

DEVELOPMENT OF HEALTH ECONOMY IN THE ISLAND OF SRI LANKA**Adhiga Manik Jayasundera**,  <https://orcid.org/0009-0004-9635-8599>

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Abstract: *The Ayurveda universities are producing hundreds of native doctors annually. They can practise in different places and branches. Some of them join the Government Ayurveda hospitals, some practise privately and some are based in hotel and tourism industry. The Ayurveda medication has a long history on the island of Sri Lanka, which can be broadly traced in various sources. According to historical events, the advanced health economy was initially spawned through the introduction of Buddhism since the 6th century before Christ (544 BC). Till then, the locals were medically treating each other with the knowledge acquired by experience. Nevertheless, after 544 BC, another phenomenon occurred: there emerged many Kings as native doctors as well. Among such people, we could usually observe those elites who received education in Guru Gedera (school). They were additionally qualified as building engineers, irrigational engineers, artisans and native doctors. The native doctors were called «Vedana» and they were specialized in various fields viz: gynaecologists, veterinary surgeons, general physicians, etc. King Pandukabhaya, King Buddhadasa and King Parakramabahu I are some of famous native doctors in the ancient past. Their work and treatment methods are well-known and worth reviewing in our article. Besides, its contrast is shown to modern treatment techniques and what differences between them consist in. In particular, we see a difference of treatment and prevention approaches. Previously, natural substances were used as healing items; no drugs were engaged at all. From the British colonisation moment, European techniques were brought to improve the Sri Lankan medicine. Also, not only the past health economy evolution is discussed in the article. It is the specialized modern institutions that are focused on. Especially, what are the most relevant hospitals in Sri Lanka, how they are subdivided, what diseases they recover from, how medical aid is provided to specific age or occupation categories. The issue of state and private medical institutions is described as well: what advantages and disadvantages exist for them. Finally, the conclusion is made whether the Sri Lankan health economy system is reliable and resilient in the modern world.*

Keywords: Ancient Ayurvedic facilities; Ancient Ayurvedic treatments; development and effectiveness of healthcare; European and modern health facilities and treatments; local Kings; state patronage for health economy.

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Introduction

Ancient Situation of Health Economy. In administration, the country rulers acted for welfare of the people. They not only offered grants to people, but also acted for betterment of countrymen. Especially, the rulers frequently paid their attention to uplift health facilities of general public, which was essential to them. The word «Vejja Sala» has been used in ancient literary sources, which is interpreted as clinic or hospital (Ross et al., 1998).

The first ruler of Anuradhapura was King Pandukabhaya (437 – 367 BC). He built maternity hospitals that were called «Sotti Sala». It means that those buildings were occupied by Sage/Brahmin who arrived from India to educate the King (Geiger, 1912).

According to an inscription in South India, it is mentioned that a local King Gajabahu I (114–136 AD) provided more facilities for those Sotti Salas (Geiger, 1912). The Mahawamsaya states that most Chief Incumbents of Buddhist temples also became famous native doctors which we witness even today. Mahawamsaya is the accurate calligraphy of Sri Lankan history which was written by a Buddhist monk during Anuradhapura period in the 5th century AD (Geiger, 1912).

King Buddhadasa (340–368 AD) was a veterinary surgeon who composed a special medical treatise known as «Sararth Sangrahaya» in Sanskrit language (Pieris, 2023). He built a clinic for every ten villages, which proves that patients were less in number and most of them were healthy.

King Upatissa I (365–406 AD) erected maternity hospitals for pregnant women, which were known as «Pasawanthi Sala», or «Thimbiri Geya» – the halls for delivery (Geiger, 1912). Some houses were also built with a Thimbiri Geya in order to deliver babies at home as there were more than five children in those families.

King Mahinda V (982–1029 AD) built hospitals in every province in the country which were sufficient with all facilities (Geiger, 1912).

