



Traditional Medicine

Sharing Experiences from the Field

Eivind Falk Editor-in-Chief



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Printed in the Republic of Korea

Published by
ICHCAP, 95 Seohak-Ro, Wansan-Gu, Jeonju, Republic of Korea 560-120
#Heritage Alive c/o Eivind Falk: Eivind.falk@handverksinstituttet.no

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Executive Publisher Kwon Huh

Advisory Publishers Seong-Yong Park and Weonmo Park

Editor-in-Chief Eivind Falk

Editorial Board Mandy Nelson, Jean Roche, Rajiv Trivedi, Emily Drani, Ananya Bhattacharya, Albert vd Zeijden, Salih Taner Serin, Valentina Zingari, Dr. V. Jayaran, Eva Romankova, Harriet Deacon, Joseph Ogieriakhi, Fanny Houët, Ki L eonce, Gabriele Desiderio, Severin Cachat, Seraphin Bute, Robert BD Otto, Okello Quinto, Jorge Gustavo Caicedo and Eivind Falk

Proofreader Gaura Mancacaritadipura

Project Coordinator Minji Kim

Layout and Design Michael Peterson

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ISBN 9791195429493 93510



Traditional Medicine: Sharing Experiences from the Field is dedicated to our dear friend and colleague, Jean Roche, who passed away as we were working on this book. Jean was active in the ICH NGO Forum since its founding and a member of the #HeritageAlive Editorial Board from the start. For this book, he wrote a wonderful and personal piece, “Testimony of a Traditional Healer,” not just as an expert on intangible cultural heritage but also as a bearer, which makes his contribution particularly interesting. Future meetings among the NGOs will miss something substantial without Jean’s warm dedication to ICH, and his big hat.

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Foreword

Kwon Huh

Director-General, ICHCAP

Traditional medicine takes different forms in different regions, and the documentation and preservation of traditional medical practices and knowledge is part of our efforts for safeguarding intangible heritage and recognizing and promoting cultural diversity. In the same vein, UNESCO has inscribed the Andean cosmovision of the Kallawaya in Bolivia, a body of ritual knowledge and artistic expressions intimately linked to religious beliefs, which also include traditional healing practices, on the Representative List of the Intangible Cultural Heritage of Humanity.

Traditional medicine, which includes healing practices and knowledge, could be considered more than just static traditional knowledge, as it helps us lead healthier lives naturally. It is also important to note that references to safeguarding traditional healing practices is not just included in the 2003 Convention but also in the Convention on Biological Diversity (1992), the UNESCO Universal Declaration on Cultural Diversity (2001), and the United Nations Declaration on the Rights of Indigenous Peoples (2007). By recognizing and preserving traditional healing practices for therapeutic purposes in areas beyond the reach of modern medicine, we can help ensure our universal rights. According to the common definition by the World Health Organization, traditional medicine is “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” As such, traditional practices cannot be easily defined without reference to diverse social and cultural contexts and knowledge.

Today, traditional medicine is facing the threat of extinction. Natural medicinal materials and herbs are disappearing due to climate change, desertification, and deforestation. Furthermore, traditional medicine is losing ground to modern medicine, as it is deemed non-scientific or unstandardized. Even if traditional medicine has a scientifically proven treatment for a certain disease, it is easily distorted in the commercialization process and often undermines the sustainability of communal life. For instance, when a naturopathic or dietary treatment that has been passed down in a community becomes known to be effective for a

disease, the therapeutic materials used in the treatment are recklessly consumed regardless of the communal background, which can lead to destroying the community and the surrounding environment.

Traditional medicine should coexist with modern medicine as they are complementary. Traditional medicine plays an important role as a means of treatment for people outside the reach of modern medicine. It also gives new hope to those suffering from diseases that modern medicine cannot yet cure. In some developing countries, traditional medicine is easily accessible and obtainable at little or no cost and thus is much more popular than modern medicine. Traditional medicine also embodies wisdom that has been transmitted through generations based on our ancestors' perceptions and experiences about their lives and environment. Traditional medicine, therefore, should be recognized as valuable intangible heritage worthy of safeguarding.

This book begins with the introduction to traditional medicine around the world and describes the relations between traditional medicine as traditional knowledge and the 2003 Convention as well as discussions on safeguarding traditional medicine. The book was jointly published by ICHCAP as the content publisher and #Heritage Alive as the editor. As a UNESCO category 2 centre established in accordance with the 2003 Convention, ICHCAP has been engaged in publication projects for intangible heritage, including the ICH Courier, to increase the visibility and public awareness of intangible heritage in the Asia-Pacific states. It is always a great pleasure for ICHCAP to work with NGOs enthusiastically working in the field for safeguarding intangible heritage.

ICHCAP considers this publication a new challenge and a major step forward, as it is aimed to introduce traditional medicine of the world beyond the Asia-Pacific region. It is also noteworthy that the book will be first presented during the twelfth session of the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage to be held in Jeju, Korea. In this regard, we would like to thank the editorial board of #Heritage Alive led by Editor-in-Chief Eivind Falk and the members of ICHCAP for their contributions to the successful publication of this book.

We hope that this book helps readers discover knowledge about traditional medicine and the value of endangered traditional knowledge and also understand the need for the sustainable safeguarding of the environment that surrounds us.

Avant-propos

Kwon Huh

Directeur général de l'ICHCAP

La médecine traditionnelle prend des formes différentes selon la région et est transmise de génération en génération. Leur documentation et conservation consiste donc à sauvegarder le patrimoine immatériel en reconnaissant et en promouvant la diversité culturelle. Dans le cadre de ces efforts, l'UNESCO a placé sur sa Liste représentative du patrimoine culturel immatériel de l'humanité diverses médecines traditionnelles. La cosmovision andine des Kallawaya en Bolivie en fait partie, par exemple.

En effet, la médecine traditionnelle, qui nous oriente naturellement vers une vie plus saine, est plus que de simples savoirs traditionnels. De la Convention pour la sauvegarde du patrimoine culturel immatériel (2003) à la Convention sur la diversité biologique (1992), en passant par la Déclaration universelle de l'UNESCO sur la diversité culturelle (2001) et la Déclaration des Nations Unies sur les droits des peuples autochtones (2007), nombreux sont les engagements pour sa sauvegarde. Reconnaître et conserver ces pratiques médicinales traditionnelles, qui tiennent lieu d'actes médicaux dans des régions hors de portée de la médecine moderne, vont évidemment de pair avec la garantie des droits universels de l'Homme. D'après la définition communément citée de l'Organisation mondiale de la santé (OMS), la médecine traditionnelle est « la somme totale des connaissances, compétences et pratiques qui reposent, rationnellement ou non, sur les théories, croyances et expériences propres à une culture et qui sont utilisées pour maintenir les êtres humains en santé ainsi que pour prévenir, diagnostiquer, traiter et guérir des maladies physiques et mentales ». Ainsi, sa valeur est difficile à estimer sans tenir compte des différents contextes socio-culturels et de sa contribution en tant que savoir.

Aujourd'hui cependant, la médecine traditionnelle est en voie de disparition. D'une part, le changement climatique, la désertification et la déforestation mettent en péril les ingrédients naturels et les herbes médicinales et d'autre part, les soins traditionnels cèdent le pas à la médecine moderne, car il sont perçus comme moins scientifiques et moins standardisés. Si certains remèdes traditionnels se révèlent scientifiquement efficaces, ils font facilement l'objet d'une convoitise commerciale et finissent par s'altérer pour au contraire mettre à mal la pérennité

d'une vie communautaire. Une fois qu'une méthode de soin ou de diététique propre à une communauté devient célèbre pour son efficacité, les ingrédients concernés commencent à être consommés séparément de leur contexte originel, ce qui par conséquent détruit la communauté initiale et l'environnement naturel qui l'entoure comme nous l'avons constaté plus d'une fois.

Encore faut-il cependant que les médecines traditionnelle et moderne puissent coexister puisqu'elles se complètent l'une l'autre. La première constitue un grand remède chez ceux qui n'ont pas accès à la seconde, et elle est aussi porteuse d'espoir pour ceux qui souffrent d'une maladie incurable en l'état actuel des connaissances médicales. Dans certains pays en voie de développement, les soins traditionnels, facilement accessibles et peu coûteux, sont beaucoup plus populaires que la médecine moderne. D'ailleurs, ils sont empreints de sagesse, transmise au cours des générations et reposant sur les expériences et la prise de conscience au sujet de l'environnement et de la vie. Voilà autant de raisons de reconnaître la médecine traditionnelle comme un patrimoine culturel immatériel méritant conservation.

En ce sens, ce livre présente d'abord diverses méthodes traditionnelles de soin à travers le monde et examine ensuite le lien entre ces médecines en tant que savoir transmis et la Convention de 2003 ainsi que les discours sur sa sauvegarde. Cette publication a été conjointement réalisée par l'ICHCAP, rédacteur de contenu, et #Heritage Alive, éditeur. Faisant partie des centres de catégorie 2 sous les auspices de l'UNESCO créés par la Convention pour la sauvegarde du patrimoine culturel immatériel 2003, l'ICHCAP mène plusieurs projets de publication, y compris le magazine ICH Courier, dans le but d'améliorer la prise de conscience du public et la visibilité des patrimoines immatériels des pays membres d'Asie-Pacifique. C'est toujours un grand plaisir pour nous de nous unir avec les ONG qui travaillent en première ligne avec enthousiasme.

La sortie de ce recueil sur les traitements traditionnels transmis non seulement en Asie-Pacifique, mais aussi dans toutes les autres parties du monde, représente pour notre organisme un nouveau défi et un grand pas en avant. Il est aussi à noter que cet ouvrage sera présenté pour la première fois lors de la 12e session du Comité intergouvernemental de sauvegarde du patrimoine culturel immatériel qui se tiendra à Jeju en Corée du Sud, où est basé l'ICHCAP. Nous remercions sincèrement le comité éditorial de #Heritage Alive dirigé par Eivind Falk et les membres de l'ICHCAP pour leur contribution à cette publication.

Nous espérons que ce livre permettra aux lecteurs d'acquérir de nombreuses connaissances sur la médecine traditionnelle, voire de découvrir la valeur des savoirs traditionnels qui sont menacés de disparition. Nous espérons ainsi partager ce désir de préserver durablement l'environnement dans lequel nous vivons.

Introduction

Intangible Cultural Heritage: The Diversity of Traditional Medicine

Eivind Falk

Norwegian Crafts Institute and #HeritageAlive

Intangible cultural heritage can be defined as living expressions inherited from our ancestors and passed on to our descendants. This includes oral traditions, performing arts, social practices, rituals, festive events, knowledge and practices concerning nature and the universe or the knowledge, and traditional craft. Traditional medicine is related to all of these areas. While the 2003 Convention nomenclature includes *healing practices* and *healing knowledge* rather than *traditional medicine*, for the purposes of this publication, we have opted to use *traditional medicine* as an umbrella term to encompass not only healing practices and knowledge but also the associated rituals, products, and experiences of practitioners. Traditional medicine can easily be understood as practices concerning nature and the universe, but as the reader will explore in the following chapters, it also embraces traditional crafts, social practices, oral traditions and performing arts. For example, Emanuela Esposito and Vincenzo Capuano explain in their article how music can be used both as medical therapy and for our well-being.

In 2012, during the meeting of the Intergovernmental Committee of the UNESCO 2003 Convention in Baku, Azerbaijan, the NGO Forum¹ decided to establish an online journal with the title #HeritageAlive. The journal sought to share NGOs experiences regarding safeguarding practices, both good and bad, within the area of intangible cultural heritage. The concept was to share knowledge from fieldwork in communities and with practitioners, between the UNESCO accredited NGOs and experts, in order to learn from each other. An editorial board was formed, with members from all over the world, and I was elected as the first Editor-in-Chief. The online journal has published articles on a variety of different themes related to intangible cultural heritage and safeguarding, such

A part of the Editorial Board #HeritageAlive met in Windhoek, 2015. At this meeting, we looked into the field of traditional medicine in particular.

L to R: Albert van der Zeiden, Jean Roche, Ananya Bhattacharya, Eivind Falk (editor-in-chief), Ki Leonce, Shelley Ochs, and Chang Liu.



as articles on traditional crafts, festivals and naming practices. Whilst interest in the journal was relatively steady, interest peaked after a call for papers was made in relation to traditional medicine. As a result of the overwhelming response, we decided to publish an edition of #Heritage Alive, dedicated to traditional medicine.

At the Intergovernmental Committee for the Safeguarding of Intangible Cultural Heritage meeting in Addis Ababa in 2016, we met with a delegation from the UNESCO Category 2 Center, the International Information and Networking Centre for Intangible Cultural Heritage in the Asia-Pacific Region under the auspices of UNESCO (ICHCAP), and we started to discuss the possibility of publishing a book together. As ICHCAP is well known for the high standards and quality of its publications, for #HeritageAlive it was undoubtedly the best partner we could find. Mr. Weonmo Park, from ICHCAP and his team have generously contributed to make this publication possible by sharing their resources. Hopefully, this book will be a model for fruitful cooperation between the ICH NGO Forum and UNESCOs Category 2 Centers in the future. When we decided to move forward with a publication dedicated to traditional medicine, we expected about ten contributions. Such was the interest in the topic that we received eighteen wonderful articles that illustrate the diversity of traditional medicine around the world. I would like to thank the #Heritage Alive board, which has worked hard preparing the articles for this publication. And thanks go to Albert van der Zeijden, who has been responsible for bringing all the pictures onboard, and to Séverine Cachat, Camille Golan and Nolwenn Blanchard, who translated the summaries. In addition to the board, I have to mention my British colleague Dr. Mandy Nelson whose sharp eyes have been extremely useful in the process.

In the spirit of the Convention of the Safeguarding of the Intangible Cultural Heritage, we are not trying to make a comparison between traditional medicine and modern medicine. The concept behind the book is to give the readers a taste of the rich diversity that can be found in traditional medicine practices and the experiences from a number of different perspectives, places and cultures. All the authors acknowledge that for well-being and treatment of illness, traditional medicine has an important complimentary role alongside modern medicine. For example, in his article, John De Coninck shows how traditional health practitioners and the government are working together in Uganda, where more than 60% of the population relies on traditional medicine.

It is hoped that this publication will contribute to the valuable sharing of experiences regarding the safeguarding of traditional practices, and the wider recognition of the role of traditional medicine in different contexts and cultures.

Some of the articles are written by the knowledge bearers and practitioners themselves, such as the articles provided by Jean Roche from France and Richenel Ansano from Curacao. The two authors' unique background as healers as well as researchers, gives us valuable reflections and deeper insights from the perspective of the practitioners.

The role of the community within traditional medicine emerges as a central feature. In her article, Nihal Kadioğlu Çevik highlights the *puerperal* period in Turkish traditional medicine, informed by insights from her own research. *Puerpera* is the woman in the first 40 days after giving birth, and the article shows how the community takes responsibility for the new mothers' well-being, for example, by providing her

with nutritious food. This practice has been evident for many generations and is firmly embedded within social traditions.

The safeguarding aspect was highlighted by the majority of the authors in relation to the preservation of knowledge of the practice of traditional medicine. It is evident that traditional medicine practices face challenges caused by cultural, social, economic and environmental changes. A variety of concerns exist in relation to the safeguarding of traditional medicine, in particular migration, when the younger generation moves from rural communities to towns and cities. An increase in urbanization / rural-urban could potentially make it challenging to transfer the knowledge and practice on to future generations as it traditional has been done.

Another concern raised by the authors relates to the availability of many of the vulnerable medical plants and herbs, and the on-going concerns in respect to species loss. Dr. Saifur Rashid writes in his article:

Many of the kavirajes [practitioners of traditional medicine] now face difficulties in finding the plants that they and their forefathers used to collect from the forest for making some medicines. They complain that many of these plants are either now extinct or endangered.

Hopefully, this publication can raise awareness of the ecological challenges faced and promote a more sustainable approach to managing our common natural resources. Changes in agricultural methods and loss of species crucial for traditional medicine present serious threats to traditions and practices.

Ahmed Skountis article illustrates how traditional medicine relates to the UNESCO 2003 Convention for the safeguarding of intangible cultural heritage, and in particular how it fits with the fourth domain—namely, ‘knowledge and practices concerning nature and the universe’.

Intangible cultural heritage has no borders, and examples of traditional medicine practices can be found all over the world in many different geographical areas and cultures, and in many different forms. My own interest in traditional medicine arises from an experience I had many years ago when I was healed in Kautokeino, Finnmark county, by an old Sami lady. To put this in context. I am, at least according to my own standards, a quite rational man, and do not believe in either ghosts or UFOs. Actually, I find most magicians and illusionists quite boring. However, my experience revealed to me the power of traditional medicine. Let me explain—

In Kautokeino, the Sami-people³ have established a wonderful centre for traditional Sami crafts for teaching, training and research: The Duodjiinsthitutta. I was invited to the centre to learn more about traditional Sami crafts and the Sami community. I considered this invitation to be a huge honour.

The Sami people are often cautious about sharing their traditional knowledge of nature and the universe with outsiders such as myself. In part, this is because the Norwegian majority have been suppressed the Sami culture for hundreds of years by preventing their use of cultural expressions such as their own language, songs and clothing. Therefore, it is quite understandable that there is some distrust of outsiders by the Sami people. The dark past is still an open wound for many people.

At the centre, Duodjiinsthitutta, I was introduced to a series of possible workshops that I could attend. The workshops focused on working with traditional Sami materials, such as bone, horn, wood, textile and

seal skin. I chose the seal skin workshop, as this was a material that I had never used before, and I decided to make a case for my glasses. The skin was thick, and the needle had a sharpened edge to penetrate the tough sealskin. I was untrained, a novice, in this trade and after a while I cut my thumb. Actually, I did not simply 'cut' my thumb, but I cut off a small piece of flesh, and it started bleeding.

As a woodworker, I am used to getting cuts from a knife and other tools, and a little bleeding was not a big deal for me, but I really wanted to make it stop in order to continue my work with the sealskin case for my glasses. Again and again I tried to stop the bleeding using a plaster, tape and napkins. It stopped for a while, but as soon as I started to work, it started to bleed again. I was starting to get grumpy, because I really wanted to finish my wonderful little piece of craft work.

Then something happened. Behind the curtains, an old Sami woman was hiding. She was dressed in her traditional clothing, and from her hiding place, she had observed my problem for a while. She came over to me, grabbed my needle and asked me if this was the one with which I had cut myself. She nodded and grabbed my thumb with her other hand. She moved the flat side of the needle back and forth over the wound as she quietly recited a magic rhythmic saying. The bleeding stopped immediately.

The woman adjusted her glasses and inspected my thumb and the wound. She turned to me and said, "You have a strange colour in your blood." "It's not my blood", I replied, "It's the flesh. I actually cut off a small piece". The old Sami woman nodded. "OK", she said, and with that grabbed the needle and started to slide it back and forth over wound in the same way as before, adding her almost whispering magical rhyme.

Leader of the Sami craft center, Inga Hermansen Hætta, teaches Eivind Falk how to work with sealskin



When I looked the bleeding had stopped. I thanked her for healing my thumb, and she disappeared quietly. It was wonderful to get back to my work, and I continued my struggle with the seal skin. Thanks to the old Sami lady I was able to finish my work.

Later on, the same night, I was in the hotel, having a beer with colleagues. I told them the story about how the old Sami woman had healed my thumb in such a wonderful way. They asked me if they could have closer look at it, and I showed them my thumb. To my surprise, there was no longer any mark, scar or sign of what had happened. My thumb was completely healed, and as good as new. I really don't know if they believed in my story, but to me it made a huge impression.

A year later, I was again invited by the Sami community and the Duodjiinstithutta in Kautokeino for a celebration at the crafts centre. There I met the old Sami lady again, and we started to talk. I asked her if she remembered that she had healed my thumb and I told her the story as I remembered it. "Well that might have happened", she responded.

We sat down together, and she told me that the knowledge of healing was necessary for her to survive on the Finnmark plateau, alone with the reindeer. It was not just a matter of stopping blood, but dealing with all kinds of challenges that might occur for humans and for reindeer in such an isolated and wilderness environment. Her husband had passed away some years ago, and she told me that he was really a master in healing as he also had a magic breath that he could use.

I asked her if she had transferred her skills to the new generation, and she said no. Her children were not interested. I asked her if she could teach me how to stop bleeding. She smiled and said she could, but it would not be as easy as I might think. She explained that there were many complexities about nature that I would have to understand before I was able to absorb the knowledge of the healing art. She suggested that it would take me at least a year dedicated to this, and that I would have to live with her, in her tent on the Finnmark plateau, herding her reindeer in order to slowly understand and acquire the knowledge.

To me, what she really answered was that the issue was not just about learning how stop bleeding as an isolated phenomenon. This particular knowledge was interwoven with the complex cultural context and heritage of which the old Sami lady was a part. The knowledge that has been passed on and refined over generations is a part of a whole and integrated system, and cannot be presented in pieces at a weekend class, or something that can be learned as a quick fix. As a part of a modern "pick'n mix" culture it is easy to underestimate the complexity in the contexts of traditional practical knowledge, as we see the many aspects as isolated phenomena or elements. The old Sami lady's generous answer pointed this out in a very pedagogical way and has been a reminder in my approach to fieldwork. In the field of intangible cultural heritage we often speak of the risk of de-contextualisation. For me the old Sami lady's answer to my naive question, on one hand, illustrates that issue in a very clear way, and on the other hand, reminds us of the complexity of the practical traditional knowledge we are dealing with. Never underestimate an old Sami lady.

I wish you a wonderful journey exploring the world of traditional medicine. Bon voyage!

RÉSUMÉ

Le patrimoine culturel immatériel peut être défini comme les expressions vivantes héritées de nos ancêtres et transmises à nos descendants. Il inclut les traditions orales, les arts de la scène, les pratiques sociales, les rituels, les événements festifs, les connaissances et les pratiques concernant la nature et l'univers, les savoirs et l'artisanat traditionnels. La médecine traditionnelle est reliée à tous ces domaines qui composent le PCI. Elle peut facilement être comprise comme relevant de pratiques liées à la nature et à l'univers, mais le lecteur découvrira dans les chapitres suivants qu'elle concerne aussi l'artisanat traditionnel, les pratiques sociales, les traditions orales et les performances artistiques.

Dans l'esprit de la Convention pour la sauvegarde du PCI, nous ne tentons pas de faire une comparaison entre la médecine traditionnelle et la médecine moderne. Ce livre vise à donner un aperçu de la richesse et de la diversité des pratiques de médecine traditionnelle, au travers d'expériences issues de différentes perspectives, lieux et cultures. Tous les auteurs reconnaissent que pour être en bonne santé et traiter efficacement les maladies, la médecine traditionnelle joue un rôle complémentaire et important aux côtés de la médecine moderne.

Lors de la réunion du Comité Intergouvernemental pour la sauvegarde du PCI à Addis Ababa en 2016, nous avons rencontré une délégation d'un Centre de catégorie 2 de l'Unesco, le Centre international d'information et de mise en réseau du PCI dans la région Asie-Pacifique (ICHCAP), et avons évoqué la possibilité de publier un ouvrage ensemble. L'ICHAP étant bien connu pour la grande qualité de ses publications, il constituait indubitablement pour #HeritageAlive le meilleur partenaire possible. M. Park, directeur de l'ICHCAP, et son équipe, ont généreusement contribué à rendre cet ouvrage possible en partageant leur savoir-faire. Espérons qu'à l'avenir, celui-ci offre un modèle de coopération fructueuse entre le Forum des ONG du PCI et les Centres de catégorie 2 de l'Unesco.

Je vous souhaite une merveilleuse exploration dans le monde des médecines traditionnelles. Bon voyage!

NOTES

- 1 The ICH NGO Forum is the platform for communication, networking, exchange and cooperation for NGOs accredited by UNESCO to provide advisory services to the Intergovernmental Committee in the framework of the 2003 UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage.
- 2 Members of the #Heritage Alive editorial board 2012–2017: Jean Roche, Rajiv Trivedi, Emily Drani, Ananya Bhattacharya, Albert vd Zeijden, Salih Taner Serin, Valentina Zingari, Dr. V. Jayaran, Eva Romankova, Harriet Deacon, Joseph Ogieriakhi, Fanny Houët, Ki Leonce, Gabriele Desiderio, Severin Cachat, Seraphin Bute, Robert BD Otto, Okello Quinto, Jorge Gustavo Caicedo, and Eivind Falk (Editor-in-Chief).
- 3 The Sami people are an indigenous Finno-Ugric people inhabiting the Arctic area of Sápmi, which today encompasses parts of far northern Norway, Sweden, Finland, and the Kola Peninsula of Russia. The Sami are the only indigenous people of Scandinavia recognized and protected under the international conventions of indigenous peoples, and are hence the northernmost indigenous people of Europe.

Chapter 1

Health Care as Heritage: An Etic Approach of Inscribed Elements on the Lists of the UNESCO ICH Convention

Ahmed Skounti

*National Institute of Archaeology and
Heritage Sciences, Rabat, Morocco*



“Perceptions of physical and psychological wellbeing differ substantially across and within societies. Although cultures often merge and change, human diversity assures that different lifestyles and beliefs will persist so that systems of value remain autonomous and distinct. In this sense, culture can be understood as not only habits and beliefs about perceived wellbeing, but also political, economic, legal, ethical, and moral practices and values.”

A. David Napier et al. 2014 : 1607

INTRODUCTION

The scope of intangible cultural heritage related to human well-being is large. Many cultural practices, if not the majority of them, were designed by communities, groups and individuals for well-being purposes, be it physical or mental. Such practices are also intended to ensure the continuity of the society over time and to maintain social order. According to Napier, those practices related to human body and soul are embodied in cultural systems of value (Napier 2014) that overwhelm them. The representations of those two components of the human being, body and soul, are tightly linked in traditional cultures. Thus, many cultural practices were designed for the well-being of both of them. They also mix therapies intended to bring about the relief of each and/or both. Traditional pharmacopeia, music, dance, prayers and rituals are often used in combination in order to help patients recover from actual or psychosomatic diseases. Nevertheless, part of social and cultural practices is more likely conceived to deal with human health in various ways.

The fourth of the five main domains defined in article 2.2 of the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage is “Knowledge and practices concerning nature and the universe”.¹ This obviously covers a large range of topics and themes, encompassing diverse knowledge, know-how and practices intended to provide humans with the means to better define their place in their environment and, more broadly, in the whole universe. One could expect that nominations for inscription on the four mechanisms of the 2003 Convention,² mainly the two lists defined in articles 16 and 17, were to deal with more or less traditional medical knowledge. After verification, this does not seem to be the case. As a matter of fact, the elements related to this area of knowledge and the practices inscribed on the lists are very few. No programme, and no project or activity was selected on the Register of best safeguarding practices set up by the Convention under article 18. No international assistance was approved by the Committee concerning a project in that field.

This paper focuses on those inscribed elements which are explicitly related to medical knowledge and, more broadly, to human health. It is based on the information contained in files of nominations which can be accessed on the UNESCO website dedicated to the 2003 Convention. The paper will first present, in brief terms, the elements which fall under that domain, and discuss the main issues raised as well as the potential developments.

TRADITIONAL MEDICAL KNOWLEDGE AS INTANGIBLE CULTURAL HERITAGE

The Concept of ICH

Intangible cultural heritage (ICH) is a new and powerful concept issued by UNESCO at the dawn of the 21st century. The tangible cultural and natural heritage, have specific international legal instruments of protection, such as the 1970 Convention on cultural property trafficking and the 1972 World heritage Convention. No binding instrument for protecting intangible heritage was available until 1972. Before the turn of the last century, UNESCO outlined a Recommendation on the safeguarding of the traditional culture and folklore in 1989 and a Proclamation of the Masterpieces of oral and intangible cultural heritage of Humanity in 1999 (Smith & Akagawa, 2009; Aikawa-Faure 2009; Hafstein 2009). The first was based on vague and often criticized (debatable?) concepts of traditional culture and folklore, and was not binding for Member States. The second was implemented over five years, from 2001 to 2005, and resulted in 90 Masterpieces proclaimed in 2001, 2003 and 2005. Nevertheless, safeguarding was not the priority of the programme, and the notion of “masterpiece” was contested as it introduced hierarchy in a field where it was felt it should not exist. These two reasons, among others, led to rapid abandonment of that programme and to the adoption of the 2003 ICH Convention (Skounti 2009).

What Is Intangible Cultural Heritage?

In parallel to implementing the Proclamation Programme, UNESCO began preparing a new international legal instrument to safeguard ICH. The Convention for the Safeguarding of the Intangible Cultural Heritage was adopted by the General Conference in 2003. It came into force in 2006. The convention defines intangible cultural heritage as

...the practices, representations, expressions, knowledge, skills – as well as the instruments, objects, artefacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage. This intangible cultural heritage, transmitted from generation to generation, is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, thus promoting respect for cultural diversity and human creativity. For the purposes of this Convention, consideration will be given solely to such intangible cultural heritage as is compatible with existing international human rights instruments, as well as with the requirements of mutual respect among communities, groups and individuals, and of sustainable development (article 2).

With regard to the traditional medical knowledge and practice, it can be assumed that they fall within this definition. Moreover, they are related, in one way or another, to the listed terms which introduce the meaning of ICH. Thus, traditional medical knowledge is a set of heterogeneous practices incorporated in wider cultural systems. Health, disease and healing have nourished social representations in each and every culture. These representations are also about the human body and the ways of ensuring its well-being. Knowledge and skills related to these areas of social practices are expressed and transmitted through language and by other means such as observation and imitation. Like many elements of culture and heritage, traditional medical knowledge has its own instruments, objects and artefacts. It may also be practiced in dedicated spaces. There is no doubt that traditional medical knowledge is part of intangible cultural heritage. This paper will now explore to which domain of intangible cultural heritage it belongs.

Which Domain of Intangible Cultural Heritage Best Fits Traditional Medical Knowledge?

Having defined the concept of intangible cultural heritage, the 2003 Convention identifies five domains:

'Intangible Cultural Heritage' (...) is manifested inter alia in the following domains:

- a. Oral traditions and expressions, including language as a vehicle of the intangible cultural heritage;
- b. Performing arts;
- c. Social practices, rituals and festive events;
- d. Knowledge and practices concerning nature and the universe;
- e. Traditional craftsmanship.

The experience generated through implementing the Convention has demonstrated that many cultural elements may belong to one or more domains. Hence, the domains are not mutually exclusive. Usually, more than one domain is at stake because practitioners need language to express their know-how or an object to express their art. The most intangible elements, such as story-telling, sometime contain the know-how for manufacturing special costumes or accompanying musical instruments or, at least, the body of the story-teller himself (Skounti 2009).

Consequently, it is expected that traditional medical knowledge could be found in more than one of the mentioned domains. However, there is one primary domain in which it obviously fits: domain (d), knowledge and practices concerning nature and the universe. But it extends into other areas that embrace (a), (c) and (e). This knowledge needs elaboration, performance and transmission, all of which are, at least partly, based on language (a). It is evidently a social practice too, and sometimes, it is related to rituals (c). Finally, it uses objects and artefacts and tools which are part of craftsmanship (e) as they need know-how either for their making or for their usage.

A SURVEY OF THE INTANGIBLE CULTURAL HERITAGE LISTS

The 2003 Convention established two lists (the List of Intangible Cultural Heritage in Need of Urgent Safeguarding and the Representative List of the Intangible Cultural Heritage of Humanity), a register of best

safeguarding practices and a mechanism for international assistance. This section focuses on those elements that are clearly related to traditional medical knowledge. As there are no elements related to the area of traditional medical knowledge selected on the Register nor have any been approved for international assistance; only the two lists will be considered in this section. It is a descriptive survey of the lists followed by a general discussion. It relies exclusively on the information contained in the files, as completed by States Parties in their nominations as well as a videos displayed on the Convention website.

As I am not a specialist in traditional medical knowledge, and much less so in medicine, I am mainly interested in those practices that deal with the human body for the sake of its real or supposed well-being. The medical intervention can be either superficial or surgical. Elements will be considered wholeheartedly and not only parts of them. The practices presented in this section are neither analysed nor interpreted. They are referred to as evidence to better understand the extent to which traditional medical knowledge is listed among other elements in the framework of the implementation of the 2003 Convention at the international level. To sum up, the approach is *etic* rather than *emic*.

The Urgent Safeguarding List

The List of Intangible Cultural Heritage in Need of Urgent Safeguarding was established under Article 17 of the 2003 Convention. It is meant to draw attention on those elements that are endangered, and is intended to assist the parties involved in their efforts to safeguard them. As of 2015, 43 elements were inscribed on the list. An example from the field of traditional medical knowledge is the Male-Child Cleansing Ceremony of the Lango of Central Northern Uganda. It was inscribed on the Urgent Safeguarding List in 2014. Among Lango people of central northern Uganda, if the mother of a male child touches the child's genitals during the three first days of his life, he is supposed to lose his manhood. In that case, a healing ritual is performed to help the child restore his potency. The website of the Convention summarizes it as follows:

During the ceremony, the mother and male child spend three days inside the house and eat unsweetened millet porridge. The child is treated as a baby for the duration of the ceremony. On the third day, they exit the house and sit at the entrance, accompanied by a paternal cousin. The child's hair is cut and woven into strands, which are mixed with softened ficus bark and *shea* butter, then tied around the child's neck, wrists, and waist. Remaining strands are rolled into a ball, and thrown three times to the mother, cousin and child. The three are then smeared with *shea* butter and served pea paste, millet bread and a millet-yeast brew. Jubilations begin thereafter with ululations, singing and dancing, confirming that the child has regained his manhood...³

A sort of "cultural diagnosis" is undertaken in case the mother has touched the genitals of her male child during his first three days. If so, a healing ritual must take place. However, it is not a real disease according to modern medicine. From the perspective of the community and their cultural heritage, an imperceptible malady may arise in the near future and cause trouble to the child as well as to the community. As the child is treated as a baby during the ritual, this brings him back to a previous condition in which he is supposed to have been safe. Hair cutting, recipes prepared, and smearing with *shea* butter are intended

to be cleansing. The whole ritual is believed to restore manhood to the child and ensure a place for him within and not in the margin of the community. Indeed, it is part of a whole cultural system which values manhood as an important aspect of social order reproduction.

The Representative List

The Representative List of the Intangible Cultural Heritage of Humanity is set up under Article 16 of the 2003 Convention “to ensure better visibility of the intangible cultural heritage and awareness of its significance, and to encourage dialogue which respects cultural diversity”. As of today, 336 elements have been inscribed on the Representative List. A survey of these elements shows that 4 out of 336 fall, undoubtedly, under traditional medical knowledge. This sub-section will present summaries of these elements and briefly discuss the main issues raised.

Example 1. The first example of the four elements is the Vimbuza healing dance in Malawi, inscribed in 2008 on the Representative List of the Intangible Cultural Heritage of Humanity.⁴ Vimbuza is a healing dance practiced by Tumbuku people of northern Malawi. It is part of indigenous healthcare system, mainly the *ng’oma* (drums of affliction) which is a healing tradition known among Bantu-speaking Africa. It is described as follows:

Most patients are women who suffer from various forms of mental illness. They are treated for some weeks or months by renowned healers who run a *temphiri*, a village house where patients are accommodated. After being diagnosed, patients undergo a healing ritual. For this purpose, women and children of the village form a circle around the patient, who slowly enters into a trance, and sing songs to call helping spirits. The only men taking part are those who beat spirit-specific drum rhythms and, in some cases, a male healer. Singing and drumming combine to create a powerful experience, providing a space for patients to “dance their disease”. It’s continually expanding repertoire of songs and complex drumming, and the virtuosity of the dancing are all part of the rich cultural heritage of the Tumbuka people.... For the Tumbuka, Vimbuza has artistic value and a therapeutic function that complements other forms of medical treatment.⁵

Vimbuza is a therapeutic healing which deals with mental illness. It is based on music, singing and dancing in combination. The virtues of the healing are believed to expand the body and help cure soul and mind. This therapy belongs to a larger category which can be found in a variety of cultures and societies such as the Haitian *vodou*⁶ or the Moroccan *gnawas*.⁷ The “trance” generated through singing dance and music, is the main characteristic of this kind of practice. In addition, the dance has an artistic dimension since drumming and singing are an important part of it. A rich repertoire of songs, music and dancing are a significant part of the ritual.

Healing ritual connected to the Vimbuza Healing Dance © François-Xavier Freland/UNESCO



Example 2. The second element is Acupuncture and Moxibustion of Traditional Chinese Medicine, inscribed in 2010 on the Representative List of the Intangible Cultural Heritage of Humanity.

