SOUTH ASIAN DIALOGUES ON ECOLOGICAL DEMOCRACY (SADED)

Seminar organized by SADED at IIC Annexe, Delhi
On 25 September 2014

Herbal Medicinal Practices in the Present Times: Viability, Sustainability and Future Development for Health

South Asian Dialogues on Ecological Democracy (SADED) organized a seminar with two eminent researchers on the issues of how herbal medicinal knowledge and practices are to be recognised for their contribution, and developed further as viable and sustainable health care options.

A brief report of the talks is given below:

EXPLORING ADIVASI SENSIBILITY – MEDICINAL PROPERTIES OF PLANTS, CULTIVATION PRACTICES AND ETHNO-BOTANY

~ Prof. Savyasaachi
(Dept. of Sociology, Jamia Millia Islamia, New Delhi)

In this talk he discussed the following:

- First, what is the significance of the question, how did the Adivasis find out the medicinal properties of plants without the knowledge of modern science and experimentation? A good beginning is to find space and time in the debates on the contemporary Intellectual Property Rights Regime (IPR) for recognizing the process of discovery, which is collective, over several generations and documented differently than the written records of experiments of the modern scientific laboratory.

- Second, how can the enquiry of this question be undertaken? Deeply embedded in our world-view is the sensibility that the forest is not a dwelling. Our imagination freezes when confronted with this question. A very good instance of this 'frozen imagination' is the FRA 2006. It has, in fact, undermined the 'foundational position of the forest'. It is designed for tribals and not for 'Adivasis'. It is testimony to deforestation of the mind, which has over several years manifested in the loss of forest landscapes, forest biodiversity, and the forest dwellings. In the Adivasi world-view the forest is in the foundational position. This is the basis for Adivasi knowledge of plants and cultivation. All plants are both food and medicine. There is no dichotomy between plants for food and plants for medicine. Further, all plants are living beings and are in a relation to human beings.

- Third, can we learn from the Adivasis? How can this learning be made possible? What can be learnt? Ethno-botany has been used to create biodiversity registers. These registers are beneficial for the modern industry (food and pharmaceutical), for tribals and not for the Adivasis. This, in fact, has closed all possibilities of learning from the Adivasis. Ethno-botany privileges modern science over other ways of observing and experimenting. It is important to decommission these and defreeze the imagination.

CHALLENGES FOR HERBAL MEDICINE PRACTITIONERS AND CULTIVATORS AND POLICY OPTIONS

~ Prof. Darshan Shankar

(Vice-Chancellor, Institute of Trans-Disciplinary Health Sciences and Technology, Bengaluru)

I will speak about my own observation on what are the policy options for our health system. The nature of our health system as it functions today, is something that we have imported essentially from the west – as we have done in the case of many other systems, including agriculture, education, science and technology. The nature of our health system is a 3-tiered institutionally managed system, where you have primary, secondary, and tertiary health care – all managed and rendered by the state. Largely, this is run by government across the country; however, there are some private players as well.

The goal of this 3-tier health system was to provide universal health coverage through this kind of a system, and in the decades that we have executed this system from independence till date, in the 12th Five Year Plan it was observed that the goal of this 3-tier health system was to provide universal health coverage; and it was observed in the beginning of this 12th FYP that we are nowhere near achieving universal health coverage; almost 70% of our population is actually managing its health care by paying from their own pocket. The health system is not delivering despite huge amounts of investments being made from the tax payers' money.

We need to extend the tiers of this institutional system and recognize two more tiers that are already there in the society and those tiers are:

Knowledge is available in households across all ethnic communities of this country (approx. 4,630 communities, out of which 500 are tribal communities). Each one of us sitting here are also carriers of that household health tradition, which is reflected in our ethnic diet. We have classical examples of home remedies. E.g., In the case of drinking water, in tradition we have cheapest and most effective method for microbial purification of drinking water. There is no need for Aquaguards and other filtering solutions that are being offered to us in the market today. The traditional solution for microbial purification (and not of the more recent pollution due to chemicals and fertilizers, lead and arsenic contamination, fluoride, etc.) is storing water in copper vessels. Even in Adivasi homes, in the '70s, drinking water was stored in copper pots. Subsequently, due to economic reasons, they have sold off their copper vessels and substituted them by aluminium or plastic containers, not realising what change this is bringing about. The external effect of

copper on water is that within 12 hours of storing water in copper, every form of pathogenic microbes gets completely eradicated.

