The State of Traditional Medical Education at the College of Indigenous Medicine during the Post-Independence Period (1948-1960)

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Abstract

The British introduced reforms in traditional medicine in the first part of the nineteenth century and laid the foundation to establish a formal pluralistic health care service in the country. 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 Sinhalese Buddhist nationalist politics impacted on shaping traditional medicine and how its activities influenced on the state of traditional medical education at the College of Indigenous Medicine in Colombo. 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. These study findings reveal that in the aftermath of independence, traditional medicine got entangled between national and liberal political ideologies of the main political parties. There were divergent groups who manipulated their own ideologies to promote traditional medicine during this period. Thus, the Sinhalese Buddhist group organized reform activities to regain their lost identity and revitalize *Deshiya chikithsa* over the other types of traditional medicine. Similarly, the pro-reform group with an open mind to reform traditional medicine along with the line of modernity advocated a more mixed methods to revitalize native. This political dichotomy on traditional medicine exited during this period became one of the most significant obstacles for the College of Indigenous Medicine to develop a sound and steady academic environment at the college.

Keywords: The British, College of Indigenous Medicine, Medical Education, Modernity

Introduction

Although the limited reforms that the British introduced during their reign to modernize TM in Sri Lanka, they contributed to the formalization of a pluralistic healthcare service in the country. However, as this study findings reveal that after independence TM became a highly contested political issue among divergent groups, especially Sinhalese Buddhists. In the postcolonial era, native nationalist movements in many colonized countries challenged the ways that modernity was inserted in their societies altered the lives of their people, and contributed to the collapse of both state and society. For example, through a series of linked essays on culture and politics in his native Jamaica and Sri Lanka, Scott states that 'post-colonialists operated by implicitly occupying the horizon of nationalist politics already defined by anti-colonial project[1].

Scott is correct to point out that politics in post-independent Sri Lanka embraced with anti-colonial nationalist activities because Sinhalese Buddhist nationalists demanded a reaffirmation of lost cultural identity, which happened as a result of a long colonial rule, through reforming the native art and culture. As this paper shows TM occupied a centre position in the main political discourse in post-colonial nationalist politics in Sri Lanka. This situation contributed to the development of two divergent nationalist impulses, which De Silva

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characterizes as the discourses of Sri Lanka nationalism and Sinhalese Buddhist nationalism respectively. The former is described as emphasising the common interests of all the island's ethnic and religious groups, where claims of groups were not considered in isolation but accommodated within a plural polity. The latter was based on a specific reading of the country's history, where a case was made for the protection of the interests of the majority Sinhalese Buddhist population, in relation to which Buddhist monks and lay leaders demanded that Buddhism and Sinhala culture be restored to the pre-eminent place that they had occupied in the period prior to colonial rule[2]. The objective of this paper was to discuss how successive government policies impacted on shaping TM education at the College of Indigenous Medicine between 1948 and 1960.

Methodology

This research project was conducted in the United Kingdom and Sri Lanka as a part of the doctoral degree of the author of this paper that was submitted to the University of London. Therefore, the material in this research paper derives from this research and other secondary sources. The information for this study was collected at various research institutes located both in the United Kingdom and Sri Lanka. These institutions included 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 Ayurveda Research Institute at Maharagama, Sri Lank and the libraries of the Museum of Sri Lanka, the Institute of Indigenous Medicine of the University of Colombo and the University of Peradeniya.

After obtaining official permission, the researcher spent around two years collecting data at the above-mentioned institutes 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. Moreover, the researcher had the privileged 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.

Post-independence politics and TM

An examination of the stance taken by each political party and its leaders on the subject of TM provides an insight into the impact of the socio-political developments on the destiny of TM in the first phase's of Ceylon independence. Interestingly, the UNP, and, especially, its first leader, D. S. Senanayake, held contrasting views on the country's political future and the field of TM. He opined that Ceylon should be governed as a liberal state, while at the same time, supporting the reform of TM from the very beginning.

