

Competing Ideologies and Reforms in Traditional Medicine from 1948-1960

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Abstract

Those who involved in reforming Traditional Medicine in Sri Lanka believed that informally trained (*Deshiya Chikithsa*) practitioners and Ayurveda practitioners were able to create a common platform to reform if after independence. Nevertheless, traditional medicine became a highly contested phenomenon in the aftermath of independence from 1948-1960. The objective of this study was to study how the reforms proposed by the so-called progressive front led by Dr. Lenora and others became highly controversial issues between 1948 and 1960. This research project was carried out as a qualitative study at various institutes in the United Kingdom and Sri Lanka. The researcher of this study used a digital camera to film all relevant material at various institutes and organized them into logical themes and analysed them according to theme-list and content analysis methods. This study findings reveal that the existing ideologies between the two opposing groups discouraged them to reach a common platform bring about syntheses to safeguard the Ayurveda system of Medicine and *Deshiya Chikithsa* for the betterment of the country. Therefore, the focus of reforms was, therefore, what can be referred to as the 'biomedicalization' of TM; an approach that continued to stoke tensions among politicians, administrators, and TM practitioners. Therefore, these research findings speak the need of conducting research to identify ways to create harmonious grounds to bridge Ayurveda and *Deshiya Chikithsa* with modern scientific methods without losing the authenticity of the two for the benefit of the people of Sri Lanka.

Keywords: Ayurveda, *Deshiya Chikitsa*, reforms, practitioners, progressive

Introduction

Although Since the beginning of British reforms in traditional medicine in Sri Lanka/Ceylon, there have been conflict-ridden, controversial and contested debates on the subject among various groups as to how such reforms should be carried out to develop people's health in the country. These study findings reveal that, after independence the reforms in traditional medicine in Sri Lanka became highly contested field with the growing Sinhalese Buddhist Nationalism.

The main reason was that its discourse demanded a reaffirmation of lost cultural identify during more than four hundred years of colonial rule in the country. These debates embroiled with ongoing nationalist politics of the Sinhala Buddhist movement led by Bandaranayake and other organizations sphere headed by more urban-based liberal intellectuals and some of whom had training in western and traditional medicine.

This way the anti-modernist group was led by a group of recent graduates of the Colleges of Indigenous medicine and Gampaha Siddhayurveda College, members of the Ceylon Ayurveda Congress, informally trained traditional medical practitioners and other nationalist leaders led by Pundith G.P. Wickramarachchi. The modernist group was led by the Venerable Malewana Gnanissara and Dr. L.B. Lenora who was the then principal of the College of Indigenous medicine. They were supported by groups of teachers and graduates of the College of Indigenous Medicine and Gampaha Siddhayurveda College and the then the Minister of Health E.A. Nugawela. The purpose of this article is to discuss how all the attempts that the so called progressive front utilised the silver jubilee of the

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college of Indigenous medicine-related activities and the Lenora System to introduce reforms to develop traditional medicine failed due to unprecedented opposition from the anti-reformist group in the 1950s in Sri Lanka.

Methodology

This research project was carried in the United Kingdom and Sri Lanka as a part of the author's doctoral study that was submitted to the University of London. Therefore, the material in this research paper originated from this research and other secondary sources. The data for this study was collected at various research organizations and institutes located both in the United Kingdom and Sri Lanka. These institutions ranged from the British National Archives, the British National Library, the School of African and Oriental Studies, the Welcome Centre Library, the Sri Lanka National Archives, the Bandaranayake Memorial Ayurveda Research Institute at Maharagama, Sri Lanka, the Sri Lanka Museum Library, the Library of the Institute of Indigenous Medicine, University of Colombo Sri Lanka and to the Library of the University of Peradeniya, Sri Lanka.

After obtaining legal permission, the researcher spent around two years collecting data at the above-mentioned places in the two countries. For this, the researcher was legally allowed to use a digital camera to film all relevant primary research material. Subsequently, all filmed material was stored into a computer and then printed thousands of pages at the Welcome Centre Printing Unit which was by then affiliated to the University of London. In addition, the researcher had the privilege to use relevant sources from a number of individual collectors in Sri Lanka. The whole study was conducted as a qualitative research project. The collected data was organized into relevant themes and analysed them using two qualitative techniques known as theme-list and content analysis methods.

