

## **CONFERENCE REPORT - INAUGURAL SESSION**

### **E. PUPULIN**

Dr. Pupulin welcomed all those gathered on behalf of AIFO/Italy and asked Dr Sunil Deepak to chair the inaugural session.

### **S. DEEPAK**

Dr Deepak as the promoter of the meeting on behalf of AIFO/Italy provided background about the conference explaining that the initiative was promoted first by an Italian non-Governmental organization called COE and has been co-funded by Italian Foreign Ministry. He explained that this conference was first in a series of international meetings and the other meetings will be held in Far East and Pacific, Americas and African regions. He thanked friends and colleagues from People's Health Movement in India, without whom it would not have been possible to organize this meeting. He also thanked the staff of the AIFO office in Bangalore, who looked after all the practical details for the organization of this meeting.

### **H. SUDARSHAN**

Dr. Sudershan representing the people of the State of Karnataka (India) observed that it is a reality that the traditional systems of medicine are being neglected. He pointed out that when referring to traditional systems we need to include both the codified as well as the non-codified systems like tribal medicine, local medicine, folk medicine etc.

Coming to the more formal healing systems like Ayurveda and Unani and Siddha, he mentioned that in the state of Karnataka in India, there were nearly 36 colleges teaching these various systems, however there were still not enough doctors to run the Primary Health Centers, allopathic doctors were also not available. He mentioned that experience in the field shows that the Indian systems of healing were being managed very badly, and that most doctors were practicing allopathic medicine. While the government has been talking about integration, the way it has been translated into action is the mere dumping of boxes of ayurvedic and unani medicines at primary health care centres without proper training of the staff.

He talked about mainstreaming the traditional Indian systems into Primary Health care by using various strategies like the popularising of herbal gardens through the training of women's self-help groups. He felt the systems needed better management with the evolution of standard treatment guidelines and essential drug lists.

He also stressed that these traditional systems needed to be demystified (especially the more institutionalized ones) and become more accessible to the people. Traditional systems need to be community-owned, community-based and community-oriented to fulfill their potential role in achieving Health for All.

### **ANU DHINDAW**

Ms. Dhindaw welcomed the participants on behalf of the Local Technical Unit (UTL) of the Italian Embassy in India. She highlighted the work of the Italian Development Cooperation. She mentioned that the Cooperation had funded numerous programs on traditional medicines all over the world, including in Cuba, Latin America and in a few countries of Asia. She mentioned that details of the various projects were available on the website [www.idssonline.org](http://www.idssonline.org). She looked forward to a very productive and useful workshop.

### **MARIA PIA MACCHI**

Ms. Maria Pia Macchi welcomed the participants on behalf of Centre for Educational Orientation (COE/Italy). She felt that Traditional systems could play a very important role in overall development. She called for the participants to organize and network at different levels to create awareness about the traditional systems of medicine. She also highlighted the importance of documenting the efficacy and safety of the various traditional medicinal practices. She mentioned that given the rapidly changing context of the present day world, revitalizing the promise and the hope for Health for All required concerted efforts. She felt it was important for the various traditional systems to help people get back Health in their own hands. It was also important for the systems to interact with and help the scientists to understand people's knowledge. She said that popularizing and revitalizing traditional systems was an important key to realizing the goal of Right to Health.

### **M. V. JOSE**

Mr. Jose welcomed everybody on behalf of the Bangalore office of AIFO/Italy. He also mentioned some logistical details for the benefit of all the participants.



**Inauguration ceremony**

## K. BALASUBRAMANIAM - KEY NOTE ADDRESS

### Role of Traditional Medicine in promoting well being of communities in South Asia – an introduction to the conference



Dr. Balasubramaniam started by referring to a situational analysis of the practice of traditional systems of medicine in the present day context. He identified two main problems, which were:

- The need to carry out research to evaluate safety and efficacy of different traditional medicine therapies.
- Action plans to preserve and safeguard the bio-diversity,

sustainability and vitality of traditional medicine.

Regarding the evaluation of traditional medicines he mentioned that the WHO has called on clinical researchers to conduct clinical evaluation of traditional medicines within the specific framework of rigorous clinical pharmacological principles without ignoring or trampling on the concepts of the traditional systems of medicine.

Traditional systems of medicine are a summation of thousands of years of human experience in the selection of plants for preventive and curative health care. Practitioners of traditional systems argue that the efficacy of herbal remedies is due to the synergistic activity among the several ingredients of herbal mixtures. Thus by adopting the paradigm of active principles in isolation, the modern clinical pharmacologists, take the knowledge from the plants, but throws away the wisdom of centuries. He posed a crucial question – Is it possible for research scientists to examine other methodologies, for example, using experiential methods or alternatively an inductive approach, to evaluate traditional herbal remedies? He further called for the development of appropriate methods for clinical evaluation of traditional herbal medicines; methods and criteria not to be limited to the methods and concepts of modern biomedical science.

Regarding the preservation and safeguarding of biodiversity, sustainability and traditional knowledge he mentioned that we need to examine intellectual property rights and the TRIPS agreement carefully especially since they had potential adverse effects on biodiversity and traditional knowledge systems.

The basic premise of intellectual property is that an invention is a process or a product which is new, useful and capable of manufacture. However with regard to

herbal medicines, neither the product nor the processes involved are new. Therefore herbal medicines in use cannot be patented. However, TRIPS violates these principles - TRIPS does not ask from where the patent applicant obtained his/her knowledge; TRIPS allows countries to allow patenting of micro-organisms and microbiological processes. Together with the loose interpretation of the term “inventiveness” in national patent offices, TRIPS allows the patenting of traditional knowledge and genetic resources and a form of bio-piracy. Uncontrolled and unregulated commercial collection of genetic resources and harvesting and processing of medicinal plants have led to the near extinction of some very valuable medicinal plants. Protecting traditional knowledge, conservation of biodiversity, genetic resources and medicinal plants has therefore, become a global emergency.

## **SITUATION OF TRADITIONAL MEDICINE IN SOUTH ASIA**

### **DORJI WANGCHUK, NATIONAL INSTITUTE OF TRADITIONAL MEDICINE, BHUTAN**

Dr. Wangchuk mentioned that the traditional form of medicine practiced in Bhutan was called “*gSo-ba rig-pa*” and it was essentially the Tibetan form of medicine. This system had a holistic approach based on Buddhism, where health and spirituality were essentially inseparable. Among the core concepts of this system of medicine is that of “*margipa*” which essentially translates to ignorance. Ignorance is considered the cause of all suffering and disease. This ignorance causes the production of 3 poisons – desire, hatred and delusion – which in turn cause the secretion of the bile, phlegm and wind, and it is the imbalance of these elements that cause disease.



Dr. Wangchuk then went over the history of traditional medicine in Bhutan starting with its early history, its recognition in 1967 by the Government of Bhutan, up to the formation of the National Institute of Traditional Medicine (NITM) in 1998. He then described the structure of the Government department of Health and explained the national policy on traditional medicine and the roles and responsibilities envisaged. He then went over the budget of the Ministry and department. He also presented data which showed the increasing number of patients accessing the various forms of traditional therapy, reflecting the increasing confidence people had in the traditional systems.