During the period of native doctor King Kashyapa IV (914–923 AD), there was a dangerous fever spread in and around the Anuradhapura Kingdom. He discovered that available resources and facilities were not sufficient to face that situation. Therefore, he built special hospital named «Upasagga Roga Nasa» to treat those patients.

In the medieval period, King Vijayabahu I was the first local King of Polonnaruwa Kingdom (1055–1110 AD). He granted more facilities to all Vejja Sala around the country. The health economy during his reign was also improved with the influence of Kalinga State in India because the King was also married to a Kalinga Princess (Geiger, 1912).

The Great King Parakramabahu I of Polonnaruwa (1153–1186 AD) also built maternity hospitals with advanced facilities and he appointed permanent female staff known as «Winnabu Amma» – the midwives to support pregnant women during their delivery (Wikipedia, 2023d). When he realized the difficult process of delivering a baby, he built a special pagoda «Stupa» called «Suthikagara Vehera» in Panduwasnuwara in order to praise his mother Queen Rathnawalli. In general, the whole nation was very healthy. Toddlers were breast-fed for longer time. Also, they ate only locally produced organic food. The whole nation enjoyed their lives without illnesses due to good health.

To respect all breast-feeding mothers, Queen Subadra, the Chief Consort of King Parakramabahu I, built a stupa called «Kiri Vehera» where the plaster was mixed with mother's milk (Wikipedia, 2023c).

Our ancients have cultivated local rice paddy and vegetables. Instead of chemicals, they used natural fertilizers when growing rice paddy. Therefore, harvests were heavy and healthy. Local vegetables were grown by shifting plots and crops. No chemical fertilizers were used. This method was called «Chena Cultivation» (Ross et al., 1998). If any farmer used unknown artificial fertilizers, they were punished or fined by the ruler as it was harmful to humans. They prepared healthy food viz: «Jadi» – raw fish stuffed with salt, «Soma Panaya/Kola Kenda» – herbal drink made of leaves / porridge to keep them healthy daily (Tomky, 2018).

Sri Lankans were also healthy due to their simple life style. They walked barefoot mostly by contacting earth, which made their feet strong. Due to any body aches and thorn pricks when travelling through forests, they were treated by native medicine «Venivel» (*Coscinium fenestratum*) – extracted juice from the creeper instead of tetanus injection today (Wikipedia, 2023b). The veterinary native doctors have made use of «Koodella» – the leeches who are bloodsucking parasites to remove dirty blood either from humans or animals (Ediriweera, 2014).

According to health economy in the past, Ayurveda doctor diagnosed sickness of the patient in case of weak heart, blood pressure, pregnant or any illness just by checking the pulse (Kurande et al., 2012). This proves the advanced knowledge of health as it is still a practice. Doctors would wrap the thumb with special

herbal medicine for about three months continuously, which becomes a permanent cure when the patient is suffering from eye pressure. The sensitive points were given acupressure treatments by pressing on to reduce pains in respective areas of the body. The herbal treatments were applied by fermenting steam with medicinal leaves. Also, special oils were poured and rubbed gently.

Herbal baths and exercises for many different illnesses were created, which was called «Sinhala vedakam» (Pieris, 2023).

Even today, most foreigners visit native medical centres for treatments. They are also famous for treating fractures and dislocations without operations. While having these treatments, the vedana would prescribe «Kashaya» herbal liquid, «Kalka» and «Guli» paste or tablets for further relief (Ediriweera et al., 2011). This special Kashaya is liquidised by leaves, chips of tree barks, seeds, flowers. Branches, twigs and roots are used for recovery as well. The measured Kashaya should be brought up to boiling point with eight cups of water to make a thick liquid. It is amazing to feel the difference afterwards since all illnesses will be cured. You will feel light, fresh and healthy without any side effects.

There is a special treatment technique for people with a severe headache. The scalp should be treated with «Hisa Kudichchi» (a pulp of herbal leaves) for a few hours. It makes the patient feel cool and free of heavy head (De Silva, 2016). Those who suffer from «Peenasa» (chronic catarrh – mucus excess for months or years), should take the «Nasnaya» oil. As a betel leaf substance, it is poured into nostrils.