The silver Jubilee of the College of Indigenous Medicine, and Traditional Medicine Reforms in 1954

Amidst growing opposition to Traditional Medicine (TM) reforms, the Board and the College of Indigenous Medicine organized a public ceremony to commemorate the twenty-fifth anniversary of the College in 1954¹. The organizing committee arranged a weeklong commemoration ceremony, which included exhibitions, academic sessions, discussions, and Western and TM-based clinics, with state support, from 05th-11th January 1955. As part of the celebration, the organizing committee published a souvenir incorporating statements from prominent figures in the government and in the field of TM. In the commemorative volume, the following dignitaries of the government and the opposition issued statements: S.W.R.D Bandaranayake (Leader of the Opposition), Sir John Kothalawala (Prime Minister), Sir Oliver Gunathilake (Governor of Ceylon), and E.A. Nugawela (Minister of Health)². The following excerpts are taken from the jubilee volume:

“The Government has recognised and given state aid to the indigenous system of medicine starting in the year 1928 with a grant of RS.75, 000. Today the College and Hospital of Indigenous Medicine are maintained as Government Institutions at an expenditure in the neighbourhood of Rs.1, 000,000. The College has turned out over five hundred trained practitioners of indigenous medicine and the Outpatients' Department of the Hospital is now treating about one thousand a day (Sri Oliver Gunathilake, Governor General of Ceylon)”³.

“The 25th anniversary of the Government Ayurvedic Hospital and Vidyalayais of great importance in the development of the Island's health services. This institution has been more than a mere hospital and

medical school, for it has helped in obtaining for Ayurveda an important place in the health services of the nation. This would not have been possible but for the vision and eminence of some of our pioneers in various Ayurvedic systems of medicine, among whom I am glad to find the Rev. Malewana Gnanissara Thero, President of the Board of Indigenous Medicine. The place of Ayurveda in our national life has been securely established, and encouragement will be forthcoming from me personally in its further development (Sir John Kothalawala, Prime Minister)”⁴.

“It is with great pleasure I send a message to the Silver Jubilee Souvenir of the College and Hospital of Indigenous Medicine. The Hospital, College, and allied institutions have existed for 25 years. Amidst great difficulties the pioneer of these institutions supported it with a very small grant from the Government. During the period I was the chairman of the Board of Ayurveda I persuaded the government to take over these institutions to Government. This was done in 1941 and since then it has become an independent Department. From a meagre sum of Rs.50, 000, today it gets grants of over Rs. 1,000,000. There is still much to be done to resuscitate this science. I can visualize, as I did when I put it under Government, a great future for it in the medical services to the free people of Sri Lanka (S.W.R.D. Bandaranayake, Leader of the Opposition)”⁵.

The excerpts reveal that both the government and opposition supported the promotion of TM, and

indeed TM had been a popular theme on election platforms due to the continuous nationalist campaign during that time. Bandaranayake, in particular, had been an ardent promoter of native culture in general, and TM in particular, from the very beginning of the revival activities during British rule in the late 1920s. Kothalawala too had taken a keen interest in developing TM. The Rev. Malawana Gnanissara stated that Kothalawala was the first one to make an official visit to the College as Prime Minister and met a crowd assembled to petition him to improve the institutes in 1954. On his return, Kothalawala requested the then Minister of Health, E. A. Nugawela, to submit a report about the College and Hospital before his cabinet ⁶.

At the event, politicians from both the government and opposition made speeches encouraging the initiatives taken by Lenora and the Board to promote TM. For instance, Sir John Kothalawala said that;

“Physicians in any system of medicine should not engage in professions like medicine for economic gains but for the welfare of patients. If so, medicine would develop within a very short period of time. In the past, the so-called western physicians treated TM practitioners like dogs. At present, there is no such thing, but it happened during colonial rule. All countries welcome new things. There is no limit to science. Therefore, both western and TM should develop in-hand-in hand together for the benefit of the future generation”⁷.