He then talked about the training of the various levels of health professionals and the indigenous production of the various formulations of medicines. He also went over the research priorities set for the traditional systems including establishing the safety, efficacy, quality and stability of the various drugs, validation of various pre-processing processes, documentation of various therapies and the management of adverse reactions.

In terms of future directions, Dr. Wangchuk mentioned that there were plans to introduce a masters program in Traditional Medicine, establishment of traditional

medicine units in all Basic Health Units, patent protection of various medicines and increase export of traditional medicines to other countries.

**DR. RISHI RAM KOIRALA, NATIONAL ASSOCIATION OF AYURVEDA, NEPAL**

Dr. Koirala mentioned that in Nepal nearly 3500 plants were used as part of the traditional healing systems. He mentioned that many of the ancient text-books that were not found in India were present in Nepal. He described the trained ayurvedic human resources in Nepal at different levels, from professional to the certificate level, and the institutions involved in the research and administration of the traditional system.



He mentioned that there was a need to recognize both the codified as well as the non-codified systems of traditional medicine. He also called for the need to systematise the knowledge of the people – if not, it was going to be lost, as the present generation was not actively following the traditional systems. He also mentioned the need to seriously think of how to transfer the insights of local knowledge into the educational system. Similarly the need to research various traditional technologies in the educational institutions. He then mentioned the main challenges to the development of traditional systems - this included development of professional ethics and quality standards, National documentation including IPR and TRIPS policy to safe guard the traditional systems as well as the natural resources necessary for them. There was also a need to develop institutional capacity and performance, and the further development of research. He also called for a SAARC level networking and planning to synchronize the education on traditional systems in all the SAARC countries, and for establishing channels for sharing various learnings and experiences regarding traditional medicine.

**DARSHAN SHANKAR, FOUNDATION FOR RIVITALISATION OF LOCAL HEALTH TRADITIONS & CONSULTANT AYUSH, INDIA**

Dr. Darshan mentioned that India had probably one of the most advanced National Programmes for the promotion of traditional systems of medicine. He said that in India there was probably the largest infrastructure with regards to education, research and industry in the traditional medicine sector. Moreover a basic regulatory framework to govern the safety, efficacy and quality of various traditional products was already in place. However despite these impressive achievements there were critical gaps.



Among the main challenges he mentioned were, sub-critical investment in education and the urgent need for educational reform. While the private sector in AYUSH has grown, there is insufficient data on the impact of AYUSH on the

communities' health, as well as the lack of involvement in public health. While AYUSH has been introduced in various regions of India, it seems most accessed in the Southern states of Tamil Nadu and Kerala and the northern state of Himachal. He mentioned about 6200 plants, 400 animals and about 70 metals that were being used in the traditional systems. He mentioned the urgent need for trans-disciplinary research and gave the example of a metal in the Siddha system which is supposed to be collected at a specific time and place – the varying qualities of the metal under these and other conditions were confirmed by a geochemist – this only highlighted the need for such trans-disciplinary research.

He mentioned that the traditional systems had a symbiotic relationship with local traditions. He also talked about the move towards medical pluralism. In this connection he mentioned that it was ridiculous to expect the traditional systems to be validated by the scientific framework. There was instead a need for evolving new disciplines to look at these innovatively and holistically. Trans-disciplinary research is largely for communication and not for validation. There was a need to combine both the reductionist and the holistic ways of researching.

#### **FARIDA AKHTER, POLICY RESEARCH FOR DEVELOPMENT ALTERNATIVE, BANGLADESH**

Ms. Akhter started her talk with a critique of the modern system of medicine – focusing on the fact that it was not reaching the people who needed it the most. She specifically mentioned that one of the problems with modern medicine has been the way it has ridiculed the traditional systems.



She mentioned that folk traditions that were mainly based on community knowledge, were also based on local resources and were widely practiced in Bangladesh. She mentioned that these systems were getting degraded not necessarily only because people do not know about the system but also because of wrong agriculture practices, deforestation and environmental degradation. She mentioned how there were people coming into villages in Bangladesh and were taking away truck loads of these local resources. This was a classic example of bio-prospecting that is going on all over the world and is leading to the decimation of the natural resources and livelihoods.

She highlighted how the traditional systems were not only systems using these resources, but also had inherent systems to conserve these natural resources. She said that these traditional plants and the bio-diversity can be maintained only by fostering traditional community practices and their practitioners. She highlighted the role of women in communities and that in any discussion on preservation we must not forget the people who use these traditions and the adverse circumstances they are subject to.

#### **DR. R. S. JAYAWARDENA, NATIONAL INSTITUTE OF INDIGENOUS MEDICINE, SRI LANKA**

Dr. Jayawardena started with a historical overview of the development of

traditional medicine systems in Sri Lanka. He talked about the ancient links with India and the influence of Buddhism, in shaping the traditional medicine system in Sri Lanka. He mentioned the various indigenous practices including the occult practices that were a part of their repertoire. He then described the structure and the functioning of the National Institute of Indigenous Medicine, and details of the Ayurvedic hospitals in the country. However he mentioned that the main interest in the traditional systems was coming from west and in terms of tourist attraction. Moreover the field of beauty care and massages using traditional systems was more popular in Sri Lanka.



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## ROUND TABLE 1: ROLE OF TRADITIONAL MEDICINE IN PROMOTING WELL BEING – VIEWS FROM THE GRASS ROOTS

MODERATOR: FARIDA AKHTER



### SMITA BAJPAI, CHETNA, INDIA

Vd. Bajpai, started HER presentation with an overview of her organization CHETNA's vision of using traditional medicine as an approach to empowerment of women. She mentioned that through their experience in the field, they had come up with 5 different models for promoting empowerment of women through traditional medicine. These models represented different approaches to the promotion of traditional systems and empowerment. These models were as follows:

1. **Model I:** This includes the understanding of local traditions through the basic principles of Ayurveda and classifying them into sound, distorted and harmful. The grey areas were areas for research. These practices could then be mainstreamed and duly modified as necessary.
2. **Model II:** This includes steps to identify and prioritize health issues which are neglected, collect local knowledge from multiple stake-holders, review literature with regard to these practices, building capacities of local communities and documenting and disseminating the evidence.
3. **Model III:** This starts with the identification of local plants for primary health concerns, review of literature for validation and prioritization of plants for promotion; raising awareness of multiple stake holders; documentation and mainstreaming into public health.
4. **Model IV:** This starts like in Model II with the identification of a common concern and then there is a collection of local views and measure. The next step is a cycle of – validation, awareness raising, cultivation, production and

consumption. The final step is documentation and advocacy at other levels.

5. **Model V:** This model starts with the identification of a specialized traditional skill. The next steps are the organization of practitioners, the development of standards of practice, capacity building of practitioners, and advocacy for their recognition in the public health system.

She then shared the experience of the Dai's<sup>1</sup> association which is a pioneering effort in Gujarat, involving nearly 5000 dais from 18 districts. She then posed some crucial questions:

1. What is the interface between a plural health system and healing?
2. What is the interface between the rights based approach and the empowerment/self-reliance approach?
3. Is standardisation really necessary? What are the other issues pertaining to standardisation and regulation?
4. When we are doing research – what are the indicators that need to be monitored from the AYUSH point of view?
5. What are the steps for policy advocacy for recognition of traditional healers and dais at various levels?
6. How does one mainstream this learning within the public health system?
7. How does one reach out of the particular system and build up a critical mass of people working for health?

