



National Policy on
Sri Lankan Systems of
Indigenous Medicine

DRAFT

MINISTRY OF INDIGENOUS MEDICINE

1.00 Introduction

1.1. Preamble

The anthropological, archeological, social and medical background of the Indigenous Systems of Medicine is a field spread over a wide range. Indigenous Systems of Medicine of Sri Lanka enriched with the legend of *Rawana*, depicting a proud heritage of a highly developed civilization is a great cultural heritage of a dignified nation which was represented by *Irshi Pulasti* at the Bharatha Irshi Congress, shines with solemnity. It is the story Sri Lankan Indigenous traditional knowledge that is related through the 30,000 years old steps of the Balangoda man, which was enlivened, on the archaeological evidence of the pre-Vijayan era. The Indigenous Systems of Medicine which were enriched by royal sponsorship and having a great heritage and identity which cannot be compared to any other civilization of the world is a methodical, very meaningful, strong and productive base of a national medical system.

There is no doubt that the Indigenous Systems of Medicine, which were theoretically augmented through cultural, economic, religious, technological connections prevailed with India for several centuries, and of expanded knowledge with the help of the medical knowledge systems of various countries through the silk route. According to the written history, the Indigenous Systems of Medicine of Sri Lanka realized the hospital concept for the first time in the world and it is well known that it established a highly scientific public healthcare stream as well. The Indigenous Systems of Medicine engaged in care services as well within the National Health System as its solely origin receiving the state sponsorship from the ancient times had been established within a well organized Institutional structure. It was engaged in a vital mission as a network of Sri Lankan socio-human value system connected to natural resources and biodiversity more than a mere system of medicine or system of healthcare. The vast indigenous knowledge, which was heavily subjected to much destruction due to enemy invasion, faced a very deteriorative fate in a very unfortunate manner during the imperialist colonial era.

Due to the esteem position given to the Indigenous Medical System in the revolutionary agenda by the pioneers of the freedom struggle, a progressive feature in the field started appearing even before the independence. But there were many instances of the Indigenous medical field diverted in new directions in the attempts made to regain the privileges denied to the Indigenous Medical System by the political and economic styles built up in society after independence. However, as a result of the operation for acquiring the benefits of this new awakening within the administrative structure of the time progressed slowly, it is clear that this field was subjected to a comparative drawback. In the social set

up which was influenced by new colonialism and industrialization, the healthcare system based on western medical system succeeded in influencing speedily and strongly the minds of the population. The Indigenous systems of medicine got misplaced in its identity and faced the challenge of not being commensurate with post-social value system in a serious manner as an adverse result of the globalization.

Diverting the global attention to the Indigenous Systems of Medicine, which was engaged in a frantic effort to retain its identity and establish its existence amidst all these threats, challenges and uncertain stages, became a good omen. The developed and rich society in western countries have lost hopes regarding health especially due to the hazards and ineffectiveness of chemical pharmaceuticals of the Western Medical System, and at a time there is a tendency for alternative treatment in natural medical systems, the need has arisen to provide services and products of quality in the Indigenous System of Medicine. Similarly, to strengthen the role of Indigenous Systems of Medicine within the National Health System, and at a time the necessity of a properly planned programme has become conspicuous, this National Policy can be considered as the basis of a progressive arrangement. Establishing the vision and programme to carry forward the Indigenous Systems of Medicine to a safe future by strengthening the policy decisions would be a support for the contemporary and sustainable planning in the field of Indigenous Medicine.

During the past 2 or 3 centuries when the western medicine took root in the country, the mission rendered to uplift the health conditions in this country became more conspicuous due to the contribution made to upgrade the health and nutrition indicators which crashed down before challenges in the national, socio-cultural, educational and economic systems. Although this image was successful in suppressing the great and excellent features of the Indigenous Systems of Medicine, its completeness could be reached only by giving due consideration to the utilization of Indigenous Systems of Medicine when preparing a National Health Policy. Therefore, the contemporary requirement of a National Policy for Sri Lankan Indigenous Systems of Medicine was a matter subjected to discussion for a long time. It is not a secret that the absence of a National Policy happened to be the reason for situations where the Indigenous Systems of Medicine did not receive the Government sponsorship and the social attention, except for certain special reasons. If one observes the problems and involvements of the Indigenous medical sector during the pre-Independence period, their common factor of the general nature and the reason is the improper plans without these policies. Therefore, every Government has accepted that a special section on Indigenous Medicine should compulsorily be included in the National Health Policy.