Acupuncture and *moxibustion* are well-known forms of traditional medicine practiced in China. They are nowadays practiced in other parts of the World. The practices are summarized as follows:

The theories of acupuncture and moxibustion hold that the human body acts as a small universe connected by channels, and that by physically stimulating these channels the practitioner can promote the human body's self-regulating functions and bring health to the patient. This stimulation involves the burning of *moxa* (mugwort) or the insertion of needles into points on these channels, with the aim to restore the body's balance and prevent and treat disease.... Moxibustion is usually divided into direct and indirect moxibustion, in which either moxa cones are placed directly on points or moxa sticks are held and kept at some distance from the body surface to warm the chosen area....⁸

The two medical techniques—acupuncture and moxibustion—are embodied in a wider philosophical and cultural system. This system views the human body as a complex micro-universe in which all parts communicate via channels. Some points of these channels have to be stimulated by using needles or by burning moxa over specific parts of the body. The aim of this practice is to reinstate the body's equilibrium. It clearly fits in the field of medical knowledge. The whole process is about the human body; no sacred rituals seem to be associated with it.

Example 3. The third element is about the traditional knowledge of the jaguar shamans of Yuruparí in Colombia, inscribed in 2011 on the Representative List of the Intangible Cultural Heritage of Humanity.



Disciple of He Puren, representative successor, demonstrating the fire needling technique (photograph Wang Kai) : © Institute of Acupuncture and Moxibustion, with the permission of UNESCO



The knowledge of the jaguar shamans of Yuruparí is part of the wider mythical and cosmological structures of the ethnic groups that live along the Pirá Paraná River in south-eastern Colombia. According to ancestral wisdom of these groups:

The Pirá Paraná forms the heart of a large area called the territory of the jaguars of Yuruparí, whose sacred sites contain vital spiritual energy that nurtures all living beings in the world. The jaguar shamans follow a calendar of ceremonial rituals, based upon their sacred traditional knowledge, to draw the community together, heal, prevent sickness and revitalize nature. The rituals feature songs and dances that embellish the healing process. The vital energy and traditional knowledge of the shamans are believed to be inherited from an all-powerful, mythical Yuruparí, an anaconda that lived as a person, and is embodied in treasured sacred trumpets fashioned from a palm tree. Each ethnic group conserves its own Yuruparí trumpets, which form the centre of the strict Hee Biki ritual. During this ritual, traditional guidelines for maintaining the health of the people and the territory are transmitted to male children as a part of their passage into adulthood. The traditional knowledge concerning care of children, pregnant women and food preparation is transmitted among women.⁹

The traditional knowledge of the jaguar shamans of Yuruparí links both nature and culture in one global system of meaning and practice. The territory of the jaguars of Yuruparí hosts sacred sites. These sites have “vital spiritual energy that nurtures all living beings in the world”. The rituals are intended to prevent sickness, foster healing, and revitalize nature. In this context nature is perceived as one whole entity, including humans and other living beings.

Example 4. The fourth example is the Xooy, a divination ceremony among the Serer of Senegal, inscribed on the Representative List of the Intangible Cultural Heritage of Humanity in 2013.

The Xooy is a divination ceremony known among the Serer community in west-central Senegal. It occurs prior to the rainy season, and it is organized at night in village squares. It is described as follows:

Master serers known as Saltigués each in turn step into a designated circle, where they deliver predictions before a rapturous audience accompanied by the rhythm of drums. The Xooy ceremony provides answers to key issues for the community such as the rains, plagues or illnesses, and remedies. The combination of the Saltigués’ vibrant clothing, songs and dances, proverbs and riddles creates a colourful ceremony, high on drama, as these officiating priests – masters of the art of communication – hold the audience in suspense until daybreak.... The Saltigués are the living mediums of the Xooy and preserve and transmit the esoteric knowledge that is vital to the ceremony. They are also in charge of interceding between people, the Supreme Being, nature and genies, regulating society, and ensuring harmony between men, women and their environment. With their knowledge of plants, they also provide traditional therapies to alleviate suffering.¹⁰

The *xooy*, which means “a call”, relies on the belief that society and its environment are tightly linked and constitute an extension of one another. Thus, threats to that order have to be predicted and faced.

Among these threats, diseases are the most feared. The Saltigués act as mediums, not only to give predictions about future but also to “provide therapies and alleviate suffering”. Communion during gatherings coupled with celebration help people overcome their anxieties.

DISCUSSION

The first finding of the above brief presentation is quantitative in nature. The number of elements clearly linked to the sub-domain of traditional medical knowledge and practice is very limited. Only one element is inscribed on the Urgent Safeguarding List (USL) and four elements are inscribed on the Representative List (RL). This makes 5 out of 391 elements inscribed on the two lists and the Register. This is only 1.3% of the elements and reflects the imbalance between the two lists, as there are many more elements on the RL than on the USL.

Another important issue worth noting is that all the practices recognized internationally extend beyond the strict definition of medical knowledge and practice. On one hand, they are embodied in wider cultural systems; on the other, they link nature and culture, society and its environment. The two components are not in opposition; rather, they are an extension of one another—reflecting complex interrelationship. This reflects the belief that the order found in the human body is the continuity of the broader order present in nature and the whole universe. If disorder occurs in one of them, it unavoidably arises in the other. A belief of the unity between man and nature lies at the heart of these practices.

The close relationship among humans, nature and the universe might be partly based on a scriptural tradition, as illustrated by the acupuncture and moxibustion in China. It also might be exclusively orally transmitted as in the case of the four other elements. While the Chinese element is historicized and has dates, figures, and manuscripts within a linear time scale, the other elements from Uganda, Malawi, Colombia and Senegal are rooted in a cultural tradition itself, embodied in a cyclical representation of time.

Another aspect to be stressed is that, unlike the Chinese element, the practices from Uganda, Malawi, Colombia and Senegal are rituals in the classical sense of this word, i.e. they are related not to a profane knowledge but to a sacred belief. The latter elements have a common faith: the therapeutic energy of the rite. Music and dance coupled with the power of words and songs are intended to modify the course of the events in a better way.

Accompanying practices and objects are part of all these elements. Food preparation and consumption are central in Ugandan and Colombian rituals are musical instruments, which are also fundamental in the Malawian and Senegalese rituals. They mainly include drums (Uganda, Malawi and Senegal) and trumpets (Colombia) which seem to be sacred. Chinese acupuncture and moxibustion use needles and moxa as well as fire as innermost intermediaries with the human body.

In conclusion, traditional medical knowledge falls under the UNESCO 2003 Convention for the Safeguarding of the Intangible Cultural Heritage. More precisely, it fits within the fourth domain, knowledge and practices concerning nature and the universe. Nevertheless, very few elements from this domain have been inscribed on the Convention lists: One element inscribed on the List of the Intangible Cultural Heritage in Need of Urgent Safeguarding and four elements on the Representative List

of the Intangible Cultural Heritage of Humanity. These elements are complex practices with strong ritualistic and/or historical dimensions. They share the characteristic of being embodied in larger systems which nurture their social, cultural and political meanings.

RÉSUMÉ

Les pratiques culturelles sont destinées à assurer la continuité des sociétés et le maintien de l'ordre social. Loin d'être isolées, les pratiques relatives au corps humain font partie de systèmes de valeurs plus larges. Les représentations liées au corps et à l'âme de l'être humain s'inscrivent dans des cultures forgées au cours du temps. Ainsi, le corps et l'âme sont généralement considérés comme les deux faces d'une même pièce. Les pratiques thérapeutiques s'adressent à l'un ou l'autre ou aux deux. La pharmacopée traditionnelle, la musique, la danse, les prières et les rituels sont combinés pour aider le patient à se relever d'un mal réel ou imaginé. Le présent article s'intéresse aux pratiques médicinales en tant que patrimoine culturel immatériel. Il examine, particulièrement, la place de ces pratiques dans la Convention de l'UNESCO sur le patrimoine culturel immatériel. Il recense et présente les éléments qui peuvent être considérés comme relatifs au savoir médical, au sens large, et qui sont inscrits sur les deux listes. Il soumet l'ensemble à une discussion qui relève les similitudes et les différences entre les éléments identifiés et plus généralement analyse la présence de ce genre de pratique au sein de ce système normatif international.

NOTES

- 1 The five domains defined in article 2.2 are: (a) oral traditions and expressions, including language as a vehicle of the intangible cultural heritage; (b) performing arts; (c) social practices, rituals and festive events; (d) knowledge and practices concerning nature and the universe; (e) traditional craftsmanship.
- 2 The four mechanisms of the 2003 Convention are: the Representative List of the Intangible Cultural Heritage of Humanity, the List of the Intangible Cultural Heritage in Need of Urgent Safeguarding, the Register of the Good Safeguarding Practices, and the International Assistance.
- 3 Refer to the link of the element: <http://www.unesco.org/culture/ich/en/USL/male-child-cleansing-ceremony-of-the-lango-of-central-northern-uganda-00982?USL=00982>. Accessed on 30 September 2016.
- 4 Originally proclaimed as Masterpiece of Oral and Intangible Cultural Heritage of Humanity in 2005.
- 5 See <http://www.unesco.org/culture/ich/en/RL/vimbuza-healing-dance-00158>. Accessed on 1 October 2016.
- 6 Among others, refer to: Viviana Pâques (1991) ; Abdelhafid Chlyeh (1999) ; Bertrand Hell (2002).
- 7 See Patrick Bellegrade-Smith & Claudine Michel (2006).
- 8 See <http://www.unesco.org/culture/ich/en/RL/acupuncture-and-moxibustion-of-traditional-chinese-medicine-00425>. Accessed on 1 October 2016.



Saltigué consulting a patient by the cowries at the PROMETRA Center for Traditional Medicine in Fatick (photograph Mamadou Séya Ndiaye) © DCP, with the permission of UNESCO

- 9 See <http://www.unesco.org/culture/ich/en/RL/traditional-knowledge-of-the-jaguar-shamans-of-yurupari-00574>. Accessed on 1 October 2016.
- 10 See <http://www.unesco.org/culture/ich/en/RL/xooy-a-divination-ceremony-among-the-serer-of-senegal-00878>. Accessed on 1 October 2016.

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Chapter 2

**Saam and Sasang, Treasured
Korean Healing Arts**

Sangwoo Ahn

Korea Institute of Oriental Medicine

INTRODUCTION

Characteristics of Traditional Korean Medicine

All humans aspire to a healthy life, which is a fundamental right. The definition of health has varied from age to age. In the past, health vaguely meant the state of not having a disease or illness, but the 1946 Constitution of the World Health Organization defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” In broad terms, however, today health can also mean a state of an individual coping with his or her inner and outer environmental changes to maintain complete well-being at all levels. More broadly, health can mean the optimal state in which an individual can effectively play his or her social roles and responsibilities.

The purpose of medicine, therefore, is for an individual to maintain a healthy condition. Currently there are two major branches of medicine in Korea: traditional Korean medicine (TKM) and Western medicine.

TKM is quite different from Western medicine in its origin and development. Western medicine tends to find the cause of a disease from external factors. For example, Western medicine sees germs and viruses as the cause of a disease so it tries to get rid of them to “cure” or “treat” the disease. TKM, however, thinks that a person gets a disease because his or her healthy qi (*jeonggi* in Korean) is weakened so much that it cannot resist the attacks of pathogenic qi (*sagi* in Korean).¹ Therefore, TKM rather focuses on reinforcing the weakened vitality.

In TKM, a person gets a disease mainly because his or her body’s resistance to germs is weakened. Take flu, for example. Even if flu viruses infiltrate into a human body, a healthy body and its strong resistance will prevent the body from getting flu. On the other hand, a weak body and its poor resistance are vulnerable to the invasion of even the slightest germs, which will eventually lead to a disease. In addition, TKM sees that getting a disease does not simply concern certain parts of a body. Rather, it considers that a disease comes from physiological disharmony of the body—that is, body’s yin and yang are not well balanced.

History of TKM Development

The origin of TKM derives from wormwoods and garlic in the Dangun myth.² The myth tells a story in which a tiger and a bear aspire to become human. Hwanwoong, the son of a god, recommended wormwood and garlic, rather than just casting a spell. This myth shows Korea has long established its unique tradition in medicinal herbs.

The unique TKM has its theoretic foundation in Korean-based medicine and Buddhist medicine from the period of the Three Kingdoms—Goguryeo, Baekje and Shilla—from around 57 BCE to 668 CE. During the period of King Pyongwon of Goguryeo (561 CE), a medicine book was imported from China, and in the Baekje period, medicine and pharmacy were separated for the first time. This development led to Baekje’s unique medicine, which in turn gave birth to the compilation of *Baekjeshinjipbang* (Baekje’s New Compilation of Prescription), the first Korean medical book.

TKM in the North–South States Period (698–926 CE) showed an original and a remarkable development characterised by the interaction with the medicine of the Sui and Tang Dynasties in China and that of India. This fact is evidenced by *Sillabeopsabang* (Prescriptions of Shilla Dynasty,

57 BCE–935 CE). Also in the North–South States Period, medical training and a development system were first established.

In addition to the medicine coming from the Tang Dynasty during the early Goryeo Dynasty (918–1392 CE), medical knowledge and drugs from the West and southern regions were introduced to Korea via the Arabians. By the middle of the Goryeo Dynasty, medicine from Song Dynasty (960–1279 CE) was introduced to Korea. Based on the medical knowledge from various countries, Korea developed its own medicine and put it in place in the later Goryeo Dynasty. In this period, medical institutions such as Jewibo (Endowments for Relief of the Poor), Dongseodaebiwon (East and West Infirmary), and Hyeminguk (Public Dispensary) were established for ordinary Korean people with limited access to medical service. This self-reliant trend gave birth to research into *hyangyak* (aboriginal medicine) which eventually led to the publishing of *Hyangyak-Googeupbang* (Emergency Aboriginal Medicine), the oldest medical book that exists in Korea at present.

In 1406, King Taejong of the Joseon Dynasty established *uinyeo*,³ the first female-doctor system. Under the reign of King Sejong, *Hyangyak-Jipseongbang* (Compendium of Aboriginal Medicine) and *Euibang-Yoochui* (Classified Collection of Medical Prescriptions) were compiled. In the middle of the Joseon period, Heo Jun compiled the widely popular book on medicine, *Dongui-Bogam* (Treasured Mirror of Eastern Medicine),⁴ which is regarded as a great accomplishment in oriental medicine. In addition, Heo Im's acupuncture and moxibustion, and Saamdoin's new *chimgubosabeop* (acupuncture and moxibustion supplementation and draining method) were also introduced. In the 19th century, more empirical and scientific ways of thinking helped create pragmatic schools of medicine. A stellar example is Lee Je-Ma's *dongui-susebowon* (longevity and life preservation in Eastern medicine), which was a breakthrough in TKM. He first proposed *sasangeuihak*⁵ and opened a new horizon of TKM.

However, the development of TKM stagnated during the Japanese colonial rule of Korea, as Japan exerted political pressure on TKM. After gaining independence, Korea once again faced the tragedy of the division of the peninsula. The division brought about discriminatory treatment of TKM, but TKM made strides in development nevertheless. As a result, the Center of Oriental Medicine was established in 1947. A TKM doctor system was revived in 1952, and the College of Oriental Medicine was founded in 1955.

Differences between TKM and Traditional Chinese Medicine

The first reference of a medical book on record is in *Ilbonseogi* (Chronicle of Japan). According to this book, in the third year of King Pyeongwon's reign during Goguryeo (561 CE), Jichong of China went to Japan via Goguryeo with 164 books, including *Naewejeon* and *Yakseo*.

In the Goryeo Dynasty (918–1392), people began to lay the groundwork for a new medicine for the Korean people. This was a move away from practices of Three Kingdoms period, when Korea simply imported foreign medicine. Although there was not much progress on the theoretical front, there was substantial progress in medicinal material and treatment, which contributed to remarkable development of TKM in the Joseon Dynasty.

The foundation for TKM's rapid progress was firmly established in the Joseon period (1392–1910), when medical theories that can be compared with Chinese theories were proposed. Representative examples

are *Hyangyak-Jipseongbang* and *Dongui-Bogam*. The latter, in particular, was compiled in a unique way of covering all the past books on medicine by, for example, adopting theories of *Geumweonsadaega* (Knowledge and Curative Method of Four Eminent Physicians in the Jin and Yuan Dynasties), the most advanced medical book at the time. When *Dongui-Bogam* was published in 1613, everybody praised it because it had great content and was also easy to read. The excellence of the book is evidenced by the fact that it was exported to other countries.

Dongui-Bogam is not just a medical book. Korean medicine before the book was more or less a copy of Chinese medicine or used Korean medicinal materials and techniques based on Chinese medical theories. Korean medicine after *Dongui-Bogam*, however, is regarded as indisputable “Korean” medicine. *Dongui*, the title of the book, meaning Joseon, shows the book was written from a very self-reliant perspective.

Dongui-Susebowon, published in 1900, deals with how the development of a disease varies from person to person, which is a unique theory. This book shed light on new phenomena regarding cause, occurrence, and developments of diseases, reaffirming the self-reliant characteristic of TKM.

Differences between TKM and Western Medicine

TKM is a range of traditional medical practices based on Asian natural philosophy, which studies undercurrent traits of natural phenomena. TKM sees a human body as a small universe and adopts the concept of yin and yang, which describes all the objects and phenomena in the universe with two opposing forces such as sun and moon, summer and winter, north and south, and male and female, and the concept of the five phases/elements comprising the universe—metal, water, wood, fire, and earth.

On the contrary, Western medicine focuses on a human body’s internal organs and is based on anatomy and cytology. It values apparent phenomena and treats patients on a statistical basis. It does not study the process of Six Autospheric Influences in the realm of natural science. TKM links physiologic changes in the human body to changes in natural phenomena, observes the phenomena of qi. For example, in spring when everything springs up with new energy, generation functions become active. During summer torrential seasons, the body is influenced by humidity. In dry autumn, the body lightened while in cold winter the body becomes solid due to the storage function, the tendency of sinking deeper. Western medicine, however, tends to find the cause of these phenomena by observing structure and function of human parts, not by linking the cause to phenomena in the natural world.

Likewise, TKM treats a disease on the assumption that the disease stems from the discrepancies between the natural phenomena and the state of the human body while western medicine treats a disease by identifying the germ that caused the disease.

TKM cures a patient by prescribing herbs in nature, which has the closest component to the human body, thus generating changes in conditions of the human body and strengthening resistance to the disease so that there is no room for malicious germs to harm the body. Some foreigners regard herbal medicine simply as health supplementary food, but this is a misconception stemming from poor understanding of TKM.

As is explained so far, TKM and Western medicine take very different approaches from each other in terms of physiology, pathology, diagnosis,

and treatment. Therefore, TKM and Western medicine should make an effort to better understand and respect each other, and different systems and nurturing plans would be necessary.⁶

REPRESENTATIVE INTANGIBLE CULTURAL HERITAGE OF TRADITIONAL KOREAN MEDICINE

Sasang Constitutional Medicine

Sasang Constitutional Medicine (SCM) of Korea started with diagnosis and treatment based on constitutions by Lee Je-Ma (1837-1900), the founder, and his disciples around Hamhung area in the late 19th and early 20th century. Thereafter, it gradually expanded around the country and has been specialized by many experts, led by the Society of Sasang Constitutional Medicine at present. According to the statistics of society of traditional Korean medicine in 2014, there are 134 SCM specialists admitted by the government or the society.

SCM is an indigenous Korean medicine originating from Lee's *Dongui-Susebowon* (東醫壽世保元). Lee's medicine is grounded on Sasang

Dongui-Susebowon published in 1901





Portrait of Lee Je-Ma

philosophy, and Lee's Sasang philosophy was built as an alternative to Neo-Confucianism, which lost influence, resulting in confusion in 19th century Joseon society. Although its way of perception is Confucianism, it is a different method of philosophy. While traditional Chinese medicine has the basic theory of Zangxiang and the meridian system based on yin-yang and five elements, SCM defines Sasang types—*taeyang*, *taeum*, *soyang*, and *soeum*—and explains physiology, pathology, treatment, and nurturing life (養生), grounded on Sasang philosophy. In SCM, every person is applicable to one of the four Sasang types. Since there are differences in appearance, mind, and symptom depending on constitutions, SCM has different approach to physiology, pathology, treatment, and preventive management for each person of different constitution.

The constitution is a comprehensive concept that combines one's innate physical, psychological, physiological, and pathological characteristics. Constitutional typology in Korean medicine synthesizes appearance, personality, mind, symptoms of disease, and response to acupuncture and herbs to make a diagnosis. Recently, to enhance scientific characteristics and objectivity, Questionnaires of Sasang Constitutional Classification (QSCC), facial shape measurement, trunk measurement, and voice analysis are used. In SCM, the constitution is inborn, irrelevant to one's will, so there is no right or wrong among constitutions. Still, one can maintain a healthy life if he or she keeps living morally, but a disease may occur due to the heart fire (心火) generated from greed. Currently, the constitutional typology is applied to actual clinical practice. Since Korean medical institutions have made and use the official textbook and Clinical Practice Guideline (CPG), it does not have a different classification system depending on origin or geography.

Principles and Clinical Use of SCM. In SCM, the four Sasang types vary in function of not only physical organs, but also of knowledge and conduct (知行) to adapt in social life; diseases and herbal treatment also vary depending on the constitution. Since responses to certain medication are different by each constitution, the way of detecting illness is also understandably different for each constitution. SCM is a self-adjusting medicine in a way that there is no such concept as the right medication but that it should be used considering the patient's reaction to it. In addition, SCM is a psychosomatic medicine that cures mind to treat disease (治心治病), and a preventative medicine that can prevent disease by managing daily life based on one's constitution. Currently, Korean medicine institutions apply SCM in clinical treatments of stroke, cancer, allergic disease, metabolic syndrome, and tonifying essence.

Succession. During the turbulent era of the 19th century, Lee Je-Ma's efforts to bring new medicine and philosophy resulted in the publication of *Dongui-Susebowon* in 1894. After Lee's death in 1900, with the lead of the Yuldong Union, which was formed in Hamhung, SCM was distributed and transmitted. During the Japanese occupation, *Dongui-Susebowon* kept being reissued steadily, and clinical publications related to SCM were issued, including *Dongui-Sasang-Shinpyun* (1929) and *Sasang-Geumge-Bibang* (1936). Thereafter, in the unstable periods of independence and the Korean War, SCM kept being inherited by disciples in Seoul, Hamhung, and Yeonbyeon until the mid-1960s, when its succession became more organized. The Society of Korean Medicine and the Association of Korean Medicine cosponsored SCM classes and lectures, colleges opened SCM courses as a major, and graduate schools

started publishing papers about SCM. At present, eleven colleges and a graduate school of Korean medicine are training students through systemic education, and the graduate course produces SCM specialists. The Korea Institute of Oriental Medicine (KIOM), founded as a public research institute funded by the government to promote and develop Korean medicine in 1994, also participates in fostering SCM specialists by advancing clinical research, development of instruments, and genetic research based on SCM and by offering graduate-level research institute collaboration courses with the Korea Institute of Science and Technology (KIST) and the College of Korean Medicine in Kyung Hee University. Besides, the Society of Sasang Constitutional Medicine yields research outcomes, publishes papers in academic journals, and runs video lectures on its website.

Social Responsibility. Sasang Constitutional Medicine is a nurturing life (養生) medicine that pursues health management in daily life, and preventative medicine through daily physical training. So far, the Korean medicine community has contributed to SCM expansion by producing SCM specialists through educating students. Doctors of Korean medicine have contributed to national health care by preventing and treating incurable diseases, such as cancer and stroke, based on SCM and to the distribution of medical knowledge and prevention of disease by nationwide SCM promotion. Knowing one's constitution helps not only to maintain physical health but also to keep amicable social and family life by letting a person know their competency, talent, and limit; one can keep mental and physical health by managing one's mind and behaviour according to constitutional guide; informed of what to be careful of in daily life, and thus, one can also be confident in everything. Besides, one is likely to be understanding and considerate by knowing others' characteristics.

Protective Actions. Eleven colleges and a graduate school of Korean medicine offer SCM courses as a major to foster specialists, and Korean teaching hospitals also employ SCM in diagnosis and treatment. KIOM conducts SCM research, and the Society of SCM (900 members in 2008) publishes an academic journal and many publications and holds national and international academic conferences.

Research in KIOM include a study on the objectification and clinical application of constitutional diagnosis (1996) and the development of constitutional health standards (2007), and it also published "Sasang Constitutional Medicine" in *Compendium of Korean Medicine Data II* (2010) and *Biography of Lee Je-Ma* (2002).

Saam Acupuncture

Saam acupuncture is a mysterious acupuncture method left by an ascetic, Saam, in the reign of Gwanghaegun of Joseon (1608–1623). The mysterious figure Saam, known as the best disciple of master Samyeongdang, is sometimes included in the three medical saints with Heo Jun and Lee Je-Ma. Saam (舍岩), meaning living in rocky caves, he had been in Zen meditation for thirteen years with his real name kept secret, until he achieved enlightenment about acupuncture. The effect of his medical treatment charity has been orally transmitted, and the book, *Saamdoin-Chimguyokyul*, was handed down. Saam acupuncture is a method based on the view of yin and yang to satisfy individual specificity in selecting

meridian and its characteristic with a distinctive theoretical structure, tracing the original cause of the disease. Unlike other acupuncture methods, Saam acupuncture applies acupuncture to extremities, which is Five Su Points (五輸穴) below the elbow and the knee. Saam acupuncture also treats spiritualistic imbalance through its distinctive hypothetical system of emphasizing spiritualistic aspect as well as the materialistic selection of the twelve meridians, which is the acupuncture regarding mind and targeting one's spiritual world. Its clinical effect is remarkable, so many doctors of Korean medicine now study Saam acupuncture to practice it in their clinics.

Saam acupuncture is a unique method that seeks for the logic of “抑其官,” a step forward from the principle of “in the case of a deficiency, tonify the Mother (acupoint), and in the case of an excess, purge the Child (acupoint)” (“虛者補其母，實者瀉其子”) in chapter 69, Nan Jing (難經·六十九難). It uses four acupoints, two acupoints from “self meridian” (自經) and “other meridian” (他經), respectively, or one or two acupoints in transformation for treatment. Currently, Saam acupuncture is studied from various perspectives depending on the differences in the way of diagnosing, differentiating, and treating. Kim Hong-kyung interpreted viscera and bowels and meridians emphasizing six qi, and Kim Kwang-ho applied Saam acupuncture as one-acupuncture therapy by finding the basis of differentiation of viscera and bowels and meridians in Dongui-Bogam. Kim Kyung Jo classified patient complaints according to meridian, and Choi Junao Bae interpreted viscera and bowels and meridians from the viewpoint of medical changes (醫易). Kim Kwan Woo used abdominal palpation in diagnosis, and Joo Hyun Wook analyzed diseases in the perspective of Western medicine to use Saam acupuncture. Kuan Dowon and Yom Tae-hwan created Eight Constitution Medicine (ECM) and 24 constitutions acupuncture, emphasizing constitutions.

Currently, the communities related to Saam acupuncture are Sa-Am Non-profit Acupuncture Service and the Society of Sa-Am Acupuncture. Sa-Am Non-Profit Acupuncture Service, a medical charity that studies and educates in Saam acupuncture and provides volunteer medical services, consisting of Korean doctors and students of the eleven Korean medical colleges, who studied Saam acupuncture. The Society of Sa-Am Acupuncture has held health lectures for the public and academics and conducts research on Saam acupuncture.

Principles and Clinical Use of Saam Acupuncture. Since Saam acupuncture applies acupuncture to Five Su Points below the elbow and the knee, its stimulus is strong but safe and effective with no damage to internal organs during the procedure. Saam acupuncture analyses the cause of disease focusing on viscera and bowels, and it may need near acupuncture point needling, but it is affected by *Dongui-Bogam* that uses remote acupuncture point needling. Unlike other acupuncture methods that use scores to hundreds of acupoints, Saam acupuncture selects four or fewer acupoints that are necessary and effective, thus it is a convenient method. Since it uses only distinctive acupoints with the utmost effect, its stimuli are strong, resulting in quick and excellent curative effect not only in acute disease but also in chronic disease.⁷

Succession. Saam acupuncture is influenced by Heo Jun's *Dongui-Bogam* and Heo Im's *Chimgu-Kyunghumbang*. Its original manuscript has been handed down and is available in Korean translation of *Saamdoin-Chimguyokyul* (國文譯註 舍岩道人鍼灸要訣), *Saam-Chimgujeongjeon* (舍巖鍼灸

First volume of the Journal of Constitutional Medicine, published in 1989.



正傳), *Chapter on Acupuncture of Taehan-Uihak* (太韓醫學鍼灸篇), and *Saam-Eumyangohaeng-chimbeopbigyeol* (舍巖陰陽五行鍼法秘訣). Later, in the era of Japanese occupation, Saam acupuncture was printed into books, paving the way for practitioners to study it. Books related to Saam acupuncture during the Japanese occupation include *Introduction to Study of Meridian System* (經絡學總論), *Saam-Chimgukyul* (舍岩鍼灸訣), *Kyungje-Yokyul* (經濟要訣), *Cheongnangkyul* (靑囊訣), *Chalbyeong-Yokyul* (察病要訣), *Jese-Bogam* (濟世寶鑑), *Kyungheom-Chimgupyeon* (經驗鍼灸編), and *Saam-Cheongnangkyul* (舍岩靑囊訣). Besides, *Hanbang-Uihak* (漢方醫藥), a journal of Korean medicine, contributed to the popularization of Saam acupuncture by publishing the original manuscript of Saam acupuncture added with the author's opinion. After the Independence of Korea, many doctors of Korean medicine tried to research Saam acupuncture and study the principles of it as a part of reviving Korean medicine.

Social Responsibility. Sa-Am Non-Profit Acupuncture Service consists of students of eleven colleges of Korean medicine and doctors of Korean medicine who study Saam acupuncture. It passes down the principles of Saam acupuncture and provides volunteer medical service. It runs a free clinic renting abandoned schools in rural areas to improve the local medical environment. Moving around the country, it regularly provides volunteer service in areas without any medical institutions and in disaster areas to improve public health care. Nonetheless, it participated in volunteer service during big sporting events such as the Olympics and the Asian Games, introducing the excellence of Korean medicine.

Protective Actions

1. Lectures: Since 1984, Kim Hong-kyung has held 30 40-day lectures on the principles of Saam acupuncture to Korean medicine students.
2. Activities of the Society of Sa-Am Acupuncture
 - Public Lectures on Health: Doctors belonging to the society have given lectures on health to the public since 1984.
 - National and International Academic Conferences: The society has been holding biennial academic conferences since 1984 with conferences held in the U.S. in 1984, New Zealand and Australia in 1996, and Canada in 2010 to hand down Saam acupuncture. In March 2010, it presented Saam acupuncture at a conference held by the Society for Acupuncture Research (SAR) in Chapel Hill, NC, USA.
3. Major Publications and Papers on Saam Acupuncture
 - *Saamdoin*, translated by Lee Tae-ho, *Saamdoin-Chimguyokyul* (國文譯註 舍岩道人鍼灸要訣), *Haenglim*, 1935 (reissued in 1996).
 - Kim Hong-kyung, "The Mystery of Meridian System Solved with Saam Acupuncture" (사암침법으로 풀 경락의 신비), *Shikmulchujang*, 2001.

RÉSUMÉ

La médecine coréenne traditionnelle (MCT) se fonde sur l'idée qu'une personne tombe malade parce que son *qi* « sain » (Jeongqi) est tellement affaibli qu'il ne peut résister aux attaques du *qi* « pathogène » (Sagi), de sorte qu'il se concentre sur le renforcement de la vitalité. La MCT trouve son origine dans l'absinthe et l'ail cités dans le mythe de Dangun. Ce mythe montre que la Corée a depuis longtemps élaboré cette

tradition unique dans le domaine des herbes médicinales. La fondation de la MCT et son progrès rapide remontent à la période Joseon, grâce à des publications majeures telles que Hyangyak-Jipseongbang (1433) et Dongui-Bogam (1613).

Par la suite, Dongui-Susebowon (1900) a officialisé la Médecine Constitutionnelle de Sasang (MCS), issue de la médecine indigène de Corée fondée par Je-Ma Lee. Cette typologie constitutionnelle se base sur l'apparence, la personnalité, l'esprit, les symptômes de la maladie et les réactions à l'acupuncture et aux herbes qu'elle synthétise pour établir un diagnostic. À l'heure actuelle, la typologie constitutionnelle est appliquée à la pratique clinique.

L'acupuncture Saam, une mystérieuse méthode d'acupuncture établie par un ascétique dénommé Saam, est une autre caractéristique de la MCT. Contrairement à d'autres, la méthode Saam s'applique aux extrémités, au niveau de cinq points (五 輸 穴) situés sous le coude et le genou. Pour cette raison, son stimulus est fort, mais sûr et efficace, sans dommage pour les organes internes pendant la procédure.

NOTES

- 1 Healthy *qi* refers to all normal functions of the human body and the ability to maintain health, including the ability of self-regulation, adaptation to the environment, resistance against pathogens and self-recovery from illness. On the other hand, pathogenic *qi* refers to an agent *qi* causing disease.
- 2 Dangun is the legendary founder of Gojoseon, the first kingdom of Korea, in present-day Liaoning, Manchuria, and the Korean Peninsula. He is said to be the grandson of the god of heaven, and to have founded kingdom in 2333 BCE.
- 3 Female physicians who specialized in the treatment of women.
- 4 *Dongui-Bogam* was registered as a UNESCO Memory of the World in 2009.
- 5 Lee Je-Ma initiated *sasangeuihak* as a branch of TKM, which is mainly affected by *Dongui-Bogam*, 16C. It stresses the theory of the four constitutions and is also called Sasang Constitutional Medicine (SCM) or four-constitution medicine
- 6 Sangwoo Ahn, Taewon Song, *Introduction to Traditional Korean Medicine*, KIOM (Korea Institute of Oriental Medicine), 2009.
- 7 Hong Kwon-eui, Park Yang-chun, "Effect of Sa-am Acupuncture Method for Chronic Tension-type Headache: A Randomized Controlled Trial," Department of Internal Medicine, College of Oriental Medicine, Daejeon University, 2007.

Chapter 3

Sul, Traditional Medicine and Family: Korean Case Studies

Hanhee Hahm

Chonbuk National University, Center for Intangible Culture Studies

Haesu Bae

Center for Intangible Culture Studies

INTRODUCTION

Recently Korea's traditional liquors have increasingly drawn the attention of the general public and the national and local governments as cultural heritage. There are, however, some misunderstandings as to what "drinking" liquor means in the traditional Korean society. This is the context in which the authors of this paper decided to investigate the culture of *sul* in traditional society and as well as the changing aspects of such culture.

In Korean tradition, *sul* or liquor was considered a part of daily diet not solely for entertainment or social activities. Every household brewed *sul* because its use in family life was very important, specifically with respect to ancestor worship, entertaining relatives, friends, neighbours and guests, and even for medicinal use. This paper deals with *sul* focusing on its medicinal purpose but it also presents the culture of *sul* which should be understood within the context of the daily life of a family.

Recipes for medicinal *sul*, called *yaksul*, have been handed down from generation to generation, confidentially within families. It was brewed with plants, herbs, roots and many diverse pharmacopoeia ingredients. *Yaksul* was kept in a sacred place in the home and treasured as a family heirloom. As such, the recipe was mostly circulated only among family members, especially from mother-in-law to daughter-in-law. This raises the question as to why it has not been transmitted from mother to daughter. The method of transmission reflects the peculiarity of the Korean family system. Yet, recent changes in the Korean family system have even greatly affected the culture of *sul*.

This paper tackles the following issues: first, what are the medicinal *sul* in the Korean context? Second, the question of how is it made and who is in charge of brewing are dealt with through three case studies. Third, this paper attempts to explain which parts of the changing aspects of the culture of *sul* are most pronounced in contemporary society.

A BRIEF HISTORY OF SUL-MAKING

'Sul' can be translated into liquor or wine in English, but neither word quite properly reflects the linguistic or cultural meaning contained in the Korean word. The origin of the term *sul* has several potential explanations (National Research Institute of Cultural Heritage 2013, pp. 15-16). One is that the two words, water (*su*) and fire (*bul*), combined to become *subul* whose meaning is 'fire contained in water.' *Subul* was transformed into *sul* through a long history of linguistic changes. This explanation reflects the traditional philosophy of *yin* (cold or calm) and *yang* (warm or vitality) as well. Water represents *yin* while fire represents *yang*. *Yin* and *yang* are opposite properties or elements. Yet, the universe is formed from the harmony between these two. The philosophy of *yin* and *yang* thus emphasizes the integrated, harmonious and unified entity or state formed from two opposite, contrasting or different elements or properties.

Reference to *sul* can be frequently found in many old books and records representing festivity, vitality, and rituality. When it came to making and drinking *sul*, old books and records emphasized the realm of morality or *do* (right way) (Baek 2004). In particular, making *sul* was considered belonging to the divine realm, not a human one. Within this belief system brewers complied with precise and correct rules for

production, including a series of rituals praying for a good quality of sul. When drinking sul, strict etiquette was observed. The culture of sul was developed under the Confucian doctrine of philosophy during the period of Chosun dynasty (1392–1910).

During the Chosun period, home brewing was common practice for occasions of ancestor worship, special holidays, and socializations. People mostly used grains such as rice and gluten-rice to brew sul for ancestor worship. The use of ingredients such as fruits, flowers, herbs and roots and animals in making yaksul for medicinal use became increasingly popular. In the *Dongui Bogam* (1613), the Book of Korean Medicine, which was compiled by Heo Jun, a renowned doctor of the day, and is acknowledged to be a masterpiece of Korean traditional medicine, it is stated that liquor brewed with medicinal plants and herbs was effective for treating some ailments.