She ended with the following recommendations:

- To form a national/regional task force on indigenous health and healing therapies.
- To include practitioners from different systems, policy makers, researchers and NGOs.
- To work towards an appropriate strategy for programme, policy and media advocacy.

### **SARITA SHRESHTA, DEVI MA KUNJA, NEPAL**

Dr. Shreshta described the functioning of the Devi Ma Kunja hospital which was located in an extremely under-served area in Nepal. This was an Ayurvedic hospital and was part of an effort to reach the unreached and facilitate the journey towards Health for All.

At the outset she mentioned that women in the rural areas are so busy with the struggle of survival that often they can not come to health services. The health system has to go to them. This was the logic of organising medical camps in communities. She also mentioned that while the state was not supportive of the development of such initiatives, the people supported and used the infrastructure and continue to use it.

One new angle to the discussion that she highlighted was the potential role of Ayurveda in a context of increasing drug resistance.

In a slightly different vein she mentioned how the philanthropy-based approach of many NGOs creates dependence and expectations – people are always expecting

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<sup>1</sup> Dai: Traditional birth attendants

to receive something from groups who come to work with them.

### **DEEPA CHANDRAN, KSSP, INDIA**

Dr. Deepa made a presentation on the Analysis of the Causes of Decline of the Folk Healing Traditions in Kerala state in India. She pointed out that the erosion of the folk healing traditions in an area meant that sections of society still dependent on it (usually the poor and marginalized) will become more vulnerable. This sort of erosion will also affect the biodiversity. She highlighted the factors in ancient Kerala that affected social acceptability of various systems of medicine, and factors in the modern age that led to the present state of near extinction of many ancient systems.

She highlighted mainly the sociological causes of the decline. In this, two crucial factors were the rise of Sanskrit as a language of the elite and the victimization and secondary stature of women (who were the main traditional practitioners). Other significant factors included the change in the educational system (especially the erosion of the *gurukula* system) and thus the loss of an organic link with the community. However despite this decline, folk traditions survive given their organic link with our lives, and their continuous renewal based on practical experience.

However there remained issues with respect to the retrieval of ancient knowledge about folk traditions, their transfer and the training of future practitioners. She said that we must see folk traditions as the result of centuries of assimilated knowledge and interaction, which are the intellectual property of the community concerned. She ended with a call to put our sincere efforts into the preservation of these traditions, especially by making life style changes, and defending these systems from the present day neo-colonial onslaught.

### **DISCUSSIONS**

During the discussion that followed these presentations, the following points came up prominently.

- While there was a lot of discussion on the harmful practices or the useful practices and their mainstreaming, there is also a need to discuss the local practitioners, and plan about efforts to mainstream these practitioners too.
- While we talk about Ayurveda and herbal medicine and their revitalization and promotion, we have to realize that these will be empty ideas if there are no herbs highlighting the crucial nature of biodiversity. Moreover it was highlighted that it is only the poor of a community who can and do conserve biodiversity.
- One person raised the question that while we were interested primarily in traditional systems, we cannot neglect the issues surrounding biodiversity, given the intimate links between the traditional systems and biodiversity. We certainly need to ask the question - Why is the biodiversity disappearing? And we also need to assess, what we as those concerned about the Traditional systems, are doing about it?
- While there have been recurrent calls to let the traditional systems evolve and adapt to the changing contexts, it was cautioned that replacing basic values may be harmful.

- With regards to issues surrounding the role of the Dais in today's public health practice where the demand is for a Skilled Birth Attendant, one of the participants suggested that we need to redefine the concept of the "skilled birth attendant" with special reference to the traditional healing practices – rather than fight institutionalization for which there seems to be increasing evidence as well as growing demand.

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## **ROUND TABLE 2: PROMOTING NETWORKING ACROSS DIFFERENT DOMAINS OF TRADITIONAL MEDICINE IN SOUTH EAST ASIA – ACHIEVEMENTS AND CHALLENGES**

**MODERATOR: RISHI RAM KOIRALA**



In his brief introduction during the roundtable – Dr. Koirala opined that the different countries in the world did not seem to have achieved the goal of Health for All as laid out in the Alma-Ata declaration of WHO. He suggested that this conference give specific recommendations regarding this, especially in terms of the traditional systems.

### **TULEY DE SILVA, SRI LANKA**

At the outset Dr. de Silva mentioned that he had attended numerous such meetings and that there were numerous booklets of proceedings produced, however there was no follow up. He cautioned the participants that this should not be the case for this conference too.

He felt that in today's situation both the NGOs and the Governments should work together, any clashes will only be counter-productive. He was of the opinion that the best way to influence the Governments was through evidence. He gave the example of the increasing acceptability of acupuncture to highlight his point.

He said that though the different systems had different drugs, the commonalities were the holistic approach to the person who was sick, as well as the holistic use of the medicine rather than focus on a particular active principle etc. This holistic approach to both the patient as well as the medicine, was the reason for the survival of traditional systems. In the modern system, he said, there were a large number of side effects and there was no sufficient emphasis on the quality of life –

this has led to increasing disillusionment with modern medicine and an increasing reversion to traditional medicine.

However he also pointed out that however good the system may be, the efficacy ultimately depended on the quality of the medicine, thus especially for traditional systems the challenge is the standardised dose product.

He suggested a series of strategies to strengthen the acceptance of traditional systems and their further development/evolution. These include:

- Regular meetings for sharing both the successes and the failures of such initiatives – this can be at multiple levels, but especially at the regional level.
- He also suggested a networking of the various research institutions that are doing research in traditional systems. This is not only to share but to avoid duplication and thus use the scarce resources optimally.
- He then suggested the networking of production, and the harmonising of standards both nationally and regionally.
- He also suggested a networking of NGOs working in the same field.
- Another suggestion was a networking of laboratories that do certain specialized tests. Thus researchers can get access to these tests, even though their laboratories do not have the required equipment.
- He supported the demand of setting up a regional forum for ayurvedic practitioners. He mentioned that a strong association could play an important role in excluding fake doctors.

He left the audience with a question that was one of the key issues with traditional systems – How do you formalize the non-formal yet not losing out on their vitality and organic links with their community?

### **DORJI WANGCHUK, NITM BHUTAN**

Dr. Wangchuk called for uniformity in the curriculum in schools of traditional medicine systems in different countries. This will enable exchange of faculty members as a step towards developing local capacity. He also called for the development of curriculum for continuing medical education for traditional system practitioners.

There was an urgent need for the development of various approaches to quality maintenance of traditional medicines. Some suggestions included the development of formularies, strong regulations that could be shared among the different countries. It was also important to undertake detailed documentation of the various practices. Further there was the need for conservation, sustainable production, research and development. He highlighted that one of the possible initiatives that can be used in SAARC region is the “Bay of Bengal Initiative on Multi-sectoral and Technical Cooperation.

### **DISCUSSIONS:**

- One of the participants raised the issue that though there was an explosion of knowledge on various traditional systems especially on the web, the students

of traditional medicine are usually not exposed to the Information Technology. Thus they are not in a position to use this technology to access the information.

