Systematic Documentation and Validation of Local Health Traditions (LHTs) and Ethno-Medical Practices (EMPs) through a National Strategy for Centralized Coordinated Work

India is one among such countries that enjoy great antiquity of health practices backed by a strong base, systematically documented in dedicated compendia such as Charaka Samhita, Sushruta Samhita and Ashtanga Sangraha, etc. and also as supplementary health information in several of its indigenous traditional knowledge (TK). The TK on medical and health sciences nonmedical literatures, while certain health traditions in vogue, which are being transmitted from ancestors as local health traditions (LHTs), and ethnomedical practices (EMPs) remain undocumented. Systematic documentation and scientific validation are the crucial tasks for mainstreaming of EMPs and folklore claims and other LHTs prevalent across different ethnic groups and communities.

Central Council for Research in Ayurvedic Sciences (CCRAS) has evolved a mechanism of screening and validation also to identify unique LHTs which are novel and have not being documented. The council has been putting efforts to document and validate LHTs and EMPs prevalent among individuals and communities through proactive approach by documentation through the Tribal Health Care Research Programme (THCRP) in 14 states, and Medico-ethno Botanical Survey (MEBS) in 6 states and through reactive approach, by taking leads voluntarily provided by individuals and also interactive workshops with healers. After documentation, the claims are screened and validated for their uniqueness and graded and prioritized based on value of the leads and expected translational potential, through structured format and systemic approach. The CCRAS has also published 21 books and several research papers of its works in the documentation of LHTs and EMPs through different geographic zones across India. Certain leads which are promising have been taken for further drug development through systematic quality, safety and clinical studies for certain identified diseases, such as C1 oil for wound healing, AYUSH D for diabetes mellitus and AYUSH A for bronchial asthma.

Several organizations, viz. Foundation of Revitalization of Local Health Traditions (FRLHT), Council of Scientific & Industrial Research (CSIR), Indian Council of Medical Research (ICMR), National Innovation Foundation (NIF), and universities, etc. are working independently in documentation and validation of LHTs and EMPs. The different organizations are adopting diverse approaches for drug development and their clinical validation from these leads. Most of their efforts are focusing on isolation, fragmentation, etc. of the plant material which may not be comprehensive in bringing the holistic approaches of folk healers to the public domain. Besides it, these disorganized working is leading to depletion of the resources and also duplication of the work.

In view of the above, there is a need to set up a national coordinated mechanism/networking at the Government level for effective documentation and scientific validation of LHTs through translational and integrative approaches, preferably Government organizations like CCRAS may take lead and act as a central nodal point for coordination of national networking of LHTs and EMPs. This will help in systematic documentation and thus help in conservation of the bioresources.

To formulate a strategy in this context, a national seminar on “Conservation of bioresources of medicinal value: Current scenario and way forward”; and also a brainstorming session on ‘Setting up of national network on documentation of local health traditions (LHTs) and ethnomedical practices (EMPs) and formulation of national strategy for their validation and IPR protection’ was organized by the council. All the stakeholders/experts involved in revitalization of local health traditions biodiversity, intellectual property rights, social sciences & community health and anthropology actively participated in the event and appreciated the idea of national networking and harmonization among all the stakeholders as a need for preservation of the country’s vast traditional heritage.

This will certainly pave the way toward better integration and preservation of LHTs and EMPs in India and thereby strengthening its role in catering to primary healthcare services.

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