



LAY DOWN ON A BED OF KOHOMBA: FOLKLORIC HEALING PRACTICE OF THE *KOHOMBA KOLA SATTUWA* AND ITS MEDICAL SIGNIFICANCE

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Folkloric healing practices and modern medicine do not necessarily see each other eye to eye: traditional practice is perceived as ‘outdated’ owing to its reliance on the ‘unseen’ and ‘unobserved’; modern medicine is considered empirical and rational. The present study wishes to disrupt these discourse patterns and use a Foucaultian line of thought to locate the conditions that create such perceptual thoughts even when the two practitioners (traditional and modern) were engaged in the same task: ‘seeing’ and ‘narrating’ an ailment which occupies the ‘body’ of a patient. Using the theoretical stances of folklore, modern philosophy, critical reading and modern medicine this paper attempts to re-read a Lankan folk healing ritual titled *Kohomba Kola Saththuwa* (Margosa Leaves Treatment) which involves the Kohomba (Margosa) leaves. This interdisciplinary paper locates the folkloric conditioning that governs the ritual through a theoretical stance called the ‘world view’ and runs the ‘world view’ through the modern medical discourse. The meeting of two different types of discourse, one ‘folkloric’ and the other ‘pragmatic,’ is used to locate the conditions that govern the notions of ‘seeing’ and ‘narrating’ in the discipline of medicine for cultural comprehension as well as to understand how modes of cultural comportment write themselves into spaces that govern a body, the doctor’s eye and the illness.

Keywords: Folklore, Healing Ritual, Modern Medicine, Narrating, Seeing, World View



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INTRODUCTION

Folkloric healing practices, which are popular and accessible remedies among the general public in Sri Lanka, upon a surface analysis, might not carry the empirical precision and concrete confidence projected onto the space of a bodily illness by the discourse of modern medicine. So much so that even a famed Lankan folklorist Ratnapala tended to be hasty in his judgment of folk healing practices: “(i)n folk-medicine superstitious beliefs play a part in the formation of various concepts about illnesses among the folk” (Ratnapala, p.143). Perhaps, the overt dependence of people on such folk medicine, parallel use of such practices alongside modern medicine and the folk medicinal experts being practitioners by ascription than being trained at a modern medical college, might have been the cause of such assumptions. The present study wishes to disrupt such discourses and question the basis by which such thinking occurs using a Foucaultian line of thought. The researchers wish to question the mode by which a folk doctor saw the curative processes of a specific plant, Kohomba or Margosa, and how such thoughts are viewed by a modern medicine practitioner. Were the perceived curative properties of Kohomba seen by the folk-medical practitioner based on a set of ‘superstitious beliefs? If so, what are those beliefs? And what do such beliefs tell us about the worldview of the folk-medical practitioner? And how would his thinking on curative practices withstand modern medical scrutiny?



This inter-disciplinary paper attempts to answer these questions using the theories of folklore, critical reading and the discourse of modern medicine.

Ratnapala, one of Sri Lanka's foremost researchers on southern folklore argues that "...theories of folk-medicine are deeply rooted in the psychology of the rural folk and it is extremely difficult to remove them at once even when the illogical and unscientific nature of the concepts is explained to them" (Ratnapala, 1991, p. 145). Ratnapala unwittingly censures the subjects of the discipline that he professes to research¹: folk-medicinal practices he says lack the empirical scientific foundation and such debased medicinal thinking have found their way into the mindset of the common folk (he uses 'psychology' as a general term even when that it has acquired deeper meanings at the time of writing his book). In other words, he assumed that the common subjects who profess folkloric thinking lack scientific and logical modes of thought—a position which the folklorist of the world always attempt to challenge in their research. The French philosopher Michael Foucault (2004) offers a different mode of thought on medicine and cure when argues that one should not take for granted the modern medical discourse whose "qualitative precision" (p,x) claims to direct our "gaze into a constant world of visibility" (p,xi). What has taken place he argues is not that "figures of pain...conjured away by means of a body of neutralized knowledge" (p,xi) rather he says that they have been "redistributed in the space in which bodies and eyes meet. What has changed is the silent configuration in which language finds support: the relation of situation and attitude to what is speaking and what is spoken about" (p,xi). Taking this thinking into account this research explores the folkloric healing ritual of a *Kohomba Kola Sattuwa* (Margosa Leaves Treatment) for its folkloric 'world view' to understand the modes of thought surrounding the Margosa-related healing among the southern Lankans. Thereafter the paper will also locate this same treatment through the empirical language of modern medicine with the idea of locating the potential gaps (if any) between the discourses and to understand how two types of discourse locate the same healing ritual.

