Preserving Indigenous Medical Heritage: A Historical and Ethnographic Review of the *neelammahara* Hereditary Healing Tradition in Sri Lanka

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Abstract

Mental health and well-being are highly recognized components of the overall health. The positive components of mental health, such as resilience, life satisfaction, and a feeling of purpose, are together referred to as mental well-being. Sri Lanka possesses a proud history and a rich heritage of indigenous medicine and also provides insight into preserved skilful traditional psychiatric practices. The n*eelammahara* tradition represents a distinctive and relatively under documented component of this heritage, with a reported history spanning approximately 300 years and seven generations. The objective of this review was to document the historical background, hereditary transmission, traditional psychiatric concepts, diagnostic approaches, therapeutic practices and cultural relevance of the *neelammahara* tradition with an attention to its preservation as a part of the Sri Lankan medical heritage. A narrative historical review was conducted using information obtained from the current generational practitioners,

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ola leaf manuscripts and published clinical evidences including case-based studies. The information reviewed shows that the tradition possesses specialized knowledge in mental and behavioral disorders that is orally transmitted, inherited in the family, recorded and practiced in traditional therapy. It diagnoses on entire history of patient, family influences, environmental and behavioral factors and an individualized assessment. Reported therapeutic approaches including *shirodhara, uttamanga dhara, hisagellum, nasna karma, takra dhara, avagahana etc.* along with their traditional medicine are used basically expecting the mind tranquilizing purpose. Therefore, the *neelammahara* tradition is an important part of Sri Lanka's Indigenous medical and cultural heritage. Further ethnographic, historical, pharmacological and clinical research together with comprehensive documentation is required to preserve this knowledge and to critically evaluate its potential contemporary relevance.

Keywords: *shirodhara*, *hisagellum*, *daivavyaprashaya cikitsa*, Psychopathology, Tranquilizing strategies

1.Introduction

Mental, behavioural and neurodevelopmental disorders are syndromes characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.[1] In the contemporary era, mental health and well-being have emerged as crucial facets of global health and are becoming more widely acknowledged as fundamental elements of general well-being. A state of emotional, psychological, and social well-being that allows people to manage stress, work effectively, and give back to their community is referred to as mental health. The positive components of mental health, such as resilience, life satisfaction, and a feeling of purpose, are together referred to as mental well-being.[2] Sri Lanka possesses a rich medical heritage in which Indigenous traditions, Ayurveda, Buddhist culture, ritual practices and locally transmitted therapeutic knowledge have interacted over centuries. The *neelammahara* hereditary psychiatrist tradition, which dates back 300 years and was started by a Sri Lankan royal physician, that has been disseminated through seven generations. Its relevance in the history of mental health treatment is highlighted by its innovative psychiatric classification and its exceptional ability to preserve prescription drugs from generation to generation. This tradition bridges the knowledge gap between traditional and contemporary psychiatry by providing important information about the understanding and treatment of mental disorders along with Ayurveda and Buddhist culture.

The significance of *neelammahara* is not limited to its therapeutic practices. It also provides data by surviving as a medical heritage by preserving their tradition within social structure. Transmission of knowledge within the family, maintenance of specialized therapeutic concepts, and preservation of written and oral knowledge are important ethnographic aspects of indigenous health care. Although there are several clinical evidences have been published regarding *neelammahara* therapeutic practice as case-based publications, published literature remains limited. Concerning this background, present review aims to consolidate the available data and disseminate throughout the world as a Sri Lankan heritage.

2.Objectives

This review aims to document the historical background, generational transmission, and traditional healing practices of the *neelammahara* hereditary healing tradition in Sri Lanka and to explore the importance of preserving and documenting the tradition as part of Sri Lankan medical heritage.

3.Methods

3.1 Review Design: A narrative historical review was done. It was design to document the available information about the *neelammahara* tradition as a psychiatric healing practice. The term “ethnographic” is used to describe the information including hereditary transmission, generational lineage, specific therapeutic and other practices and beliefs and social relationships.