Ayurvedic treatment methods are used for joint pains, swellings and fractures as there are no after-effects. «Sinhala Vedakama» does not include replacing artificial bodies or antibiotics. Instead, the patient should follow all medical advice including food pattern, physiotherapy and lifestyle (Pieris, 2023).

The «Arishta» liquid medicine is also prescribed for patients due to different conditions of illnesses. In order to cool down the body system, «Puhul Basna» herbal jam is useful to decrease the body heat and make feel comfortable. Once a year, to clean the stomach without any pain, the «Aralu» seed powder was prescribed. The «Pas Panguwa» combination of five herbal items is engaged for runny nose, cough, fever and body pains at all times. All these information can be found in «Ath Veda Potha» handbook (Thero, 2022).

As we see, there were no particular diseases identified in ancient times. The reason for that is high standards of health economy until Europeans arrived in Sri Lanka.

Modern Situation of Health Economy. The British subjugated the littorals of Sri Lanka in 1796 AD. Since then, they started influencing and forcing the local society in every sphere: religion, language, attire, education, social background, food pattern, health, transportation, technology and communication (Ross et al., 1998).

This situation was entirely different from the indigenous system. The British provided all types of facilities, fringe benefits, titles, lands and job opportunities only for those who embraced their religion. They were low-caste communities who lived along the coast, especially in the Western and South Western areas.

When the English offered high social standard and foreign education to them, they were willing to do so as they were disregarded in the society by elites. Most importantly, the European health facilities were granted until the country gained Independence in 1948. Since then, the practices were done in all modern and upgraded health facilities through the Ministry of Health (The Sri Lankan Ministry of Health, 2023).

These facilities were controlled by the government. The same is today. You may find the full list of modern state hospitals of Sri Lanka in Table 1.

Table 1. Development of Sri Lanka Government Hospitals as of 2021

Hospital	No. of beds	Special Units	Staff	Services
Colombo General Hospital	3,400	ICU Nos.18, Operating Theatres Nos. 21	7,500 permanent staff including 1,500 doctors	5,000 surgeries in a month, 2,000,000 at OPD annually
Colombo South Teaching Hospital	1,110	Special Consultation Units Nos. 40	2,600 permanent staff	150,000 inward treatments, 750,000 at OPD annually. Treatments over 40 special consultations
Ragama General Hospital	1,442	Wards Nos. 32 and sub units Nos. 51	2,381 permanent staff	Collaborated with District Hospital in Kandana, Rehabilitation Hospital in Ragama, Nurses Training School in Kandana

Sources: developed by the author on the basis of (Colombo General Hospital, 2023; Colombo South Teaching Hospital, 2023; Ragama General Hospital, 2023).

In contrast to today, the past medical system was different. The first British hospital was established in 1819 in Pettah – Colombo with 100 beds (Overview and history of NHSL, 2023). Later in 1864, it moved to Town Hall – Colombo. Here, we had a larger extent: the General Hospital with 200 beds of 21 wards expanded up to 3,400 beds on the land of 36 acres.

Currently, there are 3,404 beds, 18 ICU (Intensive Care Units), 21 operating theatres with 7,500 permanent staff including 1,500 doctors. Colombo General Hospital would treat over 2,000,000 patients annually and nearly 5,000 surgeries in a month. To support the hospital, Colombo Medical School was founded in 1870. The female nurses were the British who rendered their untiring services till 1964.

There were some other healthcare innovations in Sri Lanka. By 1895, a special children's hospital was built in Borella – Colombo: Lady Ridgeway Hospital for Children (2023). In 1912, another general hospital was established outside of Colombo in Ragama for chronically ill – Ragama General Hospital (2023).

