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Local and Western Medicines and Treatment Methods for Cholera in Ceylon (Sri Lanka) During the British Empire

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Abstract *— The introduction of cholera to Ceylon in the 19th century posed a substantial public health crisis, especially as the island served as a strategic colonial outpost. The spread of cholera across Asia, often intensified by trade and travel routes, made Ceylon highly susceptible. Colonial authorities in Ceylon responded to cholera with various medical interventions, often blending European medical methods with limited engagement with indigenous practices. This study explores the historical medical practices, quarantine measures, and public health policies implemented to contain cholera in Ceylon, providing insight into the broader context of colonial medicine and the development of epidemic control methods. While studies have examined cholera's spread in Europe and parts of Asia, there is a lack of detailed analysis of Ceylon's specific medical responses, the role of colonial authority in shaping these responses, and the effectiveness of these approaches. Most existing literature centers on cholera outbreaks in Europe or British India, with limited attention to the localized responses in Ceylon. This study fills this gap by focusing on Ceylon's unique historical and colonial context. The study argues that colonial administration in Ceylon primarily prioritized European medical practices over indigenous knowledge systems, affecting the effectiveness of cholera control. This preference often overlooked the potential benefits of a more integrative approach to medical intervention, which could have improved disease management. This study employs historical research methodology, analyzing primary sources such as colonial government records, medical reports, and historical journals from the 19th century. Secondary sources supplement this research, including scholarly analyses of colonial medicine and public health policies. A comparative analysis of European and indigenous medical methods offers insight into their respective roles and effectiveness. The findings indicate that colonial authorities implemented various quarantine measures, sanitation improvements, and medical treatments, largely guided by European medical knowledge. Indigenous practices were rarely integrated despite some evidence of their effectiveness. The colonial government's preference for European methods and limited infrastructure hindered a potentially more effective response. This study concludes that the colonial medical responses to cholera in Ceylon were shaped by a Eurocentric approach that underutilized local medical knowledge.*

Keywords *— **British Empire, Ceylon, Cholera epidemic, Indigenous Medicine, Western medicine***

I. INTRODUCTION

The first recorded cholera outbreak in Ceylon (Sri Lanka) occurred in the early 1800s, spreading along key trade routes, especially ports such as Colombo, Jaffna, and Galle, covering the entire island, including North, South, and West of Sri Lanka due to increased maritime traffic. Public health records reveal that cholera outbreaks were recurrent between 1830 and 1870, coinciding with broader global cholera pandemics.[1] The British introduced quarantine measures, public sanitation campaigns, and Western medicine, but the rural population largely resisted these efforts, preferring familiar local treatments. Colonial authorities, concerned with the rapid spread of the disease, attempted to enforce Western biomedical practices. However, rural communities continued to rely heavily on indigenous treatments rooted in Ayurveda and folk medicine, which they had used long before the arrival of the British.

This research paper explores the local and Western medicinal practices and treatment methods employed in Sri Lanka during the spread of cholera under British colonial rule. Drawing upon historical records, ethnographic studies, and research by historians, the study examines indigenous remedies, the role of Ayurvedic medicine, and the interaction between colonial medical interventions and local practices. This section highlights the resilience of traditional healing methods while emphasizing the gradual incorporation of Western medical practices and how colonial public health measures coexisted—sometimes uneasily—with indigenous knowledge.

Symptoms of cholera reported from the island

The reports issued by the British Empire about the cholera epidemic that spread in this country at the end of the 19th century include information about the contemporary form of the disease. The fact that a direct report on the cholera epidemic spread in the northern part of the island, especially in the Jaffna Peninsula, helps in the study of the epidemics spread in that area.[2] According to the Jaffna Cholera Commission report, from a perusal of the evidence, it can be seen that no prominent symptoms were observed during the Cholera epidemics, which distinguishes it from other similar visitations. As described by several medical witnesses, the symptoms were characteristic of true Asiatic Cholera, viz., Vomiting, Purging, and Cramps, followed by rapid collapse in the more severe cases.[3] According to this report, who was the medical examiner, the symptoms of the Jaffna sub-region have been divided into three types of disease levels called Komban, Akkar, and Padowan, respectively.[4]

In considering what these three types are, the first Komban is called the patient vomits and purges once; he is then seized with cramps and collapses, and death rapidly occurs. In this type, no medicines are believed to be of any avail.[5] In the second, Akkara, there is free vomiting and purging, followed in some cases by cramps and collapse. If the medicine is given in the early stage of this type, the patient may be saved. In the third, Padovan's vomiting and purging are not severe, and there are neither cramps nor collapse. The patient in this type will recover without the administration of medicine. The native population generally believed in these three types and will represent the different shades of severity that characterize the disease.