D. S. Senanayake's continued support for the reform of TM was no doubt partly due to his active involvement with other leaders in demanding a revival of TM in the early part the twentieth century. As indicated in the previous chapter, the British colonial government appointed him one of the members of its first Board of Indigenous Medicine of 1926, which paved the way for him to play an important role in the opening of the College of Indigenous Medicine in 1929. In addition, he was actively engaged in the Ceylon Legislative Council's debates on matters pertaining to TM. For instance, he criticised the teaching of Western medicine to students of the College of Indigenous Medicine. Rather than promoting the study of TM, what the College had done over the past ten years was imparting the knowledge of Western medicine [3].

Moreover, the promotion of TM was a Senanayake family tradition for many years, and D. S. Senanayake's brother, F. R. Senanayake, was one of the key players in the Medical Fund, which was more instrumental in initiating the revival in the field than any other group during that period [4].D.S.

Senanayake further associated with the ongoing nationalist and temperance movements' activities until the country gained independence [5]. Similarly, D. S. Senanayake's son, Dudley Senanayake, and Sir John Kothalawala (nephew of D. S. Senanayake) continued to pledge their support for the promotion of TM in Ceylon.

The position taken by Bandaranayake and the SLFP on the subject of TM had a long-lasting impact on the shaping of the field throughout the twentieth century and beyond. Bandaranayake's unique contribution can be attributed, firstly, to his personal commitment, and secondly, to the different roles he played in the improvement of TM. Although, he hailed from a landed aristocratic family; he was anti-imperialistic from his younger age, and stood for the promotion of the common people's standard of living. He promoted TM as a member of the Ceylon Legislative Council, Minister of the Local government, Minister of Health, and Chairman of the Board of Indigenous Medicine. He was also the architect of the transfer of the College of Indigenous Medicine from an independent institute to a government institute in 1941[6].

In the post-independence era, Bandaranayake provided new momentum to the field of TM on the basis of the presumed affinity between TM reform and the Sinhala-Buddhist nationalist campaign in which he played the leading role. He was the Minister of Health in the Senanayake government from 1948-1951, but he left the party due to the government's alleged neglect of the majority rural population and his long existing political rivalries with D.S. Senanayake and other UNP members. He foresaw that it was the best time to launch a new political party that would advocate fresh economic, political, and social reforms and capitalise on the growing disillusionment with the UNP[7].

In 1952, he started the SLFP upon realising that there was no room for his communal based political agenda within the UNP. His inspiring oratorical ability, Oxford education, and choosing national over European wear, Buddhism over Christianity, and Sinhala over English, raised his status in the eyes of the masses and enabled him to organize a new political front known as the *Panchamaha balavegaya* (the five forces front), in which he unified *Sanga,* (Buddhist monks), *Veda,* (TM Physician), *Guru* (teachers), *Govi* (farmers), and *Kamkaru* (labourer). Thus, he linked the revival of TM with the ongoing larger social reform movement[8].

There were no drastic changes in TM-based education at the College of Indigenous Medicine in Colombo in the immediate aftermath of independence. The government led by Prime Minister D. S. Senanayake appointed the following members to the Board of Indigenous Medicine for managing the affairs of the College and Hospital: P. M. P. Abeysinghe, K. Balasinham, R. Buddhadasa, M. C. Chandrasena, R. S. S. Gunawardana (president), A. M. Mawjood, J. M. L. Mendis, U.B. Narampanawe, Senator A. R. A. Razik, A.T. Samather, Senator K.D. Sugathadasa, J. E. P. Wickramasinghe (acting Principal of the College of Indigenous Medicine), M. W. N. S. Wijesiri, A. William Wijerathne, and Muhandiram[9].