- With regards to the further development of traditional systems – one of the participants said that the most important step was to create a demand. Once there was a demand for traditional systems, they will be automatically be revitalized.
- With regards to the evaluation of the various systems – it was felt that we need to know our limitations, and it is more important to show that it works rather than how it works.
- There was a suggestion regarding regional licensing as a way to increase sharing as well as capacity building.
- There was a clear sentiment – that there should be no 'integration' – each system had very different paradigmatic dimensions and integration would be a very artificial process. There however could certainly be integration in space, in the sense that different systems can work out of the same building and there could be cross referring, but not in function, in terms of a single system incorporating different aspects of the different systems.
- The participants from India indicated that the 11th National Five Year Plan was a great opportunity for many of these concerns to be addressed and these ideas to become policy.
- One of the reasons for the erosion of the dai system was the increasing medicalization and commercialization of childbirth. Thus it is not enough to work with the dais alone. In general this meant that one needed to address the larger contextual issues in addition to working with traditional practitioners.

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## **ROUND TABLE 3: BIODIVERSITY AND SUSTAINABILITY ISSUES IN COMMUNITIES**

**MODERATOR: MIRA SHIVA**



Dr. Mira Shiva introduced the theme of the round-table discussion by raising attention to the context within which we need to discuss sustainability and biodiversity issues. She said that the present day and age was characterized by competitive, corporate led and unjust globalization, in which profits are considered more important than people. It was these that we need to address if we want to revitalize traditional systems and enable them to play their role in helping communities reach the goal of Health for All.

### **NARAYAN KAJI, WATCH, NEPAL**

Dr. Narayan Kaji started his presentation with a description of the immense biodiversity of Nepal. He presented information on the different bio-climatic zones, different ecological zones, the number of species found and the area under forest cover. He mentioned that the local people living in these different areas were dependent on these natural resources.

Recently however, there has been a tremendous increase in the demand for these resources leading to indiscriminate collection without any system of control or rejuvenation. He gave the example of how some schools actually close down so that the children can go and collect these products. This is coupled with an erosion of local knowledge.

This increase in demand for natural resources has occurred due to two main reasons. First is that given the remoteness of the mountain areas and the underdevelopment, there is a large scale migration. Thus people with knowledge cannot pass it on to anyone. He mentioned how that with the advent of the Ministry of Forests, the old systems of community-led protection were destroyed,

but there was no new system to preserve the biodiversity in place. Moreover acute poverty also drives people to collect these resources indiscriminately. He also mentioned that the people now in charge had no knowledge about the forests, in contrast to the local people who had developed organic links. Another major reason pointed out was that of the corruption that is rampant in the system, to which most authorities turn a blind eye. In fact in some areas local people have taken up patrolling and keep out the forest officials, while letting local people who collect forest produce in.

He then described two case studies highlighting the approach of involving the local people in the collection of and production from the natural resources. These case studies included one in the Humla area and another with the nomadic Chepangs community.

Based on these experiences Mr. Kaji suggested that the Ministry should transform itself mainly to technical support, while the protection and development of the forest area should be handed over to the local gatherers, to be handled using traditional systems. Moreover he also suggested the formation of user groups, control of grazing by the local community and encouraging processing of products or at least half processing by the local cooperatives themselves, at the community level.

#### **MIRA SHIVA, PHM, INDIA**

Dr. Mira Shiva started with the point that the contribution of the ecosystem to our health is not only through the availability of medicinal plants. In fact the ecosystem as a whole has a much wider contribution towards the sustenance of life (ecological services). Therefore the question of biodiversity vis-a-vis traditional systems should not be limited only to the question of medicinal plants.

She underlined that Convention on Biodiversity is more appropriate to handle the issue of Traditional Knowledge rather than the pro-corporate Trade Related intellectual property Rights (TRIPs). Article 27.3.b of TRIPs, which deals with patenting of life, is still under review & no final decision has been taken, while many national laws on this subject are being made.

The stand of public interest Health groups is that there should be NO PATENT ON LIFE.

Patenting of Traditional Knowledge includes patenting of seeds, genes & properties of medicinal plants. One example of how the present patent system is stealing Traditional Knowledge is *Phyllanthus Niruri* (known as Bui Amla in the north India, Kelia Nelli in the South, and used all over India for treating jaundice), that was patented for hepato-regenerative properties. Similarly, Bitter Gourd (Karela), and Jamun have been patented for their anti Diabetic properties.

#### **ROKEYA BEGUM, UBINIG, BANGLADESH**

Ms. Begum's presentation highlighted the way in which biodiversity is being threatened by the green revolution and the move towards cash crops, monoculture, hybrids, pesticide and fertilizers intensive agricultural practices.

She gave examples of how increasing deforestation leads to an erosion of livelihoods. She then described the *Nayakrishi Andolan*<sup>2</sup> which is active in nearly 500 villages spread over 17 districts of Bangladesh. As part of this initiative the community is encouraged to use practices that foster biodiversity rather than destroy it. This includes the preservation of cultural practices as well as processes like Agro-forestry etc.

She also described the work of the *dais*, who not only help women deliver but also take care of health of cattle and other livestock. These women not only look after pregnancies and deliveries but also play an important role in the maintenance of biodiversity and the regeneration of endangered plants.

## DISCUSSIONS

- While explaining how tobacco farming led to loss of biodiversity and other problems, it was pointed out that the main problem was the cutting of trees and destruction of other plants for the development of monoculture plantations. However these practices also led to numerous other unintended and sometimes, un-documented effects such as the reduction of availability of wood for fuel, leading to great hardships especially for women.
- There was also great concern raised about the introduction of genetically modified crops. It was felt that the introduction of GM crops would adversely impact biodiversity.
- The major problem for the local communities is that not only is there a systematic destruction of the local ecosystems but also of local production capacity. The control of collection and production is taken over by outside people who do not have organic links to the local communities. This leads ultimately to more exploitation.
- One of the suggestions that came out of the discussion was that, strategically we should avoid getting embroiled into the TRIPS agreement, but rather focus on lobbying for strong national laws within the much broader and more comprehensive Convention on Biodiversity.
- It was pointed out that when we get into discussions and come up with suggestions it is important to remember who we are representing. It was stressed that we were all agreed upon the fact that we were representing the over 400 million poor, who had no voice.
- It was pointed out that all traditional knowledge systems had a great in-built respect for biodiversity. For example, in the Ayurvedic system, physicians pray to the medicines and ask for forgiveness for using them – but justifying that they are being used only for the good of humanity. Similarly the American Indians talk to the plants and only pluck plants after talking to them.
- It was pointed out that with the increase in the use of pesticides, some plants considered as weeds that grow only with particular crops like paddy<sup>3</sup>, are destroyed by the pesticides and these are lost from the

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<sup>2</sup> Nayakrishi Andolan: literally “campaign for new agriculture”

<sup>3</sup> Paddy: Rice

repertoire of local remedies.

