

The role of traditional medicine with the rites and rituals in protection of pregnancy

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In the backdrop of a world trend towards valuing age-old traditions, it is pertinent to understand how and why traditional medicines with all its attendant rites and rituals have lasted for so long. There is compelling evidence that traditional medicines can perform what modern medical procedures and practices have yet to achieve in the area of ensuring delivery of healthy babies, while safeguarding the health of mothers. Such effective strategies have been passed from generation to generation. Many traditional medical procedures, rites and rituals have been lost or the knowledgebase eroded. The traditional practices are often found to be used by people living in rural areas with poor access to western medical healthcare facilities. Traditional medical procedures and rites cover the entire period of pregnancy, from conception to the safe birth of the baby. However, rural midwives have paid more attention to the expectant mother, recommending suitable foods and special types of exercises, especially after the seventh month of pregnancy.

Techniques and procedures cover many problems prior to delivery. Greater amount of this knowledge was available with the rural midwife. This wide knowledge base of immeasurable value is subjected to change and distortion due to non-application, non-transfer to descendents and lack of documentation and absence of state patronage.

The present study was done to evaluate how far traditional medicine can contribute towards successful maintenance of pregnancies and ensuring safety deliveries. To identify specific and relevant traditional treatment procedures, rites and rituals in antenatal care as found in traditional discipline. A questionnaire supplemented by interview was used to elicit information from 8 midwives living in Uda karandupana area in the district of Kegalle.

Evidence shows that all the deliveries attended by midwives concern were successful. 75% of the midwives faced problems of non-expulsion of placenta and 50% of the difficult labour. In addition 25% of midwives had to face abortions. In the cases of non-expulsion of placenta application of rites and charms was successful in getting desired result. Out of 8 midwives only two had two successors to receive and practice this traditional knowledge. Available information suggests the need for documentation of various traditional practices and associated rites and rituals for future references.