

## VII. Safeguarding Measures

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### **1. An alternative and appropriate validating model should be introduced instead of biomedicine oriented validation**

A traditional healer is a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background as well as on the knowledge, attitude and belief that are prevalent in the community regarding physical, mental and social wellbeing and the causation of disease and disability. These concepts and practices cannot be validated by conventional Western scientific methodologies. Too often they were not considered worthy of notice because they were not based on the same scientific concepts as “modern medicine” and sometimes referred to irrationally as “unscientific or non-scientific” practices. Therefore ISM does not belong to so called scientifically evaluated or proven knowledge systems according the mainstream dominated by biomedicine. To overcome this discrimination there is a timely need to introduce an alternative and appropriate validating model instead of biomedicine oriented validation.

### **2. Establishment of unique identity of ISM in contrast to mainstreaming Ayurveda or Ayurvedization of ISM**

There is no doubt that the ISM in Sri Lanka which was 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. The ISM engaged in care services as well within the National Health System from its inception had been receiving the state sponsorship 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 had been heavily subjected to much destruction due to enemy invasion, faced a deteriorative fate in a very unfortunate manner during the imperialist colonial era. Similar threat is perceived with

mainstreaming Ayurveda as an alternative healthcare system in national health which will supersede ISM.

**3. Cultural value system should be revisited and health stewardship should be revalidated to encounter medicalized society and commoditized health.**

In the ancient community individuals were intensively enthusiastic about their personal hygiene and were aware of basic principles of health. They had learnt to prevent disease by avoiding unwholesome causes which cause illnesses. Since most of them were knowledgeable on their own biophysical constitution, they were able to take care of personal health through a customized routine. Family health was a collective effort to maintain optimum level of healthy life style in every aspect. In each phase of life such as infancy, childhood, adolescent, adulthood, senility etc. as well as special occasions such as in puberty, pregnancy, postpartum period, contagious diseases, death etc. they were used to practice preventive measures to minimize the susceptibility. All health oriented performances were tailored to avoid macroscopic and microscopic threats which can alter the equilibrium of somatopsychic states.

In simple conditions they were capable of using home remedies to control the situation or get rid of it. But surveillance is not neglected and if any seriousness occurs medical advice is obtained. They were well aware of contagiousness of infectious diseases and in such cases the home of sick one is declared as a forbidden area by the owner, displaying taboo signal to refrain any visitor to enter the home. It is their stewardship of public health and sometimes in epidemics there are ceremonial holy rituals performed with contribution and participation of relevant community to get the blessings of celestial beings to restore the salubrious state. They are several regular ritualistic practices performed personally as well as collectively for expelling bad causes and gaining blessings to maintain health.

**4. Technology should be modified and modernized in an appropriate and sustainable manner**

Technology is involved in every step in medical science and healthcare by means of not only objects or physical devices but also in forms of techniques, mechanisms, applications, practices and skills. There is an urgent need to propagate ISM technologies at macro-level and explain it in nano-level. Scientific approach will not be imprisoned in reductionistic frame and let it expand beyond the organoleptic and technoleptic

boundaries. Then only it will escape from artificial intelligence and reach humanistic intelligence. Technology exemplified by many gifted engineers in the last century who worked with no formal scientific understanding of their problems, and 'applied science' technology in which one increasingly needs to grasp the conceptual science even to understand the problem, let alone explore solutions.

## **5. Resource-base should be conserved and sustainable practices should be propagated**

Natural resources were essentially considered as "a gift with blessings of nature" and sustainable utilization was a mandatory norm. Language, education, cultural norms, social network, livelihoods and religion were organized in nature-friendly manner in order to establish an ecological discipline. Core areas of natural habitats were culturally declared as "sacred groves" which protect ecologically critical forests and keystone species within. Natural objects as forests, trees, mountains, rivers, springs, are respected as totems which indicate cultural identities of relevant communities. There are various rituals and taboos prevailing for centuries with coded ethics to preserve ecological and biological diversity of local habitat. Cultural heritage and vernacular communication system strongly supported to dictate a self-disciplined community guide in sustainable use of natural resources. Therefore culture and nature were indispensable entities and leading to new model of bio-cultural diversity. This model accommodates plurality of IK systems in multiculturalism and multi-nationalism. Therefore every local community enriched with IK is a unique resource in eco-friendly development process.

