When East Meets West: Recognizing the Benefits of Sri Lanka’s Pluralistic Medical System

“I traveled eight hours to get here and have been waiting in line since four in the morning, but it’s worth it. Western doctors told me I would never see again. After coming here once a month for the past three years, I can see your face clearly.” As I sat outside of the bustling home of the local veda mahatha (traditional Sri Lankan practitioner), I was amazed by the stories of these people. The Veda had been practicing eye care for over thirty years, and the stunning reports of his practice had been heard across Sri Lanka and abroad, but he is not alone in this practice. Almost every patient whom I spoke with knew of this traditional cardiologist or that veda oncologist. Although none of the practitioners had received any formal training, they were living representations of ancient medicinal secrets that had been passed down from generation to generation within their families. Although I had come to Sri Lanka in search of a broader understanding of a successful health care system that utilizes multiple medical approaches, I discovered so much more. There is a deeply rooted cultural association in Sri Lankan medicine, and this plays a pre-eminent role in the health care decisions of its everyday people.

Sri Lanka is a small island nation just off the tip of India; as such, it has historically been heavily influenced by foreign nations through trade, and many of their own customs and practices in the field of medicine have been adopted by the Sri Lankan society. Perhaps most common is ayurveda, a commonly practiced form of Indian traditional medicine. However, there is also deshiya chikitsa, the indigenous treatment, siddha from southern India, unani from Arabia, acupuncture from China, and many more. While all of these are
officially recognized by the Sri Lankan government and have been “professionalized” through university systems, there still exist many different levels of practitioners. Usually, the distinction is made between “generational,” those that have learned their practice from their families, and “professional,” which are those that have studied traditional medicine in a university setting. This conglomerate of different schools of thought has created a medical system very different from the one we use in the United States. While *English behet* (Allopathic medicine) is extremely prominent in Sri Lanka, it must work in co-existence with these other treatment modalities, commonly known under the umbrella of Complementary and Alternative Medicine (CAM).

I went to Sri Lanka to examine how this pluralistic approach has benefited the country’s medical system. Sri Lanka has long been recognized by organizations as the World Health Organization (WHO) for having some of the developing world's best health indicators. Child mortality rates are extremely low, life expectancies are high, and expenditure is affordable. I found this extremely interesting, and wanted to investigate if there was some connection between their unique system and this phenomenon. Furthermore, I also wanted to explore the transferability of such a system to a country such as the United States, and see if the Sri Lankan system could be a viable alternative for the United States, a country known for spending the most money on its healthcare system with the least return.

In order to do this, I spent six weeks in Anuradhapura, a rural town in the North Central Province of the country, and conducted interviews with approximately one hundred patients at the Anuradhapura Teaching Hospital and the Ayurvedic General Hospital. I also worked closely with physicians and practitioners at both institutions,
shadowing them and informally questioning them about my interests. Outside of the professional hospitals, I spent some days with Community Health Officers (CHOs), government employees who promote healthy living and disease prevention through traditional medicine. I also had opportunities to shadow practitioners and speak with patients at some *veda mahatha* clinics, such as the eye practice. Furthermore, I explored the historical aspect of traditional medicine by visiting archaeological sites around Anuradhapura, which was the ancient capital of the country and home to one of the world's first hospitals. I worked with the help of a translator and under the guidance of Dr. Senaka Pilapitiya, an allopathic physician who also practices traditional medicine.

I found the work fascinating, and have come to some conclusions about the benefits of having such a system. What I found to be apparent was the distinction between acute treatment and chronic treatment among Sri Lankan patients. CAM takes much longer than allopathic medicine to take effect, and many patients are not willing to wait for relief or physically cannot if their condition is very serious. In such situations where they have these acute conditions, they almost always turn towards allopathic medicine. However, CAM often complements allopathic medicine in the treatment of chronic conditions. Back pain, joint pain, diabetes, long-term neurological issues, paralysis, and other illnesses are often treated by CAM. Patients find that CAM can give them a true cure for these illnesses rather than just temporary relief. They appreciate that they do not constantly have to take painkillers and can avoid intensive surgeries. In terms of contributing to Sri Lanka's impressive health indicators, I found this to be challenging to conclude on. Many allopathic doctors I spoke with argued that CAM has nothing to do with the low infant mortality and high life expectancy in Sri Lanka. However, I do have to question whether CAM’s
contributions are subtler than I originally anticipated. Having so many medical systems that treat a variety of different diseases on many levels not only broadens the spectrum of the physical treatment, but also contributes greatly to economic, geographic, and cultural accessibility. In terms of transferability to the United States, I think Sri Lanka’s specific medical system is deeply rooted in its culture and has flourished because of this connection. For this reason, I do not believe Sri Lanka’s system would work in the United States; however, I deeply believe in the viability of other medical systems and their ability to allow for greater access and affordability in the country.

Although I felt like my research experience was successful, it was not without its challenges. Like most developing countries, Sri Lankans operates on a slower schedule than most people in the United States. I have served abroad before and have even been to Sri Lanka many times to visit family, but I still found it to be a hard adjustment because it was my own work that I had created a schedule for. When I arrived, I was informed that I would have to fill out something similar to an IRB (although I showed them proof of IRB approval) and also would have to register with the university as an elective student, which would cost around $250 USD. Furthermore, I was told I would have to receive further formal permission from the Ayurvedic Hospital, which took almost two weeks. Although I found this frustrating, I believe it is an aspect of working in a different culture that must be embraced. People always express how you must adapt to a culture, and this includes a high level of flexibility with your own work.

Overall, I found this experience extremely enriching and I am grateful to the Kellogg/Kroc Institute for providing me with this opportunity. I am using my research to
compose a senior thesis through the Department of Anthropology, and am also considering writing an article for publication as the year progresses.