

Abstract

There is a great variety in the practice of indigenous medicine. As previous writers have observed apart from the other forms such as the different types of religious medicine, ritual medicine, only empirical medicine has two traditions as modern Ayurveda (institutionally trained) and traditional medical practice (*paramparā vedakama*). The latter is under-estimated in accounts of Sri Lankan health system. However some of the descendant practitioners of traditional Ayurvedic families have received institutional training too without losing their traditional identity. Yet, the traditional medical practice or *paramparā vedakama* is still neglected as observed by the previous writers. Not only the general opinion but also the view of scholarly tradition is that the colonial administration neglected the Sri Lankan Ayurvedic system. Then the question is if the British administration neglected Indigenous Medical system, why was it not rectified by the postcolonial administration in the last fifty years. The primary observations and the basic investigation of this study point out the above problem still remaining without any remedial action.

From two administrative Districts twenty practitioners whose families continued the practice throughout the 20th century were selected for collecting field data. The great volume of qualitative data collected from the literature survey was very much helpful to establish a comparative understanding of these thematic issues. The quantitative data collected from the official records, though there is no unanimity, were useful to clear out some problems. As a result of this attempt, it could be arrived at some important conclusions to be addressed, some major issues of *paramparā vedakama* from a sociological point of view as follows.

The colonial administration has not adversely affected the practice of empirical medicine though the Portuguese had attacked Buddhist temples and along with that some valuable Ayurvedic texts too were destroyed. The Dutch have appointed Ayurvedic medical practitioners to their hospitals. The British, in the first part of their administration had entirely ignored the practice of indigenous medicine but not taken any action against Ayurveda including religious and ritual medicine as they did in Rhodesia. In the latter part of the British rule (the first part of the 20th century) they extended their cooperation to develop Ayurveda on the request of **National Elite** who considered Ayurveda as a rich national heritage. The national elite who had little knowledge of the medicinal values of traditional medicine

(paramparā vedakama) laid the foundation with untiring effort for the development of Ayurveda within the framework of Western thought as they were brought up in Western culture and handed over this task to their sub-group bureaucrats .to continue. They too followed suit strictly adhering to the colonial administration frame even in the postcolonial period maintaining and developing the institutional structure and preserving the cultural heritage of Ayurveda. Traditional medical practitioners who mostly belong to the **Local Elite** were helpless.

Apart from the above findings, to a certain extent, a new face of medical pluralism, impact of urbanization and modernization and extinct branches of Ayurveda were also explored in this study.