Sri Lankan society is historically grown up with nature and nurtured through IK of natural resource management. Our ancestors were the key holders of this knowledgebase which had been transmitted from generation to generation before mainstream knowledge system is overrun by colonial imperialism. The rights of ownership of our IK system was ensured through a locally established intellectual property defensive mechanism and cultural repertory model of collective wisdom inherited by elderly people. IK in interpretation of nature and natural events basically can be explained according to the theory of animism (everything is living) and pantheism (divinity is everywhere) which demonstrates the idea "livingness of sacred spirits within the nature".

It indicates that nature as a holistic system as well as a multiple organism. Everything in universe is linked together. They are inter-dependent. People believed that they can influence the nature only through deities who abode in natural habitat. If human's interference made in natural

environment it should not violate ethics of conservation practices. Specially forest deities were annually offered ritualistic oblations to protect natural sanctuaries of endangered flora and fauna. Sri Lankan IK best practices must be incorporated with mainstream formal education with a clear vision for enhancement of cultural intelligence and environment literacy.

#### **6. Traditional lifestyles should be encouraged as a catalyst to revitalize ISM healthcare practices**

Sri Lankan traditional lifestyle is fabricated by culture, heritage and tradition which include plenty of habits, beliefs, practices, customs, norms, values, rituals, conventions. This versatile and multifaceted way of living was inherently the royal path to a healthy life. From womb to tomb, even beyond that health is considered to be the most beneficial gain among all. Every life event is installed with rational and logical configurations which boost one's immune system by regularizing consumptive behaviour. Dietetics is well designed in every aspect of nutrition and health. Basic needs are fulfilled with the minimum consumption of resources which does not lead any issue on over-exploitation. Social relationships are well nurtured by religio-cultural values and conflict management is very simple and easy. It is therefore IK is an indispensable and unique feature in ISM and its implications in healthcare in Sri Lanka. The urgent need is to develop a strategic model for mainstream the best practices and inventorise the resources available in IK related to healthcare. In such intervention exploring the existing IK knowledgebase must be the initiative.

#### **7. Legislation should be introduced for safeguarding Intellectual Property Rights (IPR)**

The need to protect traditional medical knowledge and to secure fair and equitable sharing of benefits derived from the use of biodiversity and associated traditional medicine knowledge has been fully recognized. At present, existing conventional patent law protection requirements are not applicable to traditional knowledge. There is no agreement as to how and what would be the most appropriate effective way to achieve protection of traditional medicine in developing countries. But considering natural resources or biodiversity of world the South is richer in environmental assets. 16 out of 25 biodiversity hotspots are in tropical countries which belong to third world. Therefore industrialized world is more eager on indigenous knowledge available in developing countries that are wealthy in traditional resources.

Third world is more suspicious and alarmed by international trade agreements ratified in related to their traditional resources such as GATT, TRIPs. The avenues are opening to explore the unknown treasure trove of traditional knowledge by means of monetary beneficiaries which drain the traditional resources in a respectable way. There are living examples to show how this kind of misconducts executed through modifications. The most controversial issue related to IPR in last decade was bio-piracy or stealing TK in terms of benefit sharing and bio-prospecting. In the context of Globalization the knowledge has become the power of world politics that governs scientific technology in a desired manner within Western regime.

## **8. A workable and conducive policy support should be ensured**

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 ISM, its completeness could be reached only by giving due consideration to the utilization of ISM 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 ISM 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 ISM should compulsorily be included in the national health policy but not done.

Recommendations of the Presidential Task Force on National Health Policy has officially accepted the role of the ISM sector 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-suitability. Similarly, the variety in the sphere of knowledge regarding ISM can undoubtedly, be wisely utilized for national health needs. Especially the

knowledge in ISM 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.

#### **9. Financial support of international agencies should be properly coordinated and streamlined**

In 2002 WHO by its four-year strategy plan regarding traditional medical systems very clearly demonstrated 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 ISM effectively as a source within the mainstreamed national health system. The WHO attempts to maintain an “apolitical, neutral stand” and refrains from directly commenting on political and economic policies that had an impact on health. 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 funding agencies for developing the availability accessibility and affordability of Indigenous Systems of Medicine is considerably on the increase.

