

A comparative study of the customs and social practices used in traditional medicine in the past and western medicine today for epidemic control

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ABSTRACT :

“A large number of cases of a particular disease happening at the same time in a particular community, is called an epidemic,” according to the Oxford Dictionary. Thus, in order to prevent diseases from spreading from one person to another, social norms, customs, and laws must be enforced in any society. This research has employed a thorough analytical methodology, with secondary sources serving as the foundation for the entire study. The aim of the study is to compare the social practices and customs used in traditional medicine in the past with modern western medicine in order to control epidemics. The research question is whether social practices, rules, and customs from the past and present are similar. Among the various social restrictions, social practices, and customs found in the indigenous medical system of Sri Lanka, the restrictions, social practices, and customs imposed during an epidemic are unique. Here we can first discuss social restrictions. These are called ‘WasangathaThahanchi’ (epidemic taboos). Here are some of them. That is Anabôla-thahanchi (if the use of something is forbidden, a leafy branch is tied and symbolized), Ranchu-thahanchi (prohibition of gathering), Yâm-çm-thahanchi (prohibition of travel), Waw-thahanchi (prohibition of using the tank), and Aththam-thahanchi (prohibition of participating in agricultural actions). Through each of these taboos, the spread of an epidemic has been brought under control. In addition, it is a custom to hang small branches such as neem, mango, and coconut leaves in front of the house to signal to the neighbors that an epidemic patient is in the house. It is also customary for the patient and the occupants of the house to be under house arrest for two weeks during the ‘pattinidesatiya’. All of the internationally recognised societal constraints in western medicine for managing the COVID- 19 pandemic today are ingrained in our historical social taboos. That is, rules and regulations are implemented, such as maintaining social isolation (lockdowns), stopping crowds, establishing quarantine, enforcing travel restrictions (curfews), and following medical recommendations. It is evident that managing individual behaviour to curb the current COVID- 19 pandemic is a challenging task. But all these taboos were used as ritual in the medicine of the Sinhalese (Sri Lankan) people. Man of culture likes to follow these kinds of stuff. It is clear from this that, despite the fact that Sri Lankan

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society now is made up of many different cultures, the social taboos of the past, preserved in the shape of customs, are still more useful than those of the present.

KEYWORDS : Western medicine, social practices, customs, Epidemics, Traditional medicine.

1. INTRODUCTION :

Fossil data indicate that at least 60,000 years have passed since humans first used plants as medicine (Fabricant & Farnsworth, 2001). Diseases were in ancient times believed to be caused by unseen forces, and remnants of these beliefs can still be seen in a number of indigenous medical systems (Thomson et al., 2020). A partial break from the superstitious ideas of medical thought occurred around 460 BC. Hippocrates, a Greek philosopher who lived during this time, concentrated on identifying physical causes for illness and saw it as a natural rather than mystical occurrence (Thomson et al., 2020). As a result, medicine began to advance as a science and evolved into Western medicine as it exists today. Man's ability to reason led him to turn to experimentation, which allowed him to learn about food, toxins, and medicines (drugs) through the application of perceptual knowledge (Thomson et al., 2020). As a result, different medical systems were developed around the world using different drugs for different diseases. The different medical practices that have been used from the past to the present can be broadly classified into two categories. They are conventional medicine and modern medicine. Traditional medicine is known as Indigenous, Complementary, or Alternative medicine, whereas modern medicine is known as Orthodox, Western, or Allopathic medicine (Xue & Changli, 2008). To put it simply, contemporary medicine is the science or art of identifying, treating, and preserving health in the face of illness or injury. Action, nutrition, exercise, and other operations are among the therapies used in modern medicine (American Heritage Dictionary of the English Language, n.d.). One of the most significant aspects of contemporary medicine is explained by this definition. That is, customs, superstitions, etc., are not followed in the contemporary medical system. In this case, it is evident that the pertinent illness or damage must be examined exclusively from a physical standpoint. One excellent illustration of how anthropologists have connected the natural sciences to the humanities is medical anthropology. It is the study of health and illness as experienced by individuals in various cultural contexts. These experiences are analyzed in the context of larger moral and theological concepts, as well as the knowledge of a specific community regarding illness and bad luck (Littlewood, n.d.). With the COVID-19 pandemic, the world was made aware of the practical value of medical anthropology.