3.2 Sources of information: Relevant data was collected from information and knowledge g from member of the current generation who continue to preserve and practice the *neelammahara* tradition, published research articles and case reports on therapeutic approaches through PubMed, Google Scholar and ResearchGate search platforms, information provided through ola (palm-leaf) manuscripts by custodians and practitioners of the *neelammahara* tradition using combination of terms “*neelammahara*”, “Traditional psychiatry”, “Sri Lankan Indigenous Medicine” and “Hereditary medical generations.”

3.3 Historical background of the *neelammahara* Tradition

Neelammahara hereditary psychiatry is a tradition that has been passed down through seven generations and spans over 300 years. It is well-known about its unique approach to mental health and psychiatric treatment modules. One of the significant facts is preservation of medication prescriptions on ola leaves for over three centuries. The origin of *neelammahara* tradition commenced with a royal physician who served to King Rajadi Ragasingha in the kingdom of Upcountry in Sri Lanka in 1890s. Shailendrasinghe Guru, the royal physician, served as a counselor and consultant psychiatrist for both the royal army and the royal family. According to written accounts, ancient healers from this school used proprietary herbal remedies to treat a variety of physical, psychological, and psychiatric conditions. These recipes were handed down thru the generations and were essential to the era's medical procedures.

A remarkable fugitive Shailendrasinghe and his two sons from upcountry carried this custom to the community of *neelammahara* following their defeat in upcountry rebellion declared by British army. Their journey began from Kandy and ended up in Dikwella, Matara and then one of his sons, who ventured further, eventually arriving at the tranquil village of Werehera, nestled along the banks of the Sub branches of Kalu River which falls from Matara to Bellanwilla. After that, Shailendrasinghe's son has followed spirituality and became a Buddhist monk under the name of Dikwelle Sudassi Thereo. His father, the Royal Psychiatrist, gave him all of his extensive written knowledge from ola leaves and approved of his decision to become a monk. Following the traditional *Pinda Patha* practice, in which monks travel to neighboring villages to gather alms and food, Dikelle Sudassi Thero came across the village of Werehera, which was near *neelammahara*, during this period.

Neelammahara village had a small population and was peaceful but remote and Dikelle Sudassi Thero was invited to remain on a plot of land owned by a devout Buddhist by one of his loyal followers. After accepting this kind gift, he gradually converted to the present *neelammahara* temple. One day, when Thero meditated under a shade of a tree in the temple yard, he witnessed a battle between a snake and a mongoose. Sri Lankan peasants had many folktales about this old conflict between these natural enemies. One such story describes a young mongoose's extraordinary talent. The junior mongoose had the rare ability to put the snake in a trance-like state and call for help from its king or the leader of its society if it lost the fight. The Snake's hood will eventually be captured by the more powerful group. Finally, the week snake could win defeating the stronger and more experienced mongoose. While looking at the incident, Rev. Dikwelle Sudassi recognized a chance to channel and transform the energies of those who were feeling vulnerable and weak right here and decided to establish a place to within the temple garden for the treatment and well-being of the individuals. This sacred location, steeped in history and imbued with the spirit of transformation, eventually became the heart of the *neelammahara* hereditary psychiatry tradition. It is evidence of the ongoing legacy of Shailendrasighe's bloodline, which made its way to Sri Lanka during historical hardships and now provides strength and healing to those in need.

A remarkable transition could be observed in people with violent and agitated tendencies. These formerly erratic souls appeared to experience a mild relaxation, becoming calm and peaceful. Two remarkable aspects of the temple's heritage were hidden behind this enigmatic effect. One was a powerful oil secretly placed under the two sides of the temple gate's main entrance, imbued with holy chants. This oil seemed to have a special ability to calm and soothe because

it was infused with the blessings of old chants. A straightforward but remarkable cane that rested on the consultation table was the second item of magical importance. This humble cane was endowed with the power of potent chants throughout many generations. It was a representation of spiritual authority, discernment, and knowledge. The fact that the enchanted cane is currently housed in Manasa Ayurveda Hospital, a physical reminder of the temple's mysterious past, adds to the allure of these stories. Its presence continues to transmit the aura of peace and the enduring legacy of the *neelammahara* tradition. These tales bear witness to the powerful and transforming power of faith, age-old customs, and sacred artifacts an eternal heritage that transcends distance and time and provides comfort and tranquility to those in need. There were few facilities for admitting patients for inpatient (IPD) treatments during the time when the *neelammahara* Temple served as the main treatment facility. As a result, patients who needed ongoing care and monitoring spent the night in nearby homes in the hamlet, while treatments were given in the temple during the day. The community-based character of the traditional treatment system and the intimate participation of locals in patient care were represented in this arrangement. Remarkably, some homes in the *neelammahara* hamlet still have vestiges of the old buildings that were once used to secure or restrict patients, offering concrete proof of the historical customs connected to this healing method.