Presenting the progress report of the College for the past twenty-five years, Lenora stated that while it had developed certain areas, in some aspects it had failed to meet the goals set by its forefathers. He went on to state that;

“One need not go further than the College of Indigenous Medicine to understand the narrow ideas that

have prevailed. The institution, of which the Silver Jubilee is celebrated today, has been in existence for the last 25 years. But, as yet, there are no facilities for X-ray, pathological work, post-mortem examinations, etc., in spite of a Post-mortem room being the place where the over-jubilant medical man comes down to earth on many an occasion"⁸.

Furthermore, he complained that although a proposal had been presented to the government two years earlier, elaborating on how it should act in developing TM, nothing had been done except to change the duration of training at the College from four years to five years. At the same time, he stated that even though the Minister of Health was willing to implement some of the recommendations that he proposed, there were some TM based physicians who were opposed to such attempts of the government, fearing that they would lose the vested interests of their practice. At the end, he noted that the College had been able to produce 429 graduates despite all the problems that it had faced (it had in addition provided training to twenty eight more students under the five-year plan). By 1954, there were thirty-two academic staff members at the College, encompassing all three sections of TM, Ayurveda, Siddha, and Unani, and fourteen informally trained TM Specialists, three Special lecturers, two General Scientists, and five Western Medicine Lecturers⁹.

The Jubilee-related speeches and texts show that TM was intertwined with national politics. The Jubilee celebration seems like a large political event bringing politicians from the government and the opposition, along with college authorities, bureaucrats, practitioners, foreign dignitaries, and the public. Politicians from both sides anticipated that support to promote TM would be politically beneficial. Arguably, Lenora was keen to turn the Jubilee into a major political event to gain support for the reforms proposed by him under the Lenora

system. The invitation of politicians from the government and the opposition, as well as other dignitaries can be considered a strategy applied by Lenora to weaken opponents of the Lenora System.

The Jubilee celebration did not see any of the positive results expected by Lenora and organizers of the event. The groups who had protested quietly against the Lenora system came forward and accused him and his supporters of trying to destroy TM. The opposing groups consisted mainly of informally trained TM practitioners.

Their main concern was that if the two medical systems should be integrated, it would pave the way for many disqualified TM practitioners to abuse the medical profession by prescribing more Western medicine for personal gain¹⁰. Stressing that their paramount duty was to safeguard TM, they criticised the intent of the proposed TM reform agenda to wipe out Ceylon's original form of TM¹¹. The opposition was strong enough to hinder the implementation of the Lenora System. Meanwhile, the Kothalawala government introduced another Sessional paper to parliament in 1955¹².

The opposing groups became even more vociferous when the Minister of Health, E. A. Nugawela, presented the *Ayurveda Dhawala Pathrikawa*, (Ayurveda White paper, or the Proposals for Revival and Development of Indigenous Medicine in Ceylon) before Parliament for its approval in 1955¹³. The minister presented the paper in keeping with the promise made by Kothalawala when he visited the College in 1952. The Ayurveda white paper was a synthesis of all previous Sessional papers and committee reports, and included long-term recommendations on how to overcome the problems faced by TM with the rapid spread of Western medicine in Ceylon. However, the contents of the white paper were based on the recommendations proposed by the Lenora System in 1952. Critiques of the paper were particularly passionate partly because it was printed only in English; they thought that the government was purposely making it difficult for informally trained practitioners, who represented the

bulk of the opposition, from accessing this information. Responding to this concern, the government translated it into Sinhala, and had it published in the Sinhala daily *Lankadeepa* newspaper's *Vedaparapuara* column on the 04th of June 1955¹⁴.

The Ayurveda white paper proposed the following:

- (I). A research division should be established at the College to conduct research on TM. In order to formalize the required tasks for such a unit, a committee should be appointed comprising the principal of the College, the chairman of the Board of Indigenous Medicine, the examiner of Materia Medica of the College, and the examiner of the Materia Medica of the Ceylon Medical College.
- (II). Permission should be given to graduates of the College to use western medicine, and it ought to be authorised by the director of health services. In order to implement this practice, the necessary training should be given to students when they are at the College.
- (III). A Candidate should have one of the following qualifications in order to enter the College:
 - a. either the Sinhala or Tamil Senior High School Examination Certificate with two distinctions in the following subjects: either the Sinhala or Tamil languages; Sinhala or Tamil literature, and the Sanskrit language. If a candidate could not obtain these distinctions in the Senior High School Examination, they could be obtained in the Senior Secondary Examination;
 - b. either the Intermediate Examination Certification of the Colombo or the Jaffna Oriental Society; and