Diarrhea and dysentery are said to be prevalent in the northern part of the island during this epidemic. Still, no evidence exists of any other form of disease being more common than usual or an outbreak among the cattle. Therefore, it is not confirmed that other symptoms besides cholera symptoms were present at this time.[6]

II. TYPE OF MEDICINES AND TREATMENT METHODS

Western practices and Western medicine

In Jaffna, *Dr. Green* appeared to give ideas about the treatment generally adopted by medical practitioners throughout the peninsula. "Opiates and stimulants in the early stage, and stimulants in the latter, external applications such as heat, sinapisms, and frictions were also resorted to, and pills composed of calomel, opium, and camphor, and of sugar of lead and opium

[1] *1867 Cholera Commission Report*, Sri Lanka National Archives
[2] Ibid
[3] William Macnamara, "A Treatise on Asiatic Cholera." 1876, London. McGrew, Roderick E. 1965.
[4] *1867 Cholera Commission Report*, Sri Lanka National Archives
[5] Meegama S.A., *Famine, fevers and fear: the state and disease in British colonial Sri Lanka*, Dehiwela : Sridevi, 2012.
[6] *1867 Cholera Commission Report*, Sri Lanka National Archives

were largely expired and distributed by the American Mission, the Friend-in Need Society, and the public Medical Officers." [7] This statement describes medical practices that were once common, focusing on the use of opiates, stimulants, and various external treatments such as heat, sinapisms (mustard plasters)[8], frictions (rubbing techniques), and compound medications.[9] *Opiates* (e.g., opium) were widely used in the early stages of illness for their analgesic (pain-relieving) and sedative effects. These drugs slow down the central nervous system, alleviating pain and anxiety but also leading to risks such as respiratory depression and dependency. As an Ex. Early 19th-century physicians like *Thomas Sydenham* championed the use of opium-based medications for severe pain management and fevers. *Stimulants* (e.g., caffeine, cocaine, or amphetamines) act on the nervous system to increase alertness and heart rate.[10]

According to this statement, it is clear that the American Western doctors who worked for the suppression of the cholera epidemic in the Jaffna Peninsula always gave space for local medicine. In particular, because local medicines and plants were very helpful in eliminating the symptoms of this epidemic, western doctors have used local drugs in the composition of their Western medication. In some cases, they have used Ayurvedic medicines along with Western medicines. Unfortunately, there was no direct evidence of the precise result of any special treatment by European doctors in Jaffna. Each medical witness experiences their views and the result of their experience.[11]

In the Jaffna peninsula in 1867, one claims to have saved as many as 76 cases out of 35 attacks. This witness (*Mr. Strong*) stated that he tried four treatment methods. The Emetic, commonly known as *Mr. Fyere's,* has been carried out by that gentleman with great success in Mauritius.[12] In this area, western doctors used the Coloradoan method and Jeremiah's solution of opium to alleviate the cholera epidemic. Each American doctor used preventive strategies based on their skills. *Dr. Strong* stated that "recovery was more rapid under emetic therapy." According to *Dr. Green*, "Antilax (Paregoric, compound tincture of rhubarb, and tincture of camphor was very successful in the first stage; but Jeremie's solution stands first for its beneficial effects in cases that were in a somewhat advanced stage."[13] Abundant evidence might have been collected of the usefulness of preventives, that is to say, such remedies as were best calculated to check the disease in the earliest stage of diarrhea. The government agent proved by two witnesses the benefits derived from the administration of Jeremie's solution at an early age.