Because the process of fermenting sul was typically subject to secrecy, people made medicinal sul in their homes. Home brewing of yaksul became common practice and an important chore of housewives. The knowledge basis and techniques associated with also developed and expanded during the later period of Chosun dynasty.¹

When Chosun was colonized by Japan, however, home breweries were abruptly banned by the implementation of legal measures in 1905, 1909, and 1916 (Choseon Chongdonkbu 1935). The Chosun people were in confusion since home brewing was essential in their daily lives. As noted above, sul was an important part of ancestor worship and people relied on medicinal uses of yaksul. When the Japanese colonial government banned home breweries, homemade sul became illegal and substituted by factory-brewed liquors. The colonial government issued liquor licenses to those who were then authorized to operate breweries. Only those who had capital could open a brewing house or a factory. Brewing thus became commercialized.

Even under the tight control of the colonial government, some families continued to make sul secretly (Cho 2003; Heo 2004). Once such illegal breweries were discovered, those who were caught had to pay fines. Some elders in our interviews recollected that they could not comply with the oppressive Japanese order because they could not serve their ancestors factory-brewed sul which was considered disrespectful and even improper to serve to their ancestors. The tight control on home brewing during the Japanese colonial period became so severe that most families stopped brewing sul at home. The elders remembered that it was one of the most difficult experiences under colonial rule.

After liberation, the Korean government continued the ban on home breweries. The government attributed the lack of grains at that time as the main reason for the continued ban on home breweries. In 1965, producing all-grain liquor, even in factories, was illegal. Such governmental regulations against home brewing were not changed until the Seoul Olympics were held in 1988. The change in the regulations was because of the rediscovery of the traditional way of home brewing. The period leading up to 1988 was called the ‘Dark Age of Home Brewing.’ The government began to recognize the importance of home breweries making traditional sul, particularly from the perspective of protecting the distinctive knowledge and skills associated with making sul which were long retained within families from generation to generation (Park 2009). In 1985, thirteen items of traditional sul were selected and nominated as cultural heritage by the Korean government. In 1988, the government designated some traditional sul producers as ‘folk liquor

**Cho, Jeong Hyeong, a contemporary
sul master brewer**



(*minsok sul*) producers for tourism’ and ‘folk liquor brewing skill holders’ and gave them special licenses. In 1990, the Korean government finally lifted the ban on home brewing sul (Lee 2013). Since then, provincial and county offices have been competing to find old brew houses and families. Unfortunately, in many families the elders who had kept the knowledge and techniques of making sul had already passed away—leading to a loss of knowledge.

While Korea established the Law of Cultural Property Preservation in 1962, traditional sul and sul making were not included as a cultural property until 1985. The law initially focused on tangible cultural properties and in order to preserve the original forms, structures and conditions the Cultural Heritage Administration (CHA) began to designate ‘cultural properties’ of importance.² CHA then proclaimed the Cultural Heritage Charter in 1995. The cultural policy undertaken by CHA has largely ignored the intangible cultural heritage including traditional knowledge and skills that have been disappearing fast during the periods of industrialization and urbanization in Korea. Due to such an imbalanced cultural policy, sul-making knowledge and skill have been rapidly disappearing in Korean society.

The fame and values associated with sul, however, after striving to adapt to new environments, have been restored as cultural heritage from being something ‘illegal.’ Some people who were nominated as Intangible Cultural Heritage Skill Holders have tried to commercialize their old home brewery-style of liquor. We present the cases of traditional sul that have been recognized as cultural properties and are fairly well known in the liquor business world as passing through the regeneration period of sul.

MEDICINAL LIQUOR IN TRADITIONAL KOREA

Traditionally Korean liquors were categorized into four types by taste, brewing method, and effect. Liquors were classified and named differently, from the highest quality to the lowest. The last characters in the names of liquors denote their classification: *-ro* (dew), *-ko* (nutrition), *-chun* (spring), and *-ju* (alcohol). Except *ju*, the other three types are considered high-quality liquors that are good for health in body and mind. The name of sul with the last character of *ro* (ex. *gamheung-ro*) tastes like dew. Sul with the last character of *ko* (ex. *jukreok-go*) is a rich and healthy liquor. If the last character is *chun* (ex. *hosan-chun*) the sul is considered a spring-like liquor. Yet, if the last character is *ju*, this connotes an ordinary liquor—that is, sul of the lowest quality. It is noted that the philosophy and aesthetics of drinking in traditional society are conveyed through the naming schematic of sul.

THE CASE STUDY OF IGANGJU (PEAR AND GINGER SUL)

Igangju, pear and ginger sul, was nominated as an intangible cultural property of traditional home brewery in 1988, and since then Mr. Cho, Jeong Hyeong (76) has been identified as the bearer of *igangju* by the Jeolla Bukto provincial government. He is a descendant of a renowned Confucian scholar in the region.

“I grew up in an austere Confucian family. My grandfather always stressed the importance of a righteous life based on the Confucian teachings of loyalty and filial piety as well as the idiom ‘cultivate your morals, then manage your household.’ My mother told me an interesting and meaningful story. When she conceived me, she had a strange dream that was known to tell about her forthcoming conception, a cauldron for brewing liquor sky rocketing upwards from the ground. For this reason, my name came to have the Chinese character ‘Jung’ in it, which means soaring. I was destined to be a brewer. I studied brewing in college and after graduation went to work for a liquor company in Mokpo, a prominent brewery at that time. There began the inseparable bond between me and liquor. For ten years, I devoted myself to developing new products for the company. I worked hard day and night as a factory manager, taking pride in the thought that I was best in terms of brewing skills. One day I began to think about my role as a brewer: is it really good liquor that only caters to the taste of liquor lovers? I came to a conclusion that without research into the roots of folk liquor, which was at that time was looked down upon as ‘bootleg’ liquor, all the work would just end up being an imitation of others’ liquor. Home-brewed liquor, which has lasted for such a long time transcending generations, was the true liquor of the Korean people representing our spirit. So I set the goal of studying folk liquor, and went for it.

The recipe for igangju was passed down as a secret formula through six generations but unfortunately under the colonial rule, it was on the verge of extinction. I studied brewery skills based on my mother’s memory and old books and records. I make igangju by distilling soju in a traditional way and mixing it with pear, ginger, curcuma tuber and cinnamon, along with traditional honey. Igangju was introduced by Choi Nam-son as one of three famous Korean liquors, and it was

Distillation © Jeonju Igangju



also mentioned in the scripts for the traditional Bongsan Mask Dance. When King Gojong signed a treaty of commerce with the United States during the late Chosun period, igangju was on the table as a representative liquor of the nation.” (Interviews with Master Cho)

Mr. Cho grew up hearing from his parents that his family had a long tradition of home brewing, including *iganggo* but that the traditional practices ceased during the colonial period. After working in a brewery company for around ten years or so he began a new project to research folk liquors, especially his family’s traditional home brewery of *iganggo*. In order to uncover the relevant formula and techniques, he searched through diverse sources of books, records and oral traditions of his family members. On the basis of such materials, he repeatedly experimented and finally found the secret to home brewing. It was the outcome of uncountable trials and errors through the process of his self-learning. He was successful in the revival of *iganggo* with an original taste. *iganggo* was known to be one of the three best liquors in the region of Honam (south-western part of Korea) during the traditional period.³ According to *Imwon Gyeongjeji*, the classic book on agriculture, forest and economy by Seo Yu Gu in the early 19th century, the three best medicinal liquors in Chosun were *iganggo*, *jukryeokgo*, and *hosangchun*. *Iganggo* was made from pear and ginger. Both ingredients were ground and squeezed into juice and honey, cinnamon and oriental drug bases were further added. The original name, *iganggo*, was changed into *igangju* because the old name seemed unfamiliar to the contemporary people, Mr. Cho thought.

Igangju is now one of the best-selling liquors in the domestic market. The marketing strategy focuses on selling traditional food culture where the food is made with healthy ingredients. Mr. Cho believes that *igangju* should be brewed with the spirit of traditional medicinal *sul* for family and ancestors.

THE CASE STUDY OF JUKRYEOKGO, BAMBOO SUL

Song Myeong Seop (59) learned how to make *jukryeokgo*, bamboo medicinal liquor, from his mother when he was in his twenties. His parents were operating a mill and a brewery in a small town, Sintaein in the province of Jeolla Bukto. They sold several different liquors made at the brewery. At home his mother used to make various *sul* for her family. One of these was bamboo *sul*, which was and is still considered medicine in Song’s family. Song’s mother learned the brewing method from her maternal grandfather who practiced oriental medicine. In the past, when people heard the name *jukryeokgo*, they immediately recognized it as medicinal liquor, not an ordinary alcoholic beverage.

Jukryeokgo is made from bamboo and oriental drug bases. Bamboo is chopped into chunks which are then baked in fire. The baked chunks are then squeezed into juice and honey, ginger and other drug bases are added. All ingredients are then boiled together. *Jukryeokgo* has most likely been manufactured since the middle of the Chosun dynasty. It was considered the best drink, along with Pyongyang *gamheungro* and Jeonju *iganggo* in some old books.⁴

In 2003 the local government of Jeolla Bukto designated *jukryeokgo* an intangible cultural property, and Mr. Song was identified as the master of brewery. He learned the secret brewing method from his



Making fire with beanstalk, the pot is covered with red clay © Taein Brewery



With the fire extinguished, the red clay is removed © Taein Brewery

mother. She used to brew it for her husband who was frequently sick. Bamboo sul was good for him so his wife, Mr. Song's mother, used to diligently brew it even though it was tough work.

Mr. Song unexpectedly experienced difficulties when he applied for the designation of intangible cultural property with the knowledge and skill of making jukryeokgo. He was supposed to present evidence proving that the knowledge and skill associated with making jukryeokgo was transmitted from generation to generation and that it had value as folk medicine as well. There were only a few people who knew about jukryeokgo. What he did was to first publicize it. He collected oral traditions and data regarding jukryeokgo for many years. He discovered some evidence demonstrating that the bamboo sul was once famous as a medicinal liquor in Honam. Jukryeokgo was eventually recognized as an intangible cultural property.

BAEKHWAJU (HUNDRED FLOWERS SUL)

The family of Kim Jong Hoe (53) has a long tradition of making a special homemade liquor called *baekhwaju*. Mr. Kim is proud of his family's history in brewing which goes back 13 generations, from when his ancestors started to brew sul with hundreds of different kinds of flowers that blossomed nearby. His house is located in Gimje, Jeolla-bukto, which has been famous as a granary of Korea because of the vast acreage of rice plains. His ancestors cultivated a large amount of rice, barley, and other grains and brewed rice wine at a large scale at home for use in ancestor worship, and to treat guests and labourers. During the season of rice cultivating, many agricultural labourers were hired and served food and liquor. It was customary for Korean landlords to provide food and liquor to their tenants and labourers. The consumption of rice wine was high during the seasons of planting and weeding. Rice wine made workers more energetic in body and mind. In addition, on the basis of old literature and oral tradition, Kim's ancestors developed medicinal sul by collecting many different kinds of wild flowers blossoming in

nearby fields and mountains. Glutinous rice was, and is still, used as one of the bases which sweetens sul. Some flowers have a sweet smell and pretty colours but when the flowers are mixed together, the mixture can turn bitter and black. According to traditional knowledge, baekhwaju is considered a medicine, not just a simple alcoholic beverage. Mothers-in-law in Kim's family have taught their daughters-in-law how to make it. Yet, in contemporary society, we can see that the pattern of female succession has changed. Mr. Kim rather than his wife learned the home brewing from his mother. Mr. Kim explained his personal concerns for its extinction and his special interest in keeping the recipe and skill of brewing as his family's treasure. In 2016, baekhwaju was designated as a regional intangible cultural property of the Jeolla Bukto provincial government, and Mr. Kim attained the mastership of baekhwaju brewing.

CONCLUDING REMARKS: FROM SACRED FOOD TO PROFANE LIQUOR

Igangju, jukreokgo and baekhwaju were considered medicinal liquor by the families who brewed these sul. They were regarded as sacred food, and home brewing was a very special activity for them. Whenever housewives brewed sul, they used to perform a series of rituals for the purification of sul, good fermentation, and family health. The rituals were carefully protected, and only brewers performed them without the inclusion of other family members. Such sanctity and secrecy were transmitted through the women in a family. It was customary in traditional Korean society that the succession line of sul making was female to female, specifically mother-in-law to daughter-in-law. Korean society is based on a patrilineal principle of family organization so that women's status is lower than that of men. Women moved to their husbands' homes when they were married. Drawing upon the Confucian ethical code, in a traditional society, a woman of high morality was required to be loyal to three men—her father, her husband and her son. Her status and role were determined by these three men's control. Because of such a patrilineal family system, daughters generally would not learn how to brew and perform rituals from their mothers before getting married. After marriage, they would soon learn their in-laws' custom, etiquette and lifestyle in general.

One of the important household tasks for women was making sul for ancestor worship and as a treat for guests. As noted above, mothers-in-law used to teach their daughters-in-law how to brew sul. The women in a family would work together sharing recipes, skills and other important knowledge of sul making. This kind of activity was customary for transmission of knowledge associated with making sul. Women attempted to preserve their own sul making as sacred activities.

It is interesting to note, however, that women-centred transmission has changed. As illustrated above in the three case studies, the brewers of sul are all men. These men have inherited the recipes, skills and knowledge regarding sul making from their mothers. From the perspective of traditional customs, this is quite an odd practice. During the revival of homemade medicinal sul, these practices have been publicized by their brewers while traditionally, the home brewing of sul used to be a home-bound practice of women. Igangju, jukryeokgo and baekhwaju have drawn people's attention and been recognized as good or qualified medicinal sul. Igangju has been successful commercially

as well. In addition, these three *sul* were finally selected as intangible cultural properties by local governments. Tasks that were traditionally associated with females and considered sacred and secret, performed for the sake of ancestors and family health are now taken over by the focus on what can be considered more masculine attributes such as receiving public esteem and attention and increasing commercial activities under the name of brewing medicinal *sul*.

RÉSUMÉ

Cet article traite du *sul*, ou liqueur, en se concentrant sur sa visée médicinale. Dans la tradition coréenne, le *sul* n'était pas uniquement consommé dans un contexte de divertissement ou d'activités sociales mais faisait partie de l'alimentation quotidienne. En outre, faire du *sul* était considéré comme relevant du royaume divin, et non du monde des humains. Chaque foyer brassait du *sul* en raison de l'importance de son utilisation dans la vie familiale, en particulier en ce qui avait trait au culte des ancêtres, à la famille, aux amis, aux voisins et aux invités, ainsi qu'à l'usage médicinal. Nos études de cas portent sur Igangju, Jukreokgo et Baekhwaju. Il était d'usage dans la société traditionnelle coréenne que la fabrication du *sul* se transmette de femme en femme, en particulier de belle-mère à belle-fille. Il est intéressant de noter toutefois que cette transmission entre femmes a changé. À l'heure actuelle, les brasseurs dans nos études de cas sont tous des hommes. Du point de vue des coutumes traditionnelles, c'est une pratique relativement étrange. Les tâches traditionnellement associées aux femmes, qui étaient considérées comme sacrées et secrètes, accomplies pour l'amour des ancêtres et de la santé familiale, se sont vues attribuées aux hommes au fur et à mesure que se développaient l'attrait et l'attention du public pour elles ainsi que les activités commerciales sous le nom de brassage médicinal *sul*.

NOTES

- 1 In the recipe books compiled by women from noble families such as Jang Gye Hyang (1598-1680) and Bingheogak Yissi (1759-1824) home brewing of *sul* was considered important (*Umsik dimibang* or recipe book by Jang Gye Hyang and *Gyuhapchongseo* or home encyclopedia by Bingheogak Yissi.)
- 2 According to the charter, cultural heritage must be preserved in their original condition. The clause often raises debate and is considered to be problematic.
- 3 *Jukryeokgo* (bamboo liquor) and *hosanchun* (enchanted spring liquor) were the other two (Seo, Yu Gu, *Imwon Gyeongjeji*, 1806-1842).
- 4 The old books that have a record of the bamboo groves are Seo Yu Gu's *Imwon Gyeongjeji* (a. 1840) and Yu Jung Rim's *Jeungbo Sallim Gyeongje* (1766).

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Chapter 4

Healing with Plants and Affection: José Craveiro, a Practitioner of Traditional Medicine in Portugal

Filomena Sousa

FCT, Memória Imaterial NGO, IELT FCSH/NOVA

Rosário Rosa

Memória Imaterial NGO, CICS.NOVA, CEF/UC

In May 2007, the director of Memória Imaterial met José Craveiro. The University of Minho organised the IX Story Days, in Braga. Craveiro was one of the invited storytellers and José Barbieri was presenting MEMORIAMEDIA, a project dedicated to the study and inventory of expressions of intangible cultural heritage. During the break for lunch when the two of them went together to the university canteen, Craveiro interrupted the conversation to identify the plants that spontaneously grew in the outer spaces of the campus. It was at this time that José Barbieri realized that Craveiro was not only one of the most influential storytellers of the traditional Portuguese tales but also a specialist and practitioner of traditional medicine. The desire to work together on this subject was born there, and they promised each other that this project would happen at a future date.

Over the following ten years, Craveiro, Barbieri and other members of MEMORIAMEDIA worked together on different initiatives, but the traditional medicine project was always postponed. They finally made true to this promise when they decided to write this article. Thus, for two days, a recording of seven hours of non-directive interview was made, in which Craveiro described his practices, identified dozens of medicinal plants, clarifying their use, and spoke about various topics of traditional medicine.

Craveiro is known for being a master of the arts of healing and treatment through plants. He lives in Tentúgal, is 62 years old and studied until the 11th year of schooling. However, at the age of six he was already working—riding a donkey he would go and buy eggs to make pastries. He later took over an establishment (grocery shop and tavern) and currently runs a family restaurant. He is a storyteller at local and national gatherings and actively participates in social, cultural and religious events in Tentúgal. He is married, and has two sons, one daughter and three grandchildren. Those who need his help, people from different classes, men and women of different ages, visit him at his home.

When talking about traditional medicine, José Craveiro identifies a specific theme and approaches it by telling a life story. He describes the plot and the characters - usually himself and his patients. He builds the narrative from the reason someone seeks his help, describes the treatment and its outcome, and, lastly, praises the reward that is never material but emotional - the gratitude of those who recover their health and the happiness he feels for having helped.

To situate Craveiro as a specialist in the healing arts in the different health care systems, we used Kleinman's categorization (1980) which differentiates the informal system from the folk system, and the professional system. The informal system generally includes unpaid therapies—such as self-medication and counselling by family members, friends or individuals who are considered the most knowledgeable in the community; the folk system refers to specialists in healing methods, usually called healers, who despite the diversity of practices, share a concept of health associated with the balance between man and his surroundings (social, natural and supernatural); the professional system corresponds to the network of official health care and assistance, both public and private.

Craveiro's practices place him in the informal and folk systems. However, Craveiro never refers to himself as a healer, replacing this type of classification with the descriptions of the services of the aid he gives to those who seek it, applying the knowledge of healing he once received. The treatments that he uses refer us to systems outside of biomedicine and



José Craveiro showing the team natural healing resources © Memoria Immaterial

that generally incorporate three aspects: a) the use of natural products (plants, animals, vitamins and minerals); b) spiritual therapies (the focus on the interaction and balance between mind, body and spirit) and c) manual techniques and exercises.

It is from this context, from the analysis of the interview and from the richness of the recorded narrative that we develop the themes that structure the discourse of Craveiro and that guided the writing of this article. When Craveiro spoke about his activity in the field of traditional medicine, he described how this knowledge was transmitted to him, he listed causes and treatments for certain diseases, he spoke of the importance of religiosity and related his practice with conventional medicine. He also contextualized his activity in the values of mutual aid and solidarity.

HOW KNOWLEDGE IS ACQUIRED AND TRANSMITTED

Traditional medicine and its practices depend on historical factors, culture, beliefs and religion. Its meaning is different from region to region, and the knowledge associated with it is considered as heritage that is built on local knowledge, the flow of goods and people, contact with other medicines and with other cultures. This knowledge is legitimized by the collective memory of populations that permits one to identify “those who are capable” to diagnose, treat and cure. It is a knowledge traditionally transmitted through demonstration and orality between generations, usually within the family, but also through

the neighbourhood networks and in the social environment (Halbwachs, 1990; Robison and Cooper, 2007; Walker, 2004).

It was through the generational transmission that Craveiro began in traditional medicine, through the teachings of Encarnaç o, his paternal grandmother. But the knowledge that he has gained throughout his life has several provenances. Craveiro's practice is not limited to patients in the central region of Portugal, but it is there that he develops it. It is among the inhabitants of the villages and towns that surround Tent gal that his practice is more visible and recognized. This is the territorial context that conditions his practices and influenced, more than a century ago, those from whom his grandmother learned.

Craveiro was very close to his grandmother, Encarnaç o. With her he learned a lot about plants and home remedies, but also about generosity, sharing and caring for people. He admired her and describes her as an affectionate woman, who experienced many difficulties but who was always available to help:

Traditional medicine came from the very great passion I had for my grandparents (...). Many times I had the privilege of sleeping at my grandmother's home, and that was wonderful! (...) And the medicine appears why? Because my grandmother was the mother and grandmother of many people. (...) I often came to see my grandmother and there were many people around her (...). A large clientele who sometimes ended up eating the broth she was going to eat (...). How many times did she go to bed with only a mouthful of cornbread and a little water and sugar in her belly (...). And one day I asked her:

Me: Grandmother, why do you continue, even though you are so tired?

Grandmother: Should I turn them away? If I do nothing, it would be worse, wouldn't it? Never mind. I'll rest later.

His grandmother's attitude is a life lesson and if Craveiro doubted the effectiveness of some of her treatments, he quickly "surrendered" to her knowledge. He recalls the episode in which his grandmother used a ritual to cure the donkey that he used to go and buy eggs, when he was six years old:

[After treatment], the donkey was like never before. That's when I said to myself, "This dog in this bush will make do. Let's see. This bush has rabbits (popular expression meaning he had found a bounty!) Let's seize this opportunity [he says, rubbing his hands]. And I became much more attached to her. Then I saw things that I could never have imagined seeing."

Craveiro says that people began to seek him after his grandmother died, in an attempt to replace her. Faced with these requests he did what he had learned, but was convinced that he did not have the skills of his grandmother:

It's funny that sometimes people came to me saying, "Your grandmother is not here, you know." I replied, "That's my problem. It's just that she was very good at it and I am not. I'm a really big fake."

Craveiro also talks about the teachings of neighbours and customers of the tavern. He refers several times to aunt, Ana Rebola, a neighbour who knows many *resposos* (ancient prayers to solve problems), old religious celebrations and the recipe of wine boiled with cinnamon and honey to cure viruses of various origins. He also attributes much of his knowledge to the elders who spent much time in his tavern:

I had good masters there (...). I had this luck (...). They had no one to listen to them... so they would come to my house.

The treatments that José Craveiro performs, although inherited from his grandmother and other people who he listened to and whose practices he watched, have been tested, amplified and reinforced by other sources of knowledge. There are several references to other specialists in traditional medicine, as well as professionals in conventional medicine. Today Craveiro uses other methods of learning that are not only oral, he researches and reads books that he considers relevant. He referred to various compendiums of medicinal herbs and books on therapies developed by religious figures, in particular the book of Saint Hildegard and the book of Sebastian Kneipp.

When asked about how his grandmother learned traditional medicine, Craveiro said he believes in the influence of his great-great-grandmother and stresses the importance of the nun apothecaries of the Convent of Our Lady of Carmo of Tentúgal (1573-1898), of the maids and service providers to the Convent who collected the plants for the nuns and who acquired knowledge about the medicinal uses of these plants:

The Convent always had two excellent apothecaries. By the way, the Hospital of Tentúgal was next to the Convent and the laboratory that provided the Hospital was the Convent (...). And [there were] country people who knew the plants well, picked them and took them there. When the hospital finished... there were already people who were very well prepared. I think my grandmother would have had access to a lot of information because in the way she spoke, it must have been from someone who had actually passed by. (...) The servants of the Convent (...) were also knowledgeable on the subject.

Craveiro also refers to Mister Brandão, an apothecary from Tentúgal, from whom his grandmother got supplies when she lacked some products and with whom she shared knowledge, "an extraordinary man... with a degree... a master."

As for the way he currently transmits his knowledge, Craveiro says he is passing on some knowledge to his oldest grandson, who is fifteen years old (and who he would like to pursue medicine). He also says that "so it does not get lost" he is writing what he thinks is essential. In addition,



José Craveiro being interviewed by the Memoria Immaterial team on location © Memoria Immaterial

he says that he does not hide anyone's recipes and treatments, he shares with those who are interested, especially with his patients.

CAUSES AND DISEASES

The causes attributed to diseases by traditional medicine are categorized by several authors into four groups:

1. **diseases that occur on “natural” grounds** the action of climatic elements usually, such as cold, heat, rain, or wind
2. **psychological causes** linked to emotions, such as feelings of guilt, depression and sadness
3. **social and conflictual causes** by human influence (family, neighbours or others), such as theft or loss of objects, misfortune or envy
4. **spiritual or supernatural causes** by influence of something non-human (as pained souls and evil spirits) or supernatural (God or other powerful beings) (Dominguez, 2010 referencing Foster, 1976 and Nunes, 1997).

In Craveiro's work, a central theme stands out in his practice: accidents. In particular, burns caused by spillage of water or other boiling liquids, welds, flammable materials or other accidents. Craveiro is visited by many people in distress, who need help in the severe cases of these burns, for which, often, hospitals are not considered or cannot find an effective solution. As the main treatment he uses an ointment, already known in the region for having been the solution for many cases. The recipe for this ointment was taught to him by his grandmother, Encarnação, and is made from local products—beeswax, virgin olive oil, turnip and rosemary.

A gentleman appeared once. Oh my God! With a diesel torch or whatever it was... it burst... he was burnt all over. He shows up at my house taking off bits [he imitates, as if he were taking bits of skin from his face].

And the man says to me: "I have no salvation, do I?"

And I said, "But who said that?"

And a month later [after the application of the ointment], the man was made all new."

In light of the above-described categories, in addition to this "specialization", Craveiro is sought out for many other physical-body ailments such as digestive, pulmonary, cardiac, hair loss, varicose ulcers, skin problems and others. He describes as treatments the use of infusions, poultices, inhalations, medicinal baths, massage, prayers, requests and devotion to religious figures and the referral to other men or women with the gift of healing, as *endireitas* (bone-setters).

Considering, for example, the psychological causes, Craveiro speaks to us of problems that he describes as states of sadness or of solitude. The treatments suggested in these cases depend very much on his assessment of the situation, being able to use colours and aromas of certain plants, talk about the meaning and values of life, or simply stimulate affection. He refers, among other examples, to the cure of sadness by aromatherapy, by smelling vanilla flowers:

There was a group of people in the restaurant... and there was a lady who was crying a lot. And I said to her: "Look, I'm sorry, it's like this, but you cry so much, is there nothing one can do?"

Woman: No, not today. You do not know the sadness that I have inside. Look, just let me cry (...).

Me: Of course I let you.

I went in the garden to a vanilla plant I have there... it had six flowers. I tied them with a small herb that was there and I went up to the lady

Me: Look I'm sorry, but I would really like you to do me the favour.

Woman: Oh, if I can...

Me: Can you identify the aroma of these flowers?

The lady sniffed and sniffed and sniffed and sniffed...

Woman: This reminds me of a smell, an aroma, but I cannot (...).

Me: Is it not similar to vanilla?

Woman: That's it!

Me: And by chance has this little plant not already done a good deed?"

Woman: How?

Me: You are no longer crying.

Woman: Oh, how true!

In relation to social and conflictual causes, Craveiro refers, for example, to the possibility of recovering something stolen by saying a short prayer to Saint Anthony:

High mountains I climbed.
The Good Lord I have met and
Two things I asked of him:
That the lost be found;

The stolen returned. To draw on
 Saint Anthony of Lisbon, answer my request. [The request is made]
 Amen.

In relation to the spiritual or supernatural causes Craveiro does not describe diseases that he thinks were caused by the influence of supernatural beings, but in several cases he prescribes as treatment the request of intervention of superior, religious entities - like Saint Padre Pio, Saint Filomena or Jesus Christ crucified - and, for Craveiro, the very belief in the treatment has healing power.

There was a person who came to me completely unbalanced (...). [I] said to her, "Do you practice any religion?"

Woman: No, out of sympathy, I'm Catholic. I was baptised when I was a girl.

Me: Then look, if it is only out of sympathy, it may continue to be your sympathy. But take advantage of it, enter a church, go up to a cross, think, meditate. Say it like this: Is it worth continuing just as I am? Do I have to make any changes? Think for yourself (...). And then walk, walk, walk, and then say, "I want to get better! I want to get better."

Craveiro's prescriptions are applied as a single measure or complementary to each other (for example, to apply a poultice at the same time as saying a blessing) or are complementary to conventional medicine.

In Craveiro's discourse, the relation of his practice to conventional medicine is a recurring theme and refers to several circumstances:

- when people seek him because they do not find an effective response in conventional medicine
- when people seek him because, economically, they cannot afford to use conventional medicine;
- when people seek him because they do not trust the treatments of conventional medicine
- when medical professionals (mainly nurses) seek him informally and "clandestinely" to practice or learn a particular treatment
- when he uses doctors and nurses to confirm certain therapeutic actions
- when he criticizes the use of chemicals that attenuate the symptoms, but do not eliminate the causes:

There is one thing here that is very important... the cause. We are a very well designed machine, very well made and it often... well, the effects have disappeared (...). But (...) sometimes it [the disease] even evolves. And sooner or later or we go... back to traditional medicine or people often become dependent [on chemicals] for the rest of their lives.

Asked about the future of traditional medicine, Craveiro again refers to its relationship with conventional medicine, believing that the fact that traditional medicine still exists today only foresees a long future. He also thinks that conventional medicine would have much to gain if it were open to consulting the popular experts.

I'll tell you what I feel. If after what I've seen up to now, it has the place it has, it'll never lose it. Because I do not care to compete with any doctor. I think... that if

we ever got to have a health service where [traditional medicine specialists] could give their opinion, the State would have much to gain.

THERAPY AS A GIFT OF NATURE, CARE AND AFFECTION

While we were with Craveiro, he shared his vast knowledge of native plants and regional products (such as wine, olive oil or honey, which he also uses in his therapies). Just like what happened 10 years ago in Braga, at every step he points to a plant, names it, refers to its possible uses and tells a story. He told us about dozens of plants, of which we mention only a few examples, since they will be the subject of a future, deeper analysis—the *arruda (ruta)* that repels “vipers” and is good for bones and muscles; the *urtiga (urtica)* as medicine for memory, for the heart and for the liver and the wild *serpão (thymus serpyllum)* good for the treatment of the skin, among many others. For Craveiro all the plants he uses in therapy are “a true wonder of nature”, a gift that must be observed and used. Plants are everywhere and, along with affection, are a cheap and effective resource for healing:

People sometimes imagine there “you have to spend [money on the treatments].”(…) No, no. Nature gives us a good part, the rest sometimes we have here at hand. A tight hug is often worth a lot more than who knows what.

Associated with the potential of the plants, Craveiro also speaks of community-ritual cultural manifestations, religious celebrations (such as worship of Our Lady of the Olive groves) and oral expressions (for example, to promote the use of “good radiance” of the rosemary through its’ aroma, it is said: “Who by the rosemary passed and did not smell, its’ love did not remember” or “Who by the rosemary passed and did not smell, of God did not remember”).

Community value and ties of mutual aid and solidarity have long been associated with the development of traditional healing practices, which have in large part replaced and continue to replace socio-economic needs and access to other health care and technologies. In this sense, the exchange relationships established between patients and the specialists of traditional medicine are rarely economic, being mainly symbolic or emotional.

Craveiro tackles this dimension of exchange and personal reward, emphasizing that just as with his grandmother, with whom he learned the arts of treating and healing, it is not the payment in cash that gives him the reward of his care. However, the reward always happens in other forms such as a hug, the happiness or laughter of others, being presented with a plant or even sharing by those who were treated/healed of other knowledge unknown to him.

It is evident both in the remedy for burns and in other, longer treatments that Craveiro’s care has been carried out with a careful prescription of the methods of application and the quantities to be used. He advocates that prescription and other instructions should be shared between those who need help and those who care for them. Only then will the treatment be well done and have results:

We do what we can, but often people at home can make or ruin everything.

Regarding the importance of religiosity in therapeutics, it is worth remembering that until modernity the religious sphere regulated health and disease, invested it with norms and moral precepts that, within the culture of each age, constituted what today we can call disease prevention (Rosa, 2013, Basaglia and Bignami, 1994). Even after the 18th century, with the improvements in living conditions and the tremendous progress of biomedicine, religion—both through its beliefs and through its institutions - continued to play an important role in the therapeutic care and healing of patients. It is not surprising, therefore, that the narratives of Craveiro include references to religious figures that now symbolize the gift and divine protection of the treatments he performs, and now appear as sources of legitimation for his practices, in which Saint Hildegard (1098–1179), whose knowledge was compiled in a book and recently published in Portuguese (2014) reinforces the validation of much of the knowledge that he learned since childhood with his grandmother.

It's funny that Saint Hildegard was silenced for many years around here. Now a little book of medicine by Saint Hildegard appeared (...) and in some things it even seems as if my grandmother had actually spoken to her...

Therapy emerges in Craveiro's discourse as an act of care, of help, of affection, understood to be almost an obligation to practice the "goodness" and share the knowledge that has already been offered by others with whom he has learned. This arises in his speech in a context of valuing social cohesion, solidarity and sustainability and as an inheritance of the various people with whom he learned and to whom he attributes his knowledge—the nun apothecaries of the Convent of Carmelo who "swore on the book of gospels to never use the knowledge for evil, nor did they ever refuse to do good" and, always, his grandmother Encarnação:

Funny, my grandmother never charged anyone anything and she died happy. I also want to die like her.

RÉSUMÉ

José Craveiro est connu pour être un maître du traitement et de la guérison par les plantes. Il a 62 ans et vit à Tentúgal, au Portugal. En parlant de la médecine traditionnelle, Craveiro identifie un thème spécifique et l'aborde en racontant une histoire de vie. Il décrit l'intrigue et les personnages - habituellement lui-même et ses patients. Il construit le récit expliquant pourquoi quelqu'un cherche son aide, décrit le traitement et son résultat et, enfin, fait l'éloge de la récompense qui n'est jamais matérielle mais émotive - la reconnaissance de ceux qui recouvrent la santé et le bonheur qu'il ressent de les avoir aidé.

Ceux qui ont besoin de son aide, des personnes de différentes classes, des hommes et des femmes de tous âges, lui rendent visite chez lui. En particulier ceux qui ont subi des brûlures causées par le déversement d'eau ou d'autres liquides bouillants, des soudures, des matériaux

inflammables ou d'autres accidents. Il utilise, comme principal traitement, un onguent déjà connu dans la région pour avoir résorbé de nombreux cas. La recette de cette pommade lui a été enseignée par sa grand-mère, Encarnação, et elle est fabriquée à partir de produits locaux : la cire d'abeille, l'huile d'olive vierge, le navet et le romarin.

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Chapter 5

**Heritage, Folk Medicine and
Kaviraji Treatment in Bangladesh**

Saifur Rashid
University of Dhaka

INTRODUCTION

Bangladesh and a significant part of South Asia possess a vibrant and thriving medical pluralism. Medical pluralism has been turned into an intrinsic feature of its medical system in historical and contemporary contexts (See, Rashid, 2017, Misra, 2010, Leslie, 1980, Banerji 1981; Sujatha 2003, Sujatha& Abraham, 2009). Multiple medical systems such as Biomedicine (the term used for allopathic medicine), Ayurvedic, Yoga, Unani, Siddha and Homoeopathy (AYUSH), Naturopathy, Kaviraji and other folk traditions are widely practiced in this region for primary health-care. Traditional medical practices (TMPs) involving the use of different medicinal plants vary greatly from place to place, region to region and community to community, as they are influenced by factors such as economy, culture, religion, education, ethnicity and environment. The cultural phenomena of super natural belief also plays a significant role in building different perceptions among different rural and ethnic communities on various statuses and conditions of their health, as many of these people view their illness as possession by evil spirits. Visits to shrines or shamans (a person who acts as an intermediary between the natural and supernatural worlds, using magic to cure illness) for folk methods of healing, are still observed in many places. Research shows that whether educated or not, rich or poor; some people still use folk medicine for specific diseases.