- c. either the Vidyodaya or the Vidyayankara Pirivenas Examination Certificate.
- (IV).
- a. All Ayurveda, Siddha, and Unani traditions of medicine should be taught at the College;
 - b. A committee should be appointed to advice and design step-by-step the proposed Siddhayurveda College in Jaffna;
 - c. The quality of teaching in Unani section should be improved at the College of Indigenous Medicine in Colombo.
- (V). Buildings of the College should be renovated and material and instruments should be provided where they are required.
- (VI). Buildings of the Hospital should be renovated and material and instruments should be provided where they required.
- (VII).
- a. A qualified Indian pharmacologist should be employed under the Colombo Plan scholarship to supervise Ayurveda pharmaceutical factory in the country.
 - b. A graduate of the College of Indigenous Medicine should be awarded a scholarship in pharmacological chemistry to visit India for training in the preparation of *Ayurvedic* pharmaceuticals;
- (VIII). The Board of Indigenous Medicine should be abolished and, be replaced with the Department of Indigenous Medicine under the Ministry of Health¹⁵.

The recommendations proposed by white paper did not indicate any significant departure from similar attempts made to promote TM in the past. As mentioned earlier, it was a combined proposal developed by the government in line with previous committee reports and the Lenora System. The motive behind the government move was not

known. Arguably, the UNP wished to gain more popular support from the ongoing Sinhala Buddhist nationalist activities to persuade the people that the UNP was not an anti-nationalist and anti-Buddhist party, although it had been labeled as an anti-patriotic party and a puppet of the western rulers.

The anti-reformist and anti-modernist TM practitioners (informally trained TM practitioners) took advantage of the re-emerging nationalist movement's popularity and objected to any government reform measures. Informally trained physicians mobilized in many parts of the country to defeat the Ayurveda white paper, and received help from prominent political leaders such as Bandaranayake. They used anonymous popular newspaper columns, *Vedana*, in the daily *Lankadeepa* paper, to popularize their views¹⁶. They also dedicated another column, known as the *Vedagedara*, in the daily *Lankadeepa*, to record their opposition against the government decision to modernise TM in Ceylon. In addition, they organised an ad-hoc interest group, *Veda hatana* (struggle of traditional practitioners). The newly formed group was different from the previous group¹⁷. In an interview with Registrar of the Sri Lanka Ayurveda Medical Council, he mentioned that the newly formed group was heterogynous when compared to the previous group. The new group comprised members of the Ceylon Ayurveda Congress, some graduates of the College of Indigenous Medicine and Gampaha Siddhayurveda College. In addition, they unionised their All Ceylon Ayurveda Congress whose anti-modernization campaign worked against the government decision to bring about the recommended changes¹⁸.

The *Lankadeepa* published news items related to the contents of the white paper and the protest campaign on a daily basis from its inception until the *white paper* was defeated in 1956. The then editor of the *Lankadeepa*, D. D. Dhanapala, extended strong support to the anti-white paper campaign, and backed prominent leaders in the field of TM. They included, Ariyadasa Kumarasinghe, R. Buddhadasa,

Gunasekare Owitigala, G. H. D. Kumaradasa, K. D. P. Piyasena, Pandit G. P. Wickramarachchi, and T. William Fernando. They opined that TM would lose its traditional identity once it was integrated into modern medicine, as was allegedly the case of the Ashthanga Ayurveda College in Calcutta. In addition, the well-known Indian Ayurvedist, Pandit Shiv Sharma, who was in Ceylon at that time, also joined the protest movement to safeguard the original form of TM medicine¹⁹.

Some members printed personal magazines to express their opposition to the white paper. For instance, Millawe Ariyapala, then a well-known informally trained TM practitioner, published a monthly magazine, namely, the *Vadakaha*, and recorded his and some of his colleagues' objection to the reforms proposed by the white paper²⁰. In the October edition, 1955, he published amendments proposed by the All Ceylon Ayurveda Congress against the government's attempt to modernise TM.