- Some of the suggestions and possible future direction of research and development for the revitalization of biodiversity include “buy back models”, and growth of plants in tissue culture.
- It was pointed out that we need to ask the question - are we doing this conservation for profit and the market or for public health and public welfare?
- Highlighting the inadequacies of the agricultural policies followed in the sub-continent – the question was asked – what had made nearly 1.5 lakh<sup>4</sup> farmers in independent India to commit suicide? Whatever are the policies that are behind this, need to be challenged, as they clearly affect the opportunity for Health of All.
- We need to understand that for the urbanized middle class or elite consumer the marginalized and the poor who are being exploited in the process of satisfying their consumption needs may not be a priority.

***Support to Alternative Systems***

“Develop national policies on traditional and alternative medical systems and include them in national health programmes....”;

***The Mumbai Declaration, People’s Health Movement, 2004***

...Useful aspects of traditional medicine and culture must be valued and included as part of a people-oriented society and health systems...”.

***The Cuenca Declaration, People’s Health Movement, 2005***

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<sup>4</sup> Lakh: One hundred thousand

## **ROUND TABLE 4: CONDUCTING RESEARCH ON SAFETY AND EFFICACY OF DIFFERENT TRADITIONAL MEDICINE THERAPIES**

**MODERATOR: TULEY DE SILVA**



Prof. de Silva introduced the round table discussion by pointing out that we must ultimately use all the systems available to us, we cannot expect to be using only a particular traditional system or systems. No one system can do everything. We need to find a middle ground and each individual needs to make his/her choice. Presently the so called 'choice' in societies that have a plural health care system is due to the situation of poverty and marginalization rather than any true freedom of choice. This is due to the fact that there is a great financial implication of the choice of systems when one is ill. We need to clarify what the role of traditional systems are? Especially its role for people who are deprived of access to other, especially modern systems of healing. What is the role in the third world, and what is its role in the developed world? He noted that the traditional systems are increasing the quality of life. He also felt that some systematization of knowledge is inevitable and even necessary for advancement. But the crucial question is research on what?

### **TANAZ BIRDI, FOUNDATION FOR MEDICAL RESEARCH, INDIA**

Dr. Birdi described a project that attempted to forge close links between a community level initiative to revitalize and promote locally popular herbal remedies and molecular level research and documentation about the plants in a modern laboratory.

She explained that the choice of disease for research on plants is also an issue. While the drug industry concentrates on drugs for chronic diseases, for the rural communities, drugs for common infectious conditions are still a priority.

At the beginning of this project their team defined standardization as a correlation of efficacy with phyto-chemical profile of the plants. Another crucial point she made was that in our focus on vegetative yield, sometimes we can neglect biological activity, assuming that this is always the same. With regard to the choice of plants to study she cautioned that scientific research on most plants is hard to come by, and in fact the plants may have evolved/changed quite significantly since the time of description in the ancient texts.

She mentioned that the most acceptable plants for kitchen gardens were those with multiple uses, rather than ones with only one use. She said that we need to be aware that herbal products sometimes act on symptoms rather than on particular agents, and sometimes different constituents of a plant act at different stages or on different organisms. She also mentioned that the initial accurate botanical characterization was very crucial as there was a large variation in biological activity between different varieties of the same plant.

Talking about the limitation of pre-clinical testing she said that a narrow approach of correlating antimicrobial activity with clinical efficacy may not be appropriate. Moreover most of the common immunological tests may not cover the range of actions or the relevant actions of these plants, and the tests cannot pick up the action of active principles that are break down products of the original plant substance.

She then talked about standardization as a process aimed at increasing efficacy, decreasing toxicity and reducing variation. She also highlighted the differences of approaching a crude extract versus trying and characterizing an active principle.

She then gave the example of the work with Guava plant for diarrhea, where research showed that guava acted through multiple pathways. Moreover she also highlighted that certain strengths were more efficacious than others. Similarly she reported that depending on the availability of water during growth, or the season when planted/harvested the same plant showed different phyto-chemical as well as biological activity. This clearly showed the importance of going beyond the active principle to the overall efficacy of the crude extract in trying to understand the activity and then work towards relevant mechanisms for standardization or pre-clinical testing. In addition it also was evidence for the age old observation that the soil, the conditions of growth as well as the time of cultivation as well as harvesting were crucial for biological activity.

**SHANKARAN NAMBOODRI, GONOSHASTHYA KENDRA,  
BANGLADESH**

Dr. Namboodri made a presentation on the safety and efficacy of traditional medicine from the perspective of an ayurvedic physician involved in daily clinical practice.

He mentioned that many of the effects described in the text books were not seen in clinical practice, similarly many of the effects that are seen (even if anecdotal) in clinical practice are not mentioned in the text books. Moreover he was concerned that for the further development of any system of medicine there was a crucial need for systematic documentation and feed back at the practice level. This data

should be studied closely to generate proof of efficacy. He felt that given their classification as dietary supplements much of the rigor necessary for their testing was bypassed.

#### **TEMPA GYELTSHEN, NITM, BHUTAN**

Drungtsho Tempa talked about the present thinking in Bhutan on the establishment of safety and efficacy of the various traditional medical practices used by the people. At the outset he mentioned that nearly 40% of visits to the medical center were treated with traditional practices. He also mentioned that there were quite a range of practices and some of them like acupuncture and blood letting etc. were invasive procedures. He mentioned that in 1999 the National Conference on Traditional Medicine called for standardization as well as the incorporation of asepsis into the practice of traditional medicine. He mentioned that while Bhutanese folklore was replete with mentions about these various techniques or practices, that in itself was not an assurance of safety and efficacy. He then went through some of the common practices and what guidelines have been evolved for their safety.

He also mentioned that the National Institute has recognized the need for thorough research on the safety and efficacy of the various techniques of traditional medicine. He said it was important for the standardization of various methods and the development of methodological guidelines for each. He also mentioned the importance of coming up with standard indications for the use of different therapies, and the facilitation of national level networks of various traditional medicine practitioners to standardize practice. He also called for the cooperation between the allopathic and the traditional physicians, and the conduct of nationwide patient satisfaction surveys as guides to the further development of traditional medicine.

He concluded by saying that while it was important to have a strong evidence base on efficacy it was also important to take into consideration various factors like equilibrium between the body, mind and environment etc. when coming up with standardization parameters.

#### **RAVI NARAYAN, COMMUNITY HEALTH CELL, INDIA**

Dr. Ravi Narayan described the learnings from an initiative called RITAM. This was a multidisciplinary study on the use of various forms of traditional medicine in the treatment of malaria. Dr. Ravi mentioned that one of the most important and crucial first steps in any multi-disciplinary or multi-system study is a lengthy and detailed philosophical discussion. This was important to clarify each of the participants' stands as well as approaches as well as lay out a framework for further dialogue.

He mentioned that all herbs used for malaria were not parasiticidal, some may be immuno-modulators. He cautioned that in such a case the study design to study a parasiticidal activity or an immuno-modulatory activity would be very different.

He cautioned that even when we are talking about different systems, when it comes to evaluation we sometimes assume a single system or a dominant

paradigm of evaluation. However what we really need is to understand what the traditional practitioners are doing, why they are doing it and try and work out the logic and inherent rationale. Thus each system has to come into this dialogue as an equal partner.