Figure 1. Ola leaves and other instruments in the museum

Stories of thankfulness and kindness frequently found in time and boundaries in the annals of history. One such amazing story centers on the gift of two magnificent elephants, Nadungamuwe Raja and Nawam Raja, to the *neelammahara* traditional psychiatry healers in Sri Lanka, who classified and identified twenty-two psychopathologies, one of the oldest psychiatric disease classifications in the world. This branch is firmly anchored in the ancient therapeutic methods of Sri Lanka and focuses on indigenous medicine. It combines food, herbal medicines, and other culturally specific therapies. The heartfelt treatment given to the relation

of Mysore Maharaja in India during her struggle with mental illness is the source of this remarkable act of gratitude.

Figure 2. Nadungamuwe Raja and Nawam Raja gifted by Maharaja in Mysore, India

In 1950s, India's Mysore Maharaja has faced a problem. His beloved daughter was suffering from a severe mental illness and struggling with conventional medication. the Maharaja sought assistance far and wide, eventually leading him to the shores of Sri Lanka as instructed by his close friend Macmillan, the governor friend of him from United Kingdom. To seek the aid of *neelmmahara* Traditional Psychiatry remedies, which were well-known at the period. The troubled Maharaja was drawn to Sri Lanka, which is known for its age-old healing customs and *desheeya cikithsa.* His search for a remedy led him to the esteemed *neelammahara* tradition, which is ingrained in Sri Lankan society. This tradition included a comprehensive approach to healthcare that combined spiritual knowledge with the domains of mental and physical well-being. As a gratitude for curing the Maharaja's daughter, the two tuskers were gifted in 1950s.

3.4 Hereditary transmission of Knowledge

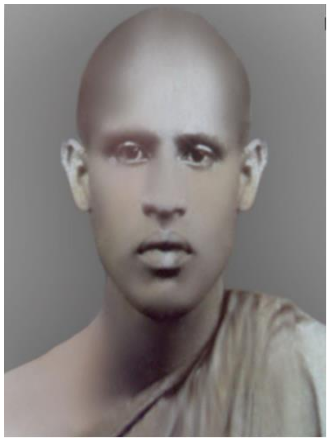

Figure 3. Rev. Ayur. Dr. Werehera Sobitha

Figure 4. Rev. Ayur. Dr. Erawwala Seelalankara (1906 - 1935)

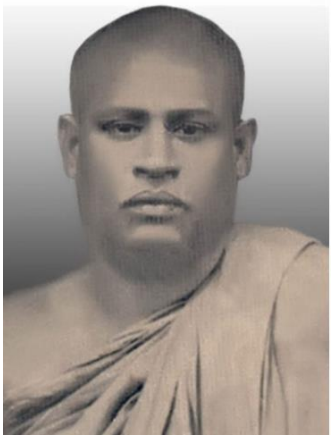

Figure 5. Rev. Ayur. Dr. Dehiwala Dhammaloka (1935 - 1971)

Figure 6. Rev. Ayur. Dr. Dehiwala Buddharakitha (1935 - 1971)

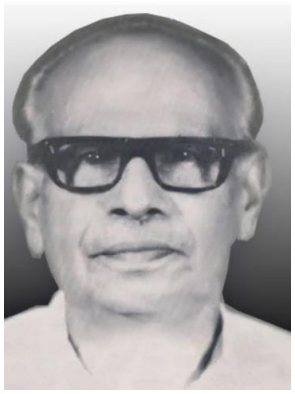

Figure 7. Ayur. Dr. Indrasena de Alwis (1950 - 1985)

Figure 8. Ayur. Dr. D. S. Hettige (1950 – 2013)

Figure 9. Ayur. Trad. Psychiatrist Dr. S.S. Hettige

3.5 Therapeutic Orientation of the Tradition

Neelammahara manasika hela wedakama, which means Traditional Psychiatry or *desheeya unmada cikitsawa*, is an important psychiatric historical turning point. One of the world's oldest psychiatric classifications comes from this 300-year-old history. Beyond diagnosis, it explores the causes, treatment, and management of mental illnesses, identifying 22 different kinds of psychopathologies. Surprisingly, this tradition's descriptions of these ailments nearly match contemporary psychiatric classifications, indicating a deep awareness of mental health spanning generations.