The committee comprised both physicians and influential community leaders form all ethnic and religious backgrounds. Although, nationalist leaders expected that the quality of the College and Hospital would improve after independence, things were stagnant, and there was little significant progress in the field of TM. In this unfavorable situation, the then principal of the College, with twenty years of yeoman service to promote TM in Ceylon, Captain A. N. N. Pannikkar, resigned (Dr. Pannikkar played a unique role in serving the cause of TM in Ceylon. He hailed from Kerala and had training in both Traditional and Western Medicine. In addition, while he was in Ceylon, he mastered Sinhala and Tamil, and acquired knowledge in TM of Ceylon. In appreciation of his service, the government conferred the title of Justice of Peace on him and Ceylon Honorary Citizenship after his retirement. His untimely death occurred due to a heart attack in 1950). J. E. P. Wickramasinghe replaced him as the acting principal of the College. Since he did not receive the support of the staff and students of the

College, he could not maintain their high standard. This situation continued until 1952[10].

The enthusiasts of TM expected that after independence the government would implement the recommendations put forward by the Das the Gupta Report of 1947 for developing the College and Hospital, but no such action was taken. Instead, the government appointed another committee in 1950, known as the Commission on Ancient Sinhala Medicine, to protect and promote traditional Sinhala Medicine[11].

The *Sinhala vedakama,* or, otherwise, known as the *Hela vedakama*, *Deshiya vedakama*, *Paramparika vedacama*, *Deshiya chikitsa*, and *Goda vedakama*, originated within the country prior to the advent of other traditions of TM. Buddhism and Ayurveda have made a considerable impact on the development of the *Deshiya chikitsa* for the more than two millennia of its existence. The uniqueness of this tradition of medicine is that it was passed down through generations of families, guarded and preserved as a family heirloom. The *Deshiya chikitsa* developed into a number of sub-branches of medicine during its long history to suit the local needs of the people [12]. They range from *Charma* (dermatology), *Daum pillissum*, (treatment for burning), *Es vedacama* (ophthalmology), *Kedum bindum* (bone fracture), *Gedi* (treatment of boil, carbuncle, and tumour), *Mandama* (malnourishment), *Manasika roga* (psychiatric treatments), *Pissubalu roga* (hydrophobia), *Sarpavisha* (treatment of snake bites), *Sarvanga* (general medicine), *Unmada* (hysteria), *Vataroga* (neurology, rheumatology, and paralysis), *Vidum pillisssum* (piercing and heat treatment) and to *Satva vedacama*, (veterinary), which include, *Ath* (medicine for elephant) and *Harak* (medicine for cattle). *Deshiya chikitsa* physicians often specialised in treating one or more disease groups in which they inherited from their family[13].

This study finds that a small group of informally trained TM physicians accused British officials of not recognising Sinhalese Medicine or *Deshiya chikitsa* as one of the formal sectors of TM in 1929, and not including academic courses on the subject in the academic curriculum of the College of Indigenous Medicine. This indeed was the main reason for a group of informally trained Sinhala Medicine practitioners in the post- independence era to demand the D. S. Senanayake government to constitute a committee to look into the ways in which how the government should involve in promoting *Deshiya chikitsa*[14].

In 1950, Bandaranayake, the then Minister of Health and Local Government, appointed the following members to the committee to carry out its mandate: R. S. S. Gunawardane, A D. Jayaweera (secretary) C. W. Kannangara (Chairman), F. O. Obeysekare, Dr. (Western) J. M. L. Mendis, the Rev. Palannoruwe Wimaladharma, G. H. C. Somarathne, and P. A. WeerawardanaPathiraja[15]. The role played by Bandaranayake in appointing the committee was more significant than that of D. S. Senanayake due to his close association with the Sinhala Buddhist nationalist movement. What Bandaranayake, as a person involved in reforming TM in the 1930s, should have done was not to appoint a new committee, but implement the recommendations presented by the Das Gupta Report of 1947.

The committee published notices in newspapers and gathered information from the public, conducting interviews with 49 persons, including well-known medical practitioners, and held twelve meetings, towards the completion of the committee report[16]. The contents of the committee report reveal that its members were extremely critical of the conduct of the College and Hospital. They were of the view that the main purpose of establishing the College should have been to use state assistance to develop TM traditions that were specifically developed within the country, that is, Sinhala Medicine, not the Ayurveda, Siddha, and Unani, traditions, which were imported from India and Arab countries. They protested that what the authorities had been doing over the years was teaching Ayurveda, Siddha, and Unani while recruiting staff members with Indian qualifications, disregarding the fact that they did not have any knowledge of Sinhala Medicine[17]. This shows the degree of their resentment towards the

College and their attitude, I would say, motivated by the ongoing nationalist politics in the 1950s.

