are similarities and dissimilarities between, the current Corona epidemic and Small pox. Nevertheless, a major impact of these contagious diseases is the creation of a fear psychosis in people.

Such efforts which began during the first half of the 19th Century, were obstructed by the British Colonial government. One such action taken by them was to prevent the use of cannabis. In 1798, Edward Genar, by offering cattle small pox (a type of virus in which the virulence had been reduced), had been able to provide

an opportunity to increase one's immunity. In 1886, the British Government by an Act on Immunity, arranged to provide all citizens with the so-called Immunity Management Injection. Later in 1949, they introduced the tuberculosis prevention injection; in 1961 the anti-diphtheria injection; in 1962 the gut polio injection; in 1963 provisionally, the BCG injection, etc. Likewise, for measles and Rubella diseases too injections had been provided, thereby demonstrating to the world that Sri Lanka had taken steps to provide all necessary measures to enhance the immunity factor to the people. Experimental work in the United States had led to the development of even gene-based injections. This had led to the belief that American, Chinese and Russian laboratories may have stored or preserved very old micro-organisms for carrying out various scientific investigations. In fact, today it is being openly discussed as to whether the present pandemic Corona virus had its origin in these laboratories. It cannot therefore be ruled out that the failure of the current efforts to enhance the immunity factor with such anti-virus injections had caused global concern.

It has however to be noted that the natural immunity to diseases that exist in the human body is very strong, and there is no doubt that the present day consumption of artificially formulated food is substantially responsible for the loss of our naturally generated immunity.

Indigenous Knowledge – based Mechanisms for the Prevention of the Occurrence of the New Contagious Disease

It is the common view that diseases such as Malaria and Dengue are mosquito-borne ailments. Hence mosquitoes are the vector carriers of these diseases. Accordingly, destroying the breeding places of mosquitoes is the current process of curtailing the spread of the disease. However, there is no way of treating the distressed condition caused by these diseases. The various viruses that appear from time to time in the world are identified by a variety of names. The current Covid named Corona Virus has been identified SARS-COV2-RNA. It spreads rapidly and almost instantly cause coarseness of the throat, and with time the bronchi are invaded, causing the organs to swell. Subsequently the cavities of the lungs get congested thereby causing breathing difficulties.

1) Traditional Methods in the Prevention of Infectious Diseases

1. Providing food that are known to enhance immunity

- Consuming *Cungi (Kola kenda)* prepared with traditional varieties of rice, such as *Heenati, Ael-Sal, Dhabanala*, as well as *cungi* prepared from specially recommended medicinal herbs, forms a special treatment regime.
- Consuming a *kurakkan*-based paste (*thalapa*) with a curry made of horse grain (*Kollu*).

2. Protection Measures

- Use of pure water, especially well or stream water. Water from such sources are known to have medicinal properties.

- Tying in the hand a paste made by crushing pieces of *Asafetida (Perumkayam)*, garlic, *Sasandha*, and *Burella* leaflets.
- Bathing daily with well or stream water.
- Application on the body of a paste prepared by crushing *eth thora* in lime juice prior to a bath. Applying sesame (gingelly) oil on the body and remaining exposed to sunshine for some time before taking a bath.
- Those infected should be kept in isolation in the residence as well as arranging for inhalation of steam from water treated with citrus juice.
- To make offerings to deities and utilize “*Kem*” (a secretive treatment) methods, together with the recitation of *Rathana Suthra piritha*

3. Medical Treatment

The traditional treatment schedule includes the partaking of herbal decoctions and medicinal pastes as a primary step for the management of the body temperature. This is usually done according to each patient's air, phlegm and bile status, as observed by the physician. If necessary, the physician will promote the necessary medication to induce purging as well as smoking out of any harmful elements by burning appropriate herbal ingredients, as well as arranging for steam inhalation of boiled citrus (5 types) leaves steam. Other treatment regimens may



involve the removal of phlegm using medicinal packs lodged in the mouth; washing out the throat and mouth with the use of gingelly oil and finally permitting the munching of betel leaf with a crushed mixture of areca nut, nut meg, seeds of musk mallow (*Hibiscus abelmoschus*) cardamom, yellow myrobalan (Sinh. *Aralu, Terminalia chebula*).



Mr Mathugama Seneviruvan

No : 1/6
Galabadawatta Road
Mathugama
seneviruvan@gmail.com
0714287695