Similarly, the present Government which has well realized the necessity of familiarizing the people of the use of Indigenous Systems of Medicine, has established a Ministry at Cabinet level and thereby a special function has been assigned to the Indigenous Medical Sector in enhancing the health and nutrition of the people. Preparing a clear and strong Policy Framework for discharging the said function is a contemporary requirement.

1.2. Approach

The World Health Organization, by its strategy plan regarding traditional medical systems very clearly demonstrates that when the use of Indigenous Systems of Medicine are carried forward progressively, problems could arise policy, safety, effectiveness, quality, approach and rational use. These involvements are very vital to secure similarity in winning the challenges arising in maintaining the Indigenous Systems of Medicine effectively as a source within the mainstream National Health System. Similarly the global interest in conserving the indigenous knowledge systems and traditional knowledge and utilizing them successfully parallel to primary health practices is in the increase. For that very reason, the sponsorship of the International Aid Institutions for developing the availability accessibility and affordability of Indigenous Systems of Medicine is considerably on the increase.

The Presidential Task Force on National Health Policy officially accepted the role of the Indigenous Systems of Medicine within the National Health System and among the recommendations made in that regard, emphasis has been made of the necessity of a National Policy. The diversity of Healthcare Systems seen in Sri Lanka as liveliness in the Indigenous Systems of Medicine would result in maintaining its time-suitedness. Similarly, the variety in the sphere of knowledge regarding Indigenous Systems of Medicine, can, undoubtedly, be wisely utilized for National Health needs. Especially the knowledge in Indigenous Systems of Medicine is a knowledge coupled with beliefs, values, existing within the cultural and traditional heritages, is a knowledge tested by time. Another side view of an approach of this nature is the presence of features compatible with local, social, cultural and economic environment of Sri Lanka.

1.3. Issues

1.3.1. Under-resourcing:

Although the history of state patronage regarding Indigenous Medical System is several decades old, no considerable development is seen in this field comparatively due to the non-provision of sufficient resources

to suit the times. The ultimate result of this is the creation of a slow establishment structure with a very weak capacity in the field of Ayurveda medicine due to being subjected for a long time to undernourish, defective and offensive influences.

1.3.2. Unsystematic State Patronage:

Due to national level political activities and the absence of definite clarity regarding Indigenous Systems of Medicine among those responsible in the state sector and non-acceptance of the contribution and identity of the Indigenous Systems of Medicine within the National Health Programmes got displaced. Not obtaining the productive participation of especially the private sector, absence of a proper co-ordination between the Government and the Provincial Councils and the weak role of the state sector, caused the Indigenous Medical field more degenerative and fell into a level by which it could not move forward with global and national mainstreams.

1.3.3. Pseudo-Scientific Approach:

When the scientific community and the modern society look at the Indigenous medical system nonchalantly, which is not commensurate with the scientific interpretation and construction, resulted in considering it as another legend full of myths. Similarly the extent of research results acquired in a very slow progress in the research field regarding Indigenous Systems of Medicine is not in keeping with the modern scientific challenges, which has directed more vetoes to that position.

1.3.4. Over-Ayurvedization:

There is no dispute that the North Indian Ayurvedic Medical System has influenced greatly the Sri Lankan Ayurvedic Medical System in the form of an organized and great regional tradition. However, with the Institutionalization of Ayurvedic Medical System, valuable coherence has gone away from practice due to the hereditary and traditional Indigenous Systems of Medicine not being explored, not taking steps sufficiently to conserve them and not being sufficiently used. This situation has adversely affected the advancement of the traditional systems of medicine.

1.3.5. Quasi-Biomedicalization:

As an intervening result of the Ayurveda Education Institutions preparing their courses in keeping with the bio-medical model of the new medical science, the identity of some of the Ayurvedic practitioners has been surpassed by academic features of the western medical system as well as by the social conduct. This situation, which adversely affects the progress of the Indigenous Systems of Medicine as a whole, is a big damage to the national image of the Indigenous Systems of Medicine.