According to the Oxford Dictionary, "A large number of cases of a particular disease happening at the same time in a particular community, is called an epidemic" (Oxford, 2020). Social and cultural factors are among the factors contributing to the spread of an epidemic. The rate of transmission depends on many factors, including the social habits, health practices, medical treatment, medicines, social relationships, beliefs, and religion of the members of the community. Epidemics have spread

from the past to the present, giving preface to so many problems. They have been treated and controlled using modern and traditional medicine. Various medical techniques are used around the world to cure a lot of epidemic conditions. This involves enlisting the aid of both conventional and modern medical professionals. In Sri Lanka, Traditional medical practices have been employed for ages to prevent and manage epidemics. “*Desheeya Chikithsa*” (indigenous therapy) or “*Sinhala Vedakama*” (Sinhala medicine) are the terms used to describe this medicinal technique (Uragoda, 1987). Sinhala medicine focuses on balancing the body’s energies (doshas) and emphasizes natural remedies, lifestyle adjustments, and dietary practices to maintain health and treat various ailments. Looking at the measures taken to control the COVID- 19 epidemic, it became clear that the use of drugs alone is not enough to control the epidemic situation. As a result, various social restrictions and rules are imposed around the world. Indigenous medicine, which has been around in Sri Lanka since ancient times, also has a special place for social practices, Customs, and social taboos. Social restrictions and laws imposed by Western medicine were also implemented in Sri Lanka in the face of this COVID-19 epidemic. These social restrictions, social practices, and customs have also been imposed on traditional medicine in Sri Lanka since ancient times to control epidemics. It is questionable whether these social restrictions, social practices, and customs of past practices apply to the present.

Epidemic outbreaks have been a recurrent challenge throughout human history. Different societies have developed their own approaches to managing and preventing epidemics, often incorporating customs, rituals, and social practices into their medical systems. With the rise of Western medicine, which emphasizes scientific research and evidence-based practices, a comparative analysis of traditional medicine and contemporary Western medicine is warranted to understand their respective contributions to epidemic control. This research examines thees and differences between the social practices, social taboos, and customs used to control epidemics in traditional medicine in the past and the social restrictions and rules imposed by Western medicine to control the current COVID- 19 epidemic. A comparative study into this takes place here.

2. Materials and Methods :

This research is conducted under the medical anthropological approach of beliefs and folk medicine systems that come under the cultural approach of medical anthropological studies. The descriptive analysis methodology, which falls under the detailed research category, was used to conduct this study. For this, only qualitative data are employed. This is so that the goals of the research can be more fully achieved with the use of qualitative data. All of the research’s foundation comes from secondary sources. It also gathers data from persons who have conducted research in this area and from literature as an approach. as well as, A comprehensive review of historical documents, ethnographic studies, medical literature, and academic articles will be conducted to gather information about traditional medicine practices related to epidemic control in various cultures. Then under

comparative analysis, the identified customs and social practices from traditional medicine will be compared with the evidence-based practices of Western medicine for epidemic control.

3. Results and Discussion :

There are four basic techniques used in indigenous medicine to treat patients. These consist of local medicines, foods, customs, and social interactions. In order to prevent and control diseases, the Sinhalese people have now embraced social norms and rituals that are ingrained in their culture. Additionally, the traditional health physician is responsible for treating occasional epidemics. “From birth to death, the pain of the life river comes first because there is no medicine beyond what he says. The standard of living of physicians changes during epidemics” (Dalupotha, 2020).

