

**Medicinal plant industry in Sri Lanka: A case study**

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According to the World Health Organization, about 80% of populations in developing countries are still dependent on traditional systems of medicine for their basic health care needs. Despite the fact that Sri Lanka is blessed with all necessary requirements for the cultivation of medicinal plants, about 60-65% of raw material requirement is imported from India and 8 other countries due to lack of systematic cultivation in the country. The present survey was undertaken to identify constraints faced by different stakeholders of medicinal plant based industry in 5 districts, especially at the village level. A survey was conducted using a formal questionnaire. Education level of the participants varied from GCE O/L to degree level. Main constraints identified were lack of planting materials to set up large scale cultivation, lack of knowledge on how to cultivate, lack of awareness of methods to control pests and diseases, post harvest aspects and lack of proper market to sell medicinal plant materials. Further, land availability, lack of credit facilities and lack of irrigation facilities were also noted. The main sources of planting materials were natural forests, own nursery, and Department of Ayurveda and Forest Department nurseries. Only 10% of participants were aware on all aspects of medicinal plant cultivation. However, participants' awareness of the quality of herbal materials is very high (66% of participants). As to the quality, price and availability of local and imported herbal materials, the response of 82% of participants was that the quality of local raw materials was excellent, while 45% of participants answered that the price of local herbal material was at an affordable level. 28% of participants indicated that it is cheap compared to the imported materials. The main source of information/awareness of medicinal plants was the Industrial Technology Institute followed by the Department of Ayurveda, and the electronic media. The majority of participants (52%) expressed that the government involvement in the medicinal plant industry was satisfactory. In addition, 69% of participants possessed  $\frac{1}{2}$  - 1 acre of land. Therefore, systematic cultivation of medicinal plants at the village level is possible as a home garden system of group of farmers. According to the results, it can be concluded that major constraints faced by stakeholders of medicinal industry are lack of a marketing channel, lack of planting materials and knowledge on cultivation and processing.

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