The Ceylon Ayurveda Congress opined that Sinhalese-English or mixed medicine practice should be eradicated and measures taken to expel corrupt TM practitioners from the country. To minimise professional competition between western and TM practitioners, the two traditions of medicine should be treated equally. Traditional recipes should be given priority to promote prevention of illness as a long-term measure. The Ceylon Ayurveda Congress proposed that only western trained doctors should be allowed to recommend allopathic medicine to the public. It was also of the view that dispensaries, both western and TM, should be set up all over the country to provide a better drug-delivery service to the people. A ban was proposed on the import of drugs, and the public were encouraged to use locally produced drugs to save foreign exchange. Finally, the Ayurveda Congress came up with a proposal that poorly trained doctors of either tradition of medicine should be banned from serving in the government health service²¹.

The objection to the training provided by the College of Indigenous Medicine to students suggests that informally trained TM practitioners held negative views. The last recommendation points to their judgment that in order to maintain harmony between the two traditions of medicine and protect the public, quacks should be discouraged from working in government hospitals.

At the same time, some groups who labeled themselves ‘progressives’ supported the government’s Ayurveda white paper. They included the Indigenous Medical Association, the Jaffna Siddha Medical Association, Southern Sri Lanka Indigenous Medical Association, and the Sabaragamuwa Indigenous Medical Association. Students, both former and contemporary, of the College of Indigenous Medicine, who supported the proposals in the white paper, and organized protest campaigns attacking the anti-reform groups, joined them. Furthermore, the Indigenous Medical Association, a union of former graduates of the College, unanimously took a decision to terminate their relationship with the All Ceylon Ayurveda Congress, an informally trained TM physicians’ professional union, for switching their allegiance from supporting Lenora to opposing the white paper. Despite the support it received, however, the government decided to withdraw the proposal in 1956²².

The Lenora System of Traditional Medicine Reforms

While the government abandoned the reforms put forward by the white paper, the members of the Board of Indigenous Medicine did not show any sign of giving up on the reforms proposed by the Lenora System. To gain support, the chairman of the Board, the Rev. Malewana Gnanissara, printed a small booklet on the important issues highlighted by Lenora in 1954. He titled it ‘Towards Progress of Ayurveda’, and into it he incorporated some correspondence between Lenora and prominent figures on a variety of subjects in the field of TM in India and Ceylon²³. The pamphlet intended to clarify existing misconceptions that the people,

professionals, students, and some politicians had about the integration of Western medicine with TM in Ceylon.

Lenora believed that people suffered unnecessarily from their reliance on TM drugs, and if Western medicine could be prescribed at the Indigenous Medicine Hospital this suffering would be alleviated. He stated that ‘personally, I feel that it is a grave offence to allow people to die whilst there are drugs that can cure them and alleviate their suffering’²⁴. He opined that western-trained practitioners denied people’s right to use western drugs at the Indigenous Medicine Hospital. He criticised them, asking;

*“What right has a section of doctors to deny these to our countrymen, and ask for a monopoly of these drugs? If they have the national feeling, they should be the leaders in the field and teach the lesser-informed brother of all recent advances irrespective of other petty considerations. Yet these are the very people who have taken the ‘Oath of Hippocrates’ to alleviate human suffering”*²⁵.

Lenora further argued that it was with the best of intentions that he had proposed the proper usage of western drugs in his scheme, but a segment of western doctors voted against it. He mentioned that ‘those who are against give no reasons except that Ayurveda should be kept within the narrow confines of what was taught 3000 years ago. But these very people have no objection to the use of modern drugs by Apothecaries who get a two years’ training or to their use by Estate Dispensers²⁶.

