

Research Article

The inclination of the Sri Lankan Sinhalese Village Community Towards Hela Medicine and Traditional Food and Drinks During the Post-COVID Pandemic Period

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Abstract

The ancient village society lived with a focus on local Hela medicine and traditional food and drinks. The current village society is a group of people who live collectively while maintaining their ancient identity claiming a self-sufficient lifestyle. Against this background, the objective is to study the past situation and the modern nature and the impact of the COVID-19 epidemic on it. Relevant information was obtained by using the data obtained through interviews with 58 rural households in Alagalla village belonging to Hatharaliyadda Divisional Secretariat Division and from the records of the village officer and the records of the local medical hall. According to these data, it was revealed that there is a wide knowledge and use of the traditional hand medicine of the past villagers in the sample of 10 people over 60 years old. But in the later period, it is possible to identify the distance from this due to leaning towards the Western medicine system, focusing on fast food, and not paying much attention to local medicines. With the after-effects of the Corona epidemic and people's attention being focused on local medicines and food and drinks, the focus was again on this. This is 100% according to the data. The temptation to grow local foods of the past can be identified. It is 80 days according to the data. Among those crops, turmeric, figs, dandila, milk yam, cassava, herbs, and vegetables are the main ones. In the post-COVID pandemic period, trust in local food and Hela medicine has been gained due to Western doctors advising on the use of local herbs, rural people turning to Hela medicine due to the side effects of vaccinations, and increased media awareness. Among the local medicines, the use of a decoction of katupila, Nelli, Aralu, Bulu, Rasakinda, Honey, Nika, Tumba, etc. can be mentioned. Based on this background, introducing Hela medicine as a successful treatment method in the post-Corona period and improving local medicine are the main tasks to be done here. It is correct to say that there is a timely need to discuss the preservation of this valuable wealth of knowledge in Hela medicine as an intangible cultural heritage and its use in current practices. The study revealed that in the wake of the post-COVID epidemic, there is a renewed understanding of Hela medicine and local food and drinks among the rural people.

Keywords

COVID Epidemic, Hela Medicine, Traditional Food and Drink, Village Society, Villagers

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1. Introduction

From the day of human origin until today, man has used various remedies for various diseases based on his own experiences. According to fossil records, it has been found that humans started using plant parts as medicines at least 60,000 years ago. Traditional medicine is an ancient and culturally bound system of medicine that predates the application of modern science to healthcare. Traditional medicine varies widely by the social and cultural heritage of different countries. The development of a medical system as an answer to the challenge of maintaining a health system and treating disease is found in every human community. Thus, it is clear that traditional medicine is practiced to some extent in all cultures.

It is a well-known fact that Hela Medicine has been able to produce a unique wealth of knowledge in the field of traditional medicine in the history of the last two thousand five hundred years of Sri Lanka, an island nation in the South Asian region. In a multi-social country like Sri Lanka, many different medical methods can be seen nowadays. Evidence has been revealed that there was a medical system inherited from us in Sri Lankan society. Traditional medicine in Sri Lanka is known as the local medicine system that existed before the introduction of Ayurveda. This medical system is known as indigenous therapy Sinhala medicine, Hela medicine, or Goda medicine.

With the COVID-19 pandemic, there has been a lot of discussion about Hela medicine in society. There is a timely need to inquire about it from an anthropological point of view at such a stage. In the wake of the COVID-19 epidemic situation, the whole world is trying to find answers through different medical methods. Accordingly, it was also seen in Lankan society to get the necessary help to control the epidemic situation through the use of Hela medicine and following different rituals. It became clear in the search for facts how various strategies have been used in Hela medicine to control the epidemic situation. As soon as there were signs of an epidemic situation in Hela medicine, steps were taken to prevent the spread of the disease.

Thus the spread of the 19 virus started as a new member of the current major epidemic Corona family. As of July 22, 2022, 22217 cases have been reported from Kandy district, which is the district related to this research [1]. Due to this, the vaccination process was carried out in these areas. Also, some areas have been isolated as a preventive measure. According to the health advice given by the World Health Organization, it is important to maintain a distance of more than 1.5m between people at all times to curb the corona virus epidemic [2]. This distance varies slightly from country to country. The risk of contracting the corona-virus is estimated at 13% within one meter. But beyond that only 3%. The risk is said to halve for every additional meter up to three meters. Distancing can be described as a social control condition that has been used before in various epidemics.

By the end of the last half of the year 2020, the World Health Organization has declared that countries around the world should turn to vaccination to reduce the spread of the COVID-19 virus and reduce the number of deaths [3]. The production of vaccines was started from different countries of the world and it was accepted in the health departments that health advice should be properly followed even if vaccination was used. Wear masks, and maintain social distancing. Washing hands properly with soap or disinfectant liquid was among these health tips [4].