1.3.6. Lack of Model for Healthcare:

A model for healthcare relating to Indigenous Systems of Medicine has not been built up in the National Health System, and it has become a basic obstacle to expand the service network formally, systematically and widely. A more conspicuous shortcoming here is the absence of prescribed determinants and standard good practices for activists and the insufficiency of standards for services and products. It is also an obstacle to establish a Service Stream directed at the satisfaction of the clients.

1.3.7. Unethical Commercial Exploitation:

As a result of not taking effective measures for solving the problem of Intellectual Property Rights regarding bio-diversity and Natural Resources, which especially applies to the existence of the Indigenous Systems of Medicine the risk of their illegal utilization, still exists. Similarly, the threat of fast destruction of our indigenous knowledge system is very strong consequent to the absence of a sufficient national attempt to preserve the traditional knowledge.

1.3.8. Communication Disagreement:

The mutual communication gap between the western medical practitioners and the indigenous medical practitioners has reached a severe crisis and it has become an obstacle to providing more reasonable and just service within the National Healthcare System. As no effort has been launched to improve the mutual co-operation and interaction between these two fields, a radical nature acting on incorrect opinions and conclusions based conceptually has arisen between practitioners of both parties.

1.3.9. Monopolistic National Health System:

Although the Government is bound to accept the concept of Indigenous Systems of Medicine in Sri Lanka on an equal basis, it appears that the National Health System is dominated by the Western Medical System in a monopolistic manner. The opinion of many academics is that the Western Medical System should responsively increase the existence of the Indigenous Systems of Medicine. But the mainstream interventions of the Health Sector are administered in line with the Western Medical System.

1.3.10. Ominous Department of Globalization:

It is not a secret that the globalization activities during the latter part of the last century adversely affected traditional knowledge systems and indigenous practices. The manner in which the inhibiting effects of Agreements and Conventions which came to international sphere through the evil conduct of globalization on the Indigenous Systems of

Medicine has not yet been studied up to now. Among these International Conventions are, Convention on Biodiversity (CBD), Global Agreement on Tariff and Trade (GATT), Agreement on Trade Related Intellectual Property (TRIPS), Convention on the International Trade on species facing extinction (CITES) etc. and also Regional Agreements such as South Asian Free Trade Agreement (SAFTA) and by-lateral Agreements such as Indo-Lanka Free Trade Agreement (FTA).

1.4. SCOPE

- 1.4.1.**Legal Framework:** Strengthening the legal framework and enacting new laws in order to utilize for increasing the Institutional responsibility.
- 1.4.2.**Entire Service System:** Maintaining the Care Services Network according to excellent time practices and standards and reasonably to suit the time in keeping with public requirements.
- 1.4.3.**Community Participation and Responsibility:** Enhancing the social and personal responsibility by strengthening the community to obtain active contribution for maintaining good health through Indigenous Systems of Medicine.
- 1.4.4.**Stewardship and Management:** Promoting the stewardship of the Ministry and other establishments of the state Sector and stakeholder establishments of all levels in the field of indigenous medicine.
- 1.4.5.**Institutional Development and Capacity Building:** Optimizing efficiency and productivity of the services by mobilizing the strengths and opportunities in the indigenous medical field on a rational basis.
- 1.4.6.**Conservation of traditional Resources and Heritage:** Incorporating the technologies and excellent practices of the time relating to Indigenous Systems of Medicine into the mainstream development process, by encouraging innovative efforts.
- 1.4.7.**Funding and Resource Allocation:** Ensuring financial and resource allocation according to sustainable, equitable and effective determinants so that care requirements of all levels are met in time.

2.00 Overview

2.1. Vision

A healthy and prosperous nation for contributing to the development of the country through Indigenous Systems of Medicine (ISM)

2.2. Mission

To achieve the quality of life by contributing to physical, mental, social, economic and spiritual well-being of the people of Sri Lanka by adopting professional excellence in Indigenous Systems of Medicine (ISM)

2.3. Goal

Improving the health status of the Sri Lankan people through best practices of traditional, indigenous and other knowledge systems while preserving the identity and strengthening the role and contribution of the Indigenous Systems of Medicine (ISM) in the National Healthcare System.