Lenora explained that the Ceylon Medical Council regulations discouraged TM practitioners from using modern drugs in their practice. He described the deeply rooted prejudice held by western medicine practitioners towards their counterparts. He stated that;

“The Medical Council regulations threaten qualified doctors that their names will be erased from the Register if they associated with Ayurvedic physicians or teach the Ayurvedic students. The government has recognised these practitioners, and the Institution belongs to the government. To say that the government is sponsoring quackery is a highhanded action of the Ceylon Medical Council”²⁷.

drugs be prohibited. In the very next page they say, ‘No doctor be allowed within the premises as he is bound to ruin Ayurveda. If this were put into effect they do not point out who is to teach Anatomy, Physiology, etc., on which they insist. It is a pity that not a single office bearer of the Congress has been trained in a Hospital, or has ever worked in a Hospital. Therefore, they are neither conversant with the difficulties of Hospital Practice nor how to overcome these difficulties”²⁹.

Lenora also identified western physicians who thought that allowing TM practitioners to prescribe western drugs was a reasonable practice to save patients at the Indigenous Medicine Hospital. He listed O. E. R. Abeyrathne, P. R. Anthonis, S. W. Bibile, Professor C. C. De Silva, Hilary Gunawardene, G. R. Handy, Professor, J. H. F. Jaysooriya, Kumara Rathnam, L. S. C. Mendis, Sir Nicholas Attygalle, A. Nimalsuriya, G. S. Sinnathamby, R. P. Wijerathne, and J. R. Wilson, who were sympathetic to his proposal to use Western medicine at the Hospital²⁸.

At the end of the pamphlet, the Rev. Gnanissara is quoted as saying that amidst fierce opposition by various groups against reforms, Lenora was keen to maintain correspondence with Indian universities and colleges to determine how they conducted their TM teaching practices and incorporated modern sciences and medicine. The pamphlet included a large number of such communications. For example, Lenora sent a letter on the 22nd of February 1956 to the principal of the College of Indigenous Medicine in Madras inquiring whether the College recruited western allopathic staff and taught Western medicine. In reply, the principal stated that ‘I am to inform you that the entire Materia Medica of Modern Medicine is taught to the third year students of the College of Indigenous Medicine, and also Pharmacology and Therapeutics. They are also given lessons in practical dispensing’³⁰.

Lenora was surprised to find out that some informally trained TM physicians fiercely opposed allowing TM practitioners at the Hospital to prescribe Western medicine. He said the members of the Ceylon Ayurveda Congress contradicted themselves when they supported the teaching of western sciences to students of the College of Indigenous Medicine but do not want them to prescribe western drugs. He stated that;

“The official of the Congress have raised objections and some even publicly expressed that even life should be sacrificed to preserve Ayurveda in its pure form. Yet, in a memorandum to the Hon. the Minister of Health, they have demanded that all aspects of modern medicine, including the whole pharmacopoeia, be taught at the College, but that the use of modern

The Rev. Gnanissara included in the booklet a letter from Pundit G. P. Wickramarachchi, founder of the Siddhayurveda College of Gampaha. At the beginning, Wickramarchchi was supportive of the Lenora System, but in 1955 led the anti-white paper campaign. The letter sent by Wickramarchich to Lenora on the 21st of September 1952 stated that ‘I am pleased to contribute anything for the genuine effort that you have undertaken to develop TM in the country, and wish you success in implementing your plan’³¹.

The contents of the translated excerpts of Wickramarachchi's letter indicate that he contradicted his opposition to the white paper. By exposing Wickramarachchi's ardent support for reform, Lenora likely sought to undermine his current opposition to his programme. It is unclear why Wickramarachchi changed his position from being a supporter of the Lenora system to an opponent. It is likely that the growing Sinhala Buddhist nationalist campaign led by Bandaranayake influenced Wickramarachchi to change his mind. As will be revealed later in this letter, his close association with nationalist groups paved the way for him to become a Senate member in 1957, to receive government financial support to maintain the college, and to secure employment opportunities for his College graduates.

Finally, Lenora quoted the following excerpt from the speech, *'The modern system of medicines,'* made by the first prime minister of India, Shri Jawaharlal Nehru, to the Health Ministers' Conference, New Delhi on the 31st August 1950, in support of his endeavour to modernise TM in Ceylon;

*"What then should our approach be? Obviously, our approach should be one of trying to profit by past experience and integrating it with the least in other systems. One approach, I would for want of a better word, call, the 'Scientific Approach', the approach of a knowing mind, and experimenting mind, which is preferred accept any thing that factually or theoretically justifies itself and which goes ahead on the basis of it. When something else takes its place as an improvement, a scientific mind accepts that in theory at least; what is called modern medicine is based on this Scientific Approach"*³².