During the outbreak of an epidemic, a traditional health physician would even come out of his house and treat patients in a makeshift hut or yard to prevent the outbreak from spreading. They also do not give up on their occupations during times of epidemic and check if the people in the village are following health habits properly (Dalupotha, 2020). Thus, it is clear that a local therapist has a great responsibility during an epidemic. Here, it is evident that the indigenous medical system employs methods similar to those used for treating other diseases in order to contain epidemics. These methods include the use of food, medicine, witchcraft, and social customs. Epidemics are referred to as ‘*Deyyangeleda*’ (God’s disease) in Sinhala folklore. When interpreting dictionaries according to those standards, the interpretation given by the folklore dictionary is important. That is to say, it is interpreted in folklore and folk language as “the work of God”. Diseases of God, diseases that are considered to be caused by the wrath of God, are interpreted as epidemics (Dalupotha, 2020). There are three terms used in folk language to address ‘epidemics’ according to type. They are,

1. Uwaduru Wasangatha or Paththini Wasangatha
2. Waduru Wasangatha or Wahakaduru Wasangatha
3. *Gampālu* Wasangatha

Experienced adults say that *Paththini Wasangatha* (Paththini epidemics) or *Uwaduru Wasangatha* (dangerous epidemics) can occur in tank villages without being confined to a specific time frame. In their experience, these epidemics can be prevented by maintaining proper procedures and following the standard of living. *Sarampa/ Palu bibilikarappan* (Measles), *KammulAmāruwa/ Kammulgāya* (Mumps), and *Pepola/ Pita damimērōgaya* (Chickenpox) are known as *Uwaduru Wasangatha* or *Paththini Wasangatha*. It is common knowledge to call all of these *Deyyangeleda* (Sicknesses of God). The patient is set aside for fourteen days to cure these diseases. That time is called ‘*Paththini Desathiya*’ (Dalupotha, 2020). In the face of the COVID-19 epidemic, which is currently spreading rapidly around the world, a person infected with the epidemic should be placed under house arrest for fourteen days, as recommended by Western medicine. This is called ‘quarantine’. The word ‘quarantine law’ is new to us in the face of the current epidemic, but it is a social practice that has been around for a

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long time in our traditional medicine. Although the quarantine process is Operates within a legal framework in the face of the current outbreak of the COVID-19 epidemic, it seems that the process has been practiced since ancient times as '*Pattini Desathiya*'. Similarly, the Lock-down theory is a new experience we have in the face of this Covid-19 epidemic. Then when an epidemic breaks out in a village, restrictions are put in place to prevent it from entering and leaving the village where the epidemic spread to prevent it from spreading to other villages. When an epidemic spreads to one village at present, rules and regulations are enacted to prevent the spread of the disease to other villages. There, The Public Health Office of the area will issue a notice blocking all access roads to the relevant village. Also, a notice board is displayed stating that the village is Locked-down. In the wake of the current COVID-19 epidemic, this process has been activated in Sri Lanka as well. In the past, when a village needed to be locked up in such an epidemic situation, the traditional healer would impose '*Wasangathathahanchi*' (Social taboos) on that village. Here '*Wasangatha Weti*' is used to symbolize that the village in question is locked. Here are the '*Kula Thovil Paha*' (the five chief persons who are decision-makers of the village, namely, the Chief Thero of the village temple, *āraccila* (village head man), the traditional healer, *ridīncēdā* (In the caste of cloth cleaners), *vel vidane* (the person who decides on the agricultural affairs of the village) meets and decides whether or not to put the '*Wasangathaweti*'.

It is the custom of the rural people to compliance the 'social taboos' between these social practices, especially in the event of an epidemic. Among the various social restrictions found in the indigenous medical system of Sri Lanka, the restrictions imposed during an epidemic are unique. The following are some of the types of restrictions traditionally used to control epidemics based on the findings of the study. *Anabōla-thahanchi*, *Ranchu-thahanchi*, *Yām-ēm-thahanchi*, *Waw-thahanchi*, *Aththam-thahanchi*, *Sēwāpola-thahanchi*, *Karaththagaman-thahanchi*, *Wandanāgaman-thahanchi*, *Thisbabbhayēthahanchi*. It is clear that these social taboos used in the prevention and control of epidemics in the past also bring practical value to the present. All the world accepted social boundaries for controlling the COVID-19 epidemic today are embedded in our social taboos of the past. That is, maintaining social isolation, stopping crowds, isolating, imposing restrictions on travel, and adhering to health advice are all culturally imposed taboos on our society (Athapattu, 2023). In further clarification on this, the restrictions used to limit the use of public places during the epidemic period can be stated as follows.