The programs done by the American missionaries to educate the people are also an important method here. Attached was a set of formularies for Cholera medicines, adapted to each stage of the disease, which is what was understood as *Dr. Green's* treatment for Cholera in the Peninsula.[14] In this pamphlet, medicines for cholera are given under 15 themes. Their medicinal value and how to use them, e.g., are available as a paste, peel, drops, injection, and mix. They contain local and foreign medicinal compounds. Not only was the pamphlet printed and distributed but also in Tamil, as Tamil is widely spoken in the Jaffna Peninsula. Therefore, the methods used by European doctors in this area to control cholera became more effective.[15]

According to *Mark Harrison,* British military doctors stationed in India pioneered some of the earliest rehydration techniques during cholera outbreaks among troops. While ORS would be fully standardized in the 20th century, these early experiments laid the groundwork for future developments.[16] Though the scientific understanding of dehydration had yet to develop in the 19th century fully, British physicians recognized that the key to

[7] *1867 Cholera Commission Report*, Sri Lanka National Archives
[8] External remedies like **mustard plasters** were particularly popular in the 18th and 19th centuries for respiratory illnesses like bronchitis or pleurisy. This aligns with early theories of disease that emphasized balancing bodily "humors" or stimulating circulation.
[9] Haller, John S. Jr. *The History of American Medicine: From the Colonial Era to the Present.*
[10] Porter, Roy. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*.
[11] *1867 Cholera Commission Report*, National Archives, Sri Lanka
[12] Ibid
[13]Ibid
[14] *1867 Cholera Commission Report, Appendix 11*, Sri Lanka National Archives
[15] Ibid
[16] Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859-1914* (Cambridge: Cambridge University Press, 1994), 112.

cholera treatment was replacing lost fluids. Early versions of oral rehydration solutions (salt and sugar mixtures in water) were introduced. However, these solutions were not widely available, and intravenous rehydration became the preferred method for treating severe cases.[17]

In the distribution of medicines by the Friend-in-Need Society, these formularies were adopted, and it was the custom to give to each applicant 32 doses, of which eight were termed Antarthritic; 12 were pills composed of sugar of lead and opium, and 12 were pills composed of calomel and opium. Who has spoken of the beneficial effects of these medicines, but while it is satisfactory to learn that benefit has been derived from them, there is no evidence whatever as to the particular stages of the disease in which each remedy was applied, and no practical result in a scientific point of view can be arrived at. *Dr. Loos,* one of the doctors who survived in Jaffna, in his evidence, mentioned that his introduction of pills composed of assafoetida, camphor[18], and black pepper, from a belief in their "efficacy, and to counteract the abuse of calomel and opium."[19] Nevertheless, He afforded him many opportunities to test different methods of treatment. According to his applications, there were eleven medical witnesses, and four used none. One had recourse to burnt margosa leaves without effect.[20] One found lime and charcoal helpful. One used camphor to be smelt and kept a fire day and night in affected houses. One found chloride of lime failed to check the progress of the disease. The remaining three tried "Condy's fluid,"[21] Burnett's disinfecting liquid,[22] and McDougall's disinfecting powder.[23] *Dr. Loos* attempted to use this type of medicine in Jaffna jail. It is noticed that in the prison, where prisoners are in close contact with each other, disinfectants were freely used, and only nine cases occurred, of whom five recovered. The most significant number of prisoners in jail at one time when cholera prevailed was 104.[24]

British doctors in colonial India often prescribed calomel (mercurous chloride) as a purgative, believing it could flush out the "toxins" responsible for cholera. Another common remedy was opium, used to control diarrhea and reduce pain. While these treatments provided temporary relief, they did little to address the underlying causes of the disease. *Arnold* discusses how opium was frequently administered in Indian military hospitals, where soldiers with cholera were treated with a combination of opium tinctures and calomel pills. This practice persisted despite the questionable efficacy of these treatments, reflecting the limited medical knowledge of the time.[25]