Lenora and the pro-reformists members of the Board of Indigenous Medicine included excerpts from correspondence to convince the public, government, and professionals in the field to support their TM

modernization programme. The use of the quotation from Nehru can be considered a strategy employed by the members of the Board to justify their struggle in the ongoing debate on how to reform TM. In addition, the Board would have anticipated that Nehru's statement on the scientific approach could weaken the resistance of groups opposed to the reform of TM.

The pamphlet also highlighted the major difference between Lenora and his supporters of reform and members of the opposition. The former were modernists, who drew on the modern scientific approach to justify their struggle to reform TM in Ceylon. The latter were Sinhala Buddhist nationalists who justified their struggle by drawing on the historical past. However, Lenora and his supporters did not have much respect for the opposition, referring to them as mules: 'the physician who does not learn is compared to a mule, who carries a load of sandalwood realising only the weight of the load, but not the value of what it carries'³³. Arguably, this shows the negative perception held by the modernists towards TM practitioners, who rejected the integration of some elements of the two systems of medicine to modernise TM.

Meanwhile, the Rev. Gnanissara and Lenora realised that neither the Lenora system, nor the white paper would be implemented anytime soon. As a result, the former resigned from the Chairmanship of the Board in October 1956. Subsequently, the government appointed Mr. S. Amarasinghe (Chairman of the Board). The other Board members were: P. M. P. Abeysinghe, C. Amarasinghe, A. M. M. Ameer, M. C. Chandrasena, S. D. S. Kelanithilake Gunawardane, A. P. Samather, G. K. D. I. Senarath, Muhandiram, Mr. C. S. Wettasinghe, and A. W. Wijerathne Kavichinthamani³⁴.

Disappointed, Lenora resigned from his post as the principal of the College on the 25th of January 1957³⁵. Immediately after, a group of students began boycotting classes and demanding that the

government reinstate the principal. Instead, it chose the deputy principal, J. E.P. Wickramasinghe to be the acting principal. The new acting principal issued three ultimatums to the students, and struck off the names of those who failed to return to the College from the register of students³⁶. Later, Lenora arranged a special scholarship programme in consultation with the Medical Fund for the affected students in the strike of 1957, to enable them to pursue higher education at Indian universities³⁷.

Conclusion

In conclusion, it could be argued that a majority of informally trained TM practitioners opposed these reforms, not at least as they feared a decline in their professional status. Although, they did not question the necessity of reforming TM, they were sceptical about the policies being deployed by successive government to restructure education, training, and practice of TM. They demanded that *Desheeya Chikitsa* be given greater consideration by the authorities, so that it was formally recognised alongside Ayurveda, Siddha, and Unani. They highlighted the need for *Desheeya Chikitsa* to grow in par with other medical traditions. However, their demands were largely disregarded during the colonial period, in the situation where government and college authorities were unwilling to accommodate informally trained TM medical practitioners as teaching staff and introduce academic courses on *Desheeya Chikitsa*. Instead, the informally trained practitioners were allowed to operate outside the mainstream, which enabled them to provide practical training to students within their practices.

The post-independence situation was equally mixed. Reforms in TM education were rather ad-hoc, with the new national governments initially continuing changes according to a blueprint set out by the proceeding colonial authorities. The focus of reforms was, therefore, what can be referred to as the 'biomedicalization' of TM; an approach that continued to stoke tensions among politicians, administrators, and TM practitioners. As it is seen,

there were two competing groups, one was anti-reform and the other was pro-reform. Their disagreements and debates made, TM a highly contested political issue, with opposing views being taken up and advocated by political personalities and parties.

S.W.R.D Bandaranayake's political statements and actions best exemplify the politically charged nature of discussions about reforms in TM. He initially advocated the promotion of *Desheeya Chikitsa*, which allowed him to mobilise the support of informally trained TM practitioners. However, after coming to power through a closely contested election he changed his priorities -- he decided that it was better to rely on Indian expertise to revise frameworks for education and practice in TM. Many interpreted this as a betrayal of Sinhala nationalism.

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