Another challenge that the group faced was one of nomenclature. While in common parlance, malaria of the allopath was loosely translated into *vishama jwara* – strictly speaking it was not an accurate comparison. This was obviously a major limitation to the process. Another very important aspect of the discussion was the understanding of how one particular system is attempting to tackle the problem, how they explain the effect on the body and what is happening to the drug and the effects of the drug on the body. Moreover one need to understand how each system explains symptomatology.

He then came to the issue of standardization. Conceptually standardization may mean different things to different systems. The important question is of course, standardization for whom? He cautioned that while the industry was approaching standardization from the point of view of the extract or active principle we were discussing standardization from the point of view of supporting and revitalizing of local practices and empowerment of local communities.

In conclusion he pointed out that in doing such studies it was very important to ask the question – For whom we are doing the research? If we are not clear on this the research is likely to be misused. While field level practitioners were interested in dialogue, experience in the RITAM process showed that at the end of the day it was the respective medical councils that failed to support the process. Dialoging between systems is a difficult process, and there are not enough centers where people look at each other with trust and a spirit of sharing.

#### **TULEY DE SILVA, SRI LANKA**

In his remarks Prof. de Silva opined that it was better to use clinical effectiveness rather than strict parameters characteristic of a clinical trial. As the paradigm of the traditional systems was not one of cause and effect, but rather of a multidimensional disease due to imbalances, the evaluation paradigm needs to reflect the same. He also added that most of the traditional systems used the healing power of nature and the body's innate ability to heal. He also pointed out the importance of differentiating between the cause of the disease and the relieving of the symptoms.

He pointed out that most discussions of the safety, quality and efficacy were only centered around drugs. What about the body-system level? What about at the practitioner level?

He mentioned that we need to have holistic efforts to measure complex effects.

If we put a drug through a clinical trial we are left at the end of the whole process with a 'western drug' which is very different from the medicine of the traditional practitioner. Clinical trials presently only focus on active principles whereas for traditional systems it is the crude extract that is important. Moreover the resources required to do these clinical trials are very large. We need to focus on

areas of research where presently the west has no answers, or where the traditional systems has a less toxic substitute to offer.

He also cautioned that the moment you attempt to introduce protocols for standardization, cost of the product goes up very much.

## **DISCUSSIONS**

- During the discussion it was pointed out that such 'chemical research' was very costly and in all probabilities not cost effective either. Emphasis needs to be given to such dimensions as the patient's desire to heal, the attributes of a healer, the confidence of the healer as well as the confidence in the healer.
- It was felt that we need systems/paradigms other than the presently dominant western medical paradigm to support the development and enable a deeper understanding of the traditional systems.
- While clinical trials have their own problems one of the most important is that of the definition of the outcomes to be measured. Does it have to be based on the allopathic or the ayurvedic or other traditional paradigm?
- Another point was that in most developing countries and especially in rural areas, where the traditional systems form the back bone of a healing system, there is hardly any opportunity to do research.
- The environmental degradation issue again came up, and the concern was that given the environmental degradation – How does one ensure the safety and the efficacy of the plants grown in such degraded/polluted environments?
- Classic studies such as Udupa's work on yoga and psychosomatic illnesses and the study on “bazar medicine” by the principal of the Agra Medical College in the 1940's were cited as pioneering works which need to be re looked at as well as followed up.

The discussion ended with an affirmation that what is scientific is what works, how it works is not so important.

### **A VISION OF HEALTH**

“Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people’s talents and abilities to enrich each others; w world in which people’s voices guide the decisions that shape our lives.

There are more than enough resources to achieve this vision. ....

- People’s Charter for Health, 2000

## **ROUND TABLE 5: ROLE OF TRADITIONAL MEDICINE IN THE STRATEGY OF “HEALTH FOR ALL” - SHARING OF EXPERIENCES ON ACHIEVEMENTS AND CHALLENGES**

**MODERATOR: SHIRDI PRASAD TEKKUR**



### **RAVI NARAYAN, COMMUNITY HEALTH CELL, INDIA AND PEOPLE'S HEALTH MOVEMENT COORDINATION COMMITTEE**

Dr. Narayan spoke about the People's Health Movement. He started with the question – what was the need for a People's Health Movement? In reply he recalled that in 1978 at the Alma-Ata conference the WHO and the governments of the world pledged to attain Health for All by the year 2000. But in the year 2000 a large proportion of the world's population still lacked access to the basic determinants of health and health care. Experience showed that public health systems were deteriorating due to cuts in budgets, and systems were more inaccessible and unequally distributed. It was in response to this situation that people's groups from all over the world met in 2000, for the first ever People's Health Assembly in Savar near Dhaka in Bangladesh. It was at this assembly that the People's Health Movement (PHM) was born.

At the first People's Health Assembly, the Global People's Charter for Health was released. The Charter declares that “Health is social, economic and political issue and above all a fundamental human right”. It asserts that for Health for All, powerful interests need to be challenged, globalization needs to be opposed and political and economic priorities have to be drastically changed.

He said that the goals of the People's Health Movement were:

- To build and strengthen peoples organizations.
- Promote peoples involvement in decision making.

- Demand people's representation in international, national and local forums.
- Support participatory democracy in health and social development.

The People's Health Movement presently had country and issue based circles and focused on action on the social determinants of health. It was presently active/had representation in nearly 90 countries.

He then listed some of the important milestones and some of the important events that the People's Health Movement took part in.

He then shared some of the international recognition that the PHM had got in the mainstream literature on health. He ended with the quote that the PHM represented groundswell of peoples movements, that it is a reminder to international agencies, governments and academic institutions of forgotten promises and it represents an effort of globalization from below.

### **PRAVOSH DAS, DALIT BANGLADESH, BANGLADESH**

Mr. Provosh described the activities of the organization called Dalit Bangladesh. The group was using both ayurvedic as well as allopathic medicine based on materials easily found in the neighborhood for the health of the community. The project included a Primary Health Center and production of some basic medicines. This project also included such activities as training of a community health workers, promotion of traditional medicine gardens and traditional medicine promotional activities.

### **H. SUDARSHAN, VIVEKANANDA GIRIJANA KALYANA KENDRA & KARUNA TRUST, INDIA**

Dr. Sudarshan presented the experiences of Karuna Trust in both on-going documentation of traditional practices, as well as its recent initiatives of developing traditional system-based primary care.

Some of the traditional practices that have been documented in great detail among the tribal communities in the area and strategies for documentation over the years of working with tribal communities include: child-delivery in squatting position, various ethno-botanical studies, village level registers, training tribal girls as Auxiliary Nurse Midwives (ANMs), developing herbal gardens etc.

Dr. Sudarshan was also part of the Karnataka State Task Force on Health, which had made some specific recommendations on the development of traditional systems and their integration into the public health system.

In the project called “Mainstreaming traditional medicine in Primary Health Care” Karuna Trust is mainstreaming traditional systems in over 25 Primary Health Centers as well as 51 traditional medicine centers in Karnataka state. The objectives include the orientation of Ayurvedic students to community health issues, streamline procurement of traditional drugs and develop an essential drug list.

## **RAKHAL GAITONDE, COMMUNITY HEALTH CELL, INDIA**

In his presentation Dr. Gaitonde reflected on his experience of attempting to introduce traditional systems at various levels.