KOHOMBA KOLA SATTUWA: THE RITUAL

This mode of treatment is usually reserved for illnesses that are identified as epidemic, its method and the rituals involved are listed in point form for ease of reading. The information is taken from the text *Bowena Roga, Vasangatha saha*

¹ He also undermines the entire research foundations of folkloristics which maintains that folkloric thinking is a powerful representation of the material reality of the persons who profess them, and that those who subscribe to folkloric thought need not be viewed as those who lack basic intelligence.



Ape Janashurthi (Infectious Disease, Epidemic and Our Folklore) by Mahinda Kumara Dalupotha².

- A large quantity of Margosa leaves are plucked from their node “before the crows begin their day”—or before sunrise. Margosa leaves, the folk belief goes, lose their curative properties with the sunrise (Dalupotha, 2020, p. 88)
- These leaves are spread evenly on the sleeping mat used by the patient
- This layer of leaves should be 3-4 inches in height covering the entire sleeping mat
- A clean, thin cotton sheet is spread on top of this layer and tied to the mat using a thread
- The patient should lie down on this mat and the Margosa leaves should be changed every 02 days
- This treatment should continue for two weeks (14 days) —a compulsory period closely connected to *Goddess Paththini* worship
- All villagers are expected to support this mode of treatment in a house

MARGOSA TREE

Margosa tree or Neem tree (*Azadirachta indica*) is commonly known as the Neem in India and in Sri Lanka. It is called *Arishtha* in Sanskrit, which means “reliever of sickness” (Bohora et al., 2010). Among the Sinhala-speakers, the tree is known as *Kohomba* and is the focus of beliefs which centers on its incredible healing propensities. Fast-growing Margosa trees can grow to a height of 15 to 20 meters. It is evergreen and loses an extensive number of leaves in the dry winter. In 1992, the United States National Research Council published a report entitled *Neem—A Tree for Solving Global Problems* (“Neem: A Tree for Solving Global Problems,” 1992) in which the curative properties of the entire tree were well documented.

LITERATURE REVIEW

As far as printed and online materials sourced for this study by these researchers, there have been no similar studies on the Lankan healing ritual focusing around the Margosa leaves from the perspective of science, folkloric world view and modern medicine. In that sense, the present study fills a research gap in folkloric and medicine literature. At the same time, it combines these two disciplines to create knowledge of inter-disciplinary nature and opens up research avenues for future researchers.

² See the reference section for full citation.



METHODOLOGY

The above folk ritual would be re-read for the embedded ‘folk ideas’ using a folkloric/literary reading method. Those ‘folk ideas’ would be compared and analyzed using modern science and medical literature by the general physician—the second author. On some occasions, the practitioner’s own ideas and experiences would be used to suggest explanation to themes where scientific evidence is scarce. Theoretically, ‘folk ideas’ are unspoken thoughts and ideas that are embedded in the folkloric speech acts of subjects. According to Dundes (2007), ‘Folk Ideas’ are “traditional notions that a group of people have about the nature of humanity, of the world, and of life in the world” (Dundes, 2007, p. 185). However, Dundes also argues that ‘folk ideas’ need not be openly apparent in folkloric material, and they could be “unstated premises” (Dundes, 2007, p. 185) which could underlie thought and action of individuals. Dundes’ idea about ‘unstated premises’ is also a notion that is somewhat reflected in the work of the literary critic Pierre Macherey specifically in his recommended mode of reading literary texts. All speech, according to Macherey “envelopes in the unspoken in order to reach utterance” (Macherey, 2016, p. 93), and this “silence” (Macherey, 2016, p. 93), informs us of the “precise conditions for the appearance of an utterance, its limits...real significance” (Macherey, 2016 p.93). The entrenched ‘silences’ in the folk ritual under consideration here would be re-read for the unstated premises that are implanted in the *Margosa healing ritual* under focus here.

FINDINGS AND DISCUSSION

The following discussion will take into consideration all aspects of the *Kohomba Kola Sattuwa* described above, starting from the ritual involving the plucking of leaves before sunrise.

Plucking of Margosa leaves from the node at pre-dawn

One of the primary ‘world views’ found in the Margosa treatment ritual is the notion that pre-dawn is a time of purity which vitalizes the curative properties embedded in the Margosa leaves. Dawn is considered a time when all such curative conditions vanish. Thus, a specific period of time (pre-dawn) has been invested with a verve whereby healing properties are present—and another (dawn) where healing is absent. This idea of connecting time and space to healing is perhaps connected to the notion of sacred or auspicious times of the southern Lankans. There are no established scientific explanations or evidence to validate this argument. But folk medicine practitioners might be actually



referring to the pre drawn ‘dew’ which covers leaves. Xu et al., (2015) have shown that dew might capture certain particles (eg. dust or any other speck on the surface). Such particles could have a purifying impact on the surface of Margosa leaves. Therefore, one could arrive at the possible explanation that pre-drawn dew might have a cleansing effect on the Margosa leaves—thus enhancing their medicinal ability. According to allopathic medical literature, there is no concept called ‘auspicious time’ in practice. In western medicine, certain usage of medicine is clearly defined as per its usage: correct time, frequency, duration, dosage etc. Technically one could call the right time to take western medicine as also an ‘auspicious time.’ At the same time, plucking the leaves before the crows begin their day might indicate that in the early morning the leaves are clean and fresh and thus less contaminated. Removal of leaves at the node might have been done to preserve more juice.