Besides, the Nurses Training School (University of Colombo: Nursing education in Sri Lanka, 2023) was founded in 1939. By 1941, another special ward was introduced for Christian clergy in Colombo General Hospital.

To upgrade further health economy, a special eye care hospital was established in 1965 closer to General Hospital. It occupies the mansion of Sir De Soyza, a wealthy local.

National hospitals are established in all 25 districts of Sri Lanka. Their spread is shown in Figure 1.

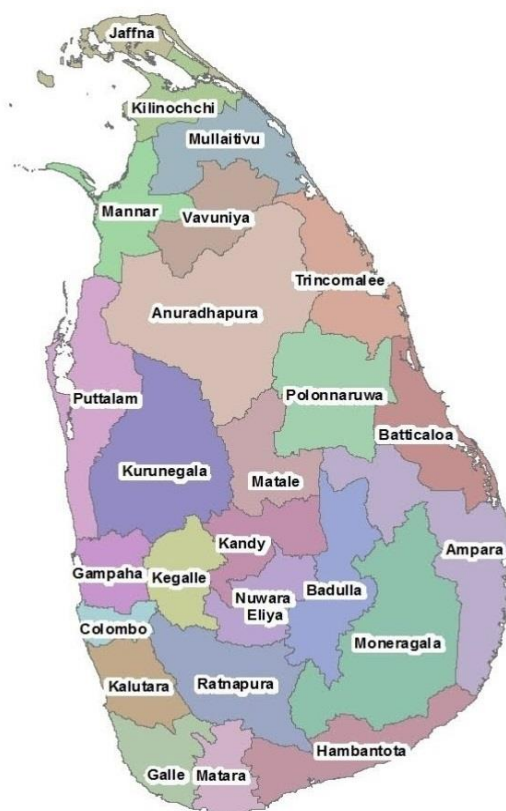


Figure 1. Today's Spread of National Hospitals in Sri Lanka

Sources: developed by the author on the basis of (Wikipedia, 2023a).

The first accident ward was opened at Colombo General Hospital (2023) in 1967 and Intensive Care Unit in 1968. All government hospitals treat and issue medicines to patients for free including operation procedures, X rays, laboratory tests, etc.

The most qualified and experienced medical staff is allocated to Colombo General Hospital. Apart from it, there is Colombo South Teaching Hospital (2023) in Kalubowila established in 1960. This facility is affiliated with University of Jayawardenapura Kotte. Here, we have 1,110 beds, 2,600 permanent staff and over 750,000 patients at OPD annually.

There are many special consultation units at Colombo South Teaching Hospital (2023): Eye Surgery, Orthopaedics, Anaesthesia, Histopathology, Neurology, Haematology, Judicial Medicine, Sports Medicine,

Microbiology, Rheumatology, Dermatology, Radiology, Gastroenterology, Gynaecology & Obstetrics, Oral-Maxillofacial Surgery, Cardiology, Paediatrics Surgery, Genitourinary Surgery, Orthodontics, Psychiatry, Endocrinology, Vascular & Plastic Surgery, Acupuncture and Sexually Transmitted Diseases.

Other best general hospitals are located in Ragama – Colombo (Gampaha District) and Sri Jayawardenapura – Kotte (Colombo District). There are three main institutions which are collaborated with Ragama General Hospital: District Hospital in Kandana (2023), Rehabilitation Hospital in Ragama (2023) and Nurses Training School in Kandana (2023). The Ragama General Hospital is expanded on 27 acres with all international standards facilities. There are 1,442 beds, 32 wards, 51 subunits and 2,381 permanent staff.

Apeksha Rohala, or simply Apeksha Hospital (Home page, 2023), means hope of cancer patients. Also known as the National Cancer Institute, it is located in Maharagama near Colombo. It is a very special hospital as the staff is dedicated to diagnose and follow-up treatments. They are also specialized in surgery, chemotherapy and radiotherapy. Except the official staff even outsiders are welcome and have access to render their services free of charge to look after cancer patients. Many donations are received: medicine, food, linen etc.