“මනුසිත පෙරළුමින් මතුවෙන මෙරෝගෙට
ගත සිත සැනසුමට ඔසුපැන් යෙදීමට
සිත් තුළ ගැටුම නැසුමට බණ දෙසීමට
නීලම්මහර වෙදකම මෙහි යෙදීමට”

Their knowledge preservation was taken under poems written in Sinhala. Each and every poem described the introduction, classification of psychiatric illnesses, features of the diseases and treatments in accordance. Above poem has given the initial recognition for their specific tradition on healing mental disorders; that emphasizes the mental disorders are arisen with mental irregularities, to cure them internal medicines should be given along with proper counselling.

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions that affect the mood, thinking and behavior. If the language defines in different ways, the core concept in all the medical systems is same. Traditional medicine is one of the holistic approaches treat not for the disease but for the patient. Before the treatment correct diagnosis is important to identify the condition of the patient and also the condition of the patient.[3]

“ යුතුය දැනගත රෝගෙ මුල අග
අතුර පරපුර සියලු වගතුග
සිටියෙ කොහෙදැයි මනු පෙරළියට පෙර
යෙදිය හැක දැන් සියලු ඖෂධ”

The unique feature of the *neelammahara* tradition is describing the etiopathology of each and every psychological disorder. Etiology, pathology, clinical feature and treatment are well described in the verses of the tradition. In the 22 types of disease classification, postpartum psychosis *(sutika unmada)* has described in-detail as other medical systems remains less information. Dellirium *(musa unmada)* is also another type described only by *neelammahara* tradition.

The verse from the *neelammahara* tradition describes three major criteria used in the assessment of psychiatric disorders: a complete history, genetic or familial influence, and environmental and behavioral factors. When analyzed, these traditional diagnostic concepts show a close similarity to the principles used in modern psychiatric assessment. The criterion of a complete history can be compared with modern history taking, including the history of the presenting complaint; genetic influence corresponds to the assessment of family history; and environmental and behavioral factors are comparable to personal and environmental history. This comparison suggests that the diagnosis of *manasa roga* in traditional medicine incorporated several important aspects of a comprehensive patient assessment from ancient times. In modern psychiatry, these principles have been further systematized and standardized through diagnostic and assessment frameworks such as the *International Classification of Diseases (ICD-10)*, the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, and the *Mental Status Examination (MSE)*. Therefore, although the terminology and methods differ, the traditional diagnostic approach described in the *neelammahara* verse demonstrates notable similarities to several fundamental components of modern psychiatric assessment.

The types of treatment in Ayurveda describes as diet and medication (*yukti vyapashraya cikitsa*), divine and spiritual therapy *(daiva vyapashraya cikitsa)* and psychological and mind control cikitsa *(sattvavajaya cikitsa)*. *yukti vyapashraya* is described in their endemic external and internal traditional treatment modalities including diet and medication. Usually in Ayurveda, *daiva vyapashraya cikitsa* are used to treat the patients. But, in *neelammahara* tradition, *daiva vyapashraya cikitsa* are used for the preparation of the medication as well as for the patient. Chanting *mantra or pirith,* while preparing the medications or applying the medications to the patients was a ritual part of their tradition. *Neelammahara* tradition commenced with the influence of the Buddhist culture as by a Buddhist monk and a premises where, become *neelammahara* temple later. *Sattvavajaya cikitsa* had a major role with this Buddhist cultural influence in the management of mental illnesses.