2.4. Objectives

- 2.4.1.** To expand, re-structure, strengthen and rationalize the present Care Services network of the Government and Private Sectors as required ensuring the quality of Care Services with the object of enhancing the public confidence and client satisfaction regarding the Healthcare Services pertaining to the Indigenous Systems of Medicine.
- 2.4.2.** To encourage the process of subjecting the staff to an excellent treatment to acquire a maximum health standard by strengthening the auxiliary services required for the providing of quality services in the government and private sector.
- 2.4.3.** To strengthen the ability of evidence based decision making for the development of health in Establishments, Departments and Bordeaux relating to Indigenous Medical field.
- 2.4.4.** To enhance the community and society participation in the Healthcare Process through the expansion of the understanding of clients regarding their rights and responsibilities.
- 2.4.5.** To strengthen the management capabilities at Central, Provincial and District level in a manner to enhance the use of responsibilities and management capabilities and capacities of the decentralized Care Services.
- 2.4.6.** To strengthen Research activities enabling the contribution to a programme to ensure the quality of services and products pertaining to the Indigenous Systems of Medicine.

- 2.4.7.** To strengthen the partnership of the Government and private sectors through the establishment of a regulatory structure for encouraging investment to make more efficient the services of the Private Sector and to protect the quality of such services.
- 2.4.8.** To upkeep an efficient, reasonable and economical care service to the satisfaction of the clients by encouraging the political leadership, policy makers, managers, advisors, evaluators and investors to develop such Care Service by continuous utilization of quality information.
- 2.4.9.** To take steps to conserve and develop hereditary and traditional knowledge and practices of Indigenous Systems of Medicine.
- 2.4.10.** To improve, encourage and generate the financial sources of all levels, for strengthening the financial feasibility to develop infrastructure facilities as required to maintain the Care Services in the field of Indigenous Medicine.

3.00 Policies

- 3.1. A Flag (annexure 1) and Song (annexure 2) depicting the historical pride, heritage, haughtiness and respect regarding Indigenous Systems of Medicine will be declared and the guidelines to be followed in using them will be adopted. Specially it would be encouraged to use in a respectable manner, signs and emblems depicting the cultural and national virtue system and life vision using especially those Systems of Indigenous Medicine connected to the people's psyche.
- 3.2. State sponsorship will be given wherever necessary for effecting constitutional, policy and legal enforcement in the fields relevant to Indigenous Systems of Medicine regarding development, management, administration and resource allocation. The Government Programme will ensure the acceptance, on principle, the continuance of the Ministry of Indigenous Medicine as the establishment playing the role of custodianship of indigenous medicine.
- 3.3. The Institutional structures relevant to the Indigenous Medicine Sector will be reviewed and reorganized in a planned manner to suit the requirements. Regarding every establishment, a workable Corporate Plan and a functional Master Plan for the Indigenous Medicine Sector will be implemented.

- 3.4. Necessary legal provisions will be introduced to further strengthen the re-structured institutional network and National Council for Indigenous Systems of Medicine with advisory, investigatory and supervisory powers will be established. An institutional structure will be established representing all sectors of Indigenous Medicine sector proportionately and justifiably in this Council.
- 3.5. Institutional process will be strengthened for enhancing the necessary mutual cordiality in order to increase the co-ordination, mediation and co-operation among the line Ministry relating to the subject of indigenous medicine, Provincial Councils and Local Government establishments. Maximum steps would be taken to widen the continuous and constant relationships with Provincial Councils regarding the development and promotion of Indigenous Systems of Medicine.
- 3.6. An Inter-ministerial Committee will be established for enhancing the co-operation, co-ordination, mediation, mutual responsiveness with other fields and sectors belonging to the mainstream, which should be associated in the development of Indigenous Systems of Medicine. Programmes for obtaining the contribution of competent professionals involved in the mainstream subject fields and centres of excellence will be implemented.
- 3.7. A linked programme will be launched with the Ministry of Education for formally including the knowledge and practices of Indigenous Systems of Medicine into the curriculum with the object of popularizing the human values and morals of positive lifestyle among the school community through the introduction of life vision associated with Indigenous Systems of Medicine. Efforts will be made to incorporate, ISM subject elements into relevant Courses and programme to motivate the tendency in eligible student community for higher education, towards the Indigenous Systems of Medicine.
- 3.8. An optimum and extensive service to the public will be ensured through promotive, preventive, curative, palliative and rehabilitative services of the ISM healthcare system. A healthcare service system, which is creditable, accessible and affordable, by public will be networked at primary, secondary and tertiary levels.
- 3.9. Creation of an enabling environment will be encouraged in order to recognize the parallel existence and the equivalent role of the pluralistic healthcare systems within the Sri Lankan National Healthcare System. Identity and role of Indigenous Systems of Medicine in the National Health System will be strengthened while preserving its diversity.