Some of the criticisms made by them were unfounded because the authorities of the College later introduced some components of Sinhala Medicine into the course curriculum after a long struggle by some practitioners of Sinhala Medicine. Nevertheless, it was true that the College did not provide practical training to students in the field of Sinhala Medicine on its premises. The committee members opined that the government should have converted the College and Hospital into institutes that provided training in Ayurveda, and given priority to Sinhala Medicine. In addition, the committee recommended that the government establish separate training colleges for Siddha and Unani medicine, based on the recommendations made by the Das Gupta Report of 1947. The committee members were not entirely dogmatic, and favoured student training in the use of modern medical equipment borrowed from Western medicine, such as the stethoscope and thermometer, and with the examination of blood, urine and faeces[18.]

When examining the statements and revelations made by the committee members on the affairs of the College and Hospital, one can find that their criticisms were motivated by Sinhala Buddhist nationalist politics of the 1950s. They criticised the recruitment of staff members with Indian qualifications, who did not have knowledge of Sinhala medicine. In fact, some of the Indian trained Ayurveda physicians recruited by the College were reputed practitioners of Sinhala Medicine too. For Example, Pundit G. P. Wickramarachchi, who had Indian training, was well versed in both Ayurveda and other numerous TM traditions of Ceylon, and is considered to be the most influential personality of the Ayurveda renaissance in Ceylon[19].Furthermore, the College was generous enough to recruit a number of Sinhalese Medicine physicians, not just as general practitioners, but also as specialists in the field, since the establishment of the College in 1929. Among those prominent persons, P. M. P. Abeysinghe, D. H. Samarasinghe, M. S. Samarasinghe, L. B. Saranelis Silva, and Sathyaloka Wijesinghe contributed enormously to the integration of Sinhala and Ayurveda traditions of medicine in Ceylon[20].

The ongoing political power struggle and internal rift within the D. S. Senanayake government and the anti-government movement in the early 1950 had a negative effect on TM in Ceylon. As the Minister of Health and Local Administration, Bandaranayake criticised D. S. Senanayake's government for not allocating enough resources for the development of TM. Similarly, the Minister of Trade, Thomas Amarasooriya, believed that there should have been more efforts to integrate Western medicine and TM[21]. Eventually, Bandaranayake left the D. S. Senanayake's government along with his *Sinhala Mahasabha*, and formed the Sri Lanka Freedom Party (SLFP) in 1952. This resulted in D. S. Senanayake becoming the acting Minister of Health in the same year (later he nominated retired army General E. A. Nugawela), and promised reforms in TM, and raised its standard to the level of Western medicine. As the first step, D. S. Senanayake advised his government's legal draftsman to design a new bill that would encompass the most important points from all the previous reports. His plan was to constitute a TM physicians' professional body similar to the British Medical Association [22].

The most significant decision made by D.S. Senanayake was to appoint two prominent figures in the field of TM to spearhead the College and Hospital and the Board of Indigenous Medicine in 1952. He appointed Dr. R. B. Lenora, a one-time deputy principal of the College, and a physician qualified in both traditional and Western medicine, with Indian and British training, to be the principal of the College and chief physician of the Hospital on the 15 of May 1952 [23]. At the same time, D. S. Sennanayke nominated the Rev. Malewana Gnanissara Thero, a reputed TM physician, to be the Chairman of the Board.[24]. The other members of the Board were: R. Buddhadasa, M. C. Chandrasena, K. Kanakarathnam, G. H. D. Kumaradasa, R. B. Lenora, J. M. K. Mendis, K. M. H. Mohomod Sali (Parliamentarian), S. M. A. Rahaman, A. Rathnapala

