

Harnessing the Potential of Traditional Medicine in Sri Lanka



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Proper monitoring and regulation of traditional medicine and its integration with western medicine can enhance the quality of health care response.

Introduction

Public interest in traditional medicine grew exponentially in Sri Lanka following the coronavirus disease (COVID-19) outbreak in March 2020. This kind of medical intervention has been practiced in the country for centuries, and its different strands, such as Ayurveda, Unani, Siddha, and homeopathic medicine continue to exist despite more recent advances in western medicine.

Traditional medicine has the potential to complement western medicine in achieving a responsive health care system and high-quality health care outcomes in the country. To leverage its potential, the government must establish data collection and management on the availability, accessibility, and utilization of traditional medicine; strengthen its monitoring and regulation; and promote intensive research and training in this sector.

Analysis

Currently, five main sectors comprise Sri Lanka's health care service: 1) government-funded western medicine, 2) government-supported Ayurveda, 3) privately run western medicine, 4) privately funded Ayurveda, and 5) privately run "other medicine" sector—i.e., indigenous medicine, complementary medicine, native medicine, local medicine.

In 2019, the World Health Organization (WHO) reported that 170 member states have acknowledged traditional and complementary medicine (<https://www.who.int/publications/i/item/978924151536>), which suggests that billions of people around the world rely on this kind of medical intervention. In Sri Lanka, people choose traditional, western, or both remedies depending on their illness. Research suggests that traditional medicine is the usual first preference as minor ailment treatment. (<https://arts.pdn.ac.lk/socio/staff/articles/abeyrathnayake%202019.pdf>) Moreover, traditional medicine is also used as alternative (<https://www.jstor.org/stable/3517999>) whenever western treatment is unsuccessful.

At the height of the COVID-19 outbreak, several countries opted to use traditional medicine. For example, the People's Republic of China (PRC), India, and Thailand have recommended traditional medicine in their official diagnosis and treatment guidelines.

In Sri Lanka, the use of traditional medicine also increased significantly at the peak of the pandemic (<https://island.lk/medicine-and-alternative-medicine-treatments-for-covid-19/>). Ayurveda medicines were introduced by doctors, registered Ayurveda practitioners, and some non-registered indigenous healers or physicians. The Ministry of Indigenous Medicine developed several drugs for COVID-19 patients and those at high risk of contracting the virus. Likewise, the Department of Ayurveda and the Ayurvedic Drugs Corporation jointly introduced an immune-boosting drink and a powder for those infected with COVID-19. Ayurvedic hospitals were also allowed to treat COVID-19 patients with traditional medicine.

The lack of available data on traditional medical practice (including practitioners and patients) is a crucial gap that needs to be addressed to improve and expand the alternative medicine sector. Data on usage is minimal and not as systematic as the one for western medicine. The latest available statistics of the Department of Ayurveda are

for 2007, which reported that 40%–59% of Sri Lankans used indigenous traditional medicine while 1–19% used acupuncture, homeopathy, and Unani medicine.

Data on service providers are also rare. The Ayurvedic Medical Council data for 2015 indicate that there were about 24,000 registered practitioners in the country. Ayurveda counts for 96.5%, the Siddha system for 2.9%, and Unani for 0.6%. Some of them are descendants of families reputed to have formulas handed down over generations to cure diseases and are engaged in public health care. It was only in 2016 that the Ministry of Health included Ayurveda institutions in the national data collection process. The Ayurveda service utilization was included in the national data collection system only in 2018.

Moreover, studies on traditional medicine are also limited, uncoordinated, and done with minimum interaction between scientists and traditional medicine practitioners because of lack of funds and personnel facilities.

Implications

Sri Lanka needs to fill the gaps between traditional and western health care to ensure their smooth integration. Primarily, an effective data collection and management system must be established to determine the availability, accessibility, and utilization of various forms of traditional medicine. The country must enhance its existing registration system, which can serve as reference for education or trainings that need to be rolled out to improve practitioners' professionalism, knowledge, and skills.

In other countries, integrating a properly regulated and monitored traditional health care system with western medicine enhances health care response. Several countries, such as the PRC, the Philippines, India, and Thailand, offer evidence that harmonization or the integration of both systems results in superior services to people and places health systems in a better position when meeting people's preferences or choices.

Policy makers must prioritize strengthening the monitoring and regulation of traditional and complementary medicine to secure people's trust. Likewise, the Ayurveda Research Institute must implement and enforce guidelines to promote research and training, including validating clinical trials.

Resources

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Ask the Experts



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