KAVIRAJI PRACTICES AMONG RURAL AND ETHNIC COMMUNITIES

Bangladesh is known as a country of villages with 87,310 villages (BBS, 2011). Among its total population, 89.35% are Muslims, followed by 9.64% Hindu, 0.57% Buddhist, 0.27% Christian and 0.17% others. The country has 7 divisions, 64 districts and 492 sub-districts. Each of the sub-districts is again composed of unions, wards and villages. Villages are the smallest unit of the government located at the lowest strata of society and 71.9% of the population lives in these villages mostly located in very remote hills, coastal and floodplain areas, and other rural and peri-urban areas; while the rest 28% of the population live in different cities and urban locations (Bangladesh Demographic Profile 2012). As a country of cultural, ethnic and language diversities, besides the majority Bengali population, it has about 50 small ethnic communities constituting about 1% of its total population. A majority of the rural and ethnic communities of Bangladesh still rely on the *kavirajes* for their primary health care.

TRADITIONAL MEDICAL PRACTICES: THE TREATMENT OF MOTHERS, GRANDMOTHERS AND THE KAVIRAJES

The traditional medical practices in rural Bangladesh are comprised of the household remedies given by Mothers and Grandmothers (*ma-o-nani-dadir chikitsya*) alongside kaviraji treatment. The kaviraji treatment is also known as *veshojo chikitsya* (herbal treatment) or *bonojo chikitsya* (treatment by wild forest herbs). Grandmothers, (both paternal (*dadi*) and maternal (*nani*) play a very significant role in taking decisions regarding the primary healthcare of their family members, especially of the



children and women. They possess certain rights to decide the treatment because of their personal knowledge, which they have inherited from their ancestors, and because of their age, wisdom and their position in the family. They primarily use different plants, herbs, roots, certain spices, vegetables, or other common items available in and around their homestead, grown naturally or through cultivation. In some cases, they also perform rituals based on faiths, and recite holy verses (mantras or *doas* [prayers]). It is important to mention that due to strong presence of purdah (covering the body to maintain the chastity, following social restriction for not mixing with male people), the rural women are not encouraged to go outside alone or even go to the male doctor in nearby city centres, unless and until they get very sick. In most cases, women feel too shy to consult with unfamiliar doctors, especially if the doctor is a male.

In case of the failure of a mother or grandmother's folk treatment, patients are taken to the village folk healers known as *kaviraj* or *vaidya*, who are generally familiar to them either as relatives or are village fellows. These *kabarajes* / *vaidyas* play a significant role in forming the important section of the primary healthcare system of Bangladesh. Almost every village of the country has one or more practicing *Kaviraj* (See, Shaheen et al., 2010). A survey report concluded that 39% of rural community members have knowledge about medicinal plants and 13% treats simple ailments with herbs (Khan & Chowdhury, 2010). They mostly use different plants or particular parts of plants and plant extracts in various combinations for different diseases. Some of the *kavirajes* also use snakes blood, birds or other animal parts, fish or fish oil and others chemicals as ingredients of their medicines. Dilution,

A *kaviraj* of Chittagong Hill Tracts. Diverse ethnic communities live in this region, which is the largest forest tracts of Bangladesh, and the community people mostly depend on indigenous medicine for healing. Photo: Tanveer



This couple is from the Santal ethnic community of North Bengal. Based in their home in the Chapainabganj District, they have been practicing *kaviraji* treatments for 40 years © Santosh

dose, administration time and mixture played a significant role in need of combinations of useful extracts by the traditional practitioners. In some cases, carrier materials show a significant function. The preparation of medicine by kavirajes is mostly based on leaves. Plant parts which are used for preparing medicines include barks, bulb, cord, fruit, flower, leaf, root, rhizome, seed, seed pulp, seed oil, stem fruits, and whole plants. Kavirajes rely almost exclusively on medicinal herbs in their formulations, which are simple and mainly consist of plant juice administered orally, or rubbed on the body parts as paste/cream or in other topical forms depending on the ailment. The proportion of the use of different parts of the plants, however, was observed in one study as leaf 35%, fruits 22.20%, roots, seeds 13.30% each; stem 11.10% and whole plant 8.90% (See,

Sanjida et al., 2014). The local people and the healers had collected 60% of species from the wild sources (i.e. from the conservation area) followed by cultivated (13%) and domestic (7%) sources. It was also observed that, local people and the healers used the identified medicinal plants (MPs), mostly for curing cold ailments followed by cough, cut and wounds, fever, dysentery, skin diseases and other common ailments (See, Sanjida et al., 2014). Information and knowledge about such practices have been passed through generations and shared by their members that perfectly harmonize with their other cultural components. In most cases, the patient either recovers or dies. If he gets well, it is believed that the method of treatment used was a valid one, and this method becomes permanent. However, the death of the patient does not mean that the method of treatment was unsuitable, only that the patient was beyond its scope.

KAVIRAJ AND THEIR MODE OF MEDICAL PRACTICES IN BANGLADESH

There are kavirajes in almost every village of Bangladesh. Sometimes, they are called quack doctors (*hature dakter*). The term 'quack doctor' has a different meaning (a negative connotation) to the urban educated class. It means either they are not trained practitioners or they do not have the proper knowledge to giving the right treatment. *Kaviraj ghars* (folk healer's shops) are seen in every rural, peri-urban and urban setting. Besides these permanent, shop-based kavirajes, there are many kavirajes, who do their practices from their own homes in their villages, run shops in the local bazaars (local village markets) or open temporary stalls in different bazaars or *haats* (small local market places) which open on different days. These kavirajes are also locally called *aushod canvassers* (who sell medicine through canvassing by using sound systems and microphones). In some areas, kavirajes use their sons, daughters or their wives as their associates. It is also found that in areas with concentrations of Hindu, Muslim or ethnic communities (mostly belonging to the Christian or Buddhist religion), the kavirajes are also from the respective majority communities. In the city, kavirajes mostly run their shops in the area where the lower and lower-middle income people reside.

Doing treatment by using traditional medicine is also locally called *veshojo chikitsa* (herbal treatment). Kaviraji treatments are still popular for certain common ailments. However, a significant percentage of the rural households first seek treatment from the elderly people of their families (mother or grandmother) and then from the locally available kavirajes. It is also found that the lower and lower-middle income people of the urban or peri-urban areas still go the kavirajes at least for some ailments, while they also go to the biomedical practitioners as there are more biomedical doctors and health facilities in the urban and peri-urban areas compared to the rural areas. It is important to mention that in both hilly and remote rural areas, generally women and children who suffer from conditions such as fever, pain, common colds or general ailments such as anaemia, malnutrition, eye infection, common dental diseases, ear and other problems mostly prefer to receive home remedies first and then go to the kaviraj for their treatment. In various studies, it has been observed that the reason behind using traditional medicine and going to the traditional medical practitioners includes the availability of the herbal plants in the locality, or availability of the folk healers at nearby locations, the low cost of medicine they provide, low/no fees for consultation, the convenience of paying the fee later, no side effects and very easy access to the practitioners/healers. Some kavirajes add religious elements, rituals, amulets, and others to attract people from their own religious groups (Rashid, 2002).

THE ROLE OF THE KAVIRAJ AND THE VALIDITY OF THEIR PRACTICES

For many centuries, the Kavirajes have been enjoying considerable trust and support from their patients because of their holistic approach to treatment (Biswas, et. al. 2011:23-33). Three factors which legitimize the role of the folk healers include: their own beliefs, the beliefs of the community and the success of their actions (Laguerre, 1987). All these factors strongly endorse that herbal medicinal treatment cannot be simply dismissed as “quackery”. The Kavirajes not only treat the symptoms, but also try to find out the underlying cause(s) behind the appearance of the ailments through their knowledge accumulated over a long period of time. These Kavirajes both know the plants being used as well as possess the knowledge regarding the plants application in medicine. It is also interesting to mention that these folk/herbal medical practitioners do not have their own medicinal books and do not follow any standardized customs. As a result, the selection of a medicinal plant by a Kaviraj for treatment of any specific ailment is unique to the Kavirajes and varies considerably between Kavirajes of a particular area or even villages (Hossan et al., 2009, Nawaz, et al. 2009, Mia et. al.2009). It is very important to mention that each of these Kavirajes tends to keep his or her knowledge of medicinal plants within the family, and thus it is passed down from generation to generation. Over time, this knowledge becomes unique to the Kaviraj and his successor(s) (Jahan, et al. 2011). It is strongly believed that the knowledge possessed by thousands of indigenous medical practitioners, if nurtured through proper analysis, quality assessment and with advance researches, would be an asset for treating and preventing diseases of the rural people at minimum cost.

A Muslim kaviraj displays his medicines and herbs while preparing in the local market of North Bengal, a poorer part of the country © Santosh



DESTRUCTION OF FOREST, OVEREXPLOITATION OF MEDICINAL PLANTS AND ILLEGAL TRADING

In many parts of the country, the forest land is over exploited. The reserve forest area is shrinking at an alarmingly rate. Many of the kavirajes now face difficulties in finding the plants they and their forefathers used to make some of their medicine. They complain that many of those plants are either now extinct or endangered. It is also reported in the media that there is an increasing number of gang drug traders who have a very strong network for illegal and unsustainable collection of medicinal extracts/barks from different areas including all the reserved forest tracts like the Sundabans, CHTs, Madhupur, Sylhet and others. They not only trade these medicinal plants in Bangladesh, but smuggle these to other countries. Many of the illegal drug traders try to use the local poor people as their suppliers, which in turn contributes to the depletion of hundreds of local rare medicinal plants. An immediate step is required to formulate suitable conservation strategies for naturally growing ethno-medicinal plants to overcome depletion of natural resources, and to make the process more eco-friendly. The increasing commercialization of various local herbal properties and the use of ecological knowledge for medicine and other purposes without the formal consent of the local/indigenous people have now become major concerns for the survival of many of the intangible cultural properties associated with kaviraji practices.

CONCLUSION

From the above discussion, it is clearly understood that the traditional medical practices have immense cultural, economic and religious impacts on the society. In most of the cases, the rural and ethnic communities prefer to undergo kaviraji treatment as it is less expensive, has no side effects, and is easily accessible in the locality. Some people still doubt conventional medicine and continue to use non-conventional medicine as an alternative while others use it in complement to conventional treatment. It is important to note that in most societies, such traditional medical knowledge has not been documented properly, but transmitted orally through many generations.

Thousands of plant species, found in various ecological situations, are used in folk medicine by the rural and ethnic communities of Bangladesh, many of which are not even literate but have gained knowledge about the effective plant-based formulations of medicine from their ancestors. Even with a strong existence and significant use of traditional/herbal medicine among the major rural communities in Bangladesh, the traditional medical practitioners (TMPs) are still not officially well recognized and they face questions of validation and standardization. Indigenous medical knowledge and practices, which possess very high historical and cultural value for the country, need to be designated immediately



for their future protection, preservation and documentation. Not only this, pursuing the selection of more medical practices for recognition by the UNESCO as Intangible Cultural Heritage of Humanity is also important for the encouragement and involvement of local folk medical practitioners. As a country of rich indigenous medical practices, knowledge and heritage, we need to develop an integrated plan to protect the roots, herbs, plants and other ingredients used by our local folk medical practitioners. Kaviraji treatment, a part of traditional medical practices, is a very strong component of our cultural heritage. Our many beliefs, rituals, knowledge, wisdom, folk practices, physical performances and exercises (yoga and meditation) are very closely associated with this traditional medical practice. So, considering kaviraji treatment as a heritage of Bangladesh, it is very important to take various steps to protect, promote and safeguard its various properties. Funds need to be allocated for recognizing the individual/group/community holders, and subsidies provided for the training of successors to keep their practice ongoing with the necessary scientific modifications. Further studies are also needed to explore the socio-economic backgrounds of the traditional medical practitioners and the people using traditional medicines, and the efficacy and safety aspects of preparation, the use of medicine and the process of treatment in Bangladesh. In-depth studies will be required to protect and safeguard the various cultural properties associated with kaviraji treatments. It is strongly believed that the knowledge which is possessed by thousands of kavirajes, if nurtured through proper analysis, quality assessment and with advanced research, would be an asset for treating and preventing diseases of the rural people at minimum cost. Kaviraji knowledge and practices, which possess very high historical and cultural value to the country, are needed to be designated immediately for their future protection, preservation and documentation.



An old kaviraj in a rural market in Tanore, Rajshahi, displaying his tools, raw materials, and medicines to attract clients © Santosh

RÉSUMÉ

Le patrimoine, la médecine populaire et les pratiques médicales traditionnelles sont très étroitement liés les uns aux autres. La préservation du patrimoine consiste à comprendre le passé et à développer un sentiment d'identité. Les pratiques médicales traditionnelles (PMT), une forme de patrimoine culturel immatériel (PCI), constituent une partie de l'identité culturelle des différentes communautés du Bangladesh et manifestent la diversité de ses populations dans leurs relations avec leur culture, leur religion, leur origine ethnique et leur système écologique. Un pourcentage significatif de la population, qui vit dans des collines éloignées, des côtes, des plaines d'inondation et des zones rurales, dépend toujours de différents médecins traditionnels pour les soins de santé primaires. Les guérisseurs populaires (appelés localement kavirajes) appartiennent à différentes religions et groupes ethniques et jouent un rôle très important dans la pratique des soins de santé de la plupart des populations rurales pauvres, de la classe moyenne et inférieure. Les kavirajes du Bangladesh dépendent principalement de diverses plantes, poissons, parties animales, herbes, racines et autres ressources sauvages pour leurs pratiques médicales. Le présent document aborde différents aspects du traitement kaviraji et ses répercussions sur la communauté.

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Chapter 6

Traditional Medicine and Music: The Pastellessa as Musicotherapy

Emanuela Esposito

ICARO Consortium

Vincenzo Capuano

Association Sant'Antuono & le Battuglie di Pastellessa

On 17 January, in Macerata Campania,³ a small town in southern Italy, the citizens repeat the ancient feast of St. Anthony the Abbot (in the local language, *A festa 'e Sant'Antuono*). On this occasion, the citizens build huge boat-shaped floats, i.e. ornamental wagons dedicated to St. Anthony called *carri di Sant'Antuono*, on which the *battuglie di pastellessa* parade through the streets of the town, performing the ancient music of St. Anthony, accompanied by a percussion of barrels, vats and sickles.

The *battuglie di pastellessa* are a local group formed of about 50 people called *bottari* (i.e. particular musicians called “barrel-beaters”) and coordinated by an orchestra leader known as *capobattuglia*.

During the festival, over 1,000 *bottari* (young people, adults and even children) play percussions with barrels, vats and sickles, common tools for agriculture, to give life to the typical music of St. Anthony, commonly called *pastellessa*.

The outcome is extraordinary, and it turns into a sound that immediately goes inside the listener's heart and mind, a syncopated rhythm that overwhelms musicians and audience.

The *pastellessa* performed by the *bottari* is not only an extraordinary example of primitive music and a genuine expression of the Italian sound heritage, but it is also a tangible and visible history of a community, of an identity and of a belonging, unparalleled worldwide.

Even as children, the citizens of Macerata Campania devote themselves to performing the music of St. Anthony, and their teachers are the elders of the community.

The most recurring rhythm performed by the *bottari* is called a *Sant'Antuono* and involves the use of barrels, vats and sickles. Usually, this rhythm starts and ends with a continuous note called *ruglio* or

Moments of the feast of St. Anthony the Abbot—Macerata Campania, Italy, 17 January © Vincenzo Capuano



The image shows a musical score for the 'A Sant' Antuono' rhythm. It consists of four staves: 'Sickle', 'Vat, dx hand', 'Vat, sx hand', and 'Barrel'. The time signature is 2/4. The 'Sickle' and 'Vat, dx hand' parts play a rhythmic pattern of eighth notes with accents. The 'Vat, sx hand' part plays a triplet of eighth notes followed by a quarter note. The 'Barrel' part plays a simple bass line of quarter notes.

"A Sant' Antuono" rhythm. Thanks to Giuseppe Bruno for the transcription.

strenta, whereby the performers beat their instruments in a simultaneous and continuous manner; the *capobattuglia* draws the performers attention by using his hands, until he suddenly sends out the cry *Oh!*, followed by a simultaneous and concise shot of the three instruments.

Then, new rhythms are added to the original one, and are combined with no predetermined rules, to give rise to sounds that for centuries have characterized the community of Macerata Campania.

In 2011, the musician Fausto Mesolella² provided some remarks about the music of St. Anthony:

When it comes to playing a barrel, there are awesome decibels that go to the lowest frequencies: it is said that the low frequencies drive off the Devil, and by making as much noise as possible He gets removed... The human rhythm starts from the rhythm of the heart, which is a constant rhythm... At birth, we get used to recognizing the rhythm: Even in our mother's womb a noise reassures us, mostly a repetitive noise. In the human body, a constant rhythm provides security through a sense of tranquillity and protection; the low frequencies are very reassuring compared to the high tones, which instead cause anxiety... It is like you were beating your rhythm, your time, so that you feel good and feel a sense of protection, you don't know, but you feel someone is protecting you... (santantuono, 2017).

The first experience in the use of the music of St. Anthony as a music therapy took place between 2015 and 2016, with the experimental project *Traditions without Barriers* (in Italian, *Tradizioni senza barriere*), realized by the Associazione Sant'Antuono and le Battuglie di Pastellessa³ and the Associazione Pinocchio & Geppetto ONLUS.⁴ The project developed in the frame of the feast of St. Anthony the Abbot, and provided an opportunity for people with disabilities to learn to play the music of St. Anthony by using barrels, vats and sickles. The activity has highlighted the centrality of the social inclusion of people with disabilities, obtained through the protection and the safeguard of the right to equality, equal opportunities and tolerance, achievable through various means, such as education, training, job, and the belonging to a community, through the expressions of its intangible cultural heritage.

In line with the UN Convention on the Rights of Persons with Disabilities, the project, based on sound, music and movement, has given



**The bottari (“barrel-beaters”)
of Macerata Campania.**

people with disabilities an opportunity for full and effective participation and inclusion in society, by activating a process of socialization and social inclusion indicated by Prof. Rolando Omar Benenzon (1998) with the definition of the concept of music therapy.

Thanks to the knowledge gained through the project Traditions without Barriers, in 2015 the Associazione Sant’Antuono and le Battuglie di Pastellessa with the battuglia di pastellessa Carro ‘e Vascio ‘o Vasto⁵ participated in the project Prometheus, carried out by the Neuromotor Rehabilitation Centre, ANTARES, of San Marco Evangelista, Italy. In this frame, the patients of the Occupational Therapy Department were the protagonists of the short film named *Di Luci e di Ombre*, winner of the Audience Award 2015 section 14/20 MyGIFFONI—competition organized on the occasion of the 45th edition of the Giffoni Film Festival (Associazione Sant’Antuono and le Battuglie di Pastellessa, 2015; Centro Antares, 2015). This short film has made possible to raise awareness among the audience about the issues common to the protagonists. Part of the short film was shot on a typical ornamental wagon of Macerata Campania, “each scene was not simply turned, but based on the patient’s experience... scene after scene, the desire to overcome limits and fears emerges”, said Dr Renata Ricci, director of the short. The outcome realized has gone beyond what we were expecting: the music played by the bottari on the musical track “Without Fear” (in the Italian language “*Senza paura*”), written by the battuglia di pastellessa, has reduced the level of anxiety in the protagonists and has increased their security to shoot the movie scenes.

Based on the first two experiences, we can ask whether it is really possible to use the percussive music of Macerata Campania as a form of alternative therapy for psychiatric disorders.

The answer lies in the interesting experience (best case) that involved the *battuglia di pastellessa*, Suoni Antichi,⁶ and the Falco e Futuro community of Galluccio, Italy and managed by the social cooperative Aria Nuova. The main purpose of their cooperation was to involve psychiatric patients in the making of a theatrical spectacle.

The initiative is part of a wider special rehabilitation program for psychiatric patients, as part of the Better Together project (*Meglio insieme*),⁷ focused on the opening of new and stimulating channels, as an opportunity for people with mental disorders to achieve emotional growth and a social integration.

The decision to use percussive music was due to the familiarity of percussive sound, a sound whose rhythm and regularity is a key factor in treating psychic disorders. The mental rhythm, in fact, requires regularity, because regularity means security. It is familiar. From a more technical point of view, it is proven that musical percussion creates a beneficial message for our organs and tissues, favouring the release of physical and emotional blocks.

For these reasons, it was decided to involve eight psychiatric patients⁸ in a music therapy workshop made by Suoni Antichi, with performers Raffaele Piccirillo, Mario Celato, Francesco Caserta and Michele Antonio Piccirillo, and with the collaboration of social workers of the social cooperative Aria Nuova.

The aim was to lead the patients involved to learn the music of St. Anthony. The project was focused on the rhythm called *tarantella* that,

The image displays a musical score for the 'Tarantella' rhythm, consisting of four staves. The top staff is labeled 'Sickle' and the bottom staff is labeled 'Barrel'. The two middle staves are labeled 'Vat, dx hand' and 'Vat, sx hand'. The music is written in 6/8 time, indicated by the '6' over the '8' in the time signature. The notation includes various rhythmic values such as eighth notes, quarter notes, and rests, with some notes marked with an accent (>). The score is organized into 12 measures, with a double bar line at the end.

"Tarantella" rhythm. Thanks to Giuseppe Bruno for the transcription.

through the percussion of barrels, vats and sickles, is normally used to accompany the songs. It is a simpler rhythm and, therefore, more suitable to reach the goal.

For two months, from January to March 2016, the patients actively and enthusiastically participated in the rehearsals that took place once a week at the Rehabilitation Centre of Galluccio.

During the rehearsals, the initial problems, due to the type of patients involved, were overcome. In particular, their pathologies involved low levels of concentration and attention, troubles in motor coordination, and relational difficulties.

Nevertheless, after only two months, the patients were able to perform in a theatre, staging, with no reticence and, above all, without making mistakes, a musical show in a high-performance emotional setting.

This experience is a practical example of applied music therapy in the sense of non-pharmacological intervention that aims to increase emotional well-being through cognitive stimulation and social interaction.

This gains greater importance by virtue of two cross-cutting aspects of the project:

- the staging of a theatrical performance and thus the performance with an audience;
- the relationship between patients and *bottari* (performers) in a confidential and emotional way.

In fact, musical activity and the theatrical activity connected to it, are powerful factors that can bring to the patients involved a number of personal, cultural and social benefits.

Theatrical performance is an opportunity to activate personal skills on multiple levels: the presence of rehearsals, the realization of a show and the management of the resulting emotion, the improvement of the memory capacity and personal self-esteem, strengthen the identity and the ability to be part of a group and to exercise different roles.

In addition, the preparation and production of artistic products in cooperation with people outside the mental health service can help to

The theatrical spectacle carried out by Suoni Antichi and Aria Nuova within the framework of the *Meglio insieme* (Better Together) project
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improve social well-being, strengthen relational skills and initiate a process to consolidate a positive relationship system built around the surrounding territory and inside the same rehab community.

The results achieved, therefore, far exceeded the ones expected: not only did the patients successfully perform the show in March 2016, but they also delivered two more music performances in May 2016 and December 2016, with the same commitment and fervour. After the first two months of rehearsals in Galluccio, the patients welcomed the opportunity to take the rehearsals in Macerata Campania: an experience in a new context compared to the usual one, in a different territory with a wider socialization.

The results encouraged the renewal of the cooperation between the battaglia di pastellessa and the social cooperatives.

RÉSUMÉ

La musique de Saint Antoine interprétée par les musiciens de Macerata Campania (une petite ville du sud de l'Italie), appelée "bottari", n'offre pas seulement un exemple extraordinaire de musique primitive et une expression authentique du patrimoine sonore italien, c'est aussi l'histoire tangible et visible d'une communauté, d'une identité et d'une appartenance, sans équivalent dans le monde entier.

La musique de Saint Antoine est également une forme de thérapie pour divers types d'inconfort. En trois ans environ, le jeu simultané et concis d'instruments traditionnels (barils, cuves et faucilles) a entraîné des porteurs de handicaps physiques et psychologiques dans plusieurs projets d'une grande valeur culturelle et artistique : projet "Tradizioni senza barriere" (2015), projet "Prometheus" (2016), projet "Meglio Insieme" (2016-2017), impliquant un grand nombre d'institutions (association "Sant'Antonio & le Battuglie di Pastellessa" accréditée par l'UNESCO, association "Suoni Antichi", groupe "Carro 'E vascio' o vasto", coopérative sociale "Aria Nuova", centre de réhabilitation neuro-moteur "ANTARES", association "Pinocchio & Geppetto ONLUS"). Ces expériences offrent des exemples pratiques de musicothérapie appliquée dans le sens d'interventions non pharmacologiques visant à améliorer le bien-être émotionnel par la stimulation cognitive et l'interaction sociale. De fait, l'activité musicale et théâtrale qui s'y rattache sont des facteurs puissants qui peuvent apporter aux utilisateurs impliqués un certain nombre d'avantages personnels, culturels et sociaux.

NOTES

- 1 Macerata Campania is called the Town of the Pastellessa.
- 2 Fausto Mesolella (**B**: 17 February 1953, Caserta; **D**: 30 March 2017, Macerata Campania) was an Italian guitarist, composer and arranger. From 1986 to 2017 he was part of the pop-jazz band Piccola Orchestra Avion Travel, winners of the 50th edition of the Italian Sanremo song festival.
- 3 Associazione Sant'Antuono & le Battuglie di Pastellessa, with headquarters in Macerata Campania, Italy, was accredited in 2014 by UNESCO as an NGO to provide advisory services to the Intergovernmental Committee under the Convention for the Safeguarding of the Intangible Cultural Heritage (2003). The Association, founded in 2008 with President Alfonso Munno, joined the UNESCO-accredited ICH NGO Forum. About <http://www.santantuono.it>.
- 4 The Association Pinocchio & Geppetto ONLUS, with headquartered in Santa Maria Capua Vetere (Italy), and with President Rita Di Mauro, provides support for families with disabled ones.
- 5 Carro 'e Vascio 'o Vasto is a battuglia di pastellessa founded in Macerata Campania, Italy, in 1981 and coordinated by Antonio Trotta.
- 6 Suoni Antichi is a battuglia di pastellessa founded in Macerata Campania in 1999 (initially named Le ombre colorate). The Suoni Antichi group was formed as a non-profit association, with President Simmaco Ciarmiello.
- 7 Better Together, conceived by Gabriele Capitelli, deals with the planning and realization of a rich and varied rehab program that includes sports, music, theatrical and artistic activities aimed at promoting the re socialization of psychiatric patients.
- 8 The patients involved are: M.F. (age 43) afflicted with chronic psychosis and mild mental retardation; P.G. (age 31) afflicted with anxiety depressive disorder; A.A. (age 40) afflicted with personality disorder; A.F. (age 45) afflicted with chronic psychosis and mild mental retardation; I.G. (age 52) afflicted with depressive psychosis; D.P.G. (age 38) afflicted with mental illness; C.L. (age 26) afflicted with psychotic disorder; R.S. (age 33) afflicted with undifferentiated psychosis.

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Chapter 7

**Traditional Medicine in Syria:
Knowledge, Beliefs & Experiences**

Reme Sakr

Syria Trust for Development

Since ancient times, Syrians have practised traditional medicine just as many eastern and western civilizations have, where common natural ingredients—such as tea and opium in the east and tobacco, coffee and wine in the west—were used in traditional methods for healing ailments and diseases. Traditional therapies used in Syria include plant- and animal-based therapies, leech therapy, cupping, cauterization and others.

Today, traditional medicine is practised by all Syrian communities, where traditions and beliefs vary among different governorates and areas. There are literally hundreds of traditional healing methods still practiced in Syria today. These include: traditional exorcisms through



An illustration of a traditional circumcision practitioner, from *Old Stores and Merchants* by Syrian artist Khaldoun Shishakli, courtesy of Dar Al Bashaer

Quran readings, Ruqias and the use of Zamzam water (taken from the Zamzam Well in the holy city of Mecca), fasting, homeopathy, hypnosis and image therapy, acupuncture, biofeedback, and nutrition therapy.

Within some Syrian communities, certain types of plants are thought to have the word Allah in Arabic written inside of them. Such an example are black mission figs that are used in healing while *Commiphora* is considered sacramental among ancient Christian communities—it is believed that the Virgin Mary used this plant to wash the clothes of Jesus Christ. Another type of plant called the moonflower illuminates at night and is considered supernatural in traditional Syrian belief. In addition aloe is usually hung on doors and believed to bring long life and health to a household.

Traditional medicine in Syria was fundamentally based on experimentation. It is deeply rooted in Islamic and pre-Islamic cultures, where major components are related to Islamic doctrines and teachings from the Quran and Hadith (a collection of traditions containing sayings of the Prophet).

Sunnah is the verbally transmitted record of the teachings, deeds, and silent permissions (or disapprovals) of the Islamic prophet Muhammad. Sheikh Alhafiz Abi Naeem Ahmad bin Abdulla bin Ahmad bin Isaac Al Asfhani wrote in the prophetic medicine encyclopaedia on Sunnah: Sunnah is the teachings of Prophet Mohammad. It is the second source of doctrine in Islam, and it contains vast benefits for the Islamic Ummah. There are plenty of prophetic Hadiths representing conversations and saying on the topic of medicine and how to prevent and treat illness. Naturally, healing is an integral component of a prophet's mission and Islam has given great attention to medicine, and its contributions include Ruqia, nutritional therapy, and herbalism.

In Islamic-based traditional medicine, the concept of mind and body balance relates to nature's four elements:

- **Fire** the hot and dry element
- **Air** the hot and wet element
- **Water** the cold and wet element
- **Earth** the cold and dry element

Humans, according to traditional medicine teachings, have the most balanced compilation of these elements, as opposed to plants and other animals who have certain compilations that make them mostly cold, dry, wet, or something else. There are also four types of bodily secretions according to traditional medicine, and they have the following properties:

- **Blood** wet and hot
- **Body Fluid** cold and wet
- **Bile** hot and dry
- **Black Secretions** dry and cold.

In addition to the concept of “equilibrium”, traditional medicine in Syria is also based on the theory of abundance—the concept of positive energy passed along through people through positive values such as honesty, integrity, beneficence, and a spirit of giving. Abundance is also believed to apply to plants and other living organisms and is sometimes used in healing, where spiritually gifted individuals pass it on via prayer,

invocation and through saliva, where the point of illness is sucked on by a healer. This is sometimes accompanied by herbal therapy.

Plant-based traditional therapies rely on available indigenous herbs with proven medical benefits for the physical, behavioural and mental well-being of communities. Today there are hundreds of unprocessed medications free of synthetic or chemical substances that are based on traditional practices, where the therapeutic benefits of these materials, in most of cases, were realised by mere chance and coincidence.

Dr Jihad Ibrahim Shahrour, Head of the Nephrology and Paralysis Department at the Open Academy for Alternative Medicine, on traditional medicine in Syria says:

The Syrian natural environment is one of the richest in the world in terms of therapeutic herbs. Several rare medicinal plants that do not exist in other parts of the world are indigenous to the Syrian habitat. It would be an extremely challenging task to audit all therapeutic plants available in Syria. (Mohammad, 2015)

This makes the cost of traditional therapy in Syria one of the lowest in the world due to the widespread availability of such plants.

On the difference between alternative medicine and traditional medicine, Dr Shahrour says:

There are no fundamental differences between the two. Alternative medicine is usually goes hand in hand with traditional medicine, as it mainly consists of nutritional therapy, acupuncture, and herbal therapy as well. (Mohammad, 2015)

Herbal therapy is an ancient practice, especially in Houran, which is rich in natural herbs and plants, from which community elders knew how to extract and use for healing. Honey is used as a cough suppressant and decongestant. It is usually mixed with egg yolk and taken on an empty stomach. Grilled onions are also used to heal flu and garlic for the treatment of the patchy hair loss resulting from alopecia areata, where smashed garlic is mixed with gunpowder to make a therapeutic black ointment and is applied on the lesion after creating a cut with a sterilized blade. Olive oil on an empty stomach is believed to prevent anaemia while cauterization is said to be 'the final treatment'. Cauterizing is a traditional therapy for dog bites, accompanied by a paste made of garlic, salt and honey.

Houran communities in Southern Syria have practised traditional medicine for centuries. They have depended on various therapies to substitute expensive modern medications, or medications that aren't available for purchase in the country (Sincich, 2002). A prominent therapy used is garden cress—a herb used to relieve chest congestion, and also used as an anaesthetic, cough suppressant, pain killer, and to treat laryngitis and emphysema. It also has anti-inflammatory effects when boiled with water and drunk with honey twice a day. Khalid Oaida, a traditional medicine practitioner from Houran says:

Traditional Medicine has a large number of followers. It is defined as the sum of preventive and therapeutic traditional skills followed in the society that do not conform to modern medicine. Traditional medicine is based on the accumulated beliefs and expertise shared by cultures and regions, including rituals practised by people, involving herbal therapy, medicinal plants, and aromatic oils. (Ali, 2015)

Cupping therapy is a widely spread and time-honoured traditional medicine practice in Syria. Studies show that it was practised in different civilizations such as the Chinese, Babylonians, Pharaohs, and Greeks. These civilizations used metal cups, oxen horns, and bamboo sticks for cupping, where de-pressurizing happened by means of sucking. After some time, glass cups became the tool of choice for cupping, and de-pressurizing was brought on by burning a cotton ball or piece of wool inside the cup. (Babili, 2007)

Historical indicators show that cupping was prevalent in Syria since the Assyrian era. The practice later expanded under the Islamic empire, where cupping became a main therapeutic practice next to cauterizing and herbalism. Cupping was passed onto the Europeans during the Arab reign of Andalusia, where Muslim doctors were an internationally respected point of reference in medical science.

Ibrahim Yazbik, who benefits from cupping therapy says:

Cupping therapy has helped me combat headaches, reduce blood pressure, and get rid of joint pain. It is proven in the Sunnah teachings of Islam and in the pillars of prophetic medicine. As a religious belief, cupping therapy gives us spiritual and mental balance, and I personally prefer it to chemical medicine. At least it has no side effects or complications. (Khalid, 2013)

A Syrian team of fifteen doctors from the Faculty of Medicine in Damascus University conducted a study on cupping therapy between 2000 and 2003, on a sample of over 300 people. The study was based on studying blood samples of subjects before and after therapy. It concluded

**Local herbs and spices used
in traditional medicine**





Apothecary store in the Bzourieh souk in Old Damascus

that cupping therapy helped in reducing blood pressure, controlling blood sugar, raising the numbers of red blood cells, and enhancing white blood cells and platelets.

The study attracted the attention of delegations from the UK, Japan, and Sweden, who visited Damascus to explore the Syrian findings on this topic.

However, not all traditional medicine practices yielded positive results. An example of this is the theory of abundance, which was transmitted through prayer and invocation. Other traditional healing methods had the potential to cause further health implications. For example in cases where traditional medicine was preferred over modern medicine, people tended to neglect serious health issues which required deeper medical intervention, and by this, delaying a visit to their doctor and risking their health.

Researcher, Dr Mohamed Amer Alskheikh Youssef, President of the Oncology League, warns:

Contrary to some beliefs, cupping therapy has no value in treating or controlling cancer. It is also ineffective in the prevention of cancer, as the disease forms in multiple stages, and its prevention requires following scientifically proven approaches." He added: "I would not recommend cupping therapy, especially for diagnosed patients, as it can introduce severe viruses to the body of a patient already suffering impaired immunity, which can be life-threatening. (Khalid, 2013)

Cupping in Syria is mostly practiced during the cooler winter months, due to the high risk of patients suffering from burns and blisters if performed during the hotter months due to the excessive heat.

Combining traditional therapies with modern medications may also cause unhealthy interactions inside the body, potentially leading to unforeseen complications. Traditional healers do not undergo the same kind of rigorous academic examinations and trial procedures as other medical practitioners, not to mention that most traditional healers do not hold any official qualifications or registrations. Traditional Medicine is not subject to close government monitoring and control, thereby increasing the risks of error.

Traditional medicine is deeply rooted in human civilization. Arab practitioners were pioneers in this field, as they were (and still are) in modern medicine. Traditional Medicine practitioners in Syria are bound by the ethical commitment of confidentiality towards their patients according to article 565 of the Syrian Penal Code. Recently, medical experts have called for the regulation of Traditional Medicine in Syria, as well as to regulate and register all apothecary stores as medical centres. This has stirred some controversy due to the limitations it could potentially place on the cultural expressions of communities, where long-practiced traditions could become subjected to unwelcomed monitoring and tracking by medical authorities.

*The Syria Trust for Development works to document old cultural traditions and encourage the exchange of experiences from the field, as well as promote the cultural literacy of younger generations so they continue to live and contribute to the legacy they have inherited across millennia. As a UNESCO accredited organisation, the Trust has documented 100 intangible cultural heritage elements in Syria and continues to play an instrumental role in building a more comprehensive legal framework for the safeguarding of Syria's profound cultural heritage.

RÉSUMÉ

La médecine traditionnelle en Syrie s'est basée sur l'expérimentation. Elle est profondément enracinée dans les cultures islamiques et pré-islamiques, dont les composants sont majoritairement reliés aux doctrines islamiques et aux enseignements du Coran. La consommation de certains fruits et plantes qui ont une signification spirituelle, comme les figues *Black Mission* et la *Commiphora*, est censée être très bénéfique pour les patients. La spiritualité et les théories de l'énergie positive sont répandues parmi les communautés religieuses anciennes, tandis que le *cupping* (ventousothérapie) et les thérapies à base de plantes sont des méthodes de traitement utilisées dans les foyers ainsi que dans les bains publics de nos jours encore. Le *cupping* est pratiqué pendant l'hiver pour atténuer les tensions musculaires, les maux de dos, les douleurs abdominales et traiter l'indigestion et la fatigue.