Marasinghe, K. V. D. Sugathadasa, and M.W. M. S. Wijesiri. It was considered that the two appointments were appropriate and timely, and as the Prime Minister himself opined, he appointed the two most credible leaders who would take the filed forward. In making the two appointments, he made the following remarks to the Rev. Gnanissara:

> We are to pave a new path for the betterment of the Ayurveda. I have already decided that the Ayurveda system should be improved in order to achieve its fullest success. To do this, it is sure; we have to spend millions of rupees, yet we need not mind what such an important national cause might cost. My government is ready to provide every possible help towards the improvement of the Ayurveda medical system. But I must say one thing to you; Dr. Lenora and you must take up the responsibility to draw out a well-considered plan in order to uplift the position of Ayurveda [25].

Clearly, D. S. Senanayake had a grand vision on how the government should promote TM in the country. It is clear that he had much more vision than his former Minister of Health, Bandaranayake. On another occasion, he had said that 'if I were to live for one more year I would consider it my sacred duty to restore Ayurveda to its pristine glory'[26]. However, before implementing any of his vision to promote TM, D. S. Senanayake died quite unexpectedly in 1952 [27].

After assuming duty as the principal of the College, Dr. Lenora, with the help of the members of the Board, spent a considerable amount of time putting the two institutes back on track. As a person with training in both Western and medicine TM, he opined that TM in Ceylon was lagging far behind Western medicine. Furthermore, he believed that if the former were to be more efficacious, it should incorporate modern scientific methods of diagnosing diseases. He stated, 'I would like to appeal to my Ayurveda Colleagues to seek more light and not accept blindly every method as infallible just because a *Rishi* proclaimed it, but to be more critical and learn about all modern advances in science, not simply accept all that is modern simply because it is modern'[28].

He designed a new system, known as the Lenora System, to train qualified and technologically advanced graduates to teach and practice TM in Ceylon. To develop the new system, he incorporated some of the recommendations made by the Das Gupta report into his own proposals. Most importantly, he restructured the existing academic and practical programmes at the College and Hospital by attending to the following parameters: duration of training, staff development, technology, research, admission criteria of the College, laboratory, hospital, appointment of a western physician, and nursing [29].

Dr. Lenora extended the four-year academic programme to five years, so that, students would be trained in modern scientific methods [30]. To this end, he installed an X-ray machine at the Hospital. He expected that the longer time students spent at the College would enhance the student-teacher interaction [31]. Concerning staffing, he suggested that it was more sustainable to recruit new staff members with training in Western medicine to the following fields: surgery, gynaecology obstetrics, hygiene and sanitation, hysteria, micro-biology, rabies, snake toxicology, tuberculosis, eye diseases, physiology, pathology, paediatrics, legal medicine, autopsy, and cancer. In addition, the Lenora system proposed the recruitment of five Sinhalese Medicine specialists to teach at the College [32].

Since Ayurveda has an extensive field of Materia Medica, Lenora recommended that the government establish a research institute to conduct scientific experiments so as to avoid the high cost of importing medicines [33]. For such a project to be successful, qualified scientists would have to be employed in the fields of pharmacology, microbiology, and physiology. Since it was too expensive to set up such an institute within a very short period of time, it was suggested that collaborative projects should be initiated with other established institutions, particularly the Medical

Faculty of the University of Ceylon and the Medical Research Institute in Colombo [34].

Addressing the students' deficiencies in general medical knowledge, the Lenora system formulated a new scheme of admission to the three curricular streams, Ayurveda, Siddha, and Unani, in order to improve the quality of College graduates. Accordingly, candidates were required to have passed the High School Certificate Examination in the Sinhala medium, with English, or the same examination in the English medium, with Sinhala, to enter the Ayurveda section of the College. In addition, either the Oriental Intermediary or Higher-Level examination with English was recommended as an extra qualification for admission. Similarly, the best results of the Pirivena Examinations were also considered a fitting qualification for admission to the Ayurveda division of the College. The High School Certificate Examination in the Tamil medium, with English, and the same Examination in the English medium, with Tamil, and the *Bala and Pandita,* examinations were recommended as the basic qualifications to get into the Siddha section of the College. Finally, the Senior School Certificate Examination with English was proposed as the standard requirement to enter the Unani section of the College[35]. It seems that the salient feature of the proposed scheme of admissions to the College was an emphasis on English for providing a superior introduction to new medical developments.

