The indigenous communities in India are the original inhabitants of the natural region and they have been maintaining a historical continuity with pre-industrial societies by following traditional patterns of life. Scattered all over the country, they constitute around 8.8 per cent of the total population and with a few exceptions, the majority of them are forest dwellers. Their socio-cultural identity has remained unaffected by forces of colonisation, modernisation, and globalisation. They have preserved their culture through their indigenous knowledge systems, which authenticate the presence of their rich socio-cultural and medical heritage. The sacred rituals and healing practices are very much visible in their culture. Erosion of indigenous knowledge has been taking place in India for the past two hundred years and there is no effort by the government to promote and protect these anonymous but unique knowledge holders of the society. The contribution of indigenous knowledge in the modern systems of medicine has been underestimated and it is ironical that the scientific community has treated the ‘foundation of scientific medicine’ as ‘unscientific’.

This article emphasises on the revival of folk medicine tradition that is happening with the help of pharmaceutical companies, voluntary organisations. Folk knowledge about pharmaceutical diversity is as old as civilisation itself. The first historical evidence of traditional knowledge about medicinal plants has been found in Rg Veda. In fact, the Atharva Veda, a treatise on folk medicine traditions, explains various herbal formulations that are still in use. Even in the medieval period there was an exchange of traditional medical wisdom between Arabs, Chinese, and Indians. However, it was during the British rule that the exploitation of natural resources and unfriendly forest laws adversely affected the indigenous communities’ access to medicinal plants and heralded an era of gradual knowledge erosion. The colonisers’ ideological principle of ‘scientific forestry’ was based on the conception that all traditional practices of conservation were wasteful and they would destroy the forest wealth. The conservators of the post-colonial period also promoted the same legacy further.

In fact, the allopathic system of medicine was promoted and legitimised during the British rule, whereas the traditional systems of medicine received a major setback. Deforestation during this period led to the disappearance and extinction of several medicinal plants and the reduced access to natural resources further aggravated the situation. Various development projects taken up in the post-independence period have displaced thousands of local and tribal communities. When indigenous people are forced to displacement, the unrecorded traditional knowledge they carry with them will become completely useless in view of new ecosystem. And, the forced resettlement of indigenous and tribal people in a different ecological zone poses a great threat to the existence of their indigenous knowledge system and intellectual property rights. In addition, the communities tend to lose vast amount of unrecorded traditional knowledge because of the ageing of the elders and maintenance of secrecy about medicinal plants and forest products. There is an urgent need to collect, document and preserve this medicinal knowledge keeping in view of the future generations and this needs to be done immediately with the help of individuals, government agencies, and non-governmental organisations.

The gradual erosion of traditional knowledge has serious repercussions on the subsistence patterns, that is, it reduces the self-sufficiency of indigenous people by making them depend on urban societies. In the absence of basic healthcare facilities in villages, the traditional medicine practices provide an alternative health security to millions of people. The World Health Organisation (WHO) estimates that around 80 per cent of the world population depend on traditional medicine for some aspects of primary health care. However, there is a need for an objective evaluation to get maximum benefit of the traditional

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Kani people and TBGRi scientists after the first transfer of licence fees and royalties in 1999

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medicine system. The indigenous and modern systems of medicine are not mutually exclusive but rather complementary, and a combination of them can render development more cost-effective, equitable as well as more sustainable. The traditional literature and folklore of indigenous medicine and medicinal practices have positively contributed to the discoveries of many allopathic medicines, such as Morphine, Digoxin, Ephedrine and Reserpine. The Raulfia, a pharmaceutical product for lowering blood pressure, is manufactured from the extract of snakeroot plant, which has been used by indigenous communities for centuries. The folk knowledge about cinchona bark led to the discovery of Quinine for curing malarial diseases.

A number of research institutions and non-governmental organisations working on herbal medicines and indigenous systems of curing have been exploring and promoting the value of traditional medicines. Jagran, a not-for-profit organisation in Rajasthan, is promoting indigenous healers; the use of Banjauri plant (Viva indica) as an oral contraceptive by the Bihar tribals has been confirmed by scientists of the Indian Institute of Science and the Georgetown University Medical Centre, Washington; the Catholic Health Association of India in Andhra Pradesh has successfully developed a medicine based on tribal formulations to cure kala-azar (the Central Drug Research Institute has confirmed its effectiveness). The Foundation for Revitalisation of Local Health Traditions in Bangalore has been doing commendable work in documenting and encouraging the cultivation of medicinal plants. The revival of traditional medicine is extremely difficult under the current system of intellectual property rights. The developing countries are unable to institute their own laws on such rights since they are under the pressure of national and multinational companies which have been exploiting this knowledge for their own profit. As far as patent laws are concerned, it is mandatory for the patent holder to disclose the source or origin of information regarding the property. There is no provision for providing compensation or recognition to the original knowledge holders and it has resulted in disproportionate sharing of benefits.

The nexus between pharmaceutical companies and policy makers highlights the implications of knowledge exploitation and they promote each other at the cost of traditional knowledge of the local population. The controversy between the Onge tribe of Andaman and the Indian Council of Medical Research (ICMR) over the discovery of herb that cures cerebral malaria is a case in point. In Darjeeling, the pharmaceutical and herbal companies are commercialising the cultivation of medicinal plants and in the process, many species have been lost even before their true value was recognised. The already explored knowledge of indigenous people must be protected through national or international laws and they must be recognised as unique or the only possessors of this knowledge. There should be a fair arrangement of profit sharing between indigenous communities and pharmaceutical companies. But this would require recognition of intellectual property rights of tribal communities by the government and corporations, which disagree with the notion that indigenous people should be paid for their knowledge. However, one example of such profit sharing arrangement is that the local Kani tribe in Kerala is given recognition as discoverer and knowledge holders of the medicinal plant, Trichopus zeylanicus travancoricus, which gives the drug called Jeewani, by the Tropical Botanical Garden and Research Institute (TBGRI). After giving license to a local drug manufacturer, the TBGRI shared fifty percent of the license fee and royalty on the drug with the Kani tribe. Though the whole arrangement is not free from controversy, it is still the first and only example of giving recognition to the intellectual property rights of an indigenous tribe. For meeting the future needs of rare medicinal herbs, the documentation of traditional medicinal knowledge has long been suggested by national and international organisations. The Indian government has set up a Traditional Knowledge Digital Library to facilitate wider access to this knowledge and to save it from bio-piracy. However, there are no provisions for any compensation for the communities whose knowledge has been stored in it and will now be freely available at global level without giving the local communities their rightful due. Access to this knowledge should have had enough safeguards to protect the interests of indigenous people. If new discoveries are made on the basis of this knowledge, then there should be a proportionate benefit sharing among the patent holders and knowledge holders. The whole process would become successful only when it is legally controlled.

References