Les thérapies traditionnelles à partir de plantes dépendent des herbes indigènes ayant des vertus médicales qui ont fait leurs preuves dans le domaine du bien-être physique, comportemental et mental des communautés, du fait de l'environnement naturel de la Syrie qui est l'un des plus riches au monde en termes d'herbes thérapeutiques. Les tribus bédouines dans les plaines de Houran du sud de la Syrie utilisent cette thérapie à base d'herbes en suivant une tradition ancienne qui se transmet au cours des générations et qui est pratiquée quotidiennement pour prévenir les maux et les maladies. Les ingrédients utilisés comprennent par exemple un mélange d'ail avec du thé *gunpowder* pour le traitement de la perte de cheveux, ou encore du miel et du jaune d'oeuf pour supprimer la toux.

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Chapter 8

Promoting Herbal Medicine in Uganda: Traditional Health Practitioners and Government Working Together

John De Coninck

Cross-Cultural Foundation of Uganda

THE STATUS OF TRADITIONAL MEDICINE

More than 60% of Uganda's population depends on traditional medicine because it is accessible, affordable and culturally familiar. With an estimated traditional health practitioner for every 200-400 Ugandans (compared to 1 western-trained doctor per 10,000), herbal medicine has long been used to manage a range of common conditions, including malaria, digestive and respiratory problems, toothaches, skin diseases, and childbirth complications.

This document examines the relationship between Uganda's Ministry of Health and a traditional herbalist, in relation to its strengths, challenges and the implications for future policy. The Cross-Cultural Foundation of Uganda worked with the Natural Chemotherapeutics Research Laboratory (NRCL) and a herbalist, Hajji Zakariya Nyanzi, to prepare this paper.

NCRL identified Hajji Nyanzi, a farmer and traditional health practitioner in Mubende district, as exemplary because of his experience, willingness to share information and his long standing collaboration with NCRL, the AIDS Support Organisation (TASO) and the Traditional and Modern Health Practitioners Together against AIDS and other diseases (THETA).

THE EMERGING POLICY FRAMEWORK

Until recently, there has been only limited recognition of the contribution made by Uganda's traditional health practitioners to primary health care. This is in part because of the colonial legacy, a time when culture was branded as negative and primitive (The 1957 Witchcraft Act outlawed traditional medicine and is still on the statute books), and also because of an education system that rarely values local knowledge.

Efforts are however now being made to promote traditional medicine. Dr Grace Nambatya, the NCRL's Director, notes that the Government's current interest can be traced back to a 1987 Health Sector review, which revealed Uganda's limping health care system. In spite of this, an invisible hand seemed to be at play, as the health status of Ugandans was not as disastrous as expected: traditional healers were then identified as a key contributor to primary health care. The Review recommended that they be brought into the mainstream health sector. The Ministry of Health in time opted for a public-private partnership in which traditional health practitioners would be recognised as private partners. More recently, a new policy on Traditional and Complementary Medicine has been drafted to regulate the practice of traditional medicine, to focus on research and development and to encompass protection, cultivation, propagation and sustainability of traditional medicinal plants. The Ministry has also submitted a Bill for the establishment of a semi-autonomous body, the National Council of Indigenous and Complementary Medicine Practitioners, to support collaboration between the "modern" health sector and traditional practitioners and to regulate the latter, whilst protecting their intellectual property rights.

WORKING WITH THE NATURAL CHEMOTHERAPEUTICS RESEARCH LABORATORY

The Ministry of Health began to promote research and the conservation of medicinal plants with the establishment of the NCRL in 1963. At the time, however, efforts to verify and authenticate traditional medicinal products were in part constrained by the absence of well-established associations of traditional medicine practitioners.

Today, traditional healers have formed associations to represent their collective interests. The NCRL provides financial and technical support to practitioners and to these associations to identify medicinal plants, and to assess the efficacy and toxicity of their herbal medicines, following established standards. Once validated as safe for human consumption, a healer's product is recorded as such, and the healer is encouraged to have his product notified by the National Drug Authority (NDA). After notification, herbalists are required to track and to submit further information on the safety and effectiveness of their products, before registration with the NDA. NCRL gives them advice on these procedures and on expanding the production of medicinal products, where appropriate. It may itself process and package selected medicines as prototype samples.

NCRL also offers training to the practitioners in herbal garden management and conservation, processing and packaging (including labelling with expiry dates), hygiene and protection against HIV/AIDS, through their Associations. Traditional healers, on their part, provide information on herbal medicine and practices, and share detailed information on the medicines that have proven effective. This contribution is acknowledged on the labels of herbal medicines samples packaged by NCRL.

NCRL has undertaken considerable research to transform raw herbal products into validated, registered, well-packaged and labelled medicines: by the end of 2007, 80 products had been notified as safe and effective for public consumption. With positive findings on the effectiveness of traditional herbal medicine on malaria and HIV opportunistic diseases, the World Health Organisation is currently funding further research in this area through NCRL. With training, the quality and presentation of herbal medicine has also improved, thus providing healers with better income. Dr Nambatya also points out that NCRL has come to appreciate the healers' approach to health care: not only do they apply remedies, they also diagnose holistically, referring to the patient's psychology and social, natural and cultural environments.

HAJJI ZAKARIYA NYANZI

A herbalist with many years' experience, Hajji Nyanzi has consolidated his knowledge and practice by joining various groups promoting traditional medicine. First, as a member of a local association, the Kitalegelwa Group of traditional healers, then with THETA, where his medicine for malaria was assessed, processed and packaged for distribution to the public. He also joined Uganda N'eddagala Lyalyo, a national association of traditional healers, where he learnt about other opportunities to improve his herbal medicine, and was advised to take his products to the NCRL for assessment. Hajji Nyanzi supplies herbal medicine to NCRL and THETA, as well as directly to patients within and beyond his community.

Hajji Nyanzi currently produces herbal medication in powder and liquid form for malaria, fibroids, and HIV/AIDS-related conditions (commonly locally referred to as 'kadamola' [jerry can]), among others. He has shared information with the NCRL on his preparations for malaria and HIV/AIDS opportunistic diseases (persistent fever, diarrhoea, cough, vomiting, stomach ache and mental conditions). These have been used by his patients for many years, according to him, to good effect. Respondents at NCRL and THETA have singled out his remedy for malaria as most effective.

NCRL has trained Hajji Nyanzi in processing, hygiene and protection against HIV infection, packaging (including labelling with expiry dates), and the management of herbal gardens. The laboratory has sent some of his products for notification, including those for malaria and fibroids. Hajji Nyanzi is in the process of registering some of these with the NDA. He welcomes the toxicity and efficacy tests carried out by NCRL and feels these add value and market appeal to his products. The Laboratory packages and sells some of these products, and monitors patients who are taking his medicine. It also links Hajji Nyanzi to these patients so that they discuss progress or any challenges faced. NCRL pays him for medicines supplied at an agreed price: Ushs 30,000 per 750 grams of his herbal medicine for malaria, for example. Although not formally contracted by NCRL, the Laboratory recognises his contribution by providing him with some funds to manage his medicinal establishment and to train other healers. In addition, NCRL staff visit him, make reference to his work and refer national and international visitors to him for learning and exchanges.

A CHALLENGING RELATIONSHIP

While the linkage between Hajji Nyanzi and NCRL has presented opportunities for the parties involved, it has also highlighted challenges. Two of the primary challenges identified relate to resources (namely finance) and the nature of the relationship between traditional practitioners and the NCRL.

Hajji Nyanzi uses simple equipment to process his medicine, mostly wooden mortars and pestles. In addition to the local authority's licence to harvest medicinal material from the forest, production costs currently involve a long search for plants, carried out on foot or using a

Herbalists in Uganda



bicycle when ferrying bulky items. After processing, his products are then stored in plastic containers and used bottles, for retail sale. He has opened several retail outlets to sell his products in the region, but all have closed down because of mismanagement, weak supervision and less than honest shop attendants. Applying the skills acquired from NCRL for drying and packaging herbal medicine would be even more costly, he says - at least Ushs 2 million to buy the necessary processing and packaging equipment—a sum beyond his means. Despite NCRL's inability to do so, Hajji Nyanzi expects to be generously financed by this institution, as he suspects that the Laboratory is generating income from his intellectual property.

Hajji also regrets that his link with NCRL is not formalised through for example, a memorandum of understanding, letter or identity card. He feels that this is necessary for his credibility, beyond his name on package labels, and to distinguish him from practitioners who are not linked to the Laboratory and whose products have not been validated.

LEARNING BEYOND THE INDIVIDUAL RELATIONSHIP

This individual case underlines three observations, of broader relevance:

A policy vacuum. The current legislation to promote and protect traditional medicine is outdated. The process of policy development has been slow, owing to low prioritisation of traditional medicine in the health sector, limited finances, and insufficient lobbying and advocacy to make visible the benefits and opportunities afforded by traditional medicine.

Such a vacuum results in several constraints: first, negative perceptions of the value and quality of herbal medicine are perpetuated in the absence of effective quality control and regulation of traditional practitioners' practice, especially since abuses, including human sacrifices, are known to exist.

A second constraint concerns the protection of intellectual property rights. Partly because they have been disregarded or even repressed - during the colonial and post-colonial periods, traditional healers are still often suspicious of the motive of those who have now (and rather suddenly) developed an interest in their knowledge. A limited understanding of patenting and intellectual property rights also intensifies a reluctance to disclose knowledge, for fear of exploitation and that their knowledge may be 'stolen'. According to Hajji Nyanzi, a number of traditional practitioners are still secretive about the contents of their medicine, resulting in indigenous medicinal knowledge remaining concealed, and some effective medicines not being validated or produced on a large scale. The NCRL staff report that a healer may grow suspicious half-way through a validation process and then withhold some information or withdraw entirely, for fear of such thefts of knowledge. Similarly, although the NDA is charged with the responsibility of registering products, a fear persists among healers that neither this process nor liberal trade policies provide any assurance that their knowledge will be safeguarded or that they will benefit, should this be utilised by an investor. Registration is also a lengthy, centralised process that requires follow-up in Kampala and is costly for traditional practitioners who often live far away and cannot afford to travel to the city regularly. Patenting is then perceived as only suitable for commercial traders in or near the city centre.

A third constraint concerns environmental protection. Herbal gardens can provide easy access to medicinal plants, and can help to preserve rare and commonly used species and to conserve the environment, in addition to creating employment for traditional healers and small farmers. Herbal gardens and cultivation of rare medicinal plants are therefore essential if benefits are to be sustained. Policies to promote and protect medicinal plants, such as through controlling the felling of trees with medicinal value for construction or charcoal, are currently inadequate. Other policies, such as those concerned with agricultural zoning, farmer cooperatives and commercial farming, could also be adjusted to ensure the sustainability of medicinal plants.

Income generation, quality and public-private investment.

Traditional herbal medicine is used by a large percentage of the population and provides a potential source of household income. It is therefore in the interests of traditional healers, development workers, health workers and the private sector to promote the production of quality herbal medicine. Once medicine has been validated or registered, and demand for it has increased, traditional healers are, however, challenged because they seldom have the capacity to produce in bulk, while maintaining quality. Large scale commercial production of validated herbal medicine requires professional management and marketing skills, which individual practitioners currently lack, although they may have access to sufficient supplies to meet the demand. In some cases, deteriorating quality by individual producers has been noted, pointing to the need to establish linkages with local industries to invest in large-scale, consistent quality production.

A lack of entrepreneurship skills, including those associated with marketing, packaging and record keeping, also results in limited economic benefit for the traditional healers and may also lead to a reluctance to share information with whoever can commercialise their products. In addition, potential investors stay away from commercial traditional medicine production and distribution because of the absence of the necessary policy frameworks. This leaves traditional healers with limited avenues to access funds. An appropriate policy environment would help in attracting private sector investors interested in joint ventures, with better prospects for profitability for all concerned.

Hajji Nyanzi, a traditional herbalist in Uganda



Accessible research, resources and documentation – Research funding is limited in Uganda, and this poses particular challenges in the field of traditional medicine, given the high costs involved (up to U.shs. 40 million per specimen). Validation requires time, specialised and costly testing equipment, with spare parts that cannot be obtained locally. Sending samples for testing to other countries is also expensive. NCRL is not in a position to provide substantial financial support to healers because of current financial constraints. Having formal relationships is also restricted by NCRL's present legal status, although this is likely to change in the near future when it will be allowed to enter into formal partnerships with associations of traditional healers. Furthermore, the sample analysis work carried out at NCRL can only guide other agencies, such as the National Bureau of Standards and the Export Promotion Board, to give additional assistance to healers.

Limited resources slow down the validation process, to the disappointment of some healers. Patrick Ogwang, NCRL pharmacist and researcher, observes that while much useful knowledge exists among healers, the demand for validation far exceeds the capacity of the Laboratory and there are many pending applications. After testing, reports also need to be simplified so that healers can fully understand the results in terms of toxicity, safe dosage, appropriate administration and storage.

With limited research, analysis and documentation, negative attitudes towards embracing traditional herbal medicine as a resource are not dispelled. The benefits of establishing and maintaining linkages between traditional medicine practitioners and modern medical institutions are then difficult to promote. Where advances have been made with this type of collaboration, the benefits and challenges of mainstreaming into modern medical practice also need to be analysed and documented, so that development partners identify areas for intervention and how traditional knowledge may complement their initiatives.

CONCLUSIONS

With many of us returning to nature for health and nutritional remedies, a linkage between traditional healers and NCRL presents opportunities from which we all stand to benefit, whether as producers or consumers. These benefits could be diverse: the traditional practitioner can stand to gain from sales and his clients from his contribution to primary health care. The Ministry of Health can benefit from savings on imported medicines, and from improved access and quality of herbal medicine for all. The nation can benefit from exports of Ugandan herbal medicine and from gainful employment for smallholder farmers cultivating medicinal plants on a commercial basis. This would help both public and private sectors to see traditional medicine and practice as a resource that can be harnessed, professionalized and turned into commercial gain. Furthermore, collective efforts to promote traditional medicine will not only generate economic and health benefits, but also restore a sense of pride in an important part of our cultural heritage.

RECOMMENDATIONS

Legal framework. The establishment of the National Council of Indigenous and Complementary Medicine Practitioners or its equivalent

must now be expedited so that a policy framework can be developed to facilitate collaboration, funding, validation and the growth of traditional medicine. Aspects that deal with intellectual property rights and patenting need enforcing and traditional practitioners need to be informed about its provisions and implications, to help them feel freer to share their knowledge.

Policy implementation. With a wealth of biodiversity and indigenous knowledge, Uganda has the potential to develop traditional medicine as a valuable resource. The traditional healers' contribution to health care in particular, needs to be recognised by providing funds and facilitating fora where they can discuss their concerns, and referring the public and other stakeholders to them. This includes using the Traditional Medicine Day to promote herbal medicine and its use in the prevention and management of disease. Adequate resources must be allocated and linkages created to facilitate the implementation of plans to improve the quality, volume and sustainability of herbal medicinal production and use.

Research and promotion. Nationwide comparative research, documentation and cost benefit analyses of using traditional medicine are needed to improve usage of local medicinal products. This requires the expansion of the facilities at NCRL and the creation of regional research and testing laboratories, as well as simplified and decentralised validation and registration processes to encourage traditional practitioners to register their products. The promotion of herbal medicine could be included in the terms of reference of Community Development and District Health officers to facilitate their identification, the verification of their effectiveness and to establish the potential for commercial production. This would also help to institutionalise district-level health partnerships: a Private-Public partnership health desk in every district could host centralised and district information on health resources, including indigenous knowledge. Research findings on the value of traditional medicine could be disseminated via the popular mass media, including radio stations and video halls.

Enhancing economic value. The commercialisation of herbal medicine should be promoted, and its economic benefits to individual herbalists and the general public as a means to poverty reduction at household and national levels highlighted, in addition to any direct health benefits. Clear memoranda of understanding need to be developed to clarify the expectations of traditional healers and allow them to negotiate from the onset the benefit they expect from any partnership with other parties, including Government. Traditional healers need to be equipped with skills to manage the commercial production and sale of validated medicine, or to link them with public and private organisations that can enhance their services and products for commercial use.

Environment conservation. Aspects of environmental sustainability need to be incorporated in commercial herbal medicine promotion and the establishment of herbal gardens encouraged, especially for rare medicinal plant species. Availing land for research and for private sector commercial production would contribute to environmental conservation, in addition to health benefits.

Education and knowledge. Uganda needs to invest in curriculum development, training and capacity building to sustain existing knowledge and to promote new knowledge through informal and formal education at various levels—community sensitisation as well as primary, secondary, and tertiary education. NCRL needs to respond to the call from the National Curriculum Development Centre to help incorporate traditional healers' knowledge into the relevant educational curricula.

ACKNOWLEDGEMENTS

This publication, produced by the Cross-Cultural Foundation of Uganda, is part of its series of case studies illustrating the importance of adopting a cultural approach for sustainable development. We gratefully acknowledge the financial support of COMPAS for this initiative. Hajji Zakariya Nyanzi, NCRL staff—especially Dr G. Nambatya; P. Ogwang; F. Omujal, N. Nusula—and R. Achola from THETA, are very much thanked for their commitment to the research and documentation process.

RÉSUMÉ

Plus de la moitié de la population ougandaise pratique la médecine traditionnelle, un fait tout d'abord signalé en 1999 par la Politique nationale en matière de santé et considéré comme un apport considérable au système élémentaire de soin. La collaboration entre le gouvernement et le sous-secteur de la médecine traditionnelle et complémentaire est arbitrée par le Laboratoire de Recherche en Chimiothérapeuthiques Naturels (NCRL) sous la tutelle du ministère de la Santé afin de promouvoir et de préserver la médecine traditionnelle.

Cette étude de cas montre que, même si les bénéfices à approfondir cette relation sont incontestés pour tous les acteurs concernés, un certain nombre de contraintes demeure. Cela inclut notamment des coûts relativement élevés de production et de préparation pour les praticiens traditionnels alors que le soutien financier et l'encadrement offerts restent limités. Ces entraves, en partie dues à une législation surannée, restreignent l'engagement d'autres acteurs à valider, promouvoir et investir dans l'usage et la production commerciale de plantes médicinales, à réglementer la pratique des praticiens traditionnels et à fournir ainsi un contrôle de qualité effectif. Une connaissance limitée du brevetage et des droits de propriété intellectuelle amène également les guérisseurs à résister à divulguer leur savoir médicinal ; ceci est amplifié par une activité de recherche, d'analyse et de documentation limitée sur les intérêts des plantes médicinales, ce qui vient, à son tour, alimenter une vision négative et une réticence à envisager les plantes médicinales comme une ressource importante.

Ce cas met par conséquent en exergue un certain nombre de préconisations :

le cadre juridique doit être consolidé afin de faciliter la collaboration, la subvention, la validation et le développement de la médecine traditionnelle. Il est nécessaire que les droits de propriété intellectuelle et le brevetage soient respectés et que les praticiens traditionnels soient informés des dispositions d'ordre public et de leurs incidences afin d'atténuer leur inquiétude à partager leurs connaissances.

Le concours des guérisseurs traditionnels à la médecine doit être reconnu et récompensé par des financements, en rendant possible un forum où ils pourraient exprimer leurs préoccupations et en les recommandant au public. Des moyens satisfaisants devraient être attribués (ou les liens nécessaires créés) afin de faciliter la mise en œuvre des plans d'amélioration de qualité, de volume et de viabilité de la production et de l'utilisation de plantes médicinales.

Des recherches comparatives d'envergure nationale ainsi que des analyses coûts-avantages dans l'utilisation de la médecine traditionnelle sont également requises. Il conviendrait de promouvoir la commercialisation des plantes médicinales, de valoriser les bénéfices économiques pour les herboristes en tant que particuliers sans oublier de souligner l'intérêt général. Les praticiens traditionnels se doivent d'être dotés des compétences financières au regard de la production commerciale et de la vente des remèdes validés.

Les aspects relatifs à la gestion durable de l'environnement doivent être intégrés à la promotion commerciale des plantes médicinales et la création de jardins des plantes, notamment pour les espèces rares de plantes médicinales, encouragée.

L'Ouganda doit investir dans l'élaboration de programmes, dans la formation et dans le développement des compétences afin de pérenniser un savoir déjà existant et d'en promouvoir un nouveau grâce à une éducation tant informelle que formelle à différents échelons.

Avec le retour de bon nombre d'entre nous vers la nature en termes de produits de santé et de suppléments nutritionnels, un lien entre les guérisseurs traditionnels et le NCRL offre des opportunités dont nous pourrions tous bénéficier. Cela aiderait à la fois les secteurs public et privé à appréhender la médecine traditionnelle et sa pratique comme une ressource qui peut être exploitée, professionnalisée et convertie en but lucratif. En outre, les efforts conjugués pour promouvoir la médecine traditionnelle ne vont pas uniquement être profitables en termes de retombées pour l'économie et la médecine du pays, mais vont permettre également de restaurer un sentiment de fierté à l'égard d'une part importante de notre héritage culturel.

Chapter 9

**ICH as a Legitimation Strategy for
Traditional and Complementary
Healing Methods?**

*Michaela Noseck-Licul
Krems*

As a cultural anthropologist with a special interest in healing knowledge situated outside classic biomedicine, I have been observing the implementation of the UNESCO 2003 Convention for the Safeguarding of the Intangible Cultural Heritage (ICH) since 2007, when it was first discussed, all the way through to its ratification and subsequent implementation in Austria. One of the first tasks was to survey healing and health practices as possible elements for inscription on the National Inventory of ICH in Austria. First, it was necessary to define the criteria for inscription and to decide what sort of practical and theoretical healing knowledge should and may be included in the inventory and what not to inscribe, respectively. Moreover, who was to decide what constitutes ICH worthy of safeguarding? These were the most urgent questions at the beginning of what was to become an extremely enriching learning process.

In the interest of exploring these core questions, the 2007–2010 period saw a research project conducted under my leadership that had been initiated by the Austrian Commission for UNESCO and was financed by both the Austrian Federal Ministry of Health and the insurance company UNIQA.

An initial step in this research was to examine the terms commonly used along with traditional and complementary healing methods. These terms are by no means arbitrarily but consciously chosen by the various actors from this field; they enforce specific ideas about the nature of the human being that are prevalent in the controversially discussed area of complementary and traditional healing methods. Naturopathy, for instance, tends to be regarded as part of established medical practice in Austria. Its associated methods, such as using the healing forces of light, water, warmth and cold, are predominantly applied by physicians working at spas. Even though some actors from this field have already applied for inscription on the Austrian Inventory of ICH, the number of applications has been very low. This could be associated with the fact that naturopathy is well anchored within the Austrian healthcare system and thus, the practitioners may not feel a need for public (including media) attention that can result from inscription.

Practitioners from the field of complementary and traditional medicine, on the contrary, suffer frequent loss of knowledge due to state and other regulations as well as due to the concerns of dominant players within the healthcare system. For example, the EU Directive 2004/27/EC of the European Parliament and of the Council had introduced new regulations regarding the manufacture and distribution of medicinal products for human use. The concerns of practitioners included a loss of traditional knowledge, increasing costs for new procedures, even the prohibition of home remedies. Thus, numerous practitioners I talked with availed themselves of ICH (as defined in Article 2 of the 2003 Convention) to legitimize their right to self-determination and autonomy regarding medical issues, which they perceived as increasingly limited and threatened by our present societies.

Another challenging aspect related to criteria for inscription was the definition of the term “traditional” and the regional anchoring of an element. Asian traditional medicine, such as Traditional Chinese Medicine (TCM) and Ayurveda, is registered under “complementary medicine” in Austria. “Traditional Austrian Medicine”, on the contrary, has not been properly defined, and it is still unclear what to include under this umbrella term. For example, what about elements that are practiced in Austria but have been developed outside nation-state borders,

such as the *kneipp cure*? For this reason, Dittmann (2004) suggests an orientation toward the act of passing on a tradition rather than the tradition-as-object that can be anchored. When a tradition is passed on, the following occurs: a person conveys something to someone else, and we call this first person a *tradent*. The second individual, to whom the content is passed on, is the *accipient*, and the material the tradent gives the accipient is the tradition or *tradendum* (Dittmann 2004, p.120). This description places the focus on the act of transferral. At this point the question arises, however, as to whether the mere act of transferral is already a completed transfer. Dittmann expands his thought by the idea of repetition:

Traditionality, the materials of tradition, and the notion of tradition relate to one another like hearing something and telling it to the next person, like the content of a rumour and the notion of the rumour as such. So if we consider the treatment of individual acts as parts of a chain to be a sort of reconstruction, we can say that by reconstructing a chain of acts of transfer, we identify individual acts in this chain as acts of tradition.” (Dittmann, 2004, p. 122)

Traditional European Medicine, for instance, which has been gaining visibility over the last years, is founded on the exchange of knowledge and products with communities outside Europe. Hence, defining traditional healing methods is not a search for an authentic core (such as an tradition-as-object) or an ultimate approach. Absorbing, applying, and ultimately passing on knowledge forms a self-determined way of handling resources based on experience. In this regard, the term “empowerment” is commonly used in order to emphasise the need for

Making local specialities requires special instruments, pharmaceutical resources and skills. Austrian pharmacists consider this transferred knowledge as part of their cultural heritage. © Kurapotheke Bad Ischl



self-responsibility and autonomy in health issues and in my view, ICH offers many opportunities for the promotion of self-empowerment in these matters, provided that legal frameworks enable such empowerment measures.

LEGITIMATION STRATEGIES IN CAM

In Austria, complementary medicine is a controversial field in which varying positions and definitional powers are subject to negotiation between numerous occupational groups and legitimation strategies.

The Austrian law entails that only physicians and certain other health professionals (under a physician's supervision) may treat illnesses. There are no official occupational categories, such as "alternative practitioner", for people who work in a way that is complementary or otherwise different from conventional health professions. However, there are many professional and lay practitioners in Austria who work in the realm of folk medicine and so-called energetics—an unregulated trade and professional "grey zone". Practitioners from this field may avoid calling attention to their practice because they are often already limited by legislation and/or the concerns and reservations of some occupational groups. Others may wish to seize the opportunity to gain the cultural-heritage label in order to strengthen their position as practitioners or for marketing reasons.

Based on Pierre Bourdieu's *Outline of a Theory of Practice* (1976), one can identify orthodox and heterodox groups that primarily employ claims to scientificity as their strategy of legitimation. Referring to their

Specialities of individual pharmacies include knowledge on nature, cures and healing that had formerly been passed down orally and have since been documented in recipe books. Specialities of Individual Pharmacies was inscribed on the Austrian Inventory of ICH in 2010. © Kurapotheke Bad Ischl



own scientific backgrounds and evidence-based practice, the dominant players from the field are the ones who define what is effective. Although conventional physicians may offer complementary therapies that have not yet been verified legitimately and scientifically, their practice must be based on scientific principles. In clinical studies, however, both the cultural context and the so-called general healing effects are excluded to the greatest extent possible; the symbolic value of the objects employed, ritual components, the patients' expectations, prior knowledge as well as patient-healer communication are ignored in evidence-based studies of efficacy in order to provide a health care system that benefits all people regardless of their backgrounds. By contrast, traditional and complementary healing methods depend on these backgrounds that have also been proven relevant in placebo research, and which can be alternatively subsumed under the term "meaning response" (Moerman, 2002). The reference to tradition and experiential knowledge is an alternative strategy of legitimation in cases where legitimation via clinical studies promises no success due to the abovementioned differences. UNESCO's activities in the field of ICH has raised awareness among practitioners about such alternative strategies, particularly in the course of the ratification process that preceded the implementation of the Convention—when the process of exploring just what ICH can be, and what advantages it might entail, was still underway. Many practitioners from the field of complementary medicine probably hoped to find public acceptance as bearers of ICH.

CHALLENGES OF THE INITIAL PHASE OF IMPLEMENTATION

Dealing with ICH has given rise to numerous questions, most of which have already been addressed. For example, it was unclear what constitutes ICH as defined by the 2003 Convention and what criteria have to be met for inscription on the National Inventory. "Tradition" as a term caused controversy in particular. Although the Convention does not speak about the concepts of "uniqueness" and "authenticity", recurring questions involved: how long-running does a tradition need to be for inscription, how much change is acceptable, is authenticity necessary, and also, who determines the answers to these questions? It is often misunderstood that establishing 'authentic' or 'better' versions of ICH practices is not in the spirit of the 2003 Convention. As living heritage, ICH has a history of practice and significance but, most importantly, it has a present relevance for the bearers in terms of function, value and meaning.

A surprising challenge in dealing with ICH was the fact that some bearers, who did perfectly conform to my notions of ICH, refrained from being associated with it. For example, individuals from the Alpine region practising healing methods based on magic words preferred to remain unknown. In fact, they considered media attention as a threat to themselves and their secret because of historical experiences of exclusion and persecution by church and state authorities.

In other cases, I realised that there is an urgent need to elaborate and undertake safeguarding measures in order to preserve knowledge that is gradually disappearing. However, the identification of a bearer community, one of the criteria for inscription on the Austrian Inventory, was impossible in some cases because one cannot speak of community and identity in terms of public knowledge and competency on traditional and



For centuries, communities from Upper Austria have produced pitch oil using so-called pitch oil stones (granite stones with furrows similar to leaf veins chiseled across their slightly slanted surface) and pine wood. The Distillation of Pitch Oil in the Eastern Mühlviertel Region was inscribed on the Austrian Inventory of ICH in 2013. © Manfred Danner

complementary healing methods. This means that there is currently no possibility to inscribe elements regarding home cures and the healing effects of herbs (used for first aid or to cope with minor ailments) in general terms as well as other skills and knowledge related to traditional pharmacopeia on the National Inventory even though this knowledge is disappearing, particularly among young people. Inscribing Local Healing Knowledge in the Pinzgau Region as well as Specialities of Individual Pharmacies serves as examples for elements which have been recognised and safeguarded by the communities themselves. Although the inscription of these elements has raised public awareness, however, the objective of promoting a self-reliant healthcare competency among the Austrian population has remained unmet.

RECOGNISING EXPERIENCE AS A RESOURCE

Considering cases where the implementation of the Convention (in terms of inventorying ICH) fails to meet the needs of the bearers, it becomes clear that some issues demand further consideration. In retrospect, for me as a researcher in complementary medicine, dealing with experiential knowledge (in terms of tacit knowledge, embodied knowledge) is in itself the most important impulse and a way to understanding traditional healing methods

and their value to the individual and to society—regardless of whether or not this is reflected by the National Inventory. Pursuing this idea via research and providing target groups with an adequate form of legitimation, thereby reinforcing decision-making and empowerment of communities, groups and individuals, is a viable approach.

Experiential knowledge is the essence of traditional and complementary healing methods; in German, accordingly, this approach is referred to as *Erfahrungsmedizin* [experiential medicine]. In this field, experience is an indicator of quality. Without experience, we have nothing to hold on to, which is further emphasised by discussions concerning ICH. Embodied knowledge includes the sensory realm, it equips us with abilities and resources in all areas of life. Alongside explicit knowledge (i.e. knowledge generated, tested, and reflected on in natural sciences), this form of knowledge is very important. It entails many aspects that are relevant for science, such as embodiment. In fact, these aspects are developed further in dealing with traditional and spiritual healing methods (see Csordas, 2002). When the Heidelberg-based philosopher and psychiatrist Thomas Fuchs wrote about implicit knowledge, he was probably not referring directly to ICH but even so, he does express an essential concern that is brought into focus by the 2003 Convention:

For homo sapiens it is not the expert who is equipped with all possible information, but quite literally the “tasting human” (Latin: sapere = to taste, to know)—in other words, the being that is possessed of a special taste or sense for complex situations, and who is able to master life through precisely such implicit, intuitive experiential knowledge. If we lose personal experience and instead rely only on maps, we will have a hard time weathering future storms. (Fuchs, 2008, p.257)

RÉSUMÉ

Aborder la notion de patrimoine culturel immatériel dans les domaines de la santé, de la souffrance et de la guérison permet d'ouvrir la réflexion sur un discours international qui présente des caractéristiques particulières en Autriche. En raison des priorités différentes de la médecine officielle d'une part, des approches complémentaires que celle-ci ne reconnaît pas d'autre part, les praticiens de ces méthodes complémentaires cherchent avant tout à légitimer leur pratique. La référence à la tradition semble l'un des moyens d'y parvenir, mais soulève la question de savoir si la Convention pour la sauvegarde du patrimoine culturel immatériel peut répondre à ces attentes. Cet article souligne, en interrogeant l'étendue terminologique et conceptuelle du domaine en question, les défis et les opportunités d'une approche basée sur le patrimoine culturel immatériel.

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Chapter 10

Testimony of a Traditional Healer

Jean Roche

World Cultural Association, ONG-accredited PCI Gannat (03), France



This testimony was provided by Jean Roche on his experience of practicing as a ‘healer’. Unfortunately Jean Roche passed away before the article was finished and did not have the opportunity to review his paper prior to his death. The editorial team have taken the liberty of editing Jean’s paper, and we hope that we have honoured and reflected his story.

Currently I am seventy years old and for more than fifty years I have practiced that what we call in our region, ‘the conspiracy’. I have not studied for that, and I consider that I received a gift which allows me, to relieve and heal other “humans and animals”.

When I was young I had contact with healers or “bonesetters” of fire or blood, as they might be called. They were generally farmers or people very close to the nature. I was born, and I still live in Auvergne in the centre of France, and I come from a rural area.

This is how I tried to practice, my only intention was to relieve patients suffering, and it worked. Initially, people came mainly for burns (to calm the fire) or to stop bleeding. They also came for *zona* (skin disease). I used my gift for forty years, with a few people coming to visit me each week. They came as a result of recommendations from friend and family, by word of mouth.

The act of healing is done discreetly, whereby someone who has the ability, does not speak publicly about it or promote it. Other people would often say: “He’s a healer!”, and would sometimes add: “He is strong, and it indicates that he has other capacities that go beyond the role of “fire cutter”.

Generally in our region, the person who practices this gift does not expect any remuneration from the patients. In order to express their gratitude people usually offer a small gift from nature, such as food, poultry, honey or a bottle - very rarely money.

In our traditions, we basically have the healer who conjures with his hands and his breath, and the bonesetter who remedies, with his hands, strains and other displacements of bones or muscles. Magnetism is related to both forms of care.

As I have decided to testify, I will talk only about my own work.

During my life, having discovered my gift, I agreed to put it into practice without any publicity or desire to profit financially. This is the case for many other people who have had the same skills. However, everything changed after I agreed to be filmed for a national television show on healers in France (including new healers). I agreed to participate in the programme as a result of pressure from the people that I had healed and the director who wanted to show the pure nature of practitioners, by comparing it to the other professionals of this discipline and to other ‘charlatans’.

The people I had healed wished to remain anonymous. However, because of the dissemination of the report and patient testimonials on the Internet, people were able to locate me and contact me. Everything changed for me as a result of the television programme. I have since had to create rules to organize my interventions, because on average, thirty people, began to contact me every day asking for help, and I was unable to help more, as I need to keep my life in balance.

Having noticed that distance was not a problem in relation to my healing work, I started to ‘conjure’ by phone, at specific hours. This helped me to create a balance in my life and allow time for a ‘normal life’. The process was simple: I would spend around two minutes on each case, and I would typically undertake three cases in a row. Having found that I have benefited from various healing gifts or abilities, I was practicing all forms of “care” on the telephone, even the role of bonesetter.

HOW DO I PRACTICE?

In terms of how I practice, I need about thirty seconds to listening to patients in order to ‘feel’, their needs and location. In fact I receive calls from many different regions of France, and sometimes international calls. I concentrate for about two minutes on the patient, reciting a “prayer” three times, which allows me to forget myself and let go of my “ego”. I blow three times, and then I symbolically take the “evil” and “throw” it away, and finally I forget. Once is generally enough for a burn or bleeding disease, for the other conditions—I sometimes have to repeat this process three times, and in general “it works!”

Usually, the people who contact me have some confidence in this kind of practice but are no longer able to find the healers or the bonesetters that their parents have previously used: as many of them are dead and few have taken on this gift! A lack of people entering into the practice might be due to them not wanting to be disturbed all the time, or to not suffer ridicule.

Personally I have been contacted by a lot of people further afield as a result of the national television’s coverage, also from coverage on international networks such as the internet and YouTube, and of course, by word of mouth and personal recommendation. I am contacted in respect of various diseases, affecting the body and also the mind, including nervous breakdowns and their consequences.

Requests for help typically relate to various forms of burn skin diseases, pain cancers and reactions to the chemistry and other post-surgical treatment, but requests may also concern babies and ways to protect them from convulsions and sore teeth.

I can say that I am contacted by all sectors of society: elderly, active people, and even children.