In order to improve the standard of practical training in the clinical field, the Lenora system proposed that the necessary clinical sessions should be provided both in the in-patient and outpatient departments, since such practice had not been available before. The purpose was to provide ample opportunities for students to gain first-hand experience in diagnosing diseases from specialists in the relevant fields [36]. The number of patients both at in-patient and out-patient departments kept increasing, and there were serious shortages of staff with proper training to provide medicine, maintain clinical records, and address the other needs of the patients. The new scheme proposed to recruit six nurses and three female matrons to supervise the nurses. In parallel to the effort to improve the quality of the nursing service, the Lenora system recommended the recruitment of six more attendants to maintain hygienic and sanitary conditions in the Hospital and enhance the quality of student training [37].

Lenora also recommended the recruitment of a full-time physician with western medical training at the Hospital to diagnose diseases that TM physicians could not identify, inspect the conditions of internal organs, and provide anaesthesia for patients undergoing surgery. It was also hoped that the physician would do some teaching [38]. Lenora's final proposal was that the government establish a laboratory at the College to help students and physicians use modern technology and analyse data from modern scientific laboratories to diagnose the causes of certain diseases, especially communicable diseases [39].

Lenora believed that many of his proposals were based on modern science, which, although new to the field of TM, was the way forward for education, health care services, and research. He argued that 'organizations for promoting scientific knowledge cry from house tops for dissemination of scientific knowledge, and it is inhuman to think that the physicians who are in-charge of 75% of the population are told to close their eyes where science is concerned, by a section of the very people who cry out for advancement of science'[40].

Lenora attributed the apparent progress in TM in Indian universities to the adoption of certain elements of modern science in the training of graduates, practitioners, pharmacists and researchers in the field. He strongly believed that similar measures should be implemented in Ceylon, not to destroy, but to popularise TM. Accordingly, he offered two options to the government regarding his proposals for developing TM in Ceylon. First, he thought that the government could provide the modern paraphernalia that he proposed. If the government would not furnish the required equipment, it was better, he believed, to appoint less competent informally trained physicians without an understanding of modern scientific achievements to run the two institutes [41]. Lenora also believed that

the informally trained TM physicians were rather backward, selfish, and slow to adopt new knowledge from other traditions, let along disseminate their knowledge. He declared in this regard that,

> Many a valuable drug or method of cure has been lost by the owner's tragic belief that he would rather carry it to his grave than divulge it to another. But the mentality of the Western Practitioner is quite the contrary. In spite of Quinine being able to cure an attack of Malaria, they were in search of better and yet better drugs and evolved, Mepocrine, Paludrine, Pyrimethamine, and Chloroquine and still in the path of research and more research into the better unknown[42].

When analysing the details in the Lenora system, arguably, it was impractical to super impose these changes because as we witnessed in the previous chapter, a number of similar attempts in the past failed due to in-fighting among various interest groups involved it promoting TM. Yet, Lenora believed that the training in both Ayurveda and Western medicine would eventually produce the professional leadership needed to carry out reforms in the field. Furthermore, he had the social and political capital necessary to push forth his programme. As mentioned earlier, many, including D. S. Senanayake, held Lenora in high regard. And indeed initially conditions seemed favourable. However, with the passage of time, Lenora's programme was subject to criticism and his system was not fully implemented [43].