3.6 Treatment modalities

Mental health deterioration leads to major physical and mental disorders. Therefore, anti-stress therapy helps to maintain a physically and mentally balanced healthy life. Stressors have a significant impact on our behavior, health, mood, and sense of wellbeing. Young, healthy people may have adaptive acute stress reactions that usually don't have a negative impact on their health. However, the long-term impacts of stresses can harm health if the threat is persistent, especially in elderly or ill people. The type, quantity, and duration of psychosocial stressors as well as an individual's biological susceptibility (genetics, constitutional characteristics), psychological resources, and acquired coping mechanisms all influence the association between psychosocial stressors and illness. Psychosocial therapies may affect the progression of chronic illnesses and have shown promise in the treatment of stress-related disorders.[4] The treatment protocols are designed to improve the general well-being of any normal, healthy individual by supporting the body's nutrition, reviving the nervous system, overcoming exhaustion, encouraging restful sleep, enhancing the sensation of well-being, and boosting productivity and efficiency at work.

Uttamanga dhara: This is a unique treatment to *neelammahara* tradition. This is accomplished by letting the oil stream from the oil-filled pot land on a particular region of the head's vertex. It is one of the body's primary *marma* points that promotes calming and sedative effects. It promotes mental serenity, memory, and sleep. This treatment is administered while the patient remains seated.

Figure 10. *Uttamanga dhara*

Head packs and *hisagellum:* *hisakudichchi/ hisagellum* is also another specific application endemic to *neelammahara* tradition. The term *hisagellum* is a specific name used only by their tradition to introduce head packs. The scalp is completely covered with a herbal paste which penetrate and nourishes the nervous system. The formulas of the pastes are different according to the disease and constitution of the patient. *pitta shamaka* (heat pacifying) ingredients are

used to prepare the paste including *Alternanthera sessilis, Terminalia arjuna, Vetiveria zizanioides, Santalum album etc.*

Before applying the head pack, oil application *(snehana karma)* is applied. Due to the first application of *hisagellum* without oil application leads to aggravate *vata dosha* with cold potency of the medications used. By aggravating *vata*, the condition of the patient becomes worsen with more restlessness and aggressive behaviours. To avoid this, they usually apply *hisagellum* followed by oil application *(murdhani thaila).*

Application of *hisagellum* cannot be found in other medical systems. *Talapothichil;* an Ayurvedic practice in Kerala of India*,* has mild similarities with *hisagellum.* Usually in other practices, head packs are applied for 30 -45 minutes. In *neelammahara, hisagellum* is applied for 3 hours. During the time, the paste on the head is soaked with the prescribed liquid in each and every 30 minutes to avoid the dryness of the herbal paste.

Figure 11. Headpack or *hisakudichchi*

Shirodhara: In *shirodhara*, a type of Ayurvedic treatment, liquids are gently poured over the forehead, often known as the "third eye." It can be one of the steps in *pancakarma* and was created by *vaidyas* (Ayurvedic practitioners) in Kerala, India, for use in *sukhachkitsa* (restorative therapy). The Sanskrit terms *shiras*, which means "head," and *dhara*, which means "flow," are the source of the name. Depending on what is being treated, other liquids can be utilized in *shirodhara*, such as milk, buttermilk, oil, coconut water, or simply plain water. The specific feature of *neelammahara shirodhara* procedure is the height of the *dhara patra* (oil filled pot) and *dhara varti* (thread using for dripping oil) are higher than 4 *anguali* as the usual method in Ayurveda. The reason is to avoid psychiatric patients becoming nervous during the process due to the *dhara varti.*

Brain wave coherence, alfa waves, and a downregulation of sympathetic outflow facilitate the profoundly calming and relaxant effects of *shirodhara*. The pineal gland is atavistically

attached to the center of the forehead, which was formerly associated with the third eye. In the yoga tradition, this location is referred to as *agnya cakra*. Psychosomatic harmony results from meditating with closed eyelids and concentrating on the *agnya chakra*. It is suggested that the meditation-like effect that results from the oil dripping on the *agnya chakra* is an adaptive reaction to the baseline tension caused by mental quiet.[5]

Figure 12. *Shirodhara*

Takradhara: A variation of the *shirodhara* treatment called *takradhara* involves adding buttermilk and pouring it in with the oil. Numerous therapeutic benefits result from this treatment, particularly in terms of the patient's improved mental health. Medicated buttermilk is used in this Ayurvedic sudation therapy to assist the mind and brain unwind and lower tension. *Dhara* is a stream, and *takra* is buttermilk. The physiological advantages of s*hirodhara* and *takradhara* Ayurvedic treatments are nearly same. major difference is the use of medicated buttermilk along with other ayurvedic oils.