People contact me for themselves, for a loved one and even for a pet. I refuse to act for a person who does not want a healer to intervene, even if the request is made by a parent or spouse. Meanwhile, depending on the case’s severity, and if I know that the person is unable to talk to me, I agree and ask the relative to become an intermediary, and to concentrate on the patient at the specific time when I intervene (about 2 minutes). Then I ask them to wash their hands. For most of these cases,

the person is in coma or hospitalized, or is in great difficulty, mental or physical, does not speak (deaf, mute, baby or pet).

WHAT CAN I SAY ABOUT MY RELATIONSHIP WITH MY PATIENTS?

Although our contact is very quick, I can say that in general the conversation follows a similar process.

Hello Sir, are you a healer? Sorry to bother you, I call on behalf of Mr So-and-So, who told me that you could help me?

Then he/she explains very quickly the problem. Knowing nothing of medicine, I ask them to explain to me with a clear and simple way what is wrong.

In general the answers are accompanied by comments which describe how they have already contacted medical professionals.

“The doctors as the specialists have not found anything and I have to redo analysis...”

“The doctors told me that this would be long or even painful”

“I have problems with the medication.”

“My physio or osteopath are unable to relieve me.”

“Experts warn us that we should expect the worst.”

Most of the time, patients speak to healers because they feel that official medicine does not relieve their health problems, and that they want to try alternative methods of traditional medicine, as they hope that they will be more effective and quicker.

Of course we never advise not to continue their visits to the doctor or to stop taking their medications. In some cases, typically burns, shingles, and the side-effects of chemotherapy treatment, it is the doctor or the nursing staff who suggest that the patient contact a healer. With the beautiful saying “You don’t know someone?” the doctor explains to them that a healer can relieve the pain alongside other treatment. It should be noted that in the waiting rooms, the patient do not hesitate to testify to the benefits of healing based on their experiences and make some recommendations as to whom they might contact!

There are also doctors who have gained confidence in the treatments offered by healers after seeing improvement in their patients. As some people say: “there’s nothing that can be explained, only observed, but after all why not?” It should also be said that some doctors do not hesitate to call me in, particularly for burns and shingles. Caring for someone from a distance is not a problem for me. Since I treat most patients remotely, this has allowed me to live normal life, by accepting some of schedule constraints, and to better liberate myself from my ego, because I do not spend too much time with each patient.

The feedback or thanks that I receive in around 80% of the cases is via a telephone call, a SMS message or an email, a short mail, or a package that arrives by post or directly delivered to my home. I have to say that in general, I receive testimonies of relief, and even cure, with thanks. I



Picture of Jean Roche, in memory
of his untimely death.

receive it as an encouragement to continue practicing my gift, which I offer in service to someone who suffers with ill health.

WHAT ABOUT THE REACTIONS OF THOSE WHO TALK ABOUT THE PLACEBO EFFECT?

For me, even if the person tells me: “I believe in it, so it’s going to work”. Because when I care for a baby (for teeth troubles, convulsion, eczema, etc...) this latter is not in a capacity to believe or think. It is the same when I am taking care of animals.

I sometimes wonder about the placebo effect of healing, whereby those who believe that it is going to work are cured. However, when I offer care to a baby or an animal that is subsequently healed, they do not have the capacity to think ‘this is going to work’. Therefore, I think that the placebo effect cannot explain the successes that are observed.

WHAT ABOUT THE DISTANCE?

There are occasions when I am surprised that the distance is not a problem for me. As an example : I used to receive a young boy suffering from a serious illness, who was in need of intense care and physiotherapy treatment. This boy was responding very well to magnetism, and this enabled him to use his limbs better. In fact, further to the treatment that I did, his hands and his feet responded very quickly and rose as by hypnosis, and then he was freer in his movements. So I proposed that his mother to inform his physiotherapist, who phoned me one day.

His attitude towards me was quite derisive, while he had the young person in consultation, I asked him to give me five minutes, to act from a distance, in order to show him that the boy was able to do easily gestures which he had tried to make him do [to move his thumb closer to his little finger, or to unbutton and re-button his shirt]. Very quickly, this practitioner changed his intonation, inviting me to meet him because he was so surprised by what he had witnessed.

Since then I have practiced this method from distance too, when previously, I could have only done it in the presence of the person. I could give you many other examples like this, where I have been surprised by the positive outcome.

As another example, there was a lady whom the hospital staff wanted “to disconnect” from the ‘systems’ and who then came out of her coma, asserting that she knew that I was near her and that I had asked her to live and she came back to life, although she had been in intensive care, without any visit. Another patient told me that he had felt my presence taking care of him in his hospital room, while I was at my home!

When I intensified my phone interventions, I felt a huge fatigue with a lot of pain in the elbows: the only way to relieve myself of this pain was to allow water to flow between my elbows and the end of my fingers.

Now I suffer less, and I have to very quickly forget my intervention. On the phone, I tried to make a list of the identities of all the patient and the pain that I have had to deal with.

For example: “Lady of Marseille, Cancer lung / Mr Arcachon, left shoulder” so when I get a call, the phone shows me the care that is required from me and of course, my memory comes back quickly and I can immediately connect myself with the person. I also know that in certain cases, I am going to have painful reactions - in particular, a sudden jump which provokes my tears to flow and causes me to ‘spit’ “the pain” which I have just removed. I have noticed it for certain tumours, abscesses, and warts or to remove the desire to smoke, I continue to do it but by organizing my interventions and schedules in order to be able to get back my strengths.

CONCLUSION

This is the first time that I have revealed myself through this testimony as I have agreed to do it means that it will be disseminated and read by NGO members who work in the field of intangible culture. This testimony might encourage other people to do likewise and share their stories, because without the confidence provided by the selection panel, and our last meeting during the committee of the PCI, which recounts the subject of traditional medicine, I would never have spoken of what I have practised and still practice. I have not gained any glory, and I have done all that just to make my contribution in helping others.

As hundreds of people who practice, like me, without looking for any advertising, I wish to be able to exercise this gift in the serenity and to have the time to live normally by pursuing my activities of everyday life.

Although I have nothing to prove, I have to say that the numerous testimonies I have received encourage me to continue, in spite of the constraints due to this practice (spent time, spiritual and physical moral).

What I expect from my testimony is not to not receive other contacts, but to assert that what happens to me is true. I know, from travelling around the world, meeting shamans and healers, that I have become a witness of the fact that the official medicine and all the existing medicaments are not the only way to cure illness.

I also think that this is a gift of love that we use to cure and heal, not only the sick part of the body, but also the spirit, and yet like you, I can't explain it.

However, I am convinced that through dialogue between scientists, the medical profession and traditional healers, we will overcome the barriers that currently exist and that one day, traditional practitioners will be no longer afraid to speak and will share their experiences and practises.

PS: Friends readers, do not think that I have extraordinary powers and know that in this world, thousands have this gift, so why not you?

RÉSUMÉ

Tout jeune j'ai été en relation avec les guérisseurs ou « rebouteux » passeurs de feu ou de sang, comme on peut aussi les appeler. Ce sont en général des paysans ou personnes très proches de la nature. C'est ainsi que je me suis essayé à pratiquer avec la seule volonté de soulager la souffrance du malade – et cela à fonctionné.

Cet exercice du don, je l'ai vécu durant quarante ans à raison de quelques personnes par semaine en fonction du bouche à oreille.

Chez nous, en général, celui qui pratique ce don ne demande aucune rétribution au malade ; et il est de coutume qu'en remerciement le demandeur lui remette un petit cadeau en nature – très rarement de l'argent. Ayant constaté que la distance ne me gêne pas, je conjure par téléphone et à des heures définies afin de libérer ma journée pour redevenir un homme normal.

Je pense également que ce don d'Amour que nous utilisons pour soigner, guérit non seulement la partie malade mais aussi l'esprit ; et pourtant comme vous, je ne peux pas l'expliquer.

Chapter 11

**Advances and Challenges
in Safeguarding Traditional
Medicine in Curaçao**

Richenel Ansano

National Archeological Anthropological Memory Management

Sitting on an unwallled cement floor with a coconut frond roof (a recently imported trend in outdoor architecture), a group of about thirty people listened on while a man explained how over one hundred years ago his grandfather gave leaves of the plant they were just now talking about to his donkeys, for strength. This would help them carry their loads much more easily. The fact that it thundered for several seconds at the exact moment the man finished talking was taken as a natural sign of confirmation. Some agreed somewhat jokingly about the thunder; others were quite clear this was a confirmation and matter-of-factly went on with the rest of the conversation; still others wanted the rest of the group to at least reflect on such a relationship with nature a little longer before continuing.

This is one of the latest settings in which traditional medicine, especially herbalism is being explored, safeguarded, revitalized, transformed and shared. The group is *Bo salú ta den bo kurá* (Your health is in your yard) and meets every third Sunday of the month in a space donated for the meetings those Sundays. Medicinal and nutritional qualities of local herbs are discussed, traditional healing wisdom shared, planting methods are shown, local natural products sold and networking happens among healers, agriculturalists, healthy living advocates, community activists, retirees, people from all walks of life. The place is Curacao, and although this kind of exchange is relatively new it is based both on traditional forms and on traditional wisdom, combined with the latest information from the internet, connections to international networks, and environmental science.

Curacao is an island in the Southern Caribbean. Historically, a colony of the Netherlands since 1634, it is now a constituent country of the Kingdom of the Netherlands, along with Aruba, Sint Maarten and the Netherlands. Local traditions have been both asserted and contested intensely in the 19th and 20th centuries. The island saw the arrival of Europeans in 1499. A long, mostly unrecorded history of indigenous pre-European contact cultures, subsequent encounters with European colonialism and transatlantic slavery have determined most of what is seen as 'traditional' today. While there are archaeological, linguistic, and oral historic legacies of the pre-European contact inhabitants today, traditions are mostly based on the inherited ways of the largely African-descendant majority population, and what became of their various cultural contributions as they made a living on the island in contact with especially Dutch, Jewish, Pan-Caribbean and Latin American cultures.

Five hundred years ago the course of history of the Caribbean region was drastically changed by the arrival of Europeans. Subsequent colonization of the region by different European empires introduced both merchant and industrial capitalism, arguably two of the main impulses for creating the modern world. An additional change that proved just as drastic on many levels was the introduction of transatlantic slavery to supply the new plantations, mines, factories, administrative complexes and colonial domestic sphere with labour. This violent history of imposing radical changes in the local community and importing great numbers of Europeans, even more Africans and later people from all other corners of the world, created communities that have been marked by great flux. This mix and flux has brought a great deal of vibrancy to local traditional medicine while at the same time considering the legacy of the Africans in local history as low value because of their historical status as enslaved people before emancipation in 1863.



One of the things the Caribbean region is now known for is its explosive creative diversity, especially its music and dance, from the Cuban *son* to Jamaican reggae, Trinidadian calypso or Dominican *merengue*. Although just as vibrant, Curacao's *tumba*, *tambú* and *seú* are less well known internationally. The fate of these musical genres seems similar to that of their cousins: Curacaoan versus other Caribbean healing systems. Traditional medicine in Curacao shares this colonial and slavery legacy: a visible creative diversity, a persistent African heritage in the midst of multiple global and regional ethnic and cultural contributions, and a history of being little known in the region and elsewhere. This legacy has a conflicted relationship to culture bearers' own knowledge base, and daily usage.

While traditional medicine is still quite vibrant today, it has been persecuted and stigmatized by lawmakers, and has a complicated relationship to conventional medicine. A court case from 1788 illustrates this. Four free and four enslaved Africans were convicted for "lying about making magic and healing people", which occurred at "dance houses" (popular religious gathering spaces) in the island's capital. Most of the practitioners were whipped and then banned from the island. Their traditional costumes, musical instruments, and other ceremonial objects were destroyed and thrown into the sea. The court also found it important to have the practitioners publicly displayed with signs that described them as 'deceivers'. Official attitudes toward traditional medicine have become less openly violent, and the abolition of slavery in 1863 has brought more understanding because African descendants are now also able to contribute to the acceptance of traditional medicine. The ambivalence is still great, however, both with health, public policy and

Herb stand at a monthly health education gathering on local herbs, vegetables, trees, etc.

legal professionals and with some tradition bearers themselves, who have been taught in schools, by the media and in many social settings that the legacy of their ancestors was invalid.

Colonial and slavery legacies are not the only major historic influences on traditional medicine, however. One other major influence has been Curaçao's small island status. Major flows of ideas, materials, practices from Africa, Europe, Asia, South America and the Caribbean are incorporated into local traditional medicine. While some of this came with the slave trade it is remarkable to see the continuing influence of the indigenous *kaketio* people. They were effectively eliminated through capture and subsequent deportation into slavery in Hispaniola by Spanish colonizers, and the remaining ones were later deported to the South American mainland by Dutch colonizers. Nevertheless, traditional practitioners today still use concepts as *hairu* (air) to describe transmission of illness and to treat the invisible, but still palpable, energetic body. Therapies such as tobacco smoke for treating states of depression and loss of soul also have similar uses today in indigenous communities in the nearby communities of Venezuela and Colombia. Similarities go beyond concepts and therapies to the names of specific herbals and their usage, like in the case of *tebenk*, *túa-túa*, *wayaká*, *mampuritu* and *kuki indjan* which have identical or similar names and uses in indigenous communities elsewhere in the region.

As a small island, Curaçao has maintained a connection to indigenous traditions through various means, including imports by itinerant vendors (even including instances of Columbian/Venezuelan Wayúu, Chilean Mapuche, and other South American indigenous vendors),

Modern packaging for traditional herbs at a local herbalist shop.



imports by herbalists/spiritual centres, imports by individual health seekers, and travels of locals to Venezuelan ceremonial sites of indigenous peoples. A seaborne trade has also existed since pre-Columbian times between Venezuela and Curacao. The current floating market in the city centre, which has also become a picturesque tourist attraction, is a continuation of this long tradition and one of the sources of continuity of indigenous healing herbs. Regional influences are also quite apparent in the use of plants from the Caribbean African Diaspora. These have come in various waves: through trade from the 17th through 19th century as well as migrations during the past three centuries intense traffic and migration between Curacao and English speaking countries because of the oil refinery that was established on the island in the mid twentieth century. Before and even during the establishment of the refinery many men also sought a better future in cane fields in Cuba and in the construction of the Panama Canal. The cane cutters especially had an impact on the cultures of both islands. This can be seen by the influence of Curacaoan herbals in the Oriente province of Cuba and the Cuban influence in Curacao in the use of *rompe zaraguey* and the Cuban *escoba amarga* (bitter broom) becoming Curacaoan *basora liber* (free broom) with similar uses in spiritual healing and removal of spiritual blockages. An additional influence from Venezuela came with the publishing of popular herbalism and spiritual healing booklets in the twentieth century.

The bulk of best known plants, however, are grown locally and have been grown on the island for a long time. This has contributed to a strong sense of the importance of traditional medicine, even when it has been persecuted violently in the past and is officially frowned upon somewhat less intensely in the present. There was a two-fold division of plant spaces: the wild spaces of the *mondi* (bush), *sabana* (savannah), *seru* (hills) and *habrí* (open fields) where plants could be gathered in various ways and cultivated areas of the *kunuku* (small plot of cultivated agricultural land), *hõfi* (orchard) and the *kurá di mata* (garden, literally the “plant yard”). Each had different types of medicinal plants, trees and other medicines. All of these were accessible to the general population. So, a general knowledge base was always readily available. This knowledge base included, among other things: dosages, various methods of usage or modes of application, caution as to adverse effects, possible substitutes, stories about usage experiences, and anecdotes about experiments, exceptional results and unexpected adversities. The household herbal medicine user also knew about cultivation and care of the plants and trees, their seasonal and local geographic availability, different properties of different varieties of the same plant and other relevant issues related to their medicinal use.

Transmission of the knowledge, crafts, skills around diagnosis, medicine gathering, application and evaluation took place through hands-on practice. The most direct way would be through witnessing the actual process of dealing with health and illness. A second way was through instructions from a healer. Sometimes it would be through passing on family lore. At other times diagnosis of an illness would be framed through recounting or indicating common knowledge. The usual phrasing that would start such conversations until recently was *grandinanta bisa...* (the elders say...). The more common *nan sa bisa...* (they say...) is still in use. These are especially used in preliminary diagnoses of health issues, where family members, friends, neighbours and others offer a first assessment of symptoms and suggestions of treatment. Most of the time, at this level, treatment is determined after listening

to various possibilities offered by different people with their different levels of access to the required knowledge. Most often, the information is used to decide the best course of action between using a home or family remedy, going to a generic community healer or finding a specialist traditional healer.

A special way in which transmission occurs is through dreams. Several people still have healing dreams in which someone close in waking life or a teacher or guide, offers them a course of treatment. Some such dreams are particularly intense in the case of some illnesses and become a call for the person being healed to become a healer. A particularly interesting case of a healing dream from a few decades ago (although not a dream in which the craft was transmitted) was a dream in which someone's great grandfather told her about a medicine that would treat her ailment, and that the medicine is available at pharmacies. The medicine was unknown to any pharmacist she asked on the island. Traveling on a family trip to Suriname, the country her great grandfather came from, she went through the same experience until she met an older pharmacist who explained to her that this was a medication that was well known over 100 years ago, but is not made any more by regular pharmacists and that she needed an old compounding pharmacy to make it for her. Once she was able to find one and get the medication made she was healed of her persistent illness.

Traditional medicine was, and to certain extent still has a multi-tiered and multi-dimensional delivery: household or personal experience is accepted as a common knowledge and action base, while there are general practitioners who give daily consultations to the public, and different kinds of specialists, including midwives, behavioural counsellors, poultice makers, women's healers, men's healers, relational healers and many others. Therapies include herbal healing, massage, smoke healing, ceremonial healing, herbal baths, divining, nutritional healing, spiritual healing, clay healing, sea-based healing and more. Specialists pass on their craft to family members, usually their sons or daughters and sometimes to grandchildren or nieces and nephews. There also seem to have been apprenticeships with a few healers, where young people could learn the skills of the craft. All these relatively informal forms are virtually gone. One additional way of transmitting specialized knowledge that has also almost disappeared is through initiation, and later regular training into the popular religion of *montamentu*. Some practitioners are still trained in this way, especially by becoming assistants to initiates who do healing or spiritual consulting services.

Today, on the surface, traditional medicine in Curacao is a quite varied set of practices. These may include various home remedies as well as healing through devotions to African or Amerindian deities and Catholic saints, religious or spiritual healing ceremonies, and the use of talismans and other objects for health. Further scrutiny shows a set of related skills, ideas about the nature of the world and the role of humans and other beings in it, an ethical framework of human action and relationships, and calendrical events that punctuate the practices and meanings ascribed to health, wellness, healing and sickness. While the origins of most of these practices, skills, ideas and attitudes are undocumented, some references can be found in oral histories and written archives. The most widespread and publicly accessible and accepted practice of traditional medicine, however, is that of herbalism. It has been around for many generations, and was a major influence on the development of the local pharmaceutical industry, although medical



regulations have become more and more adverse to its use. It has become more visible and mainstream starting in the mid-twentieth century. While this higher visibility promotes safeguarding efforts because of greater acceptance in the community traditional herbalism has also come under increasing critique from some members of the conventional medical establishment, causing insecurity in some users and indignation in others.

Different from the 18th century legal persecution that was aimed at blanket controlling of all cultural African expressions that did not serve the plantation economy, this more distinctly medical rejection is framed within some interpretations of conventional worldwide medical-legal frameworks of allopathic medicine. These became more important in the mid-20th century when the local medical system was transformed on a large scale. Public healthcare was reshaped due to the plans to improve the harbor because of the opening of the Panama Canal, the establishment of a refinery, and efforts in improving merchandise transshipment services from Venezuela to the USA. Health care regulations and a Public Health Department, covering many areas of health care were the main signs of this. Medical opinion varies on issues of toxicity and adverse reactions, while some doctors consider any use that is not sanctioned by conventional medicine to be dangerous.

Unfortunately, most medical doctors do not know or understand the practices of traditional medicine, or else focus only on the few cases of adverse reactions because of misuse of medicines known by the community to be harmful when used incorrectly. Many do not even realize the scope of the extensive body of scientific research on traditional or other use of herbal medicines. In such environments, users of traditional

Local oils for traditional and recent healing practices. The photo was taken at a local herbalist shop.

medicine do not get the benefit of appropriate, community driven or at least participatory research and policy-making for traditional medicine. They also do not benefit from the protection of world forums, agreements and practices relating to traditional medicine like those promoted by PAHO (the Pan American Health Organization) and the WHO (the World Health Organization) in recognition of the role of traditional medicine.

Even with such an environment of practice herbalism and other forms of traditional medicine are experiencing a long period of increased and more knowledgeable use, revival of some older therapies and integration with medical systems, therapies, and healing approaches. Users, who have either lived abroad or are following local health forums, are combining traditional medicine from before the late 20th century with acupuncture, Ayurveda, yoga, South American shamanism, energetic modalities and nutritional approaches such as the use of health supplements, fermentation, juicing, veganism and vegetarianism.

Most of the current safeguarding efforts for traditional medicine occur outside of the implementation efforts of the 2003 Convention. Curaçao started moving toward implementation of the Convention in 2010. In 2012, The Kingdom of the Netherlands ratified the Convention and Curaçao, a constituent country within the kingdom, co-ratified in 2016. As part of the process of implementation Curaçao established a Steering Committee of several community representatives, including the NGO that was most identified with promoting herbalism at that point, Den Paradera. COSs, NGOs and networks of healers, have been instrumental in making traditional medicine more visible in the past

Recycling and medicinal products at a *bo salú ta den bo kurá* gathering on herbs.



decades. Practitioners and health seekers have benefited from the more public involvement of NGOs like Den Paradera and Bo Salú ta Den Bo kurá, and the spirituality and healing initiative called Rõndu although the traditional practices have remained quite alive in many ways.

One of the ways the CSO/NGO support has been instrumental is to re-introduce traditional herbalism into the way of thinking and talking about health and illness in everyday settings. From oral history by these CSO's/NGO's and documented practices we know that herbalism was part of the daily routines in homes for a long time. This included infusions of *lamungras*, *oregano*, *yerb'e hole* to start the day, herbal treatments of various kinds, including infusions, poultices, diets, purges, aroma therapy, sweat therapies, and several other kinds of treatments that were in circulation as common knowledge used in the home. These were used for many common physical ailments such as colds, headaches, cuts and minor burns, fever, stomach pains, soreness, etc. They were also used for emotional unbalance, such as when *balorian* was used to support grieving relatives of a deceased person, or *dõrnasol* for depression. Tending to spiritual illnesses included cures for loss of meaning (*temétika*) and protection against the negativity of others (*makurá* and *sentebibu*). This listing is incredibly limited, however, in conveying the extent of the regular, daily, home-based knowledge of traditional herbalism. It was a full-fledged health system. The late priest, author and self made ethnographer and folklorist Paul Brenneker, documented at least 510 local herbs and their uses in the 1950's through 1960's. Author and herbalist Dinah Veeris, owner of Den Paradera, extensively documented a couple of hundred plants, including some that have been imported for centuries and never grew in Curacao. She also compares local uses to regional uses. Reinald Leito and the late Orlando Clemencia have also documented about a couple of hundred plants, their local, regional and international uses, and current international research on some. Towards the end of the 20th century a great deal of this knowledge had become mainly restricted to traditional specialists, with some common herbs remaining in the domestic sphere, but these initiatives are breaking that pattern.

Possible reasons for this restriction of the knowledge from a general public to the specialists include greater influence of medical professions and pharmacies on illnesses and the growth of an alternative medicine supplements industry that offers pre-packaged solutions that attract many users of traditional medicine. Increasing media coverage of some medical practitioners who warn the public that the use of most traditional medicine is not supported by scientific research is a related factor. Changing lifestyles and the medicine market also make the passing on of traditional knowledge more difficult and its use more complicated. Health and illness are being defined more and more from the outset as an individualized medical issue, rather than an issue of culturally meaningful environmental and social-relational issues. Consequently, the approaches to health are also becoming more instrumental and more singularly geared towards eliminating targeted symptoms and include less of the older popular categories of prevention, protection, strengthening, and cleansing.

These medicinal categories have remained important even as some of the visible forms and resources have changed. For example, with the oral history, information sharing gatherings, and the attention traditional medicine has received in the mass media during the past few decades, the information on specific plants, treatments and results is

much more available to a general public. In certain cases, this means that the plant uses and practices around cultivation and care of plants that were regionally specific are becoming more generalized. Similarly, practitioners, health seekers, home users and health coaches are combining traditional knowledge with international medicinal knowledge. In one case, a local practitioner combines deep medicinal knowledge of local plants with Ayurvedic medicine. In another instance, monthly gatherings on plants and their medicinal and health promoting properties combines traditional knowledge from Curaçao and the rest of the Caribbean and Latin American regions, with scientific data from international sources. While these transformations bring in new elements they are still framed by the practitioners and users through concepts of prevention, protection, strengthening, and cleansing mentioned above, and by other concepts and categories that have been part of the traditional approach to medicine for centuries. Some of these concepts and categories relate to the way medicine should be prepared from plants, including dosage and strength (e.g. numbers of leaves and brewing time for an infusion as well as length of time needed to drink the medicine), plant specificity (if it should be collected from a hillside or flat areas, or what colour the leaves should be and what parts of the plant should be used for what type or level of illness), patient diversity (gender, age, or personality type), and in some cases, what a plant might be offering the health seeker.

A few years ago I was driving around with a now deceased healer who had belatedly learned the trade through memories of his grandmother's plant knowledge, reading the collected information from oral histories, getting informed by older healers, and receiving intuitive messages from plants. It was remarkable to see how many calls he would get on his mobile phone for advice, how specific and detailed were his questions about the condition afflicting the caller and how specific he was about dosage, based on local tradition. He refined his recommendations based on answers he got from the caller, and would caution that Haitians, Colombians and Portuguese use plants differently. With one caller he indicated that her story might indicate a use that is closer to her ethnic background as a foreigner but that, mostly, she needed to consider changing her diet before trying to use single herbs for those symptoms. It was also noticeable that all the dozen or so callers this healer spoke to were given free advice and told where they could get free remedies in nature or for very cheap from local sellers. Only a few were told they needed more serious attention, and would have to make an appointment for a better assessment or for soul healing.

The complexity, fluidity and specificity of traditional herbal medicine in Curacao still has not been recognized by its critics who see the artistry, disconnection from the scientific community and diffuse lines of transmission as reasons for banning it. One of the potential roles of the Convention then becomes supporting the communities of practitioners and health seekers by underscoring the actual life world of traditional medicine. The community has done a lot to preserve traditional medicine in its many forms, especially herbalism. At the same time, some of the specifics of the practice might get lost in the process. Similarly, traditional information on plant toxicity, plant-food interactions, how to mentally and spiritually prepare to take medicine, or how plant medicine relates to ancestors and to the Earth are probably less widely circulated than they were when transmission was more informal and one-on-one. Safeguarding might also have a critical role in preserving

regional specificities, strengthening awareness about important lines of transmission, and highlighting dynamic recent changes. It would certainly help clarify that traditional medicine is many things, including an area of knowledge about life, a craft, and a way to relate to community and nature. Like the *tambú* music of Curacao, traditional medicine is an example of how community heritage has kept on living despite all odds.

RÉSUMÉ

La complexité, la fluidité et la spécificité de la phytothérapie traditionnelle à Curaçao n'ont toujours pas été reconnues par ses détracteurs qui lui attribuent un caractère artisanal et déconnecté de la communauté scientifique, utilisant ce prétexte pour l'interdire. L'un des rôles potentiels de la Convention est de soutenir les communautés de praticiens et de chercheurs en santé en mettant en avant l'actualité de la médecine traditionnelle. La communauté a fait beaucoup pour sauvegarder la médecine traditionnelle sous de nombreuses formes, en particulier l'herboristerie. Dans le même temps, certaines spécificités de la pratique pourraient se perdre dans ce processus. De même, les connaissances traditionnelles sur la toxicité végétale, les interactions entre les plantes et les aliments, la façon de se préparer mentalement et spirituellement à prendre un traitement ou comment la médecine végétale se rapporte aux ancêtres et à la Terre sont probablement moins répandues que lorsque la transmission était davantage informelle et directe. La sauvegarde pourrait également jouer un rôle essentiel dans la préservation des spécificités régionales, en renforçant la prise de conscience du rôle de la transmission sans oublier les évolutions récentes. Cela permettrait de mettre en avant la richesse et la complexité de la médecine traditionnelle, qui est à la fois un domaine de connaissances sur la vie, un métier et une façon d'être en relation avec la communauté et avec la nature. L'exemple de la musique *tambú* qui accompagne la médecine traditionnelle de Curaçao illustre la façon dont le patrimoine communautaire a continué à vivre malgré les désaccords.

Chapter 12

Folk Pharmacy in Latvia

Signe Pucena

SERDE Research and Publications

By the end of the 20th century and the beginning of the 21st century Baltic societies had undergone radical transformation processes that could be described as a shift from the Soviet Union to the European Union. The questions that the Interdisciplinary Art Group SERDE (*Serde* in Latvian signifies 'core' and 'pith.') is interested in include: how opening borders to global influences brought about changes in cultural practices due to media availability and access to consumer goods, and how we look at these changes from the perspective of cultural heritage. These are personal stories about recent local history and skills preserved during the Soviet Era because of very limited access to consumer products in shops and markets. These stories include historical background and show how certain skills were preserved from before the Second World War and maintained during the Soviet period, when consumer products were not readily available and so had to be home-produced or collected from nature.

This article is about SERDE's research and publications in the field of preserving living practices. It describes how research was done in collaboration with researchers of folklore and traditional culture and artists. This article highlights the organisation and development of SERDE's activities—fieldwork and expeditions to different rural areas of Latvia to investigate traditions—maintained from generation to generation, as well as how to collect stories about recent history still preserved in living memory. The gathered materials—namely, the *Notebook of Traditions* publication series and additional hands-on workshops with reconstruction of old recipes or storytelling events were presented to the local communities and wider audience nationally and internationally.

RESEARCH METHODS

Established in 2002 in Aizpute, a small rural town in Latvia, in 2005 the Interdisciplinary Art Group SERDE began to collaborate with researchers of folklore and traditional culture in response to the perceived loss of important living practices and memories. This activity included fieldwork/expeditions to rural areas of Latvia to investigate traditions—maintained from generation to generation—and to collect stories about recent history still preserved in living memory. The gathered materials were published by SERDE in the *Notebook of Traditions* book series in which two distinct themes emerge: the preservation of living practices and the preservation of stories/memories.

Preserving Living Practices. This theme includes memories and practical skills referring back to the day-to-day Soviet Era in which consumer products were not readily available and had to be home-produced or collected from nature. As research objects we chose vodka and beer production, pig slaughtering, and foraging in the forests and meadows (this includes traditional medicinal knowledge). We included contributors from different rural areas in Latvia, all of whom were active practitioners of specific skills passed down from parents or grandparents and preserved throughout the Soviet Era.

Preserving Stories. These books are dedicated to memories gathered from various communities. The principle theme here relates to the Second World War, for example the 'Narratives about Jews in Aizpute' were gathered from people who were children and young adults in

Aizpute at the time of the Holocaust. 'Closed Zone' is a collection of memories of inhabitants of seaside villages that were military zones and closed to the general public. Another book deals with the experiences of an Old Believers community, and 'Suiti Stories' is themed around the Latvian refugees who escaped to Gotland in Sweden.

The principal method employed by SERDE is fieldwork/expeditions, inviting specialists of folklore/living culture, artists and students to the chosen rural areas. The folklore specialists compile questions and organise interviews, whilst artists document the environment, processes and people. The gathered audio interviews are later transcribed and together with colour photo documentation are designed and printed in book form. Public events are held to celebrate the book publication, including a presentation of the book and additional hands-on workshops with reconstruction of old recipes or storytelling events in which the local community are invited to publicly recount their personal stories.

Analysing the positive impacts of the post-expedition events for the local community, it can clearly be seen how the process positively affects the contributors by means of the value and esteem attached to their knowledge. It disseminates the knowledge and links generations. Our experience shows that workshops often attract visitors who also wish to share their knowledge and a younger generation who are eager to learn, hence a transfer of knowledge and preservation of skills continues to take place.

SERDE believes its preservation practices are important and vital because knowledge is slowly disappearing for a variety of reasons, such as new regulations and laws concerning food and drink production, the development of consumerism in Latvia and generational change. Activities like fieldwork and expeditions that culminate in presentations and workshops for the community in which the knowledge was gained, "safeguard the intangible cultural heritage" and "raise awareness at the local, national and international levels of the importance of the intangible cultural heritage", as it is also stated within the UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage (2003).

Since 2005, SERDE has organized fieldwork and expeditions to document practices, skills, stories in different communities in Latvia. Since 2008, SERDE has collaborated with the Latvian National Commission for UNESCO, organizing several folklore studies and expeditions for UNESCO Associated School Project teachers and youngsters from Alsunga and Riebiņi.

FORAGING/HERBOLOGIES NETWORKS

In June 2010 SERDE coordinated the first international expedition in the framework of *Foraging/Herbologies Networks* events, which was organized by artists and organizers Andrew Gryf Paterson (SCO/FI), Ulla Taipale (FI/ES) and Signe Pucena (LV). This program initially started in Helsinki (Finland) and in the Kurzeme region of Latvia, but later extended geographically. In a series of events during 2010, it explored the cultural traditions and knowledge about herbs, edible and medicinal plants, within the contemporary context of online networks, open information-sharing, and biological technologies.

The cultural and experiential knowledge about edible and medical wild plants found in Nordic landscape has changed dramatically over the last two generations. Grandparents and parents of the current



Dried herbs at a folk pharmacy, Aizpute, Latvia, 2010



Traditional medicine shelf in the Latvian countryside, 2010

generation knew many things about the plants and roots surrounding them in the countryside. However, with the mass shift of families away from rural settings to city and urban locations, this knowledge is being lost, slipping away from the younger generation, at a time when information and media sharing online is booming.

Across the Baltic Sea, many middle-aged and older Latvians still carry everyday knowledge with them into the woods, meadows, to the coast, forest and fields. However, even this is becoming less common. There are many materials published in medical or pharmacy books, but very few stories are shared in a cultural context—regarding how to gather, how to prepare, how to use, reflections on use and how such knowledge is learned. To gather these stories the expedition was organized in two rural Latvian towns, Aizpute and Alsunga. Organizers hosted and invited an international and interdisciplinary group of guests to build upon their experience of engaging cultural heritage subjects as an arts organization. SERDE organized a series of fieldwork excursions to learn about the contemporary practices and cultural heritage related to the use of wild plants, and created temporary media/transcription lab to process the documentations. More than thirty participants including guests from Latvia, Lithuania, various places in Finland, Southern Sweden, Poland, Spain and Belgium were involved in the project. International guests split into groups with one Latvian guide in each who helped with questions and one translator who translated the participants' questions to the teller and back to participants—the tellers' replies. Most Latvian participants were from the youth centre Idea House in Aizpute, and they took on the translator role during the interviews and later the interviews were translated from Latvian into English. Questions about 'why the foraging tradition was better preserved in Latvia and the Baltics than in the Nordic countries' were addressed in interviews. For example, in an interview with retired nurse Velta Kreičmane in Alsunga, she explained "sometimes there was no medication and we went to meadows to pick the herbs and make medicine". Another situation mentioned in many of the interviews (Cecīlija Salpiņa (C.S.), Antonija Kalēja, Romāns Sedliņš etc.) was how medicine from the pharmacy were are too expensive and/or



Visitors' recipes at a folk pharmacy exhibition, Riga, 2010



International Herbologies-Foraging Exhibition, Riga, 2010

not effective. Many of those interviewed mentioned Soviet-era experience—'doctors could not help or there was no medication at all'. Unique, but very popular for this area is medical use of mushrooms, such as stink horn (*Phallaceae*) "which you can drink to treat cancer" (C.S.) and amanitas (*Amanita muscaria*) "for muscles, for legs or when I have something wrong with veins" (C.S.).

The expedition data was processed in two weeks' time and it was called expedition sprint because twenty-two interviews were transcribed and translated during this period, and the photo and video materials were selected. The selection of stories was published in the book *Foraging in Central Kurzeme* (2010).

FOLK PHARMACY

The *Herbology/Foraging Networks* expedition raised SERDE's interest to continue with more specific research about indoor plants and their use for medical purposes. Much fieldwork and many interviews were organized by Signe Pucena, Ieva Vitola and Una Smilgaine. After medical plant research, a special newspaper with folk recipes was issued by SERDE, and it was presented during the exhibition *Folk Pharmacy*. The *Folk Pharmacy* exhibition contained very diverse things—from an old-fashioned kitchen cupboard full of herbal tea jars and tinctures and four large size (2m x 1,3m) wall charts where, besides the photos of plants, visitors were invited to write their recipe of what they do when they feel sick. The written recipes were exchanged for a *Folk Pharmacy* newspaper copy. So those who wanted to get the newspaper had to write the recipe. There were several *Folk Pharmacy* exhibitions—in the framework of contemporary art forum *White Nights* in Riga, RIXC exhibition *Growing Ability in 'Kim?'*, in the Open air museum, *Zemlika* music festival in Durbe and at SERDE residence centre in Aizpute. The final result of this research was the book *Folk Pharmacy* published in 2011 where, besides the stories about the medical use of indoor plants, recipes were also published which had been collected from exhibition visitors.