Among them, the social distancing caused by the corona-virus epidemic has affected all aspects of social, economic, cultural, educational, religious, and environmental, locally and globally, and as a result, there have been major changes in the lives of the common people [5]. Sometimes the effects were good and other times bad. Especially in a background where there is a research gap related to this new situation related to Sri Lanka, through this study, the attention of the Sinhalese village community was focused on Hela medicine and traditional food and drinks in the post-COVID epidemic period in the rural environment.

The ancient village society lived with a focus on local Hela medicine and traditional food and drinks. Similarly, the current rural society is a group of people who live collectively while maintaining their ancient identity, claiming a self-sufficient lifestyle. In this research, an investigative study is carried out in the Alagalla Gramaseva domain of the Hatharaliyadda divisional on the tendency of the Sinhalese village community towards Hela medicine and traditional food during the post-COVID pandemic. The purpose of this study is to study the past and modern nature of Hela medicine and traditional food and the impact of the COVID epidemic on it and this research was conducted on the issue of the tendency of the Sinhalese village community towards Hela medicine and traditional food during the post-COVID epidemic.

2. Materials and Methods

This research is a mixed research that includes both qualitative and quantitative research types. The study area of this research was selected as two rural service domains in the Central Province, Kandy District, Hatharaliyadda Divisional Secretariat. Accordingly, 380 Alagalla Upper and 381 Alagalla Lower Gramaseva Domains were selected from Hatharaliyadda Divisional Secretariat. The reason for choosing those rural service domains is that those rural service domains represent a rural setting.

Also, the number of family units in these rural service domains can be stated as follows.

Total number of families above 380 Alagalla = 460

381 Total number of families below Alagalla = 375

Total number of families = 835

The population is 1210

From this total population (1210) 125 families were selected and data collection was done under the random sampling method which is a probability sampling method. Primary source and secondary sources were used for data collection and the following methodology was used for primary data collection.

Interview method - 5 rural and urban data contributors each participated in 10 interviews.

Questionnaire Method - Data was collected through a questionnaire from 58 rural households. In addition to this, the observation method was used and the questionnaire method and interview method were used to further clarify the data obtained.

3. Results and Discussion

3.1. Ideologies and Methods of Epidemics in Ancient Rural Society

According to ethnographers, epidemiology is addressed in three ways in population. They are the plague of menaces or the plague of pattini, the plague of monkeys or the plague of vahakaduru, and the plague of village deserters, etc. Epidemics or dangerous epidemics can be seen without being confined to a specific time frame. Therefore, the dangers are known as epidemics or smallpox, such as measles or smallpox, smallpox or shedding disease, etc [6].

It is commonplace to call all these "sicknesses of the gods". To cure these diseases, the patient is separated for fourteen days. That period is known as "Pattini Desatia" [7]. To control the epidemic, in the face of the current COVID-19 epidemic situation, the tasks expected through the quarantine are fulfilled through the above-mentioned fortnight and it is clear that the situation with a legal charge in the past has been done in a ritualistic form in Hela medicine in the past. If the disease has spread to a village, the implementation of the "lockdown theory" is a recent experience that all of us in our country have experienced [8]. But practices such as closing the villages where an epidemic has spread and informing the community through non-verbal communication using epidemic barriers on the roads leading to those villages are things that we have inherited from the local Hela medicine. In this way, the application of pestilence hedges on the roads leading to the village is done by placing kohomba branches across the respective roads like a fence. Here, the fence is prepared by applying kohomba branches to a height of about two feet or hanging kohomba or gop leaves across the path. After applying the pestilence, it is forbidden for a person from the village to go out or for an outsider to go inside.

Some scholars think that the name Vahukanduru means "boredom". In addition, it has been mentioned in other places that the diseases caused by Vadur Ma Devi are known as Vadur. The diseases so-called are the plagues of smallpox,