Figure 13. *Takradhara*

Murdhani thaila: Application of the oil on the head is known as *murdhani thaila.* On the first day of the admission, before consult the physician, medicated oil is applied on the head. Due to this action, the restless patient becomes calm and quite when he meets the physician and

facilitates to history taking, examination and other medical procedures according to the tradition. Another distinctive feature is oil application on the head during the evenings. *Thaila abayanga* is done with chanting *pirith* during 5 – 6 p.m. everyday. This activity promotes sleep of the patients and tranquilizes the patients by pacifying *vata dosha.*

Purificatory or detoxification therapies (*shodhana karma):* The uniqueness of the purification procedures deserves by application of *nakshatra* (lunar mansion, star constellation, or asterism) for the successful management of *shodhana karma.* Performing *shodhana karma* requires choosing an auspicious time (*muhurta*) based on the lunar constellations or *nakshatras* to maximize healing and minimize complications.

In Ayurveda, there are five cleansing methods, called *pancakarma.* According to this tradition, purgation *(badavireka),* emesis *(layavireka)* and nasal administration *(nasna)* are only used as purification and cleansing methods.

Bada vireka: Usually in Ayurveda, purgation *(vireka)* is done at the early morning empty stomach with a single dose. Although, in *neelammahara* the *vireka* medications are given as divided doses at the night and next day morning. This unique method is followed by them to avoid severe unrollable purgation (*tikshna virechana*) and complications of the patients and aggravation of *vata dosha.*

Laya vireka: Emesis, a classical Ayurvedic detoxification and cleansing procedure *(Panchakarma)* that uses controlled, therapeutic emesis to eliminate excess *kapha dosha* and accumulated toxins (*ama*) from the upper gastrointestinal and respiratory tracts. These *vamana karama* are performed with the specific medicines given by their traditional texts.

***Nasya karma*:** Both our brain and consciousness are accessible by the nose. In Ayurveda, nasal medicinal delivery is referred to as *nasya.* This technique uses the nose, which is the closest orifice, to remove an excess of bodily humors that have accumulated in the sinuses, neck, nose, or head areas. Applying herbal liquids, medicinal oils, etc. via the nose is done for the duration that the Ayurvedic specialist specifies. *Nasya* has several advantages and is a very successful treatment for a number of conditions, including headaches, paralysis, mental disorders, premature hair graying, and voice clarity. One of the endemic features of *neelammahara* traditional *nasya karma* procedure is using of breastmilk as one of the ingredients in their specific formulas. *Nasya* is the last step of their treatment protocol as described it facilitates the moisturizing doshas *(dosha kledana)* and elimination through the nearest channels.

Nasya karma is the only procedure that uses the nasal route for medicine administration to deliver therapeutic agents directly to the central nervous system (CNS), bypassing the digestive

tract and potentially enhancing the efficacy of treatment owing to its faster absorption. For many years, intranasal drug delivery has been a popular noninvasive method of administering drugs that target local, systemic, and central nervous system effects. Intranasal administration is a very efficient and adaptable technique for a variety of therapeutic applications because of the nasal mucosa's leaky intercellular connections and the lamina propria's and nasal mucosa's considerable vascularity, which promote excellent drug absorption.[6]