OBSERVATIONS ON THE RESULTS OF ACTIVITIES

SERDE's fieldwork and expeditions focused on local knowledge and traditions. The results of research were published in the SERDE series *Notebook of Traditions*—currently 19 books, although the process is ongoing. Free copies of each publication from the series are delivered to the Latvian National Library and local libraries in Latvia. In all *Notebook of Traditions* publications dialect characteristics, as well as use of various local words and expressions, have been respected. Except for the first two books, the rest openly recognise and identify various people who participated and shared their knowledge.

Almost all of the research expeditions were followed by a public presentation back to the local communities. From our observations, such expeditions and later presentations promote and support the capacity building of locals on how to carry out such research and how important it is to document the process. The most important aspect of all the expeditions carried out by SERDE is organizing a closing event and once again bring together all the people who were involved during the expeditions. SERDE's experience in the safeguarding of intangible culture heritage is based on close collaboration with communities and individuals who are willing to share their stories and skills.

At the same time, working also within contemporary art and technology processes, SERDE, together with artists and cultural workers, offers educational introductions and workshops (on how to boil soap, make candles, brew beer, forage for medical plants etc.) to reinvigorate local knowledge and traditional skills. Internationally SERDE's projects and performances that are strongly connected with Latvian

Winter stocks, Aizpute, Latvia, 2010



traditions were shown in art and culture festivals in Finland (Helsinki Kiasma and Botanic Gardens, Tampere Herbologies-Foraging networks), Germany (Duisburg ISEA and Berlin Ueber-lebenskunst), Switzerland (Freiburg Belluard Bollwerk and Bern Auawirlieben), Sweden (Oland Art & Agriculture and Stockholm Supermarket Art Fair), Ireland (Ennistymon The Future is Domestic), Lithuania (Klaipeda Šakotis and Nida ResArtis meeting) and Estonia (Tallinn Art Depo).

SERDES's creative and innovative approach to the intangible cultural heritage work was recognised with the Latvian Folklore Grand Prize in 2007 and local history nomination in 2015 by the national poet Imants Ziedonis Foundation Viegli. In 2016 SERDE was accredited by the UNESCO General Assembly of the States Parties to the Convention for the Safeguarding of the Intangible Cultural Heritage to provide advisory services to the Intergovernmental Committee for the Safeguarding of the Intangible Cultural Heritage.

RÉSUMÉ

Cet article présente la recherche et les publications du SERDE dans le domaine de la sauvegarde des pratiques vivantes. Il décrit en particulier deux recherches sur les connaissances traditionnelles des herbes, des plantes comestibles et médicinales, réalisées en collaboration avec des chercheurs spécialistes des cultures traditionnelles et populaires, et avec des artistes. Cet article aborde l'organisation et le développement des activités du SERDE, les travaux de terrain et les expéditions dans différentes régions rurales de Lettonie pour enquêter sur les traditions transmises de génération en génération. Les documents recueillis—à savoir la série de publications *Notebook of Traditions*—et des ateliers pratiques supplémentaires, avec la réalisation de recettes anciennes ou des récits, ont été présentés aux communautés locales et à un public plus large à l'échelle nationale et internationale.

En juin 2010, le SERDE a coordonné sa première expédition internationale « Réseaux d'alimentation et d'herboristerie ». Cette expérience a suscité l'intérêt du SERDE pour poursuivre des recherches plus spécifiques sur les plantes d'intérieur et leur utilisation à des fins médicales. Après une recherche sur les plantes médicinales, un journal contenant des recettes traditionnelles a été publié par le SERDE et partagé lors de l'exposition sur la *Folk pharmacy* (pharmacie populaire), dans lequel tous les visiteurs ont écrit une recette qu'ils réalisent lorsqu'ils sont malades. Le résultat final de cette recherche et les recettes des visiteurs de l'exposition ont été publiés en 2011.

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Chapter 13

**Puerperal (Postpartum Period) Food
as a Traditional Treatment Method**

Nihal Kadiođlu evik
Cultural Research Foundation

Traditional treatment methods and folk remedies are used in Turkey for treating diseases, besides modern medicine. Applications within traditional treatment methods are mostly related to food and drinks. Folk remedies are prepared from the roots, leaves, flowers and seeds of various plants including nettle, hibiscus, nigella, harmal, and camomile.

Besides folk remedies, food eaten to maintain a healthy body and to treat diseases are a crucial part of traditional treatment methods. For example, colloquially, dead nettle is recommended to be eaten at least once in a year for healing. It is believed that trotter or calf bone which is boiled for hours is healing for broken bones. In making of these soups, garlic, which is essential in folk remedy is widely used.

According to the data gathered from the field research I've carried out in various areas and with various groups in Turkey and my observations from this field research, communities have a shared and strong belief that some meals have healing effects in puerperal period. In this special period, folk remedy which encourages the use of specific food as treatment is used. Current practices in folk remedy are transferred from generation to generation by midwives and mothers. In this article, I want to explore the foods which are believed to have remedial properties during puerperal period and also are described as a prominent part of themselves by culture bearers.

Puerperium (post-partum period), in modern medicine, is described as the period beginning immediately after the birth of a child and extending for about six weeks; thus, the puerpera is the woman in the first forty days after giving birth. It is the time after birth, a time in which the mother's body, including hormone levels and uterus size, returns to a non-pregnant state.¹ Traditional knowledge in Turkey is parallel to this description. Among the people, puerpera is believed to "have her grave opened for forty days". These forty days equal to what modern medicine foresees as the normalization process after birth. Great care is taken of women during this puerpera period, and some healing or protective precautions are taken to protect them from illness. Puerperal meals prepared for this reason have two basic goals. One of them is to heal and protect the new mother from diseases by the use of these meals. The other one is to enhance breast milk, which is crucial for the baby's health.

Puerpera is thought to heal and continue her daily life by what she eats. Mothers and mothers-in-law, especially are very insistent about this issue towards their daughters and daughters-in-law. They share their knowledge about their own births, what they ate and what they did not eat to the young mothers. What is more, relatives or neighbours who have given birth before, also get involved in this process. Puerpera is like being under the protection of society.

We can examine the post-partum period food as a traditional treatment method as; foods and desserts made from flour, oil and/or sugar, egg dishes, "Lohusa Sherbet" and food eaten to enhance breast milk.

FOODS AND DESSERTS MADE WITH FLOUR, OIL AND/OR SUGAR MOLASSES

Hasuta

The food, which has been given various names in different parts of Turkey, such as *hasuta*, *hasuda*, *haside*, *haviçi*, *paluze*, *pelvize*, has a special place among puerperal foods. Wheat, cornstarch or starch are browned

with oil until they reveal a beautiful scent. Water or milk is then added and cooked as slurry. Hasuda can be prepared as a dessert by adding sugar, sherbet or molasses. On request, melted butter is poured and walnut is spread. Hasuda can be made from the water which is obtained by boiling white mulberry, plum, apple or cranberry. In the words of Mnire Seyran,² a tradition bearer from İspir district of Erzurum, (East Anatolia region), “Hasuta is like a medicine for puerpera.” Another tradition bearer, Meral Kekliki,³ from the Aegean region also said, “We first made starch blanchmange in order to provide fas inner healing of the birth giver, and now we give the puerpera this first. This is our tradition.”

The foods named “*kuymak (mihlama), bulamac*” are also a part of the above mentioned meal group. Flour or starch is added to boiled water and cooked in the form of a slurry, then hot oil, milk or molasses is added in the middle of it. Folk healers, mostly traditional ones, say that “The hot and abundant oil will keep the puerpera warm and so she will not be sick.” Sometimes it is advised to the puerpera to eat a mixture of *pekmez*, honey or sugar and melted butter and drink plenty of warm water afterwards in order to reinforce the healing effect. For peurpera women to be healed inside, “inside” meaning uterus and genital areas, means that the wounds there heal. Puerpera is thought to fully heal and return the woman to her healthy state through the strength these foods have given.

Halva

Halva is believed to enhance breast milk. It is prepared by flour, butter and sugar are the basic ingredients of the dessert halva which is widely

Halva © Cultural Research Foundation



popular in Turkish cuisine. Flour sugar, water and milk sautéed with or without butter, to which is then added walnut, pine nut or other similar dried nuts, named *halva*, or *tahini*.

Tarhana

Tarhana is a soup with dried yoghurt which is widely popular throughout Turkey. It is believed to have a healing effect during the post-partum period. This soup is made by kneading flour, yogurt (Turkish salty yogurt), aromatic grass, and various vegetables and spices, which is then fermented and pulverized by drying under the sun. When the soup is about to be made, this prepared mixture is cooked with water, tomato sauce and other flavours.

Egg Dishes

Egg symbolizes fertility in Turkish folk culture. It is believed that eggs contain an essence, a living being inside. Another group of meals that are believed to have remedial effects in post-partum period are egg related foods. Shortly after the birth, egg cooked with abundant butter is often the first meal of puerpera. The traditional midwife, Fadime Yıldırım,⁴ says “Immediately after the birth an egg shall be cooked and given to the puerpera.” (Yozgat, Central Anatolia region)

Bread food that is made with egg- is also a post-partum period treatment food. This is traditionally made from onion, ground meat and green pepper browned with abundant butter. Egg and water are also added. This mixture is put on *filo* pastry (or bread), and given to puerpera in belief that it will heat her up.

Lohusa Sherbet

A sweet drink, with slight differences from region to region, is prepared to celebrate birth, keep puerpera healthy and, enhance her breast milk, and also to serve the new mother’s visitors. In most of the regions this is called sherbet, *lohusa sherbet* or *kaynar*.

Ayşe Sarı,⁵ a tradition bearer from Tarsus, Mediterranean Region describes making *kaynar* like this, “Cinnamon, clove, ginger and some other spices, a total of 7 or 8, are boiled in water. When it is prepared to be drunk, pulverized walnut and sugar is added. It is drunk hot. It heals puerpera, warms her wounds and enhances breast milk.”

In some of our regions, the sherbet which is hot with cinnamon, and red sugar, *lohusa sherbet*, is served to the visitors who came to see the puerpera with cookies. This red sherbet is thought to protect puerpera from “incubus” (postnatal depression in modern medicine), which is dangerous for her.





Some Spices for making Lohusa Sherbet.
 (a) cardamom, (b) turmeric, (c) hibiscus, (d) *nöbet şekeri*, a crystallized sugar thought to have medicinal properties, (e) measles sugar, (f) clove, (g) ginger, (h) cinnamon
 © Cultural Research Foundation

Meals to Increase Breast Milk

Until now I have mentioned the dishes widely consumed for the puerpera's metabolism to return to its pre-birth condition and to protect her from diseases and any heal wounds. Food prepared to treat puerpera is mostly for enhancing breast milk. In cities, especially among young mothers, awareness about the importance of breast milk is increasing. However, mothers who have fed their babies only breast milk do not find this increase in awareness sufficient. The tradition bearer Münire Keklikçi,⁶ when talking about the experience of maternity of herself and the women in that area said, "We would not give anything but breast milk to our babies. I have given birth to five children. I have given nothing to them. I only have given my breast for one or two days, then my milk came up. My babies sucked nothing but breast milk until they were 1.5 years old. Nowadays all mothers wear bras so they don't have much milk. They raise their babies on baby food. In our time, everybody had plenty of milk." She blames the bras for decreased breast milk.

The main dish given to puerpera to enhance her milk (actually to protect the baby's health) is cracked wheat pilaf with green lentil. Also thinking that it will enhance milk, food that is made by black-eyed beans, onions and water; olive-oil boiled egg is eaten. For puerpera's treatment and enhancement of breast milk, besides these popular dishes; yogurt, cranberry, rice, and lentil soups are drunk hot. Roasted liver and onion

are among these dishes. In the words of Şerife Kublay,⁷ a traditional cook from Urla district of İzmir, (Aegean Region), “Liver is thought to immediately enhance breast milk.”

Visitors who have come to see the puerpera bring foods like hasuta, soup, starch halva, rice pudding, halva. Because puerpera’s organs are accepted as exhausted, soup, hasuta, jelly, *paliza*, rice pudding, *hosmerim* (a sweet made of unsalted cheese), candy, and milk are thought to affect puerpera’s health in a positive way. There are also foods that are not given to puerpera to protect her. Traditional midwives prevent puerpera from eating cold fruits and drinks, hot, spicy foods, white beans, and cabbage because they are flatogenic.

As it is obvious, the Post-partum period in Turkey is a period in which traditional treatment methods are widely used because the woman is open to illnesses and injuries. Most of these treatment methods are about the woman eating specific dishes. Foods used in the puerpera’s treatment period carry similar features, even though this article contains many examples from many regions and cultural groups of Turkey.

In post-partum period, common traits of the treatment methods that of being hot, watery, soft and/or sweet. For these food to be consumed as hot as possible is important for the puerpera to “feel warm inside”, namely to “cauterize” her wounds. The desserts used in all of the transition periods of life (birth, circumcision, engagement, marriage, death) are also important in post-partum period health. Another feature of the dishes made to protect puerpera from diseases, to cure her and to bring her back to her daily life is that they are made from ingredients that are easy to find locally. Visitors bring those foods to the puerpera.

CONCLUSION

Turkey is growing to be a city-centred country rather than an agricultural society. And this means benefiting more from modern medicine. Traditional treatment methods and approaches in folk medicine cannot find a place in modern hospitals. But the treatment methods in post-partum period taken from the ancestors have kept proving themselves useful for centuries. The therapeutic effect of these foods is so important that most of the time the rules of modern hospitals are broken and these foods are brought to the puerpera. Given this fact, the issue of whether or not the post-partum period foods would take a place in modern medicine and rehabilitation can be examined by gynaecologists, dieticians and paediatricians and beneficial results can be deduced.

In order to understand if methods used by folk healers’ are viable for modern medicine I think it is important that we know about folk medicine. If this knowledge were to be kept and adapted to modern medicine, it will allow for determining the methods that are dangerous for human health. Studies can be conducted for the beneficial ones to be a source of alternative medicine and modern medicine. If this becomes real, a folk medicine’s treatment can treat a person in a whole different area of the world. That is of course if the knowledge is shared. Actually by bringing these data together in a common platform we can say “Here are the techniques and medicine used by folk healers and folk medicine... Let’s examine and share the results with humanity.”

In the search for sustainable development, in the globalising world, human health cannot be thought to be separate from living creatures’ health and environment. Folk medicine mostly consists of herbs and if

we cannot protect natural environment we will not have access to the herbs used in modern or traditional treatment methods. They will either be destroyed or be extremely dirty, enough for us not to care. Nature knowledge to be transferred to the new generations is also important for protecting environment. Especially herbal folk medicine requires a deep knowledge of nature and it helps protect those endemic species. Folk healers prepare folk medicine with their knowledge and experience of nature. These medicines have useful results and they should be transferred to the new generations. I wish that the protective, curative or rehabilitative foods in post-partum period may take part in this knowledge-sharing platform.

RÉSUMÉ

En Turquie, les méthodes traditionnelles de traitement post-partum sont le plus souvent liées à la nourriture et à la boisson. Outre un remède populaire, le fait de manger certains aliments pour conserver un corps en bonne santé et pour guérir les maladies constitue un aspect important des méthodes de traitement traditionnelles.

Les communautés partagent une croyance très forte selon laquelle certains repas ont des effets curatifs pendant la période puerpérale. Ces repas ont deux objectifs principaux : d'une part traiter la jeune mère et la protéger des maladies, d'autre part améliorer le lait maternel, ce qui est crucial pour la bonne santé du bébé.

On peut considérer les aliments consommés pendant la période post-partum comme une méthode de traitement traditionnelle, par exemple les plats et les desserts faits à partir de farine, d'huile et/ou de sucre, d'oeufs, de « sorbet Lohusa », et la nourriture censée améliorer le lait maternel. Pendant la période post-partum, les points communs entre ces différentes méthodes de traitement sont la chaleur, l'aspect aqueux, doux et/ou sucré. Le savoir en matière d'alimentation puerpérale est transmis de générations en générations par les sage-femmes et les mères.

La question de savoir si la nourriture de la période post-partum trouve sa place dans la médecine moderne pourrait être examinée par des médecins spécialistes. Je souhaiterais que ces aliments protecteurs, curatifs ou ré-éducatifs soient intégrés dans une plate-forme commune de partage des connaissances à ce sujet.

NOTES

- 1 <http://www.online-medical-dictionary.org/definitions-p/puerperium.html>
- 2 Personal communication with M. Seyran (age 60), 20 March 2011.
- 3 Personal communication with M. Keklikçi (age 71), 11 May 2014.
- 4 Personal communication with F. Yıldırım (age 44), 4 October 2010.
- 5 Personal communication with A. Sarı (age 67), 14 March 2015.
- 6 Personal communication with M. Keklikçi (age 71), 11 May 2014.
- 7 Personal communication with Ş.Kublay (age 61), 4 July 2016.

Chapter 14

Le reboutement au Burkina Faso

Ki Leonce

Association pour la Sauvegarde des Masque (ASAMA)

Le reboutement est une pratique médicale qui consiste, par des moyens empiriques, à remettre en place un membre démis ou à soigner une fracture, une foulure, une luxation. Elle est pratiquée dans la quasi-totalité des aires culturelles du Burkina Faso. Très ancienne car tirant son origine de la nuit des temps, cette pratique médicale traditionnelle survit aux vagues de la médecine moderne. Quelles sont ses manifestations ? Comment se transmet-elle et se maintient-elle ? Voici entre autres, autant de questions auxquelles le présent article tentera d'apporter des éléments de réponse.

DE L'APPELLATION ET DE L'IDENTIFICATION DU REBOUTEMENT

S'il est assez facile de décliner par un seul vocable le nom de l'élément en français et en anglais (reboutement, bonesetter) la tâche est par contre fort difficile au Burkina Faso. Pour mémoire, le pays compte plus de 60 groupes ethniques, ce qui induit une diversité de langues, qui se déclinent souvent en plusieurs dialectes. On dénombre ainsi plus de 68 langues et dialectes nationaux. De ce fait, la pratique a autant de noms que de dialectes et de langues existant dans le pays. À titre illustratif, l'élément s'appellera, suivant la langue employée :

- san : guan ban
- mooré : wobré
- bwamu : dia siin
- gulmaceba : o'gnarou
- fulfuldé : hebbugol etc.

Rebouteux présentant une atèle © Ministère de la culture et du tourisme du Burkina Faso





Pied avec atèle © Ministère de la culture et du tourisme du Burkina Faso

Dans la nomenclature des domaines du Patrimoine Culturel Immatériel (PCI) au Burkina Faso, qui du reste se confond avec celle de l'Unesco, le reboutement est classé dans le domaine des Connaissances et pratiques concernant la nature et l'univers et dans la catégorie de la médecine et la pharmacopée traditionnelles. Comment est-il mise en œuvre ?

LES TECHNIQUES DE REBOUTEMENT

Comme mentionné ci-haut, le reboutement consiste à agir sur les entorses, les fractures, les foulures, etc. Plus précisément, le rebouteur est celui qui remet en ordre, restaure en vue d'en rétablir la continuité, ce qui a été rompu ou disjoint. L'élément est mis en œuvre suivant les besoins, c'est à dire à toutes les périodes de l'année, du mois et du jour; mais le traitement des traumatismes a lieu, pour la plupart des cas, en journée. Le traitement d'un patient va ainsi d'un à plusieurs jours ou d'un à trois ou quatre massages. Le traitement suivant le genre est une pratique courante. C'est ainsi par exemple qu'un homme sera pansé soit trois fois soit une fois par jour sur trois jours et la femme, quatre fois ou pendant quatre jours. À l'image de l'étiopathie, le rebouteur procède par manipulation. Au Burkina Faso, cette manipulation est soit directe soit indirecte.

La manipulation directe

Des deux techniques, la manipulation directe est la plus courante. Elle consiste pour le rebouteur, à l'aide de ses mains, de son menton, d'une bande de cotonnade, etc. à rétablir la zone de lésion. Bien entendu, l'usage de chacune des techniques se fait en fonction de l'âge du malade et de la nature du traumatisme. À titre d'exemple, au secteur 18 de Ouagadougou, une rebouteuse soigne les nourrissons luxés en appliquant son menton sur les zones de lésion. Par contre, pour les cas de fracture et de luxation d'enfants et d'adultes, elle les masse avec ses doigts. Dans la même ville de Ouagadougou, au secteur 9, une autre utilise une bande de cotonnade, dans laquelle elle enroule le nourrisson. Cette dernière ne soigne du reste que les nourrissons.

Pour le massage, le rebouteur masse généralement du haut vers le bas. Avant de commencer, le guérisseur procède au lissage de la blessure en utilisant une sorte de « baume ». Suivant le don du praticien, ce baume peut être de la terre argileuse (prélevée dans des espaces dédiés et préparée avec de l'eau, des herbes et autres ingrédients), des plantes

macérées, la salive du rebouteur, du beurre de karité, de l'eau chaude, etc. Après le lissage, le rebouteur masse la zone de lésion. Suivant la technique du rebouteur ou la nature de la blessure, une attelle peut être posée pour immobiliser assez sommairement la zone de lésion.

Le reboutement télékinétique

Le reboutement télékinétique est la seconde variante du geste médical du rebouteur. Il consiste, à travers un réceptacle, à masser la zone de lésion du patient, sans que le rebouteur ait un contact physique direct avec lui. Les trois techniques qui nous ont été données de renseigner sont le pilon, la patte de volaille (poule), la brindille. La technique du pilon consiste pour le rebouteur à masser un pilon, à la manière d'un massage normal. Par télékinésie, le patient ressent la pression exercée par le rebouteur sur sa blessure. La technique de la patte de poule s'inscrit dans la même optique. Elle consiste à casser la patte d'un poulet, à la soigner et à suivre à travers son évolution, l'état de la personne blessée. La technique de la brindille est utilisée pour reconstituer des fractures mal soudées. Le rebouteur enroule la brindille dans une cotonnade puis la casse. Par télékinésie, la fracture mal soudée se décolle et permet ainsi au rebouteur de la souder à nouveau.

Qu'il s'agisse d'une manipulation directe ou indirecte, le rebouteur prononce toujours des formules qui agissent au même titre voire mieux que le baume, l'attelle ou la bande auxquels il a recours pour soigner les blessures.

LE MODE DE TRANSMISSION

Ne s'improvise pas rebouteur qui le veut. La pratique de l'élément est généralement un legs familial, transmis de génération en génération. Le savoir est transmis par la pratique, c'est à dire que l'enfant/apprenant s'abreuve de l'ensemble des gestes et des paroles de son père ou de ses frères. Le savoir-faire du rebouteur n'est en outre pas l'apanage des hommes ou celui des femmes, les deux genres peuvent le mettre en œuvre. Le rebouteur n'est par ailleurs pas indexé dans une catégorie socio-professionnelle car le don de reboutement peut apparaître partout. En parlant d'apparition, rappelons en effet que plusieurs récits rapportent que ce sont des génies qui apportent la technique aux hommes. Une femme ou une orpheline casse un pilon. La propriétaire furieuse lui réclame son pilon en l'état. L'explorée cherche secours partout et ce sont finalement des génies compréhensifs qui finissent par recoller le pilon à l'original. Ils lui recommandent par ailleurs d'en faire autant avec les hommes victimes de lésions traumatiques. Le savoir-faire du reboutement ainsi entré dans la famille, est transmis de génération en génération.

DE LA SURVIVANCE DE L'ÉLÉMENT

Depuis la période coloniale fut introduite la médecine « des Blancs », plus connue sous le nom de médecine moderne. Se targuant d'être cartésienne et plus sûre, cette médecine se dresse en faire-valoir de la médecine traditionnelle en général et du reboutement en particulier. Toutefois, malgré la sophistication de ses procédés pour traiter les



Maison de pansement © Ministère de la culture et du tourisme du Burkina Faso

lésions traumatiques (immobilisation par plâtre, repositionnement des os par chirurgie, radiographie pour mieux comprendre le traumatisme, anesthésie pour circonscrire la douleur, etc.), la médecine moderne a du mal à supplanter le reboutement, pour ce qui est du traitement des entorses, foulures et même de fractures de membres. Quelles en sont les raisons ?

Lorsqu'on les analyse, plusieurs facteurs sous-tendent le recours au reboutement. Nous évoquerons en premier ressort la raison économique. Le coût élevé des actes modernes constitue un problème. Ce coût induit en effet la prise en compte des coûts de la consultation, de la radiographie, le cas échéant du plâtrage et dans certains cas celui de la chirurgie et de l'hospitalisation. Bien entendu, ces actes sont parfois au-dessus du pouvoir économique. À cause de leur coût fort élevé, il y a constamment des sorties contre avis médical pour se faire suivre traditionnellement. Pourquoi ce recours fréquent à la médecine traditionnelle ?

Contrairement au traitement moderne, le reboutement est un acte médical purement « social », tant le coût est modique. Nombre de bons praticiens disent du reste qu'ils agissent pour Dieu. La consultation est toujours gratuite et le coût du traitement varie d'un rebouteur à l'autre. Chez certains, le coût de l'acte médical est évalué à 5f CFA tant pour les hommes que les femmes et chez d'autres il faut payer soit 15f CFA si l'on est de sexe masculin soit 20f si l'on est de sexe féminin. Comme il est donné de le constater, le coût du reboutement est nettement inférieur au coût du simple acte de consultation qui varie de 100 à 10.000f cfa.

Les prix en nature existent également. On donnera ainsi au rebouteur pour son acte soit un fagot de bois, soit une poule. Dans le cas de la poule, lorsque le malade n'en dispose pas, il remet une somme symbolique au

rebouteur qui cherche alors un poulet pour le patient. Au demeurant, ces modes de paiement sont les tarifs d'un bon rebouteur. Il arrive toutefois que de personnes monnaient leur savoir en réclamant des sommes fort importantes aux patients, ce qui les met dans une position d'imposteurs.

En second ressort, nous évoquerons la foi, que nous traduit Mathias SAVADOGO en ces termes : « Les croyances culturelles de nos sociétés ainsi que l'influence de la famille sur les patients constituent un frein à la réalisation du traitement définitif à l'hôpital. La confiance de nos populations dans les rebouteux qui utilisent parfois des incantations motive leur choix pour ce traitement. Par exemple, certains cas de fractures donnent lieu à des interprétations diverses. La tendance serait donc d'orienter le malade vers un traitement traditionnel qui pourrait expliquer les causes occultes probables et instituer le traitement adapté.

En troisième ressort, il est à noter l'inconfort des préceptes de la médecine moderne. À titre illustratif, il est d'une part recommandé une immobilisation complète des fractures, et de toute chose qui induit la pause d'un plâtre. Du témoignage de certains patients, ce dispositif (surtout lorsqu'il est assez gros) est bien inconfortable (sentiment de chaleur et surtout des démangeaisons). D'autre part, lorsque le plâtre est mal placé ou que le patient ne respecte pas les consignes médicales, il arrive parfois un lot de complications, que le Pr Laffosse Jean-Michel répertorie dans « Surveillance d'un malade sous plâtre » sous les noms d'enraidissement, déformation, mauvaise réduction, amyotrophie, etc. Par contre, l'attelle du rebouteur paraît plus légère et plus sécurisante et semble ne pas trop handicaper les mouvements du malade.

Séance de pansement © Ministère de la culture et du tourisme du Burkina Faso



CONCLUSION

Le savoir-faire du rebouteur est un art médical multi séculier, que l'ensemble de la communauté burkinabé a en pratique. Dans un Burkina Faso où le ratio médecin/habitant est d'un pour 20.000, la médecine traditionnelle et plus spécifiquement le reboutement a de beaux jours devant elle, d'autant plus qu'elle offre des services économiquement adaptés à la bourse des patients. En outre, sa proximité culturelle avec les patients lui confère une aura plus importante. Si naguère la transmission du savoir du rebouteur de génération en génération ne se posait pas du fait de l'organisation autarcique des professions sociales (cultivateurs, forgerons, griots de père en fils), force est de noter que de nos jours, la mobilité professionnelle entrave le maintien de ce mode de transmission. Comment désormais pérenniser ce savoir-faire ?

Nous ne manquons pas de relever les initiatives prises par le Burkina Faso pour revaloriser le savoir-faire médical traditionnel en œuvrant pour mettre les thérapeutes traditionnels en réseau (FENATRAB) ou en dédiant une direction (la Direction de la Médecine et de la Pharmacopée traditionnelle) à la promotion d'un pan de ces savoirs et savoir-faire thérapeutiques au sein du Ministère en charge de la Santé. Ces actions concourent certes à la promotion de l'art médicinal traditionnel mais elles ne participent pas activement à sa pérennisation. Dans une optique de sauvegarde du PCI des rebouteurs, il conviendrait que l'Etat :

- fasse un recensement des rebouteurs du Burkina Faso pour mieux évaluer l'apport de ces acteurs ;
- déclare certains d'entre-deux, trésors humains vivants en vue d'assurer la transmission de leur savoir ;
- codifie leurs savoirs pour les vulgariser ;
- associe étroitement les rebouteurs aux services de santé moderne afin que ces deux types de thérapeutes coopèrent au grand bonheur des patients.

SUMMARY

Bonding, a therapeutic practice to treat fractures, dislocations, strains, and other related maladies, is a form of traditional healing throughout the cultural communities of Burkina Faso. Also known as bonesetting, the knowledge of bonding has survived since time immemorial through intergenerational transmission. Its persistence in current medical practices helps ensure its sustainability as an element of intangible cultural heritage.

Implementing bonding practices varies from one practitioner to another. However, there are similarities in that treatments include lotions, decoctions, and incantations. Traditionally good practitioners have performed their art for the betterment of the community, charging symbolic sums from nature, such as a bundle of wood or a chicken. Sometimes trifling sums of cash were charged. However, due to social changes, bonesetters have been increasing the treatment cost, taking into consideration the patient's marital status, gender, etc. Despite increases in costs, traditional bonding remains cheaper than modern treatments. As a result, patients from modern medical centers are spilling over to seek help from traditional bonesetters. While cost is a factor, many also seek help because of the faith they have in this traditional healing practice.

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Chapter 15

Dai Yen, village des herboristes traditionnels au cœur de Hanoï (Vietnam)

Vo Thi Thuong

Musée d'Ethnographie du Vietnam

Vu Thi Ha

Musée d'Ethnographie du Vietnam

Aujourd'hui, bien que la médecine moderne aidée par les nouvelles technologies joue un rôle indiscutable, la médecine traditionnelle avec l'utilisation des ingrédients naturels pour les soins de santé attire de plus en plus les gens. Le Vietnam est un pays multiethnique et pluriculturel, chaque peuple, groupe local, région détient des savoir-faire propres que ce soit pour les pratiques de traitement des malades, soit pour le maintien en bonne santé, mais aussi pour le bien-être quotidien.

En début d'année 2003, une équipe des chercheurs du Musée d'Ethnographie du Vietnam (MEV) à Hanoï, a mené une enquête sommaire dans divers marchés de la ville ainsi que dans les rues des herboristeries du vieux quartier de Hanoï, dit des 36 rues. Ce premier travail nous a permis de concentrer notre recherche sur Dai Yen, village ayant une longue histoire en herboristerie. Cet article a pour ambition de présenter les pratiques traditionnelles des herboristes de Dai Yen et de retracer les activités du MEV dans le but de valoriser des connaissances ancestrales en médecine populaire ¹.

LE VILLAGE DE DAI YEN ET LE MÉTIER D'HERBORISTE

Situé au centre de Hanoï, Dai Yen est un lieu-dit qui constitue avec ses deux voisins, le quartier actuel de Ngoc Ha dans l'arrondissement de Ba Dinh—centre de pouvoir politique et administratif du pays. Bien qu'il soit entièrement urbain, on a l'habitude de l'appeler «village de Dai Yen», ou faubourg, comme dans la langue française, ce qui met l'accent sur l'importance de l'histoire et de la vie traditionnelle du lieu. Le village de Dai Yen est connu par le métier d'herboriste et le village voisin de Ngoc Ha, par la culture des fleurs.

Les herboristeries de Dai Yen perpétuent des pratiques plutôt héréditaires. Les habitants les considèrent comme les garantes de leurs traditions médicinales ancestrales. Personne ne peut donner estimer la date, ni les sources avec lesquelles la communauté acquérait ses connaissances. Cependant, selon Chu Xuan Giao (1996, p.58), nombre de villageois attribuent le rôle fondateur du métier de l'herboristerie à un lettré, M. Tran Huan dont la fille, nommée princesse Ngoc Hoa, serait le génie tutélaire du village. Vénérée à la maison communale de Dai Yen, pays de sa mère, elle est considérée comme protectrice de l'herboristerie du village. Des hypothèses veulent que Dai Yen ait évolué d'un village de riziculture à un village de culture maraîchère spécialisée en plantes médicinales. Ses voisins, les villages de Ngoc Ha et le village de Huu Tiep, font de l'horticulture spécialisée en fleurs et herbes aromatiques. En fait, au fil du développement, les villages en périphérie de la citadelle se convertissent dans les activités répondant aux besoins de la vie urbaine de la capitale.

L'herboristerie de Dai Yen repose sur trois secteurs principaux d'activités: la fourniture des en herbes vertes, le commerce des ingrédients séchés et la préparation des remèdes avec des plantes médicinales. Le quatrième secteur, plus modeste, est celui de la production de médicaments, comprimés, onguents, poudres... à partir d'es ingrédients naturels (Vo Thi Thuong, 2005, p.142).

RESSOURCES DES PLANTES MÉDICINALES DE DAI YEN

Depuis des temps reculés, sur les terres agricoles du village, la riziculture a été remplacée par le maraîchage. Par la suite, ce maraîchage s'est spécialisé dans les plantes médicinales et les herbes aromatiques destinées aux soins médicaux. La production familiale des plantes médicinales et aromatiques approvisionne les herboristeries individuelles en herbes vertes pour un usage frais. Pendant plus de 20 ans d'économie collectiviste (1959-1983), la culture maraîchère à Dai Yen était dirigée par la coopérative qui avait également pour but de fournir des ingrédients à des manufactures pharmaceutiques de la ville (Vu Thi Ha, 2005, p.151). La production la plus importante était celle des plantes riches en essence et herbes aromatiques, comme la menthe (*Mentha avenensis*), le basilic (*Ocimum basilicum*), le tulsi ou basilic sacré (*Ocimum sanctum*), la citronnelle (*Cymbopogon nardus*), l'armoise (*Artemisia vulgaris*), le pérille (*Perilla ocymoides*), *Leonurus heterophyllus*, *Wedelia chinensis*, *Origanum syriacum*, *Plychea indica*, etc.

Les jardins familiaux de *simples* (herbes aromatiques, médicinales, plantes utiles) contribuent également aux pratiques des herboristes. Cette culture se développe au sein du village, dans les parcelles des enclos



Porte des Feuilles avec des herbes à vendre

familiaux. Elle utilise aussi les parcelles morcelées des terrains publics ou religieux, les pagodes, les temples, la maison communale, etc. En fait, le jardinage est une pratique traditionnelle chez les Vietnamiens et l'on profite de tous les terrains disponibles.

Une autre source d'approvisionnement est la cueillette des plantes sauvages. Les habitants de Dai Yen récoltent en effet des lianes grim-pantes sur les haies, des herbes qui poussent dans les étangs, au bord des rizières, le long des chemins..., en somme toutes les plantes sauvages ayant des vertus médicinales. Ils récoltent par ailleurs certaines parties non utilisables des arbres comme des feuilles de pamplemousse et de bambou. Et après qu'on ait récolté les légumes ou les jeunes parties des plantes aromatiques pour les épices pour la cuisine, les herboristes recueillent les restes: feuilles qui ne sont plus très jeunes, tiges, etc. La cueillette d'ingrédients végétaux ayant des propriétés particulières est développée selon la saison ou lorsque le besoin se fait sentir, grâce aux expériences des herboristes et pour leur médecine ancestrale. Cela constitue la «ressource sauvage» qui enrichit les offres de Dai Yen en ingrédients médicinaux.

LE COMMERCE AU VILLAGE

La vente des herbes et des ingrédients botaniques utilisés par les herboristes se fait au marché quotidien du village. Celui-ci est appelé «le Marché des Feuilles», car il est destiné au commerce des ingrédients frais, la plupart constitués d'herbes et de feuilles vertes. Le marché se tient tous les après-midis jusque bien tard le soir, devant l'ancienne porte

Femme récoltant le basilic sacré (*Ocimum sanctum*)



d'entrée du village, appelée comme il se doit «la Porte des Feuilles». La vente est organisée par les femmes, par contre, les acheteurs sont généralement des hommes, ceux qui peuvent assurer le transport des lourdes charges. Bien que n'importe qui puisse y acheter des ingrédients frais pour les soins familiaux, le marché est destiné à la vente en gros.