malaria, and parangi, as well as foot and mouth disease of cattle. Gampalu epidemics were termed to refer to diseases at the level where people leave their villages due to the severity of the epidemic. These diseases include cholera, dysentery or diarrhea, typhoid fever, etc. And among the epidemics that affected Sri Lanka, smallpox is a strong epidemic. This disease was widespread in Sri Lanka during the colonial period and the use of local medicine and social practices have prevented these diseases. Smallpox is a disease that has been eradicated from our country by the modern era. The malaria epidemic, which is considered a common standard epidemic, is also known as the fever epidemic. Children and adults die from it, and the medicine is given by the local folk healers of the village. It has been mentioned in the Book of Folklore that the elders of Irrigation villages have explained based on their experiences that they tried to get rid of the "throbbing plague" by giving the patient the smoke of madurathala and other herbs, herbal porridge, etc [9]. When there is an infectious disease situation, it is prohibited for outsiders to enter the house where the concerned person is. It is a ritual to mark the presence of a person suffering from an infectious disease by hanging pieces of kohomba, Nika, or mango branches in front of that house. This has been done to prevent the disease from spreading throughout the village. Neighbors also took care of sick residents until they recovered, protecting themselves. The nearby residents poured water into the pots kept by the sick residents near the stumps, kept food drinks, and essential items near the stumps, and took care of them until they recovered from the disease, and in all cases, they took care to avoid close contact with the sick residents. When there are signs of an epidemic disease, it is customary for everyone in the village, young and old, to tie a piece of raw turmeric around their waist or arm. Also bathing with hot water mixed with kohomba leaves, tying a piece of perumkayaam around the waist or hand, placing a bowl of turmeric or lime mixed water near the door of the house to wash the face and mouth when coming home, and disinfecting the house by spraying the yellow liquid twice a day, etc. Also, according to the instructions of ayurvedic doctor, he has worked to control the spread of epidemic germs by using the methods prescribed by him, such as putting in the herbs and sticking smoke [7-10]. Also, Hela medicine prescribes the use of beverages and foods that increase immunity during this period. Even the herbs needed to protect and heal from disease are often prescribed as food in Hela medicine. Villagers are directed to use foods and drinks that increase the body's immunity and energy, such as porridge, coriander boiled water, soups, earthworm foods with good nutritional quality, etc., through the village doctor.

3.2. Post-COVID Pandemic Period

Due to the economic and social situation during the COVID-19 epidemic, many Sri Lankan villagers turned to Hela medicine and village food. Relevant information was obtained by using the data obtained through interviews with

25 households in Alagalla village belonging to Hatharaliyadda Divisional Secretariat Division and from the records of the village officer and the records of the local medical hall [11]. According to these data, it was revealed that there is a wide knowledge and use of the traditional hand medicine of the past villagers in the sample of 10 people over 60 years old. But in the later period, it is possible to identify the distance from this due to leaning towards the Western medicine system, focusing on fast food, and not paying much attention to local medicines. With the after-effects of the Corona epidemic and people's attention being focused on local medicines and food and drinks, the focus was again on this. This is 100% according to the data. The temptation to grow local foods of the past can be identified. It is 80 days according to the data. Among those crops, turmeric (*Curcuma longa*), ginger (*Zingiber officinale*), purple yam and milk yam (*Dioscorea alata*), cassava (*Manihot esculenta*), herbs, and vegetables are the main ones. Although Paddy is the main crop in Sri Lanka, the most popular commercial crop in this region is tea. Majority indicated tea as their main economic crop. Accordingly, 60% of the tea growers were found in rural areas. 44% of rural vegetable growers can be seen. 13% of rice cultivators are rural.



Figure 1. Purple yam and milk yam (*Dioscorea alata*).



Figure 2. Ayurveda medicines used in decoctions.

It is no secret that these have become a topic of discussion in the Sri Lankan society due to the current COVID-19 epidemic situation and the majority of people are anxious to use these local herbs. Also, during the epidemic period, it is customary to perform various rituals, sacrifices, peace rituals, etc. according to the mental health and belief system of the people. For this, village ayurvedic doctor and the village clergy are also fundamental. In addition, various restrictions are also imposed to prevent the spread of the disease during epidemics. These are called epidemic restrictions. Yam eem bans, tank bans, cart travel bans, herd bans, service station bans, attam bans, etc. are imposed. This will stop the gathering of people and prevent the spread of the disease through various methods. In an epidemic season, the use of common use in the village is prohibited by hanging anabola branches. There, a cord of kohomba branches is tied and it is marked.



Figure 3. Making a decoction.



Figure 4. Boiled decoction.

In this, the use of public places such as the lake, Pinthalia, service station etc. is prohibited. This has also been done to prevent the spread of the disease. In this way, our ancestors have tried to control epidemic conditions by using many other strategies. It has also been used by these rural people. During this time, some changes in the use of local medicines can be seen from village ayurvedic doctor of the village as well as from the local Veda shop. That's a 50% increase from before. During the post-epidemic period, the villagers put a bowl of turmeric or lime water near the door of the house and disinfected the house twice a day by spraying the yellow liquid.