Spreading the Margosa leaves evenly on the sleeping mat used by the patient

Another folk idea related to healing is that a thick horizontal layer of Margosa counters an illness, if an infected person exposes herself to it for a prolonged time period. Margosa leaves, this belief assumes, have some magnetic properties that will draw out the illness from the body onto the leaves. Thin pure cotton cloth seems to host the mediating role between the Margosa and the illness. The time taken for an illness to fade away is a two-week period (known as the *Paththini Desathiya* or Two Weeks of *Paththini*) and the folk idea here is that the Goddess Paththini, a powerful folk deity associated with fertility and health, has a presence in the healing process as far as the time of healing is concerned.

From a medical perspective, the antimicrobial properties of Margosa have been well established (Mistry et al., 2014). Several studies have highlighted the pronounced antiviral efficacy of aqueous extract of Margosa leaves against Smallpox, Chickenpox, Fowlpox, Polio and Herpes simplex virus (HSV)(Parida et al., 2002). And also, some researchers have suggested the presence of sedative effects of Margosa leaf extract (Harjai et al., 2013). This evidence may explain the usage of a bed of Margosa leaves as a therapeutic platform to treat a patient suffering from a contagious disease in ancient Lanka. The weight of average human is in the range of 40-80 kilograms and this weight is sufficient to crush or squeeze delicate Margosa leaves. Thus, fluid (sap) drained from crushed leaves would be absorbed onto the cotton cloth and it could act as a ‘medicinal reservoir.’ However, there is no established scientific idea for ‘magnetic properties’ of medicine plants, which could draw out an illness. But folk medicine practitioners might be unconsciously subscribing to the notion of diffusion—ie. moving medicinal particles from higher concentration to lower

concentration. In this situation, medicinal particles from Margosa bed/cloth to the skin and microorganism or fluid (pus, serum, blood, sweat etc) from the skin to the ‘medicinal reservoir’. So, one could assume that the sap of Margosa could act as a disinfectant layer around the human body thus preventing the further spread of disease. And also, there is a high possibility of inhalation of Margosa juice vapour and even unintentional ingestion of leaves’ extract. Due to antimicrobial and sedative effect of the leaves, the patient might experience significant improvement from the illness. Since the patient is in a nearly-aseptic environment, spread of the illness from person to person also might have been minimal. After few hours or one-to-two days the leaves start to wilt and then dry. This might explain the reason why the leaves are changed every two days probably to sustain its therapeutic effects. Schematic diagram of “*Kohomba Kola Sattuwa*” and it’s possible explanation is given in Fig:1.

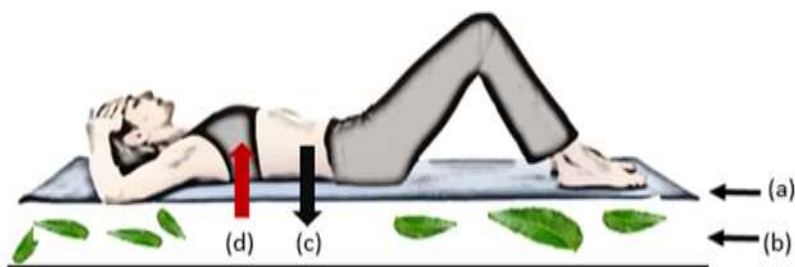


Fig:1 Schematic diagram of “*Kohomba Kola Sattuwa*”

Key : (a) white cotton cloth (b) Margosa leave layer, (c) possible movement of body fluids to “medicinal reservoir” (d) possible movement of medicinal fluid towards body

***Pathini Desathiya*—Two-week healing period**

When it comes to infections, the human body has its own advanced mechanism to cope with it. The two-week period is more than sufficient for the body to recover from many infections and regain normalcy. It could be argued that the *Paththini Desathiya* matches with modern medical knowledge—this could equate to the 14-day quarantine period which is usually adhered to during a pandemic. In modern medicine, it is defined as the period in which a body could—if provided adequate and accurate medical support—recover from some infections. A similar claim has been made by a group of Chinese Physicians-Tie Song and colleagues, who suggested during the COVID-19 pandemic that quarantining



incoming travelers for 14 days was an appropriate and effective way to reduce the spread of imported COVID-19 (Tu et al., 2021). A keen observer of an illness—past or present—might have noticed that many viral illnesses and some bacterial infections recover on their own without medical intervention. Due to this mysterious recovery, they might have located the recovery in a supernatural power. The present medical knowledge ascribes this mode of healing to the body's own immunity and has given due credit to the body's own defense mechanisms. However, most of the immunologically related defense functions of the human body are poorly understood by modern science and still remain within the mysterious or the 'mythical' realm.