It has been largely discussed that turmeric has a number of components that are effective and it may be concluded that usage of turmeric in its natural form is probably the most effective way to use it. In all households, a pinch of turmeric is added to the food being cooked, which is done as a health practice. This health practice was introduced centuries ago, discovered perhaps by the epistemologies discussed by Prof. Savyasaachi on plant properties.

The method of science, particularly relating to plants, and the way they find out about plants, if you were to sum it up, you would find the limitation of that method. To find out about the properties of *tulsi* or turmeric, there are chemists who break up the material into its compounds/chemicals; the so-called active ingredients are identified – actually it is not known which of them are active and which are not, or how many make up the activity, but those compounds are picked up which do have some activity which we call 'active ingredients'. In pharmacology, it is called - testing part of the plant on part of biology (there is no way of testing the whole plant on the whole system), i.e., you study it on a cell line/organism, whether it is anti-viral, does it work on various cells, but there is no way to determine what it does on the entire body. Therefore, inspite of using the most advanced scientific methods, we have only a partial understanding about a plant.

We need to look at a health system that restores the Indian reality of health care. Our current health system is an imported health system where we have derived this 3-tiered, state-managed, institutionalized system of health care from outside. While this might have certain advantages/benefits, it is not doing a sufficiently good job, as can be seen from the data in which our system functions. We need to restore the Indian-ness of our health care system – which is to bring back those 2 tiers that have been neglected : (1) the household level of knowledge, and (2) the community level of knowledge (which includes the enriching knowledge of different ethnic communities). We should recognise that these should form part of the health system.

In the Indian tradition, across our ethnic communities, plants are a large source of health care. There are approx. 6,500 species of plants across the various eco-systems that are known for their medicinal use for humans/livestock/agriculture (plants are used to heal plants).

I use two terms – (1) the *prakrit parampara* (local ethnic traditions/knowledge derived by communities directly from their relationship with nature), and (2) *samskrit* traditions (some modification on *prakriti* becomes *samskriti*). There can be no *samskriti* without *prakriti*. All knowledge systems are part of *samskriti.* In Indian tradition in the health care scenario, there is a huge *prakrit* tradition of health care. The tradition of the tribals and Adivasis (who have not been to school/college, but have been through the knowledge

of life – *parampara*) is one aspect of this *prakrit* tradition. We should develop a strategy for restoring the knowledge of the communities, and reduce the dependence of society on institutional health care.

Livelihood security, i.e., cultivation, processing and preparation, has a big scope. An ideal livelihood programme should take place using also the traditional knowledge relating to agriculture, and not only be based on modern packages for agriculture.

The total current turnover of India's herbal industry is estimated at Rs. 15,000 crores (inclusive of Dabur, Himalaya, etc.), whereas the size of modern pharmaceuticals is about Rs. 75,000 – 90,000 crores.

Our investment into traditional knowledge of medicinal plants, either for health security or bringing it into the health system, or for livelihood security, is negligible.

We do not have enough knowledge institutions working on any aspect of traditional knowledge – whether it is Adivasi knowledge, or any other knowledge.

Modernity is an essence involving tradition. The root of modernity is tradition, i.e., the present can only come from the past. The modernisation of India is a vastly incomplete process. Our modernisation is entirely based on almost western cultural intellectual tradition. Our modernisation must come from our own roots. This business that we are talking about – bringing these 2 tiers into our health care system, is part of the modernisation of health care in India.

If we are to modernise health care in India, we have to look at the contemporary relevance of our own traditional knowledge – evolving tradition makes modernity. We have to adopt tradition to contemporary needs. One does not embrace tradition for nostalgia. You take from tradition what can serve your contemporary needs, and there is a great deal in all sectors (we are talking of health). There is a great deal in tradition that can contemporise health care in India. It will modernise health care in India. It is a very important thing, and not a marginal thing. It is part of the thing to restore – bring strength/contemporariness/vigour/participation. Hence, for all these reasons it is very important to look at this particular aspect.

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