Apeksha Hospital supports patients by counselling, psychology, mental and spiritual needs. There are also awareness programmes via audio, video, booklets, leaflets, posters and cancer lectures (Apeksha Hospital: Awareness material, 2023). If patients believe in spiritual reflection and prayers, doctors will make arrangements for respective religious clergy to visit. All donations are accepted here specially as natural hair. Many individuals show interest in donating hair to make wigs for patients. As the general public is aware of donations, different items are collected through organizations or privately.

The full list of possible Apeksha Hospital donations is indicated in Table 2.

Table 2. Categories of Donations for Apeksha Hospital

Donations	
Milk powder, tea leaves, sugar	Soap, toothpaste, toothbrushes
Biscuits without artificial flavouring	New clothes, bed linen, pillow cases
Jelly packets, samaposhha – cereals (for children)	Stationery
Fruits: oranges, bananas, watermelon, pomegranate, dragon fruit	Toys

Sources: developed by the author on the basis of (Apeksha Hospital: Donations. Items in need, 2023).

There are special hostels for adults and children who are unable to travel from distant areas to treat. Nearly 75 patients can occupy these hostels with additional amenities including television rooms, court yards, catering services and parking space. There are six special ambulances at the Apeksha Hospital premises for emergency service.

There are many other well equipped National Hospitals with highly skilled staff around the island. They are mainly located in Kandy, Galle, Jaffna, Anuradhapura, Kurunegala, Nuwara Eliya, Badulla, Ampara, Polonnaruwa and Sri Jayawardenapura Kotte (Sri Lankan Ministry of Health: Government hospitals in Sri Lanka, 2023).

Moreover, there are special hospitals established for government servants who are attached to Police Department, Military Service, Air Force and Navy. Among them, the Army.lk (2023) takes a special place with other hospitals in Panagoda, Minneriya and special Ranawiru centres for war heroes.

Ranawiru centres conduct rehabilitating programmes to recover patients who have lost their sight, hearing, speech and moving abilities. These patients are also provided with OPD, ECG, X-ray, laboratory tests, physiotherapy, sports medicine, etc. Recently, military medical officers have conducted COVID-19 vaccine programmes island-wide very efficiently (Shaw, 2022). The hospitals also offer their services to sportsmen and women during their injuries free of charge.

As the health economy was improved on the island, school children were also vaccinated through government programmes from time to time for specifically identified diseases. It was introduced in the 1950s. The Bacillus Calmette–Guérin (BCG) and Polio drops are applied for pupils and newborn babies to prevent tuberculosis, meningitis, poliomyelitis, etc (Centres for Disease Control and Prevention: Global immunisation against polio, 2023).

When cholera was spreading around several districts, WHO recommended a special vaccine for all areas where local transmission was. Moreover, children were not enrolled to school without vaccination for Smallpox (Centres for Disease Control and Prevention: Vaccinations against Smallpox, 2023). However, WHO declared that Smallpox was eliminated and this rule should be lifted.

Most schools were granted the facility consultation free of charge for minor illnesses and dental care up to 14 years. Even today, all school-going girls were given iron tablets at the age of 15 in the first two months of the respective year. There are many local donors and organizations who donate hearing items, spectacles and artificial limbs (Jaipur Prosthetic limbs). The Rotary Clubs (2023), Lions Clubs (2023), Buddhist Society (2023) and other religious organizations are some of the donors.

The National Institute of Mental Health (2023) is located in Angoda – Mulleriyawa. Angoda hospital was established in 1927. It is the largest tertiary care institution. There are about 1,500 residential patients. 500 dedicated experts always render exclusive services to them. Over 8,000 patients are admitted annually.

Through development of health care, there are many pharmaceutical centres that have emerged under the guidance of respective corporations. Most of those pharmacies are private including hospitals. Some entities are owned by government: Rajya Osu Sala (2023). The others are private: Union Chemists (2023), Hemas Pharmaceuticals (2023), Bours (2023).