- 3.10. The infrastructure development required for institutionalizing the healthcare service network through Indigenous Systems of Medicine more efficiently and productively will be realized on a systematic and methodical plan.
- 3.11. A model of Healthcare Service with capacity and feasibility will be introduced for providing the maximum services in an integrated and synergistic manner entirely within the National Health Systems. The National Mission of reconstituting the Healthcare System with a more humanitarian approach in a co-existed culture according to the responsiveness of the clientele, and the procedures pertaining to it will be encouraged.
- 3.12. A strong, meaningful and productive institutional framework and linkage network will be established to enhance the quality of life through the promotion of positive lifestyles, health-seeking conduct and nutritional status by Indigenous Systems of Medicine. Support will be extended to Projects and activities pertaining to these areas, specially considering the healthiness as an economic factor for contributing to the development process.
- 3.13. A human resources development programme, based on timely needs and determinants of the sector, aiming the professional competency and proficiency in every sector at each level, will be implemented in a planned and methodical manner. A code of ethics regarding professional conduct necessary for professional skill development as well as the quality of service of the cadre will be improved in a systematic manner.
- 3.14. Institutionalization of the system will be facilitated for quality assurance of ISM products and process of standardization conforming to the national and global requirements. Initiatives for a sustainable programme will be strengthened in order to safeguard the humanitarian image and professional dignity of Indigenous Systems of Medicine.
- 3.15. Actions will be taken to establish herbal gardens and ethnobotanical gardens according to the National and Global Programme of Conservation and Sustainable use of Biodiversity and to clusters of herbal-farmers are located adjoining to same. A national level community participatory programme for commercial scale cultivation of medicinal plants will be extended island-wide and thereby needs of the local and foreign market will be met.

- 3.16. Assistance will be extended by providing various financial and entrepreneur incentives and supports for local and foreign investment promotion in the development of industries based on Indigenous Systems of Medicine, by establishing a regulatory mechanism required for supplying quality products and items according to the standard determinants especially in the export market. A programme for upgrading the economic standards of the ISM practitioners and the public through such industrial promotion will be launched.
- 3.17. Necessary steps will be taken to build up mutual fora while reviewing the manner in which global as well as regional level multi-lateral and bi-lateral agreements, conventions and treaties affect the Indigenous Systems of Medicine and thereby protect the Sri Lankan identity. Similarly, entering into multi-lateral and bi-lateral conventions based on contemporary requirements, which may be relevant to the development of Indigenous Systems of Medicine, will be encouraged.
- 3.18. A background by which a sufficient legal mechanism could be institutionalized to stabilize the Intellectual Property Rights regarding ISM and to obtain the benefits of commercial applications pertaining to such knowledge and practices will be built up. A database, on ISM within a consolidated organizational network in keeping with and according to the Sri Lankan legal system regarding the indigenous knowledge, local wisdom, traditional knowledge, will be established.
- 3.19. Necessary steps will be taken for the conservation, formal transmission and popularizing the use of the non-formal knowledgebase on which the indigenous and traditional knowledge systems regarding Indigenous Systems of Medicine are based. The rational necessity for improving the cultural, social, national and environmental factors required for protecting the traditional resources pertaining to ISM and mainstream the technology and best practices pertaining to such knowledge systems will be ensured.
- 3.20. The field of ISM research will be strengthened through development-oriented research Programmes conducted according to the national and global requirements in a manner to provide the results and benefits to the necessary parties, by the implementation, efficiently and productively of the relevant research process within a systematic and logical structure. For this purpose, a Centre of Excellence will be maintained with a structure and capacity necessary to engage in a wider mission within the national level research effort.
- 3.21. An institutional structure necessary for maintaining a stable identity within the National Information Network by establishing a