Some of the main observations were that there was a definite erosion of traditional systems, and a lack of confidence in this knowledge. He felt that people are acutely aware of efficacy of a drug. However in their mind – arithmetic efficacy is only one of many dimensions of the calculation. He also highlighted the 'indirect costs' involved in many of the traditional remedies, such as time to prepare, fuel costs to boil and make concoctions etc.

He ended by saying that the promotion of traditional systems cannot be done without taking into account the broader dimensions of health. Merely focusing on efficacy will not have the requisite results given the complex nature of the decision making at the community level.

### ***Promote health in an intercultural context***

“PHM recognizes that inter-culturality is a fundamental element to promote social equity and build a fair health system. Equity in access to health information is a fundamental human right. It is essential in the struggle for indigenous people’s health. People’s knowledge should be incorporated into the development of culturally based equitable health services; culturally sensitive prevention programs; the training of health workers in intercultural skills; achieving fair conditions of work; food security; and a healthy ecosystem. ....”

PHM will incorporate cultural and spiritual practices in all aspects of its work.

***The power of the People’s Health Movement can change the world. Another world, which includes Health for All, is possible. We must all demand and struggle towards a world in which health is a right.....”***

***The Cuenca Declaration, People’s Health Movement, 2005***

## **ROUND TABLE 6: CREATING SYNERGIES BETWEEN DIFFERENT SYSTEMS OF TRADITIONAL MEDICINE**

**MODERATOR: RAVI NARAYAN**



This special round table discussion held at Government Ayurvedic Medical College in Bangalore, brought together the conference speakers from different countries of South Asia region and teachers and students of different institutionalised systems of traditional medicine in India. The conference speakers from different countries presented an overview of traditional medicine from their own contexts.

This was followed by representatives of Ayurvedic, Unani and Homeopathic medical colleges in Bangalore (Dr. K. S. Jayashree, Dr. S. S. Khalid and Dr. Deshmukh), provided insights about the principles and philosophy of each school of healing.

The round table discussions in the Government Ayurvedic Medical College concluded with visits to the different health care services provided by the Ayurvedic hospital and the herbal plants garden of the medical college.

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## **SUMMARY OF KEY ISSUES**

The various presentation and discussions during the conference highlighted the varying status of the traditional systems in the South Asian region. While certain aspects such as governmental support, research and training capacity, legal frameworks etc. differed among the countries of the region, some aspects like the adverse effect of environmental degradation and poverty on the practice, development and accessibility (especially of the poor and marginalized) of traditional systems were common in the whole region. The conference clarified that when referring to traditional systems, both the codified as well as the non-codified systems were being referred to.

Some of the major issues / points that were discussed during the conference include the following:

- Poverty, inequity and environmental degradation as a cause of erosion of traditional systems.
- Links between the community and traditional systems.
- Issues regarding integration of different systems.
- The role of the state.
- Issues regarding research and evaluation.
- Future directions of research on traditional systems.
- Issues regarding the International Trade Regimes.

### **POVERTY, INEQUITY AND ENVIRONMENTAL DEGRADATION AS A CAUSE OF EROSION OF TRADITIONAL SYSTEMS**

Presentations and experiences shared from all the countries of the region reflected the fact that poverty and exploitation/degradation of environment by corporates has led to an erosion of the vitality of the traditional systems. It was pointed out that the seeming freedom of choice as well as the popularity of traditional systems in some countries where there were plural systems may in fact be dictated by the financial inaccessibility of the western medical system. It was also pointed out that with the degradation of traditional systems the people to be most affected are the poor and the marginalized, who depend on it in the first place.

Poverty and livelihood destruction both lead to over exploitation of the local natural resources as well as migration to urban areas in search of jobs. Both of these processes have their obvious negative impact on the practice and development of traditional systems.

The changing agricultural practices including the increasing use of pesticides, crop monoculture, introduction of genetically modified crops and the move towards cash crops and a market led system all have adverse effects on biodiversity as well on traditional systems.

Similarly the over exploitation of the natural raw materials, the pollution of the environment and the degradation of the soil as a result of the pollution lead to a concern about the quality and biological activity of the plants grown in such a situation.

## **LINKS BETWEEN THE COMMUNITY AND TRADITIONAL SYSTEMS**

It was emphasized throughout the conference that the traditional systems evolved from the experiential knowledge and experience of local communities. Moreover the main characteristic of the traditional systems were their organic links with local communities.

It was pointed out that the more codified and institutionalized systems were however losing touch with communities given the increasing commercial nature of life styles, the medicalization of illness as well as the changing modes of education (the erosion of traditional systems of education). It was emphasized that there needs to be a process of demystification as well as efforts to make these more community centered, community owned and controlled.

It was also pointed out with examples that local communities had the wisdom of ages and were able to effectively maintain ecosystems and local livelihoods without adversely affecting either.

## **ISSUES REGARDING INTEGRATION OF DIFFERENT SYSTEMS**

The participants clearly stated that they felt that integration of different components into one hybrid system would be a very artificial process. Each system emerges from the local community, based on the local resources and culture. Thus each has a unique paradigm, this would lead to great problems during any integration process.

It was however felt that there could be integration in the sense of different systems functioning in the same premises or same program with the patients/communities making a choice based on any criteria they use.

## **THE ROLE OF THE STATE**

While at one level there was a call for the government to increase the investment in traditional systems' development, educational institutions and research, development of strong national level legislation for the protection of biodiversity in line with the Convention on Biodiversity, as well as the setting up of regional level processes like regional licensing, faculty exchange and technical cooperation, at another level there was a clear message that the government should promote strengthening of community involvement and ownership in the protection and the monitoring as well as the rejuvenation of the natural resources.

The conference also felt that the government and its departments should attempt to come up with standard treatment guidelines, essential drug lists and such other protocols for quality control.

## **ISSUES REGARDING RESEARCH AND EVALUATION**

There was an unequivocal rejection of the blind use of the western biomedical clinical trial and a reductionist approach to analysis as the "gold standards" of research and evaluation. It was reiterated that every system has to come into any

multidisciplinary work as equal partners. It is important for each system to try and understand how the other systems approach disease, symptomatology, how they evaluate drugs and how they regulate the over exploitation of natural resources.

Given the multidimensional conceptualization of disease and the paradigm of balance and equilibrium used, both research and evaluation methods have to incorporate these. This called for the use of such techniques as experiential approaches and inductive approaches to reasoning.

Moreover given the holistic vision of a drug in the traditional systems and a lack of conceptualization of the various ways in which a drug can work it was important to work with the crude extract rather than attempt to isolate a single active principle. It was also important for research institutions to work closely with community groups/communities so that the research done is relevant and organically linked to communities.

### **FUTURE DIRECTIONS OF RESEARCH ON TRADITIONAL SYSTEMS**

It was stressed that there was a definite need for good documentation and research on the traditional systems. In some countries the emphasis was on good documentation while in others there was discussion of molecular techniques and tissue culture.

There were suggestions to concentrate on research into areas where western biomedicine did not have answers, and where the traditional systems had less toxic alternatives to offer.

Similarly there was a call for research on the clinical effectiveness of the various remedies based on patient feed back and documentation.