The international initiative to integrate ISM into health care systems in the 1970s therefore appears to have made nominal impact on national levels in the following decades. This may be partly related to the complexity and contentious nature of the policy issue (which was not purely technical in nature), but also because adoption of the policy as envisaged had onerous requirements that acted as a deterrent. The impact of international initiatives at country levels can vary widely. In relation to TRM, the impact at national levels could be argued to be minimal. For example, the critical indicators identified in the TRM Strategy 2002-2005 demonstrate that very little progress had been made on national levels between the 1970s and the end of the century. Only 25 out of 191 member states had a TRM/CAM policy (13%), 65 member states had laws and regulations on herbal medicines (34%), and 19 member states had a national research institute for TRM/CAM (10%).

## **10. Legal provisions should be granted for uplifting privileges of ISM practitioners**

ISM practitioners were the legal owners of the healthcare system in the country from the beginning as recorded in the written history. It is evident that institutional system and organizational structure of national healthcare prevailed in the past were operated in a hierarchical manner under the supervision of physician-in-charge. Therefore registration of ISM practitioners or state approval for practicing ISM was a legal requirement during any reign. But with all the factors after imperial dominion of healthcare system, role and identity of ISM practitioners had been extensively neglected by the rulers. ISM practitioners who had not gained a formal institutional training from a recognized education centres are considered as traditional medical practitioners. Registration of such ISM practitioners is a legal procedure which grants the official approval for practicing ISM and endorsement of their professional identity in healthcare system. Council has facilitated and moderated very generous and comprehensive procedure for registering these ISM practitioners so far.

Most of these practitioners live in rural areas which are spatially remote and marginalized but serve their communities with dedication. Council conduct a special programme called 'Hela Weda Ruwanara' which means 'Treasure Trove of ISM Gems' extends services at local level for searching for efficient and proficient ISM practitioners in villages. Those who have completed age 70 will be provided with honorary registration with recommendations from village level community and participatory observation by a panel appointed by the Council. The practitioners over 50 years but below 70 will be registered after an interview conducted with participatory methodology which proves the knowledge, skill and experience of the candidate. Other candidates who are under 50 and have completed satisfactory apprenticeship of at least 10 years should sit for a written examination and a viva conducted by the council.

Legal rights and privileges of ISM practitioners are one of the struggling and provoking issue discussed since colonial era under the monopoly of imperial medicine. Also it is an everlasting universal problem prevailed in any culture where modern medical system is propagated and established. Therefore it is not a problem of medical pluralism or co-existence of multiple systems and explicitly has become problem of medical hegemony. Although it is officially accepted as a parallel healthcare system operated in Sri Lanka, rights and privileges of ISM practitioners have been very much neglected, ignored, disregarded and deserted for long time.

Anomalous situation prevailed that even though ISM is highly regarded as a national heritage and cultural repository it is not duly esteemed and legally recognized by in terms of medical profession. ISM practitioner is not officially included into the medical category professions and allowed to entertain any full-pledged rights of medical practitioner registered under the Medical Ordinance. Official healthcare system in Sri Lanka hardly reflects ISM segment and trivially utilizes ISM resources due to lack of mutual understanding and professional harmonization. Therefore rights and privileges of ISM practitioners must crucially be taken into the agenda of notational forum in terms of accountability of state stewardship.

There are some unwritten and legally undocumented rights and privileges accepted as social norms. Any ISM practitioner has right to manufacture medicines from own recipes inherited as family secrets but not for selling to general public. They are also entitled to use poisonous substances for producing own medicines and dispensing to patients. ISM practitioner can train students and recommend their competency to the council as a prerequisite to the registration. Every registered ISM practitioner should follow the code of ethics published by the council and violation of any of these will be a professional misconduct. Practitioners registered only for one section of medicine are entitled to practice only that respective field of medicine such as snakebite, fractures, wounds, burns, eye diseases, mental disorders, skin diseases etc. In some cases it is reported that the ISM registration is irrespectively misused for committing criminal abortions and manufacturing illegal narcotics critically taken into consideration by the council and special investigations conducted in such cases to avoid low social reputation of the profession.

Council strongly believes that empowering professional rights and privileges as one of the major support for the upliftment of the identity and consolidation of streamlining of ISM sector in national health system. With regard to quality ISM service and professional dignity council has initiated island-wide awareness building programme on ethical and legal issues pertaining to practice. Also there is surveillance and monitoring mechanism has been developed and implemented through the provincial departments and local level ISM professional clusters called 'Ayurveda Sanrakshana Sabha' (Ayurveda Preservation Society). Council has successfully adopted its activities in accordance with decentralized administrative structure established under the 13th amendment of Sri Lankan constitution. There is a two-way communication strategy is continuously in operation to achieve council's objectives in ISM professional development throughout the country.