Lenora and the Chairman of the Board of Indigenous Medicine, the Rev. Malewana Gnanissara, and the Board members summoned a public meeting to hear the reaction of Sinhala Medicine, Ayurveda, Siddha, and Unani practitioners and their professional union leaders to the new proposal on the 21st September 1952. At the meeting, both the Chairman and Lenora commented on the proposal in Sinhala and English. At the end, the audience approved the recommendations and representatives of the 134 different TM based professional unions, who attended the meeting, sent a letter with their signatures to the government [44]. The then Minister of Health, E. A. Nugawela, discussed the importance of the Lenora system with a reporter of the *Dinamina* newspaper, explaining that he would implement the system if the members of the Board of Indigenous Medicine approved it [45].

In addition, the newly formed SLFP of Bandaranayake, and the socialist *Lanka Sama Samaja* Party leaders, including W. Dahanayake and Robert Gunawardhana also backed the proposal [46]. TM was a politically contested issue and both right and left wing politicians had to stake a position.

The first step of implementation was the appointment of new members to the Board of Indigenous Medicine in 1953. They were M. C. Chandrasena, K. Kanakarathnam, D. H. D. Kumaradsa, the Rev. Malewana Gnanissara (chairman), M. E. H. Mohamad Ali (Member of Parliament), S. M. A. Rahaman Rathnapala Marasinghe, K. V. D. Sugathadasa (Member of Parliament), and W. N. M. S. Wijesiri. As an enthusiast of both TM and the Lenora system, the Chairman, with the approval of the Board and the staff of the College, decided to change the duration of academic training from four to five years and to upgrade the facilities at the hospital to meet the needs of fifth-year students [47]. The Board also designed a six-year development plan to facilitate the presentation of Lenora's proposals to the Ministry of Health. Under the six-year development programme the Board recommended the building of a new block with two lecture halls, the registering of TM physicians, the preparation of TM-based pharmacopoeia and a training course for attendants at the Hospital[48].

Jayathilake stressed the government's positive response. The College's students' enthusiasm for the Lenora system contributed to arousing anger among a segment of informally trained TM physicians. Initially, they expressed their opposition quietly. They feared that the proposed reforms would undermine their professional status and that the integration of the two systems of medicine would destroy the authenticity of TM. He further stated that

the majority of them were quacks, who abused TM for personal gain [49].

Conclusion

This article focused on the major events, controversies, and initiatives introduced by successive governments to promote TM in Ceylon between 1948 and 1960, and on Sinhala Buddhist nationalism that exerted a major influence upon the configuration TM. The main political parties, UNP and SLFP, adopted a more pragmatic approach to matters relating to TM as a means to maintaining their popularity and achieve their future political ambitions. Bandaranayake was more successful than Senanayake and Kotalawala in leveraging the issue of TM. Bandaranayake took advantage of the volatile political situation and made TM into an integral part of his nationalist movement.

Bandaranayake closely associated with TM practitioners to promote his nationalist political party agenda because the Sinhala Buddhist nationalist movement provided a suitable platform for TM practitioners to express their grievances against the marginalized social position experienced by them in the backdrop of the spread of Western medicine. Bandaranayake left the Senanayake-led government in 1952 and many informally trained TM practitioners, who were against the establishment of the College of Indigenous Medicine, formed the *Panchamaha Balavegaya*, and helped Bandaranayake come to power in 1956.[1] This was the same group that pressurised Bandaranayake to appoint a committee to look into the state of Sinhala Medicine when he was still the Minister of Health in the UNP government in 1950. Bandaranayake appointed a committee to look into Sinhalese medicine, rather than the TM of all ethnic groups in Ceylon. In appointing this committee he found an excuse for not implementing the recommendations put forward by the Das Gupta Report of 1947.

One consequence of the embroilment of TM education in the ongoing nationalist politics was the intensification of conflict between political fractions, TM practitioners, academic staff and students of the College of Indigenous Medicine. Another consequence was that formally and informally trained practitioners bitterly contested TM education. Members of the two groups tried to garner the support of politicians, the public, and the media. Informally trained practitioners sought support from politicians and the Ceylon Ayurveda Congress for their struggle to stop the proposed reforms in TM education. By contrast, modernist groups drew on politicians, including Jawaharlal Nehru, as well as modern scientific evidence.

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