Combined labor to pluck the *Margosa* leaves

Collecting a large number of leaves from huge plants is not an easily executable task. It needs intense labor and time. Therefore, many neighbours might have got involved in collecting and delivering leaves. It suggests community-based support for the sick people and the handling of leaves with anti-microbial properties automatically enhances the immunity of the handlers thus preventing the further spread of the epidemic.

CONCLUSIONS AND RECOMMENDATIONS

Kohombo Kola Sattuwa for all its reliance on ideas that might be viewed as 'unscientific' (eg: healing presence of supernatural power and healing-embedded time periods) needs to be viewed from the mode of representation—the language—as argued by Foucault. The language of the folk medical expert is magical and is more focused on saturating the space with unseen forces and being obedient to a system of laws that govern that sacred space. While locating the illness as a spatial disorder that is as transient as the life form which it offends, this system unleashed curative practices that took into its practice the natural healing tendencies of the body. These practices when seen from the eyes of modern medicine, did not offend or disrupt the course of potential healing: rather they coincided, though the representational mode ran parallel to each other—in other words the difference in the systems are rooted in language. This remind the researchers of Foucault's (2004) contention that "(t)he order of disease is simply a 'carbon copy' of the world of life; the same structures govern each..." When the world saw sacred in spaces occupied by a disease, the practice of medicine used that sacredness for its own purposes.

This paper does not argue for conventional therapeutics for epidemics to be replaced by the *Kohomba Kola Sattuwa*. However, the above discussion, in which the researchers undertook a parallel study of two different types of



‘seeing’ and ‘narrating’ the curative properties and practices of a system of healing, suggested that the notions of ‘seeing’ between the folk medical practitioner and his or her modern counterpart have been somewhat similar. Thus, more research drawing in the fields of Anthropology, Linguistics which would include extensive discussions with the medical practitioners would be needed to understand the workings of the medical experts of the two divides.

REFERENCES

- Bohora, A., Hegde, V., & Kokate, S. (2010). Comparison of the antibacterial efficiency of neem leaf extract and 2% sodium hypochlorite against *E. faecalis*, *C. albicans* and mixed culture - An in vitro study. *Endodontology*, 22(1), 10. <https://doi.org/10.4103/0970-7212.351972>
- Dalupotha, Mahinda Kumara. (2020). *Bowena Roga Vasangatha saha Ape Janashruthi*. Fast Publishing (Pvt) Limited, Colombo
- Dundes, A. (2007). *The meaning of folklore*. Utah State University.
- Foucault, Michael. (1989). *The Birth of the Clinic*. Routledge, London.
- Harjai, K., Bala, A., Gupta, R. K., & Sharma, R. (2013). Leaf extract of *Azadirachta indica* (neem): a potential antibiofilm agent for *Pseudomonas aeruginosa*. *Pathogens and Disease*, 69(1), 62–65. <https://doi.org/10.1111/2049-632X.12050>
- Macherey, Pierre. (2016). *A Theory of Literary Production*. Routledge, London
- Mistry, K. S., Sanghvi, Z., Parmar, G., & Shah, S. (2014). The antimicrobial activity of *Azadirachta indica*, *Mimusops elengi*, *Tinospora cardifolia*, *Ocimum sanctum* and 2% chlorhexidine gluconate on common endodontic pathogens: An in vitro study. *European Journal of Dentistry*, 8(2), 172. <https://doi.org/10.4103/1305-7456.130591>
- National Research Council. (2002). *Neem: a tree for solving global problems*. The Minerva Group, Inc.
- Parida, M. M., Upadhyay, C., Pandya, G., & Jana, A. M. (2002). Inhibitory potential of neem (*Azadirachta indica* Juss) leaves on Dengue virus type-2



replication. *Journal of Ethnopharmacology*, 79(2), 273–278.
[https://doi.org/10.1016/S0378-8741\(01\)00395-6](https://doi.org/10.1016/S0378-8741(01)00395-6)

Ratnapala, N. (1991). *Folklore of Sri Lanka*. The State Printing Corporation, Colombo.

Tu, H., Hu, K., Zhang, M., Zhuang, Y., & Song, T. (2021). Effectiveness of 14 day quarantine strategy: Chinese experience of prevention and control. *BMJ*, 375. <https://doi.org/10.1136/BMJ-2021-066121>

Xu, Y., Zhu, H., Tang, J., & Lin, Y. (2015). Chemical Compositions of Dew and Scavenging of Particles in Changchun, China. *Advances in Meteorology*, 2015. <https://doi.org/10.1155/2015/104048>