Management Information System, which can be utilized for making evidence based policy making and planning with regard to ISM will be established. Facilities will be provided to use new technology for building up an Information, Education and Communication (IEC) Network operating nationally and globally by utilizing this information.

- 3.22. Steps will be taken to formulate a development and regulatory process required to provide a quality service through the establishments operating in the tourist sector for foreigners who patronize them due to the international fame about Indigenous Systems of Medicine. Actions will be realized to give publicity in foreign countries regarding the respect and haughtiness of the Indigenous Medical System and thereby offering mutual benefits to both indigenous systems of medicine and the tourist industry.
- 3.23. Legal reforms will be introduced with the object of stabilizing and strengthening institutional structure and functions regarding the conservation, management, development and regulation pertaining to Indigenous Systems of Medicine. The consumer rights of the clients will be protected by establishing a subsidiary mechanism to be used in order to implement the said legal provisions.
- 3.24. Actions will be taken to introduce a Social Security System directed at the social, economic and personal welfare of the traditional medical practitioner community who protected the Indigenous Systems of Medicine as their heritage. This will be made to be recognized at national level as a socio-economic plan to corroborate the ownership of the ISM especially in the indigenous medical practitioners of the new generation.
- 3.25. Private of Sector Partnership will be optimized in order to develop the ISM services and productions, and necessary linkages will be strengthened for promoting the above. In this respect, institutional procedures necessary for encouraging the development of services, regulating the maintenance of quality will be properly and methodically organized.
- 3.26. Actions will be taken to institutionalize the civil society with regard to popularization of the promotion and extension of utilization, applications and practices of Indigenous Systems of Medicine as well as organize and empower community activities regarding Indigenous Systems of Medicine. Social responsiveness to health as well as personal responsibility and accountability to improve the contribution and participation of community-based organizations for the national mission of enhancing the quality life of the people will be encouraged.

- 3.27. A National Programme will be launched to provide necessary facilities in organizing non-governmental ISM Healthcare Providers at local level, and to recognize active representation of such organizations. Similarly, societies and associations of the learned professionals engaged in Indigenous Systems of Medicine will be recognized and evaluated in an upgrading manner to move forward with the contemporary scientific and academic advancements.
- 3.28. A dialogue-vice basis will be formulated to build up cooperation and co-existence with other homogenous systems of medicine based on natural and holistic principles. The regulatory mechanism of alternative and complementary medicine of different countries and recognized in such countries, practiced in Sri Lanka will be strengthened.
- 3.29. A continuous effort of building productive and rational linkages with national and international centres of excellence for strengthening research, academic and education programmes, with the object of developing Indigenous Systems of Medicine will be carried out. ISM Institutions and Departments will be encouraged to extend the benefits of such projects to the Sri Lankan Indigenous Medical Sector.
- 3.30. Policy recognition to prepare an equitable and rational basis to assign the provision allocated by the government for Indigenous Systems of Medicine, in a progressive manner and in accordance with the timely need, will be created. A sustainable and transparent programme will be implemented to channel the local and foreign aid and sponsorships granted for the development of the Indigenous Systems of Medicine, to the eligible sectors while safeguarding the identity of the Indigenous Systems of Medicine.

Definition of Indigenous Systems of Medicine:
Indigenous Systems of Medicine (ISM) include Sri Lankan Traditional System of Medicine, Ayurveda, Siddha, Unani or and similar therapeutic techniques, healing systems, healthcare procedures practiced with proper approval in Sri Lanka and recognized by another country or at international level accepted as an alternate or complementary system of medicine based on natural and holistic theories.