Three out of eleven medical witnesses state that half of those treated by them were saved. Dr. Green thought that of the patients treated, more than half recovered. Mr. DeHoedt, the health officer at Point Pedro in Jaffna, thought that only 25% recovered, while the others give much larger propositions of recoveries, varying from 75 to 84 %.[26] No satisfactory conclusion can, therefore, be arrived at as to the result of the several modes of treatment adopted. Still, concerning those who came under treatment compared to those who underwent no treatment, it may be pretty computed that more than half the former were saved. At the same time, the total number of deaths to attacks was 68.8%, thus proving that a large majority of the latter died. Treatment has yet to be considered adopted in past epidemics, which were not practiced in the 1867 epidemic in Jaffna.[27]

Early on, European doctors tried to prevent the spread of cholera by using Western medicine and methods. However, the drugs and methods for disease prevention needed to be improved, and the people of

[17] *1867 Cholera Commission Report*, Sri Lanka National Archives

[18] Hollman, Arthur. *"The History of the Use of Camphor."* Journal of the Royal Society of Medicine (2004).

[19] The introduction of pills composed of asafetida, camphor, and black pepper reflects an effort to move towards more natural or holistic remedies, addressing concerns about the overuse and dangers of calomel (mercury chloride) and opium. This shift highlights a growing awareness of the toxic effects of some earlier pharmacological agents and a desire to mitigate them through less harmful alternatives.

[20] *1867 Cholera Commission Report,* Sri Lanka National Archives; Kumar, P. & Clark, M. *Clinical Medicine: A Textbook for Medical Practitioners (*2016).

[21] Condy, Henry Bollmann. *The Disinfecting and Purifying Powers of Permanganate of Potash* (1859)

[22] Burnett, Sir William. *On the Use of the Solution of Chloride of Zinc in Surgery and Public Health* (1847).

[23] McDougall, John. *A Manual on the Use of Disinfectants: With Special Reference to McDougall's Disinfecting Powder* (1860).

[24] *1867 Cholera Commission Report,* Sri Lanka National Archives

[25] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 80-85.

[26] 1867 Cholera Commission Report, Sri Lanka National Archives

[27] *1867 Cholera Commission Report,* Sri Lanka National Archives

Jaffna needed more motivation to accept this new experience. Therefore, it is no secret that the European Medical Authority had to implement local medicines and methods simultaneously while implementing European drugs and procedures. As such, local Ayurvedic medicine systems, beliefs, faiths, and ayurvedic local drugs tended to be used.

Traditional and local medicine

Traditional and local medicines across Asia have long been employed to treat cholera, often complementing or preceding modern medical approaches. These remedies vary by region, reflecting local knowledge, cultural beliefs, and access to natural resources. Below are some local treatments historically or comparatively used for cholera management in Asia within Ceylon.

1. **Ayurvedic Medicine**

Ayurveda, the ancient medical system of Sri Lanka, was the primary form of healthcare for most of the population. Ayurvedic practitioners—locally known as vedamahattayas—used plant-based remedies and therapies to address symptoms of cholera, including severe diarrhea and dehydration and electrolyte imbalances, herbal preparations, rehydration therapies, and detoxifying treatments.[28] Balancing the doshas (bodily energies) and detoxifying the body feature prominently in Ayurvedic cholera management.

Herbs and Decoctions: Common treatments included boiled decoctions made from bael fruit (Aegle marmelos), known for its antidiarrheal properties, and pomegranate rind (Punica granatum), which was believed to soothe the digestive tract. It highlights the use of herbs such as bael (Aegle marmelos), ginger (Zingiber officinale), and nutmeg (Myristica fragrans) to alleviate cholera symptoms.[29] *Chirata (Swertia chirata*): This herb was widely prescribed for reducing fever and flushing toxins from the body.[30] Mukherjee discusses the continued relevance of herbal treatments, focusing on formulations historically used for gastrointestinal infections.[31]

The emphasis on detoxification was rooted in the Ayurvedic belief that cholera was caused by an imbalance of the body's internal senses of humor, particularly an excess of pitta dosha (fire element). Treatment aimed to restore balance through dietary restrictions, herbal purgatives, and coconut water rehydration. It is no secret that European doctors used Western medicine and medicines based on these principles. Unsurprisingly, the people of Jaffna continued to use their traditional Ayurveda medicines and medical methods simultaneously as they introduced those European methods.