Qualified pharmacists will assist when issuing medicine to customers. The Medical Supplies Division (2023) of the Ministry of Healthcare and Nutrition is the main body of providing dangerous drugs and essential medical items which are not available privately. They also supply surgical, laboratory and radioactive items that are stored in special department stores. There are 26 regional stores and 18 bulk warehouses belonging to the Medical Supplies Division. Due to development of health economy, there are many private hospitals with all facilities up to international standards: Durdans Hospital (2023), Asiri Hospitals (2023), Lanka Hospitals (2023), Nawaloka Hospitals (2023), Ninewells Hospital (2023).

Conclusions. According to the above-mentioned health developments, it is clear that Sri Lanka was in high standards of health economy with the support of ancient kings and later with the influence of Europeans administration. All age groups of Sri Lankans are much aware of health hazards and practicing good healthy lifestyles, too. This island is recognized as a Third World Country. It is still developing. But life expectancy at birth is in a high range of 77.56 in 2022 (Macrotrends, 2023). The high standards of health economy prove when most senior citizens attend to daily jogging, exercise and take care of their food patterns. Therefore, they lead a healthy lifestyle. During the COVID-19 peak, the whole nation was vaccinated except for a few percentage who refused due to their creeds. The COVID-19 death toll was very low as the government have been taking all measures to look after the health conditions. Therefore, the country is safe by 2023!

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Розвиток економіки системи охорони здоров'я у Шрі-Ланці

Університети Аюрведи щорічно випускають сотні місцевих лікарів. Вони можуть практикувати в різних закладах і галузях. Деякі з них працюють у державних аюрведичних лікарнях, дехто практикує приватно, інші працюють у готельній та туристичній індустрії. Медицина Аюрведи має довгу історію на острові Шрі-Ланка, яку можна простежити в різних джерелах. Згідно з історичними подіями, передова економіка охорони здоров'я започаткувалася із впровадженням буддизму з 6 століття до н. е. (544 р. до н. е.). До того часу місцеві жителі лікували один одного за набутими досвідом знаннями. Тим не менш, після 544 року до н. е. стався інший феномен: з'явилося багато королів, які також були місцевими лікарями. Серед таких людей зазвичай були еліти, які отримали освіту в Гуру Гедері (школа). Вони додатково отримали кваліфікацію інженерів-будівельників, інженерів-іригаторів, ремісників, лікарів. Лікарів називали «Ведана», і вони спеціалізувалися в різних галузях: гінекологія, ветеринарія, терапія тощо. Король Пандукабхая, король Буддадаса та король Паракрамабаху I є одними з найбільш відомих місцевих лікарів у стародавньому минулому. Їхня робота та методи лікування розглядаються у нашій статті. Крім того, показано їхні відмінності від сучасних методів лікування. Зокрема, висвітлюється контраст підходів до лікування та профілактики. Раніше в якості цілющих засобів використовували природні речовини; штучно створені ліки не залучалися взагалі. З моменту британської колонізації європейські методи були привнесені для вдосконалення медицини

Шрі-Ланки. Крім того, у статті обговорюється не лише минула еволюція економіки охорони здоров'я. Висвітлюється роль саме спеціалізованих сучасних установ. Зокрема, описуються лікарні Шрі-Ланки, їхня спеціалізація, стандарти надання медичної допомоги залежно від хвороб, професій та віку тощо. Також розкрито питання державних і приватних медичних закладів: які в них є переваги та недоліки. Нарешті, зроблено висновок, чи є економічна система охорони здоров'я Шрі-Ланки надійною та стійкою в сучасному світі.

Ключові слова: стародавні аюрведичні заклади; стародавні аюрведичні методи лікування; розвиток та ефективність системи охорони здоров'я; європейські та сучасні медичні заклади та методи лікування; місцеві королі; державний патронат за охороною здоров'я.