### **ISSUES REGARDING THE INTERNATIONAL TRADE REGIMES**

There was unanimity in the conference that the present international trade regimes were inequitable, exploitative and unjust. It was felt they would only encourage bio-prospecting and bio-piracy, leading to an over exploitation of precious natural resources, with little returns to the local communities. Thus these regimes which prioritizes people over profit' will in their present form, only lead to the further erosion of biodiversity and traditional knowledge systems.

There was a call for the development of strong national level legislation to protect biodiversity, and it was suggested that the Convention on Biodiversity was more comprehensive and just as a framework to follow than the other trade regimes and agreements.

It was thus clearly shown that for the rejuvenation of the traditional systems as well as to enable them to play their potential role in achieving Health for All concerted, multidimensional as well as multidisciplinary efforts need to be made by all relevant stakeholders. During this process we need to keep in mind who we are representing – and here the conference was again unanimously in agreement that we needed to raise our voices on behalf of the poor and marginalized of South Asia and the world.

**TRADITIONAL MEDICINE & RIGHT TO HEALTH FOR ALL  
SOUTH ASIAN REGIONAL CONFERENCE  
PROGRAMME OUTLINE**

**12 DECEMBER 2006**

	Arrival of participants
19.30 to 20.30	Meeting of the key persons to review the programme and workout the details (Dr. K. Balasubramaniam, Dr. Ravi Narayan, Mr. M. V. Jose, Dr. Mira Shiva, Dr. Rakhal Gaitonde - Rapporteur, Dr. Sunil Deepak)

**13 DECEMBER 2006**

09.00 to 10.00	Inauguration <ul style="list-style-type: none"> <li>• Dr. E. Pupulin, AIFO Board member, Italy</li> <li>• Dr. Sunil Deepak, Conference Promoter, AIFO, Italy</li> <li>• Dr. H. Sudershan, Representative India</li> <li>• Ms. Anu Dhindaw, Technical Unit, Italian Embassy</li> <li>• Ms. Maria Pia Macchi, representative COE, Italy</li> <li>• Mr. M. V. Jose, AIFO representative, India</li> </ul>
10.00 to 10.30	Dr. K. Balasubramaniam (HAI-AP) <b>Role of Traditional Medicine in promoting wellbeing of communities in South Asia - an introduction to the conference</b>
10.30 to 11.00	Tea/Coffee break
11.00 to 13.00	<b>Presentations on Situation of Traditional Medicine in our country</b> (20 minutes each) <ul style="list-style-type: none"> <li>• <b>Bangladesh:</b> Ms. Farida Akhter, UBINIG</li> <li>• <b>Bhutan:</b> Dr. Dorji Wangchuk, NITM</li> <li>• <b>Nepal:</b> Dr. Rishi Ram Koirala, National Association of Ayurveda</li> <li>• <b>Sri Lanka:</b> Dr. R. S. Jayawardene, NIIM</li> <li>• <b>India:</b> Dr. Darshan Shanker, FRLHT &amp; Consultant AYUSH</li> </ul> <b>Discussions</b>
13.00 to 14.30	Lunch break
14.30 to 15.45	<b>Role of Traditional Medicine in promoting wellbeing - views from grassroots</b> moderated by Dr. Farida Akhter (Bangladesh) <ul style="list-style-type: none"> <li>• Vd. Smita Bajpai, Chetna, India</li> <li>• Dr. Sarita Shrestha, Nepal</li> <li>• Dr. Deepa Chandran, KSSP, India</li> </ul>
15.45 to 16.15	Tea/Coffee break
16.15 to 17.30	Roundtable discussion 1 <b>Promoting Networking across different domains of traditional medicine in south east Asia</b> - achievements and challenges Moderator: Dr. Rishi Ram Koirala (Nepal)

	<ul style="list-style-type: none"> <li>• Prof. Tuley de Silva, Sri Lanka</li> <li>• Dr. Dorji Wangchuk, Bhutan</li> </ul>
18.00-22.30	Special dinner for all participants

#### 14 DECEMBER 2006

09.00 to 10.30	<p>Roundtable 2</p> <p><b>Biodiversity and sustainability issues in communities</b></p> <p>Moderated by Dr Mira Shiva, PHM, India</p> <ul style="list-style-type: none"> <li>• Mr. Lakshminarayan, c/o NIMHANS Bangalore, on preserving ancient texts (sharing of personal experience) (not present)</li> <li>• Mr. Narayan Kaji, WATCH Nepal</li> <li>• Ms. Rokeya Begam, UBINIG, Bangladesh</li> </ul>
10.30 to 11.00	Tea/Coffee break
11.00 to 13.00	<p>Roundtable 3</p> <p><b>Conducting research on safety and efficacy of different traditional medicine therapies</b></p> <p>Moderated by Prof. Tuley de Silva, Sri Lanka</p> <ul style="list-style-type: none"> <li>• Dr. Tannaz J. Birdi, FRM, India</li> <li>• Dr. Drungtsho Tempa Gyeltshen, Bhutan</li> <li>• Dr. Sankaran Namboodiri, GK, Bangladesh</li> <li>• Dr. Ravi Narayan, for FRLHT, India</li> </ul>
13.00 to 14.30	Lunch break
14.30 to 17.00 including 30 min. break	<p>Roundtable 4</p> <p><b>Role of Traditional Medicine in the strategy of "Health for all" - sharing of experiences on achievements and challenges</b></p> <p>Moderated by Dr. Shirdi Prasad Tekkur (India)</p> <ul style="list-style-type: none"> <li>• Dr Ravi Narayan, PHM Coordination</li> <li>• Dr Rakhal Gaitonde, Pune, India</li> <li>• Dr.H. Sudershan, VKSS, India</li> <li>• Draft declaration on "Role of Traditional Medicine in reaching the goal of "Health for All"</li> </ul>
17.00 to 17.30	<p>Conclusions</p> <ul style="list-style-type: none"> <li>• Dr. Balasubramaniam, Technical coordinator for the conference</li> <li>• Dr. S. Deepak, Conference promoter, AIFO, Italy</li> </ul>
<p><b>15.12.2006</b></p> <p>Special Round Table for Staff and students of Medical Colleges: Promoting and harmonising synergies between different medical systems for fulfilling people's right to health</p> <p>Auditorium, Government Ayurveda Medical College, Dhanvantri Road, Bangalore</p>	
10.00 to 13.00	<p>Moderated by Dr Ravi Narayan, People's Health Movement, India</p> <ul style="list-style-type: none"> <li>• Dr.K.S. Jayashree, Ayurveda Medical College</li> </ul>

	<ul style="list-style-type: none"><li>• Dr. S.S. Khalid, Unani Medical College, Bangalore</li><li>• Dr.Deshmukh, Homeopathy Medical College, Bangalore</li><li>• Dr.Farida Akhter, Bangladesh</li><li>• Dr. Dorji Wangchuk, Bhutan</li><li>• Prof. Tuley de Silva, Sri Lanka</li><li>• Dr Sarita Shrestha, Nepal</li><li>• Debate and conclusions</li></ul>
	End of the Conference



**Dr Mani and Mr. Jose from AIFO-India**

## PARTICIPANTS LIST

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**Note:** There were many other participants, especially the students at the special session organised at Government Ayurveda Medical College, whose name and emails are not available here.



**At the Government Ayurvedic Medical College, Bangalore**