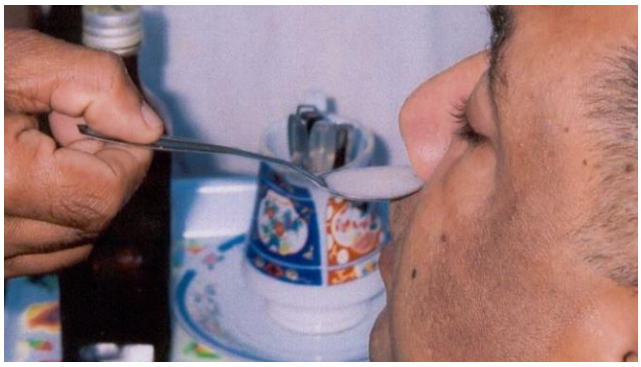

Figure 14. *Nasya karma*

4.Discussion

Neelammahara tradition represents an important but insufficiently studied component of Sri Lankan Indigenous Medicine. Based on evidence, it is recognized as one of the hereditary generations with a spanned history closely associated with traditional psychiatry and mental well-being related specific practices. Because it illustrates the relationship between medical knowledge, family lineage, location, manuscript culture, and community practice, the custom is especially important. Its purported seven-generation transfer serves as an example of how specialized medical knowledge can endure outside of established academic settings. The palm leaf manuscripts have done a major role by giving in writing evidences rather oral information. The available clinical evidences provide another insight including case reports published under postpartum psychosis *(sutika unmada)*, [7,8] Othello syndrome (delusional jealousy or *irshya*),[9] dementia *(smriti bramsha),*[10] anxiety *(chittodvega),*[11] and Depression (*manasa dukkaja unmada* or *sith peralum umatuwa* as per *neelammahara*),[12] indicating the unique therapeutic approach and improvement of the patients.

An Ayurvedic clinical examination includes three diagnostic methods (*trividha pariksha*): inspection, interrogation, and palpation. Inspection involves observation of the body parts, for example, skin, hair, eyes, and tongue. Comprehensive understanding of medical history, symptoms, and psychological and physiological characteristics are covered during the

interrogation. Palpation includes pulse, and palpation of body parts (abdominal palpation, skin, etc.). Based upon a conventional medical diagnosis, treatment and choice of herbs/compound formulae are prescribed.[13]

The account on the treatment of the daughter of Mysore Maharaja provides important evidence of the historical reputation and social recognition of *neelammahara* tradition as a skillful healing tradition of psychiatry. A major aspect of this account is the part played by the therapeutic setting and interpersonal relationships. The story centers around the calm environment of *neelammahara* and the affectionate care given by the traditional doctors. In rural settings, strong interpersonal networks and social support may be particularly relevant to individuals undergoing psychological distress. Thus, the *neelammahara* model seems to have integrated therapeutic relationships and community-based care with medicinal and spiritual practices. This feature may represent an important area for further research, in particular in relation to current ideas about psychosocial support and community mental health.

The available published literature on *neelammahara* tradition remains unclear, with a few numbers of clinical evidences published as case reports. This review efforts to disseminate knowledge about *neelammahara* tradition and their ancient story pasing down through generations and specially, uniqueness of the treatment modalities along with specific ingredients and spiritual therapy. Overall, the *neelammahara* tradition illustrates the importance of documenting Indigenous approaches to mental health before specialized knowledge is lost due to discontinuity across generations. The historical continuity, the transmission from one generation to the next, the manuscript culture, the diagnostic concepts and the therapeutic practices offer a good basis for further interdisciplinary research.

5. Conclusion

Neelammahara tradition represents a valuable and distinctive component of Sri Lankan medical heritage, particularly addressing the psychiatric care and mental well-being of the individuals using their endemic and unique internal and external treatment modalities. It is a benefit to Sri Lanka still practicing the *neelammahara* traditional medicine preserving and passing down through seven generations with written evidences in ola leaves as verses including the whole knowledge of psychiatry and healing methos. The significance is the oldest classification of psychiatric illnesses (22 in number) has been mentioned under their tradition. There is some early evidence of its use for various mental and neuropsychological conditions

in the literature and in clinical experience reported in the literature. However, the evidence to date is essentially descriptive and case-based. The unique treatment methods including *yuktivyapashraya, daivavyapashraya and sattvavajaya cikitsa*, specific materials, instruments, tranquilizing strategies are distinctive features of *neelammahara* tradition and reflect its holistic and Buddhist culturally embedded approach to the management of mental disorders. Therefore, the historical and therapeutic knowledge of *neelammahara* needs to be systematically documented, critically preserved and further ethnographically, pharmacologically and clinically investigated. Such efforts would contribute not only to the preservation of an important component of Sri Lankan medical heritage but also to the establishment of a scientific basis for the potential relevance of traditional psychiatric knowledge in modern mental health care.

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