2. Folk and Village Remedies

In addition to formal Ayurvedic medicine, folk remedies were widely used to treat cholera, especially in rural communities. These remedies relied on local knowledge and indigenous plants, often passed down through oral traditions. Folk healers utilized simple preparations to address symptoms like diarrhea, vomiting, and dehydration using easily accessible herbs, food-based therapies, and ritual practices. Below are relevant sources exploring folk medicine's role in cholera treatment.[32] Oral traditions and ethnographic records document the use of *Coconut Water and Salt Mixture*: This early oral rehydration was widespread across the island. Coconut water was readily available and served as a natural electrolyte, while the addition of salt helped combat dehydration.[33] *Charcoal from Burnt Rice Husks*: Charcoal mixed with water was sometimes given to patients to absorb intestinal toxins, functioning similarly to modern activated charcoal. *Turmeric and Ginger Pastes*: These antimicrobial spices were applied topically to relieve stomach cramps or ingested to support digestion and reduce inflammation.[34]

Folk remedies were crucial for managing cholera, especially in remote and rural areas with limited access to formal healthcare. These treatments focused on readily available plants, food-based rehydration solutions, and detoxifying agents to alleviate symptoms. The resilience of these local traditions demonstrates how communities adapted to recurring

[28] Dash, Bhagwan. *Fundamentals of Ayurvedic Medicine*. (1991)
[29] Jaggi, O. P. *Medicine in India: Modern and Medieval Periods*. (1977).
[30] Mukherjee, Pulok K. *Quality Control and Evaluation of Herbal Drugs* (2019)
[31] Ibib
[32] Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India.* (1993).
[33] Hardiman, David. *Healing Bodies, Saving Souls: Medical Missions in Colonial India*. (2006).
[34] Langford, Jean. *Fluent Bodies: Ayurvedic Remedies for Postcolonial Imbalance*. (2002).

health challenges by blending traditional knowledge, spirituality, and practical care.

3. Religious and Ritual Practices

The spiritual dimension of healing has long been intertwined with medical treatments in many cultures, especially in rural areas where healthcare practices incorporate ritual and religious elements. This approach reflected the belief that illnesses were not just physical phenomena but also tied to cosmic, moral, and spiritual factors. Healing often involved prayers, rituals, offerings, and the intervention of deities or spirits, along with herbal treatments. Below are relevant sources that discuss the spiritual dimension of healing in the context of cholera and other diseases.

Buddhist Monks and Ritual Blessings: Many sought blessings from monks and participated in rituals such as chanting the Ratana Sutta, which was believed to ward off disease.[35] *Offerings to Deities:* Cholera was associated with malevolent spirits in some rural communities. Villagers made offerings to Goddess Pattini, revered as a protector against epidemics, hoping to seek relief from illness.[36] These religious practices provided psychological comfort to cholera patients and their families, reinforcing social bonds in times of crisis.[37]

According to the 1867 Commission report, some little diversity of opinion exists amongst the witnesses as to the willingness of the people to avail themselves of gratuitous medical assistance.[38] The religion of the most significant portion of the population leads them to the superstitious belief that cholera is a visitation from the Goddess "Amal" and an attempt to avert evil. Remedies would only excite the anger of the goddess to a greater degree. In this belief, many refuse all medical aid. Still, Dr. Green, whose long residence in the peninsula and experience of the habits and customs of the people render his evidence very valuable on such points, states that there was "a growing inclination to try some remedy." In comparing native European treatment, he says, "that were both equally accessible, one sort of practice would be as much sought as the other."

Integrating spiritual practices with medical treatments was a hallmark of many traditional healing systems. During epidemics like cholera, rituals, prayers, and offerings were performed to seek divine intervention, reflecting a belief that diseases were linked to spiritual imbalances or supernatural forces. This spiritual dimension fostered hope and psychological comfort, complementing local healers' herbal remedies and physical therapies.