- * *Anabōla-thahanchi* - If the use of something here is prohibited (*pinthāliya*, tank, etc. used in general) the village *vidānē* will bind the *anabōla* at the relevant place. In that case, the prohibition is symbolized by tying the branches of a tree near what is forbidden to use.
- * *Waw-thahanchi* - prohibition of using the tank. Here the *anabōla* branches of the tank bund are tied.

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- * *Thisbabbhayēthahanchi* - '*Thisthubhaya*' is a public place that everyone has the right to use. This place is used if in village also conducts public works. During the epidemic, *Thisthubhaya* closes and the crowd stops meeting.
- * Correspondingly, several social restrictions (taboos) imposed during the epidemic to limit participation in public works could be identified. They are,
- * *Ranchu-thahanchi* - This restriction is imposed during the epidemic season to avoid meeting in small groups, holding associations, etc. It helps control the spread of the disease.
- * *Aththam-thahanchi* - '*Aththama*' means to help each other with labor for their work in the village farming etc. This taboo prevents the participation of people affected by an epidemic in such cases.
- * *Sēwāpola-thahanchi* -Public service points such as *Wadumaduwa* (workshop) and *Kammala* (smithy), which are known as the service points of the village, are closed during the epidemic season and it is known as the *Sēwāpola-thahanchi*.

Further, some of the restrictions imposed to restrict movement within or outside the village during epidemics can also be described as follows.

- * *Yām-ēm-thahanchi* -During epidemics, it is forbidden to walk in each other's houses in the village. If someone is ill, it is customary to hang a branch of the neem tree or a branch of the mango tree in front of the house. Doing so symbolizes that no outsiders should enter the house.
- * *Karaththagaman-thahanchi* -Village carters cease service during the epidemic season. There, a branch of a neem tree is hung on the '*bōneleeya*' (Shaft) of the cart. The cows are released from the cart. Then it customary for carts to be people not to come to get the service.
- * *Wandanāgaman-thahanchi* -Pilgrimages are prohibited during or outside the village during the epidemics. Even the village temple is banned. It is also customary to ban pilgrimages outside the village.

Thus, in an epidemic situation, it is clear that the treatment carried out by drugs alone is not enough to prevent the spread of the disease and to control the disease. It is also very important to maintain the mental health of people confined to their homes during the epidemic season. For this, western doctors are advised to refer to music, movies and various entertainment programs. Similar but different techniques are used in traditional medicine for such cases. That is, *ūantikarma* (Rituals) is seen to be performed to eliminate people's mental health, fear of falling ill, fear of death etc. Examples include *Devolmaduśāntikarmaya*, *Keela Pandamaśāntikarmaya*, *Poojakarma* (Offering) performed for Goddess Pattini etc. In the traditional medical system of Sri Lanka, in addition to performing such peace rituals for the sake of mental health, people are also directed to their religious activities. There is a special place for meditation. Nowadays, even Western doctors point out that meditation is a suitable way to maintain mental health. Thus, according to the similar disparities in the methods used to control

epidemic conditions in traditional medicine and western medicine, the facts can be analyzed and presented in the above manner.

CONCLUSIONS :

This study will contribute to a deeper understanding of the role of customs and social practices in both traditional medicine and Western medicine for epidemic control. By acknowledging the historical wisdom embedded in traditional medicine and the scientific advancements of Western medicine, policymakers and healthcare practitioners can work towards a holistic approach to managing epidemics that combines the strengths of both systems. Through each of these practices, the spread of an epidemic has been brought under control. Even today curfews and lockdowns have given a new face to this epidemic control, although it is clear that these are our traditional rural social practices that were engaged to control the social behavior. Thus, it can be seen that it is difficult to control the behavior of individuals to control the current COVID-19 epidemic. But in the indigenous system of medicine, all these taboos were used as a ritual. Cultural man prefers to follow such things. Therefore, it can be concluded that it is important to try to apply these social practices in the indigenous medical system to control the epidemic, as well as to control the current COVID-19 epidemic.

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