Has been done. Also, Hela medicine prescribes the use of beverages and foods that increase immunity during this period. Even the herbs needed to protect and cure the disease are often prescribed as food in Hela medicine. Villagers are directed to use foods and drinks that increase the body's immunity and energy, such as porridge, coriander boiled water, soups, earthworm foods with good nutritional quality, etc., through the village doctor. Among the local medicines, the use of a decoction of katupila, Nelli, Aralu, Bulu, Rasakinda, honey, Nika, Tumba, etc. can be mentioned.

What is a decoction? When the roots, bark, seeds, leaves, flowers, etc. of the plants are weighed, cleaned, and made with water, the sweet and sour flavors contained in the plant material are combined and a decoction is prepared (Non-plant material is also used for decoction). In the treatment system given by a doctor for a certain disease, the prescription prescribed to drink the 8 cards together is commonly known as the decoction recipe or the decoction sheet. A dose is the amount to drink in one day. Ex: 5 times = 5 days.

According to sources, 10 types of decoctions can be distinguished. But during the Covid-19 epidemic, drinking decoction was used more [12-15].

1. Drinking decoction (drinking decoction)
2. Deer decoction (Gandusha decoction)
3. Pan decoction
4. Decoction used for bathing and washing
5. Astemana kasaya (Ashchotana kasaya)
6. Decoctions that are often used in burns (Samshara decoction)
7. Boiled broth (peya)
8. Ulcer washing decoction (Varan Prakshalana).
9. Oil cooking broth (Sneha kasaya)
10. Hot tea decoction (thermal decoction)

To make a decoction correctly, the decoction root, thoroughly cleaned, and tied with a nail (to protect against inhuman errors) should be placed in a clay pot, 8 cups of water should be added, and the 8 should be boiled on low heat. Strain it through a clean cloth and drink half a cup along with Anupanas. 8 for adults, 4 or 2 for children. A cup of water is 240 ml, which is the size of a small cup of tea. A minimum of 8 cups of water is usually used for the decoction. A half cup is 120 ml. A clay pot is ideal for making decoctions. It is not advisable to use hard wood such as jackfruit wood or coconut shell when giving firewood. The decoction should be kept open and the decoction should be boiled by checking it from time to time [11-16].

Villagers have been advised to take a handful of these medicines and leave them to ferment and drink them as a decoction. Also, the decoction prescriptions prescribed by the Ayurvedic dispensary and the use of Ayurvedic oil for the side effects of injections have been prescribed. In this study, it was found that by using these local medicines and disease prevention methods, the reported cases of Corona and the post-COVID effect in this rural area are minimal.



Figure 5. Medicinal plants used locally.

In the post-COVID pandemic period, trust in local food and Hela medicine has been gained due to Western doctors advising on the use of local herbs, rural people turning to Hela medicine due to the side effects of vaccinations, and increased media awareness. Based on this background, introducing Hela medicine as a successful treatment method in the post-Corona period and improving local medicine are the main tasks to be done here.

4. Conclusion

This research studied the tendency of the Sinhalese village community towards Hela medicine and traditional food and drinks during the post-COVID pandemic. Economic hardship due to social distancing was reported more in the rural sector than in the urban sector. It could be seen in both these sectors that no matter what the economic level of a person is, there will be economic difficulties for them due to obstacles in going to work during this season.

The purpose of this research was to study the past situation and the modern nature and the effect of the COVID-19 epidemic on it. Compared to the Western medicine system, it could be identified that there was a development of the local medicine system during this period. Thus, getting away from the busy life and living with family members, engaging in gardening to effectively pay for one's leisure time getting economic benefits, and developing mental equanimity can be mentioned.

Based on this background, introducing Hela medicine as a successful method of treatment in the post-corona period and improving local medicine are the main tasks that should be done here. It is correct to say that there is a timely need to discuss the preservation of this valuable wealth of knowledge in Hela medicine as an intangible cultural heritage and its

application to current practices.

The study revealed that in the face of the post-COVID epidemic, there is a renewed understanding of Hela medicine and local food and drinks, which was lost among the villagers.

Author Contributions

Nimesha Ekanayaka is the sole author. The author read and approved the final manuscript.

Conflicts of Interest

The author declares no conflicts of interest.

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Biography



Nimesha Ekanayaka is a history teacher and researcher. She acquired her BA Honors in History from Rajarata University of Sri Lanka in 2023, and her Master of Arts in History 2024 Southwest University in Chongqing, china. She has proven to be a well-rounded individual with excellent academic credentials,

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Research Field

Nimesha Ekanayaka: Ancient and modern history of Sri Lanka 1-1, World History1-2, Cultural History 1-3, Historiography1-4, Southeast Asian History1-5, Human Rights1-6