Western Medicine vs. Local Medicine

The British colonial government was initially skeptical of indigenous treatments, favoring Western medical interventions such as quarantine, vaccination, and sanitation campaigns. However, the resistance of local communities to Western medicine posed challenges. As recorded by historian *David Arnold*,[39] Colonial medical officers often encountered distrust among villagers, who preferred familiar remedies over government-imposed solutions.[40]

Despite efforts to enforce public health measures, cholera treatment in rural areas remained mainly in the hands of Ayurvedic practitioners and folk healers. In certain instances, colonial administrators acknowledged the effectiveness of some local therapies, primarily using coconut water for rehydration. This pragmatic acceptance fostered a limited medical pluralism, where Western and indigenous practices coexisted.[41]

Studying the drug report issued by the Jaffna Government Civil Drug Store under Annexure No. 12 of the 1867 Cholera Commission Report, it is clear that local medicinal plants and western drugs were given to the patients as drugs for the prevention of this

[35] Nichter, Mark. *Anthropology and International Health: Asian Case Studies*. (2008).
[36] Obeyesekere, *Gananath. The Cult of the Goddess Pattini*. (1984).
[37] Carroll, Lucy. "*Spiritual Healing and Medicine in Colonial India." Social History of Medicine* (2001).
[38] *1867 Cholera Commission Report,* Sri Lanka National Archives
[39] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 80-85.
[40] Wickramasinghe, Nira. *Sri Lanka in the Modern Age: A History of Contested Identities.* London: Hurst & Co., 2006.
[41] Shihan de Silva Jayasuriya*, African Identity in Asia: Cultural Effects of Forced Migration* (Princeton: Markus Wiener Publishers, 2005), 45.

disease.[42] The study of that can be further explained in the table below.

Table 01. List of Local and Western drugs used for cholera

NO.	Local Articles	Composition/ Type	Western Articles	Composition/ Type
01	Acacia constricta / Vachellia constricta	Plant	Alum	chemical compound
02	Camphor tree	Plant	Ammonium bicarbonate	inorganic compound
03	Opium	Plant	Calcium chloride	inorganic compound
04	Cantharides plaster	Animal Blister	Chloroform	inorganic compound
05	Gallic acid	natural antioxidant and polyphenol compound	Hydroxy chloride	chemical compound
06	Ipecacuanha control	Plant	Liquor Ammonia	inorganic chemical
07	Mentha piperita oil	Plant	Zince	inorganic compound
08	Oli olive oil	Plant	Magnesium carbonate	chemical compound
09	Oli Oliva	Plant	Macdoncalls disinfecting powder	chemical compound
10	Oli Recceni	Plant	Morphine hydrochloride	chemical compound
11	Oli Yerebinthina	Plant	Plumbi acetates	chemical compound
12	Oli Oper	Plant	quinine Disulpi	chemical compound
13	Ipecac Composition	Plant	Soda biocarbon	inorganic compound
14	Rhei contrite	Natural Stone	spirit ether nitric acid	chemical compound
15	Ammo Aromatic	Natural Stone	Spirit rectification	chemical compound
16	Others comp	Natural	camphor composition	chemical compound
17	Tinet asafoetida	Organic Compound	cardamon composition	chemical compound
18	Catechu	Plant	Opti mem composition	chemical compound
19	Composition gentian	Plant	Condy's fluid	chemical compound
20	Hyoscyamus niger	Plant		
21	Lavender	Plant		
22	zingiber officinale	Plant		
23	Sinapis contrit	Plant		
24	Asafoetida	Organic Compound		
25	Black pepper	Organic		

[42] *1867 Cholera Commission Report, Appendix 17,* Sri Lanka National Archives.

Father Bojean states," The natives availed themselves of European medicines more readily than I expected."[43] Mr. Simpson, the police magistrate of Point Pedro in Jaffna, says, "The people generally prefer European medicines to those of the native doctors."[44] Many of the native witnesses gave evidence to the same effect, and it may be presumed that European treatment is increasingly preferred. A large majority of the witnesses ignored native treatment altogether and stated that native doctors never undertake the treatment of cholera cases.[45]

The general evidence goes to prove that native practitioners very rarely undertake the treatment of cholera. Their superstitions regarding the impropriety of administering medicines at all, on the one hand, and their ignorance of the nature of the disease, on the other, in addition to their fears, prevented them from affording medical aid or medicines or any assistance to the public during the crisis. One exception was an intelligent native of Valvettytorre in Jaffna named Velanther Kanapadypulle, who laid claim to have attended, in various villages, about 500 cases, of which, according to his statement, about 3-5ths proved fatal. He was a stranger to irritating external applications like Mooronga and Mustard. His medicines were private nostrums, and he could not obtain any helpful information. [46]

The general application of disinfectants, such as Burnett's and Condy's fluids and MaeDougall's powder, would be complicated, if not impossible, when the disease had spread over a large extent of the population; it recommended that the people be encouraged to make use of those disinfectants which are readily at command, such as the free application of line to the floors and walls of effected houses, and the hanging up in bags or baskets of vegetable charcoal broken up into tiny pieces, wherever the sick are lying. This charcoal should be occasionally heated in a dry chatty over a fire. When cholera is known to be prevalent, it would be advisable, as a means of prevention, to whitewash freely and hang up several of these charcoal bags or baskets in houses where the disease has not yet invaded.[47]

Here's a table that divides the Western and Indigenous methods used to control cholera epidemics in Ceylon during the 19th century:

Aspect	Western Methods	Indigenous Methods
Diagnosis	Based on symptoms, with limited understanding of cholera's cause (miasma theory).	Often relied on traditional healers to diagnose through observation and knowledge of local symptoms.
Treatment	Use of opium, camphor, and other medicines to alleviate symptoms of cholera (dehydration, diarrhea).	Herbal treatments, including plant-based solutions for rehydration and symptom relief.
Public Health Measures	Quarantine of affected areas, isolation of patients, and sanitation measures like improved water supply and waste management.	Community-led health practices, including local hygiene rituals and cleaning of living spaces.
Prevention	Disinfection of public places, restriction of movement, and importation of medical supplies.	Use protective charms and herbal concoctions and maintain general cleanliness and water purity.
Healthcare Facilities	Establishment of cholera hospitals and medical centers run by colonial authorities.	Local clinics or homes of traditional healers use natural remedies, and knowledge passed down through generations.

[43] *1867 Cholera Commission Report*, Sri Lanka National Archives.
[44] Ibid
[45] Ibid
[46] *1867 Cholera Commission Report,* Sri Lanka National Archives.
[47] Ibid

Role of Medical Personnel	Colonial doctors and European-trained medical staff managing cholera outbreaks.	Traditional healers, Ayurvedic practitioners, and local medical experts offer treatments based on indigenous knowledge.
Community Response	Colonial authorities enforced public health measures but often met with resistance.	A firm reliance on community trust in local healers, but occasionally in conflict with colonial interventions.

III. CONCLUSION

In 19th-century Jaffna, Sri Lanka, the fight against cholera and other diseases showcased a complex interaction between local and Western medical practices. Indigenous treatments such as Ayurveda and folk medicine remained prevalent, especially in rural areas, where people relied heavily on herbal remedies and traditional healers. These approaches were often combined with religious rituals, reflecting the cultural belief in divine intervention in health matters. Meanwhile, colonial authorities and missionaries introduced Western medical interventions to combat the epidemic. In Jaffna, hospitals were established as part of the public health infrastructure, and vaccination programs were implemented to control outbreaks. For instance, missionary doctors, including those from the American Ceylon Mission, promoted Western medicine, Western medical education, and healthcare through institutions like the Green Memorial Hospital and nursing schools. Despite their efforts, the local population integrated Western medicine selectively alongside traditional practices.

This combination of medical systems highlights how Western medicine gradually gained acceptance and only partially replaced indigenous health practices. Instead, it created a pluralistic medical environment where both systems coexisted, especially during epidemic outbreaks when all available resources were mobilized to control the spread of diseases like cholera. The involvement of missionary efforts also led to the spread of modern medical knowledge, but not without resistance. The missionaries' attempt to replace "superstitious" native practices encountered mixed reactions, resulting in a blend of Western medicine with traditional and spiritual healing methods that persisted throughout the 19th century and beyond. These developments demonstrate that controlling cholera and other diseases in colonial Sri Lanka was not a straightforward process of medical modernization but rather an adaptive blend of local knowledge and Western interventions shaped by cultural beliefs and public health needs. The interaction between regional and colonial practices during this period shaped a unique form of medical pluralism that continues to influence Sri Lanka's healthcare landscape today.

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