Selon notre enquête menée en 2003, chaque jour, une dizaine de personnes spécialisées dans le commerce des herbes vertes travaillent au Marché des Feuilles. Le matin, les gens vont à la récolte des ingrédients. À midi, ils les préparent en paquets suivant les espèces végétales, puis ils en disposent le long de la ruelle pour la vente dans l'après-midi. Mme Nguyen Thi Xue, la vendeuse principale du marché, nous a ainsi décrit sa journée de travail: «notre famille va à la recherche des feuilles, les un à moto, les autres à vélo mais mon mari y va à pied. Cela se passe tous les jours de 5h à midi, parfois on revient tard au village, à 2h de l'après-midi. Puis, pour la vente on regroupe nos produits par catégories de plantes. Tout ce travail se répète le lendemain»². En dehors des vendeuses professionnelles, tout habitant de Dai Yen peut venir au Marché des Feuilles avec quelques herbes de son jardin pour les vendre. Quant aux acheteurs, ce sont les herboristes installés dans les différents marchés de la ville. Après avoir vendu les ingrédients achetés la veille, ils reviennent à Dai Yen en fin de journée pour s'approvisionner en produits frais pour leurs pratiques du lendemain. La plupart envoient leurs assistants ou des membres de leur famille pour assurer l'approvisionnement. Les palanches et paniers, les vélos chargés de gros sacs, remplacés maintenant par les motocyclettes, assurent le transport des herbes. Le Marché des Feuilles enrichit les échoppes d'herboristerie installées individuellement dans de nombreux marchés de Hanoï.

La demande en herbes médicinales qui existe depuis toujours devient de plus en plus si forte que la culture à Dai Yen et la récolte dans l'environnement de la ville ne peuvent plus répondre aux besoins. Des champs de plantes médicinales sont également aménagés par les villageois dans diverses régions du delta du Fleuve Rouge. Ils contribuent à approvisionner le marché des herbes médicinales à Hanoï, dont l'herboristerie de Dai Yen. Certaines familles à Dai Yen développent alors de nouvelles activités en rapport avec le commerce des plantes séchées. Celles-ci sont importées depuis des zones de culture mises en place dans le delta, mais aussi depuis les collines environnantes et les régions montagneuses, grâce aux véhicules de transport et à l'amélioration du réseau routier. Arrivées à Dai Yen selon la saison de récolte, elles sont stockées dans les maisons familiales pour être revendues progressivement aux herboristes. Bien que la revente des plantes séchées y soit observée toute l'année, ce marché, qui se déroule à domicile, est moins animé que celui des herbes vertes.

Dai Yen a donc un rôle de fournisseur des herboristeries en ingrédients végétaux, frais ou séchés. Nous avons constaté que le commerce des plantes médicinales y est très riche sur le plan de la diversité botanique, mais qu'il reste modeste au point de vue de la quantité consommée par les herboristes. Durant son étude à Dai Yen, Chu Xuan Giao (1996, p.65) a établi une liste de plus de 200 espèces botaniques ayant des vertus médicinales, dont 25 espèces enregistrées par le ministère de la Santé du Vietnam, le reste a des propriétés reconnues selon la connaissance des herboristes. En 2003, sur le Marché des Feuilles de Dai Yen, on peut trouver une cinquantaine d'espèces botaniques vendues quotidiennement par les herboristes du village. La même quantité d'espèces a été observée dans un jardin familial (Vo Thi Thuong et Vu Thi Ha, 2009,

p.227). L'étudiante en pharmacie Pham Thi Tam (2007, p.17) a listé près de 70 plantes médicinales durant son enquête sur les jardins du village.

LES FEMMES DE DAI YEN, RESSOURCES HUMAINES DE LA MÉDECINE POPULAIRE

A Hanoï, les soins par médecine traditionnelle se développent abondamment, au sein des hôpitaux, mais aussi dans les échoppes d'herboristes et d'autres lieux dispensant des soins. Il existe depuis toujours dans le vieux quartier de la ville des rues spécialisées dans le commerce des ingrédients naturels, avec des familles pouvant assurer ou non des consultations par des techniques traditionnelles.

Parmi les herboristes de Dai Yen, les femmes sont majoritaires. Certes, lors de son enquête, Pham Thi Tam (2007, p.11) a noté que parmi les 73 personnes pratiquant l'herboristerie, à Dai Yen ou dans les marchés de Hanoï, 69 sont les femmes. Elles pratiquent le métier plutôt dans les marchés, ce qu'on a l'habitude d'appeler «médecine populaire». Presque dans tous les marchés de la ville, se trouve une boutique d'herboristerie ou *hàng lá* («étal de feuilles»), ou au moins, des paniers entassés remplis d'herbes vertes pour les soins de santé. Mais on trouve aussi certains étals installés en divers coins des quartiers et au croisement des ruelles ou au niveau d'un marché. D'autres herboristes pratiquent la vente ambulante. Avec une planche et des paniers chargés d'herbes vertes, les vendeuses déambulent en ville au gré de leur propre itinéraire plus ou moins quotidien. Ainsi, les Hanoïens attendent le moment où l'herboriste passe près de chez eux pour acheter des ingrédients ou demander des conseils pour des problèmes divers. Nous avons constaté que la plupart de ces herboristes ont des liens avec Dai Yen, soit par l'origine, soit par les relations conjugales. «Auparavant, les vendeuses étaient du village, soit nées sur place soit venues au village par mariage», exprime Mme Truong Thi Dan. Bien des femmes qui ont quitté Dai Yen pour s'installer chez leur mari comme le veut la tradition, continuent le métier d'herboriste. En effet, Vu Thi Ha (2005, p.152) a dénombré «62 femmes herboristes de Dai Yen travaillant dans les 47 lieux de la ville». L'auteur (2005, p.157) a expliqué par la suite que cinquante-quatre d'entre elles possèdent chacune une échoppe dans un marché, cinq vendent les herbes sur les trottoirs des rues, et trois autres pratiquent la vente ambulante». Il y a même des marchés où différentes générations d'une même famille pratiquent l'herboristerie. Mme Truong Thi Thung nous raconte qu'elle se souvient «au moins 5 générations de ma famille perpétuent le métier des ancêtres, mon arrière grand-mère, ma grand-mère, ma mère, moi-même et ma belle-soeur». Qu'elles demeurent au village ou ailleurs, les femmes de Dai Yen sont des ressources humaines importantes pour le métier d'herboristerie de la ville.

Pour le métier d'herboriste, on peut distinguer trois types d'acquisition des connaissances: communautaires, familiales, et confidentielles mêmes au sein de la famille. Mme P. qui détient une recette renommée nous confirme: «je ne peux pas la transmettre à ceux qui sont hors de la famille. Par exemple ma belle-soeur ne sait pas tout». Auparavant, l'approvisionnement en ingrédients du marché de Dai Yen n'était facilité que pour ceux qui nouaient des relations étroites avec le village. «C'est l'esprit communautaire qui veut protéger les savoir-faire communs pour le métier villageois», nous explique Mme Dan. De l'avis des herboristes du village, ceux qui ne sont pas originaires de Dai Yen n'ont pas beaucoup

de compétences en diagnostic, car l'herboristerie doit beaucoup aux expériences accumulées de génération en génération.

Les herboristes de Dai Yen sont connues pour le traitement des maladies et maux de tous les jours. Certains ont également des savoir-faire contre des maladies typiques selon les connaissances détenues par la famille. Au marché, l'herboriste reçoit ses patients qui racontent leurs problèmes. Selon les cas, elle peut poser diverses questions sur les symptômes ou autres signes, ce qui l'aide à reconnaître les problèmes selon ses expériences personnelles. Elle prépare enfin une composition, ou remède, à partir des ingrédients naturels. Il existe une diversité de modes de traitements. La décoction d'un remède composé spécifiquement selon le cas est le mode de traitement le plus administré, bien que d'autres types de traitements, par cataplasme ou par bain avec des plantes, soient utilisés selon les problèmes identifiés. Il y a des traitements très *simples*, comme l'utilisation d'une tisane préparée avec quelques feuilles d'une espèce connue, ou la consommation d'un jus d'une poignée d'herbes, etc. Le bain de vapeur préparé à partir d'une dizaine de feuilles différentes bouillies dans de l'eau est souvent conseillé. Ce mode, appelé «traitement par inhalation», est très populaire chez les Vietnamiens, eu égard aux différents maux causés par le changement brusque de climat, le rhume, la grippe..., mais les ingrédients pour la composition peuvent varier suivant la tradition locale et les herboristes

Selon les habitants de Dai Yen, très peu d'hommes jouent un rôle dans l'herboristerie familiale, bien qu'ils aident les femmes, dans la culture maraîchère ou au transport des herbes. En 2003, à Dai Yen, on a identifié seulement deux hommes travaillant dans l'herboristerie (Vu Thi Ha, 2005, p.153). L'un s'occupe de l'achat à domicile des ingrédients

Herboriste âgée et sa fille dans son échoppe installée à un marché de Hanoi



séchés. Il aide ainsi sa femme qui possède une échoppe d'herboristerie dans un marché de Hanoï. L'autre travaille à l'herboristerie de sa mère. Bien que ces hommes pratiquent l'herboristerie, ils considèrent que ce type de travail s'apparente à un métier de femmes. En réponse à notre question sur cette distinction, les hommes pensent que les femmes sont plus assidues, patientes et consciencieuses, ce sont des qualités indispensables pour le métier d'herboriste qui exige une pratique faite avec soin. Par contre pour le point de vue des femmes, «notre métier est un travail modeste dans les marchés, ce qui n'intéresse pas les hommes. C'est normal que les filles suivent leur mère», explique Mme Le Thi Nhung. A Dai Yen, dès l'enfance, les filles ont l'habitude de suivre leur mère, pour la récolte des plantes, la préparation en bouquets, ou l'aide à la vente. Il existe une autre raison qui fait de ce métier l'apanage des femmes selon Mme Nguyen Thi Xue. Elle nous a en effet rapporté: «nous recevons beaucoup de patientes femmes, un herboriste homme ne facilite pas les rencontres, car pour certains problèmes, les femmes ne souhaitent pas en parler à un homme». Chez Mme Le Thi Phuoc (94 ans), l'herboriste la plus renommée à Dai Yen, les membres de trois générations pratiquent l'herboristerie: Mme Phuoc (94 ans), sa fille, Mme Truong Thi Thung (74 ans), sa petite belle-fille, Mme Nguyen Thi Huong (32 ans). Les hommes les aident sauf pour la recherche des herbes sauvages et la vente sur les marchés.

Une vendeuse itinérante



L'HERBORISTERIE DE DAI YEN FACE À LA MODERNITÉ

Avec l'urbanisation, les terrains des villages périphériques, dont ceux de Dai Yen, sont pris de plus en plus par l'urbanisme et par les besoins de la vie urbaine. Les terres agricoles du village destinées à la culture maraîchère sont occupées par des constructions publiques ou privées. Les enclos familiaux sont aménagés en parcelles vendues à de nouveaux habitants. En 2007, l'enquête de l'étudiante en pharmacie n'a révélé à Dai Yen que trois jardins de *simples* de 600 à 1200 m² (Pham Thi Tam, 2007, p.12). La culture des plantes cède la place aux constructions diverses qui rapportent plus aux habitants que les herbes. «La culture ne nous avait assuré qu'une vie frugale. Nos enfants ont besoin d'argent pour entreprendre un nouveau métier, nous devons vendre notre terrain», explique Mme Hoang Thi Sau. Et pour M. Hoang Gia Bang, qui conserve encore un jardin important à Dai Yen, «mon jardin faisait 600-700 m². Je suis vieux, je ne peux plus m'en occuper. Mes enfants y ont construit des maisons pour les louer aux étudiants». La culture des plantes médicinales diminue tant que certaines familles conservent toujours des parcelles comme jardins de *simples*. La recherche des ingrédients est de plus en plus difficile et par conséquent, les villageois doivent aller plus loin en banlieue. De plus, face à la modernité, peu de jeunes s'intéressent à ce métier d'herboriste. La question de la préservation de ce patrimoine médical de Dai Yen se pose plus fortement que jamais. Les habitants ne peuvent pas ignorer les pressions de la modernité, d'une vie matérielle moderne, de nouveaux modes d'économie de marché etc. Dans ce contexte, le métier d'herboriste traditionnel même avec ses adaptations contemporaines, n'est pas suffisant ni pour les herboristes ni pour leur famille, bien qu'au fond du cœur, les gens restent fortement attachés à ce patrimoine.

Lors des études menées à Dai Yen et dans divers marchés où officient les herboristes du village, l'équipe du Musée d'Ethnographie du Vietnam a enregistré une vingtaine de cassettes sur ce que les habitants partagent concernant leur médecine traditionnelle. Interviews, histoires racontées, explications... montrent ce que chacun d'eux pense à propos de sa propre pratique, ses souhaits personnels, ainsi que ses perspectives du métier de leur communauté. Mme Hoang Thi Hien, par exemple, considère que: «ce métier ne peut pas la rendre riche, ni pauvre non plus, mais guérir les gens c'est le bonheur aussi». Un grand nombre de personnes trouve ce métier difficile. M. Hoang Gia Bang nous explique les difficultés chez les gens qui vont à la recherche des plantes: «les herbes sauvages, on ne fait que les cueillir puis les vendre. Cependant, s'il pleut pendant une semaine, certaines familles n'ont plus de riz pour les repas».³ Idem pour Mme Le Thi Nhung qui s'exprime ainsi: «à suivre ma grand-mère dès 14 ans, et après plus de 60 ans de pratique de l'herboristerie, ma mère n'a pu se construire une maison à toit plat».⁴ Pour ceux qui continuent le métier, chacun a ses raisons propres.

Ma fille n'a pas voulu suivre ma voie dans l'herboristerie. Je n'ai pas voulu moi non plus qu'elle me suive au marché, car ce travail est fatiguant. Cependant, son salaire actuel est faible, je lui ai dit d'arrêter son travail et de venir m'aider à ma boutique d'herboristerie, d'où son retour au métier familial. Pour ce métier, avec une palanche on peut gagner quelque chose. C'est la raison pour laquelle des chômeurs retournent à l'herboristerie. (Mme Truong Thi Dan)

Mme Hoang Thi Hien le confirme: «ma belle-fille est au chômage, je lui transmettrai la connaissance en herboristerie». Cependant, la situation actuelle préoccupe également les herboristes. Mme Le Thi Thu, vendeuse d'herbes vertes au Marché des Feuilles, exprime que:

Actuellement, les villageois des régions en banlieue transportent leurs herbes dans les différents marchés et les vendent moins cher. Du coup les herboristes ne reviennent à Dai Yen que pour les herbes rares qui leurs manquent. Je devrais peut-être trouver un marché pour m'installer. Cependant pour un nouveau lieu, il faudra un certain temps, au moins un an, pour que les gens du marché se familiarisent avec mon herboristerie.

Par contre, certains herboristes sont optimistes, Mme Le Thi Nhung le formule ainsi, «notre herboristerie ne peut pas s'éteindre. Sa pratique est centenaire. Les herbes ont des vertus propres, sont bon marché, bonnes pour la santé». Pour M. Hoang Gia Bang, bien qu'il conserve encore un jardin de *simples*, «la culture des plantes médicinales restera en banlieue où on trouve encore de vastes terrains».

LE MEV ET LA VALORISATION DU PATRIMOINE MÉDICINAL

Parmi ses multiples activités visant à la valorisation des connaissances traditionnelles et des savoir-faire locaux, le MEV a mis en place des programmes dans lesquels différentes études sont menées. Ces études donnent matière pour ensuite monter des expositions et organiser des forums. Au cours de ces manifestations les villageois peuvent partager leurs propres expériences (connaissance et pratique) en parlant de leurs métiers et de leur vie. Grâce aux riches expériences accumulées tout au long de ses activités, le MEV confirme le rôle primordial de la communauté villageoise dans la préservation de son patrimoine.

L'exposition sur les herboristes de Dai Yen a été ouverte au MEV de novembre 2003 à juin 2004. Elle a été montée dans une ancienne maison installée dans le parc du musée. A cette occasion, un jardin de *simples* y a été aménagé avec plus de 100 espèces botaniques. La «parole» des villageois y était bien présentée au public à travers des citations extraites des nombreux enregistrements effectués sur le terrain, mais aussi grâce à un film ethnographique. Ce dernier présentait non seulement des interviews, mais a montrait aussi diverses activités d'herboristerie de Dai Yen, culture, cueillette, vente des herbes vertes au Marché des Feuilles, ventes itinérantes, pratiques des herboristes aux marchés, etc. Une boutique y a été reconstituée au centre de la maison avec des paniers et sacs contenant des ingrédients séchés connus des herboristes de Dai Yen. Les visiteurs pouvaient reconnaître les ingrédients et le parfum de chacun. Une composition connue pour le traitement des maux des os y était présentée de façon didactique avec ses composants bien séparés. L'exposition présentait également certains instruments typiques ainsi que des préparations pharmaceutiques et médicamenteuses de certaines familles.

La présence des herboristes dans l'exposition est programmée, ce qui informe les visiteurs du musée des occasions de rencontres et d'échanges avec elles. Les visiteurs peuvent leur demander des préparations pour divers maux qu'ils soient ordinaires ou spécifiques, selon le champ de compétences de l'herboriste. Des sachets joliment préparés et contenant des ingrédients parfumés ou des épices sont mis en vente, graines de

lotus, de coriandre, vétiver, anis étoilé, écorce de cannelle, cardamome etc. Ils sont prêts pour la cuisine, le bain, les soins du cheveu, ou pour parfumer la maison. Les tisanes traditionnelles étaient gratuites pour les visiteurs. C'est vraiment un espace de partage et de soutien à l'artisanat et au savoir-faire traditionnel.

La vente des herbes et des compositions médicinales continue au musée longtemps après la fermeture de l'exposition. Des visites du musée vers le village sont organisées à la demande de divers groupes.

Les activités du MEV ont satisfait les habitants de Dai Yen, en particulier les herboristes et ceux qui s'intéressent au patrimoine, ainsi que les autorités locales. Ils sont tous fiers du patrimoine de leur communauté. Certaines personnes présentent leur souhait de déplacer l'exposition pour la présenter au village, «pour que tous nos enfants ainsi que les nouveaux habitants du village puissent reconnaître notre tradition médicinale ancestrale», explique un ancien du village. Longtemps après l'exposition, le musée reçoit toujours des informations concernant le village ou les herboristes, pour les problèmes personnels ou pour la recherche professionnelle. D'autres voudraient que le musée présente d'autres patrimoines vivants du pays.

L'ensemble des 17 panneaux de l'exposition a été emprunté trois fois par la communauté lors de divers événements locaux, puis il lui a été donné définitivement en 2010 pour être présenté à la maison communale de Dai Yen à l'occasion de la célébration des 1000 ans de Thang Long – Hanoi.

SUMMARY

Traditional medicine with using of natural materials in health care is increasingly attracting attention. Vietnam is a multi-ethnic and multi-cultural country. Each ethnic group or local group has been holding its own knowledge and practical skills in healing and health care in daily life by using herbs.

In 2003, a group of Vietnam Museum of Ethnology (VME)'s researchers conducted a study on the herbalists of Dai Yen, an ancient village in Hanoi. The study provided materials for an exhibition, during which, some herbalists were invited to exchange with museum visitors. This traditional medicine trade consists of three main activities: planting and collecting medicinal herbs, trading dried herbal medicines and preparing herbal prescription (remedies) for the orders. In addition, some families also process medicinal products. Most of the herbalists in Dai Yen are women. They cure mainly by their skill in traditional medicine. They are experienced in curing common ailments, and caring for children's and women's health. They are the source of herbalists in the markets throughout Hanoi.

This paper introduces the herbalists of Dai Yen village, but also retraces the activities of VME to disseminate the knowledge of traditional herbal medicine.

NOTES

- 1 Sauf mention particulière, toutes les informations présentées ici ont été recueillies par les auteurs de cet article, qui sont également les commissaires de l'exposition.
- 2 Toutes les interviews citées dans l'article sont enregistrées par Vu Thi Ha lors de notre travail de terrain.
- 3 Le mauvais temps empêche la cueillette des plantes, et on n'a plus suffisamment d'argent pour acheter le riz nécessaire à la nourriture quotidienne.
- 4 Les maisons à toit plat sont considérées comme modernes par rapport à celles dotées d'un toit en pente.

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Chapter 16

**History of Traditional
Mongolian Medicine**

Tserensodnom Dalantai

*Mongolian Academy of Sciences and the Museum
of Mongolian Traditional Medicine*

Traditional Mongolian medicine has a history of more than 2,500 years, and it is one of the most valuable heritages of the Mongolian people. During this long period, although keeping its own distinct features, traditional Mongolian medicine developed a close relationship with Indian Ayurvedic, Tibetan, and Chinese medicines. In fact, Mongolian and Tibetan medicines have the same theory, diagnostic methods and treatment.

Traditional Mongolian medicine was the only available method of healthcare before Western medicine was introduced around the turn of the last century. The service provided by practitioners of traditional medicine covered the entire healthcare spectrum and dealt satisfactorily with most health problems at that time.

As one of the birthplaces of ancient civilization, Mongolia was one of the earliest areas where medicine developed. Our ancestors discovered treatment for sicknesses that grew out of their lifestyle and passed these treatments on to the known world at that time.

Like nomads elsewhere, Mongolian nomads had a close examination and daily experience in dealing with their ways in raising domesticated animals, specifics of natural biological growth and development, and ways dealing with morbidity and mortality, in addition to affecting various natural processes on the true outcomes of those natural actions.

The nomadic way of life, daily encounters with the surrounding natural environment, and constant dealing with domesticated animal species played a crucial role in developing and further perfecting this medical knowledge system among Mongolians nomads.

TRADITIONS OF PRACTICAL MEASURES OF NOMADIC HEALTH

Social health elements were initially developed among the sedentary societies, yet the Mongolians created preventive health measures that suited their nomadic lifestyle, and they have been converted to daily routines and traditions over the years.

To keep drinking water clear, Mongolians did not prohibit animals from grazing around the source of any river, nor did they throw any garbage, food, or drink into water. Our ancestors treated water with great respect calling it *chindamani* (wishing jewel) and taught their children not to pollute any water areas. There was a tradition of not spoiling

Exterior of the Museum of Mongolian Traditional Medicine, with a statue of a rabbit, the symbol of traditional Mongolian medicine

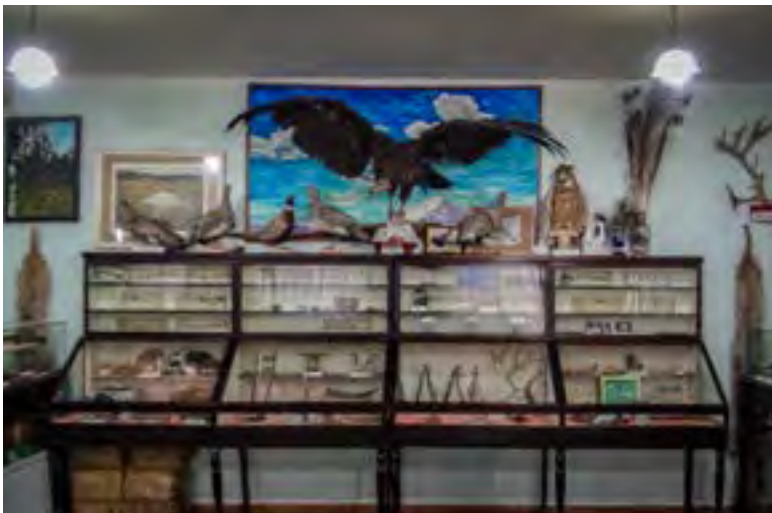


north-side areas with excretions. This was a result of observing wind directions, which usually blow from the north to the south. By never polluting on the north sides of land, the people avoided spreading viruses carried by the winds. Generally, they treated human waste very carefully. Women usually relieved themselves on the southeast side of their *ger* (traditional Mongolian dwelling) while men relieve on the southwest side. They use euphemisms instead of direct expressions to relieve themselves. For example, men say, “to watch their horse”, but women say, “to watch a mare or cow”. In addition, ash and other dry wastes were thrown to the west side. Before moving to other places; wastes had to be buried; any holes of stakes were filled with soil; and the surrounding areas were cleared up.

Furthermore, our ancestors developed many traditions to form healthy lifestyles by preventing infections. Traditional Mongolian dress was created for four seasons and suited their daily activities well, such as riding horses, dealing with horses and livestock, and hunting. A Japanese writer Shiba Reotaro (1997) wrote that

every year the savages (Hunnu) attacked southern settlements in the territory of Jao state from autumn until spring. Jao was beaten in every battle. Finally, U li Van found out the reason why they always had been defeated and they concluded that if they wanted to fight against the Hunnu, they must reassemble their army's policies and battle clothes. U li Van suggested ‘Hu fu chi shi’, which means let's dress and fight like the Hunnu. Civilized Chinese men's clothes had long sleeves and a skirt, and the nobility wore heavy baggy clothes. On the contrary, the Hunnu wore more practical clothes such as leg length pants, knee boots and jackets with long narrow sleeves. These practical clothes became the basis for future European clothes.

A short *deel* (clothing), loose pants and boots worn by Mongolian soldiers were one factor in defeating Jao soldiers who wore clothes with long sleeves and skirts. The Mongolian *deel* has many important uses. It can be used as a blanket when someone needs to sleep outside, it can be used as a shield when they relieve themselves, and it can protect the upper and lower parts of the body from heat and cold equally. Mongolian boots have a turned-up nose to prevent the nose from digging into the ground and soil.



Main hall exhibiting traditional herbs and minerals among other elements of traditional knowledge

All Mongolians had their own special cups. When they visited families, men sat on the right side and women sat on the left side in accordance with their age. Hostesses took their cups from them and filled them with tea. The cups were carried in small bags. In the beginning, wooden and gradually copper, silver and golden cups were used. Having their own cups helped prevent infections.

Another thing is the Mongolians carried their own handkerchiefs and they never exchanged them. Italian tourist Giovanni Del Plano Carpini¹ noted that wealthier ones carried woollen cloth, and after eating they wiped their mouth and hands with the cloth.

Belts have special significance in Mongolia. Belt, belly or back bands were important for health, especially to protect people's backs from cold winds. The belt was thought to keep a man's spirit, so the belt was always treated with respect. In early times, both men and women wore belts. However, when the distinction between men's and women's work later appeared, women eventually stopped wearing them after marriage. During the wedding ceremony, the groom cut his bride's under-belt. Thus, women got the name *busgui*, (literally, "without belt") after their wedding.

Mongolians had unique child-rearing traditions, especially in relation to infants. The adults made nappies by latticing wood pieces or using sheep fur. From the 13th century, nappies were made of metal and Mongolians also used nappies made of animal wool and ash. The woollen nappy was placed in the crotch to absorb the liquid, keeping the infant's skin dry, and ash nappies were placed under the infant's bottom.

A piece of a tail of a sheep has been given to infants to suckle to make them healthier. Sheep's tail has been identified to include unsaturated fatty acids. It is amazing that early Mongolians discovered the benefits of this and put it into practice.

When boys turned three, the parents tied the boys to a saddle on a horse and led them on a gallop. After the boys reached four or five, their parents prepared a small bow and arrow and gave them introductory tips on how to hunt. Mongolian children grew up strong, lively and skilful. Mongolians also paid special attention to their children's diet. For instance, children were not allowed to eat bone marrow to prevent early sexual development. Also, they were not allowed to drink tea with certain ingredients until marriage to avoid increasing body heat, which could hurt the liver and bladder. Instead, they drank boiled water with milk.

There were many taboos concerning health and hygiene among Mongolians. It was forbidden to visit the mother and the baby within a month after the birth. If a boy was born, a sign was hung on the right. On the contrary, if a girl was born, a sign was hung on the left.

Mongolians have been producing dairy products since they domesticated animals. Over 2,000 years ago the Hunnu fermented horse milk and started to make curds. Because milk products were considered a healthy food, and a basis for a long healthy life, milk products have been a main part of the diet. Mongolians have gained much knowledge in preparing and using milk products. For instance, raw milk is rarely drunk. Instead they drink boiled milk or milk tea. A wide range of products such as *tarag* (like yogurt), curds, and cheese can be made from milk.

People in the olden days used to live longer as they followed correct lifestyle in comparison with modern people who crave sweets, ignore good advice, and refuse to follow a healthy life plan.

People, who understand the need for a right lifestyle, do not excessively consume meat and fat. They restrict desires and emotions and



Collection of dried berries and minerals used in making traditional medicine

keep a good physique thus saving strength. They tolerate sadness and depression, ignore unnecessary desires, avoid inappropriate appetites and concentrate on solidifying internal strengths, thus keeping their composure.

People who take care of themselves usually do not eat until hungry. They do not eat when they're full. They drink when they are thirsty. They usually do not eat and drink in large quantities. Overfeeding damages the lungs but hunger hurts your strength.

- Do not lie down when you're full. It causes various diseases.
- Do not be exposed to wind or coldness after having hot food and drink when you are sweating. This is to prevent headaches, exhaustion etc.
- Do not eat too much late in the afternoon. Avoid sleeping in areas where it is cold and possibly there is a draught.
- Do not relieve yourself in a north-westerly direction.
- Go to the toilet at regular intervals.
- Do not relieve yourself in the direction of the sun, moon, stars, temples, monasteries or springs.
- Do not hum or make loud noises during the night.
- Do not eat 12 parts of meat relating to birthday organs on you or your parents' birthday.
- Sit straight and try to concentrate.
- Do not stand for long hours. It will harm your bones.
- Do not sit for long hours. It will damage your blood.
- Do not walk for long hours. It will damage your sinews.
- Do not lie for long hours. It will kill your strength.
- Do not wash your head after eating.
- Restrict love affairs if your eyes are hurt. Otherwise this could lead to *albugo*.
- Do not be exposed to coldness or any wind after washing your body as the skin pores are open.
- Do not go in and out during strong winds, heavy rain, cold or hot temperatures.
- Do not blow out candles. It will weaken your strength.
- Do not stare or glance straight at the sun when it is bright as it will hurt the eyes.
- Do not attempt to see long distances with great intensity as this will affect eye strength.
- Do not sit or lie on the wet ground.
- Do not sleep in candle light.
- Close your door and burn incense when lightning strikes during heavy rain. The gods may pass by.
- Do not spit in your immediate environment.
- Do not have tea on an empty stomach.
- Do not eat rice soup after the hour of the monkey.
- Our ancestors taught us to boil down glass noodles, meat and to have less vodka.
- People in olden times took times of themselves all throughout their life while people in the modern era neglect their own personal welfare until their bodies start to complain.
- If you press your eyes with your palm after rubbing them before sleeping, it will prevent eye diseases.
- If you massage gently your face with your palm after rubbing them before sleep, it will prevent the appearance of 'chancre'.



Collection of dried berries and minerals used in making traditional medicine

- If you massage your face gently with your palms after blowing and rubbing them, it will prevent the onset of wrinkles and make your complexion bright.
- If you wash your eyes with hot water in the morning, you will not suffer from any eye diseases.
- If you comb your hair a hundred times before sleeping, you will not suffer from any migraines or pounding headaches.
- If you place your foot in warm water, it will prevent damage from the climate.
- Do not wash your head with cold water during the hot summer. Otherwise it will hurt your eyes.
- Do not wash with autumn rain water. Otherwise your skin gets dry and scurf may occur.
- If you maintain your composure and keep calm you will not lose your strength.
- Be conscious of your emotions and remain in control of them.

THE MUSEUM OF MONGOLIAN TRADITIONAL MEDICINE

The Museum of Mongolian Traditional Medicine was established in Dharma Light Centre, to the right of the Bogd Khaan Palace Museum. The museum has over 3,000 collections in its three exhibit halls. Tserensodnom Dalantai, PhD established the museum in 2005.

Hall A. The first hall is a small library of over 900 traditional medicine books and sutras as well as portraits and biographies of famous Mongolian physicians and herbalists.

Hall B. The exhibition hall of traditional medicine has hundreds of medicines made from herbs, animals and minerals.

Hall C. Ger-museum named by Sereenen otochi (Bogd Khaan's physician).

RÉSUMÉ

La médecine mongole traditionnelle est vieille de plus de 2500 ans et constitue l'un des patrimoines les plus précieux de ce peuple. La Mongolie, lieu de naissance d'anciennes civilisations, fut à ce titre l'une des premières terres où la médecine s'est développée. Nos ancêtres ont découvert comment traiter les maladies en s'inspirant de leur style de vie particulier et ont su transmettre ces connaissances au monde.

Comme les nomades d'autres contrées, les nomades mongols ont une connaissance affinée et une expérience quotidienne dans l'élevage des animaux domestiques et la domestication des animaux sauvages. Ils maîtrisent les spécificités biologiques de la croissance, du développement, de la morbidité et de la mortalité, et les nombreux impacts de l'environnement sur les animaux.

Le mode de vie nomade, le contact quotidien avec l'environnement naturel et les interactions constantes avec les espèces animales domestiquées ont joué un rôle crucial dans le processus de développement et de perfectionnement du système de connaissances médicales chez les nomades mongols.

On a considéré que le système social de santé fut initialement développé dans les sociétés sédentaires, mais les Mongols ont créé des mesures de santé préventive adaptées à leur mode de vie nomade, qui sont devenues des routines quotidiennes et des traditions au cours des années.

NOTES

- 1 Giovanni da Pian del Carpine (1180-1252) was one of the first Europeans to enter the court of the Great Khan of the Mongolian Empire. He is the author of the earliest important Western account of northern and central Asia, Russia, and other regions of the Tatar dominion.

Chapter 17

Indigenous Medicines of India

V. Jayarajan

Folkland

The use of medicinal plants for healing diseases has been known to man ever since he was affected by diseases. When illnesses became frequent, ancient man started searching for drugs from the natural environment where he lived. Bark from trees, seeds, leaves, fruits and roots were all utilized for treating illnesses. We continue to use these remedies today, maybe in a more refined form (Petrovska, 2012). This knowledge from the past was transferred mainly through trial and error, and through the exchange of knowledge and experiences among diverse communities and regions mainly by means of oral communication. This exchange of knowledge continues even today, but with an incorporation of modern biomedicine into the traditional practices. This has led to Ayurveda,¹ Unani² and Siddha³ emerging as integral parts of modern medicine, or through complementing the modern biomedicine in India.

As identified by Kate Kelly in *The History of Medicine—Early Civilization Prehistoric Times to 500 CE* (2009), though India was rich in its knowledge and experience regarding the use of medicinal plants in healing, their knowledge remained unknown or rather ignored by the outside world due to many interferences including the way in which India developed then as a country, wars, and language barriers as it was hard for the rest of the world to decipher Sanskrit⁴ and so on. (Kelly, 2009)

Various studies conducted on traditional medicines suggest that medical practices such as dentistry and trepanations can date back to 7000 BCE in the Indian subcontinent (Sen & Chakraborty, 2016). There is evidence of how people of the Indus civilization placed emphasis on hygiene, drainage system and proper water management, thereby focusing on one's own health. Since exchange joints were created between Indian subcontinent and the west amid the Indus valley development, learning of prescriptions and different restorative wares were additionally among the things traded. Studies have found that many medicinal plants in use today have been used since the second millennium BCE, and are still used by Ayurvedic physicians and folk healers.

It is believed that the Vedic⁵ hymns of the migrant Aryan⁶ tribes are the earliest literary source of information available on the healing practices in the sub-continent during the Vedic period (c. 1500–c. 500 BCE). These hymns throw light on the diseases that were prevalent in the subcontinent during the Vedic period and their apparent causes. Most ailments, both physical and mental, were attributed to nasty spirits and being possessed by those spirits. Treatment included rituals, mantras, black magic, medicines and surgical intervention. Studies show that indigenous non- Aryan healing practices had greatly influenced the Aryan healers of the Vedic period.

During the post Vedic period, diverse cultures were interacting in small kingdoms, and the impact of this led to growing awareness of the influence of lifestyle on health and well-being. During the same time, Buddhism, Jainism and other new ascetic and philosophical movements emerged in the east. Many of these movements promoted experimentation in the field of medicine. Early Buddhist and Jain texts describe the use of medicines, surgical procedures, trepanation, purges and emetics, and various other practices. These texts also stressed the importance of inculcating humanistic values in one's life which could help in maintaining harmony and a healthy life style. Healing practices were integral to the Buddhist monastic tradition, and Buddha was regarded as "Healing Guru" (Healing teacher). Buddhist monks travelled to the west and different parts of Asia, spreading the Indian medical knowledge to those regions. A lot of Buddhist monks travelled to Sri Lanka during the reign

of Asoka the Great (304–232 BCE), thereby disseminating Indian medical knowledge in Sri Lanka.

Meanwhile the spirit of scientific enquiry and rational thinking which emerged as an influence of renaissance led to the questioning of old belief systems, and it was this cultural environment in the lower Himalayan regions that led to the emergence of Ayurveda as a scientific healing practice. Ayurveda greatly incorporated knowledge from tribal healers, learned physicians, and ascetic and yogic traditions such as Buddhism and Jainism.

The basic concepts and methods of Ayurvedic healing practices were elaborated and refined over the centuries, and knowledge from each source was put together during the early centuries of the current era in dissertations and verses composed in Sanskrit. *Caraka Samhita*,⁷ *Sushruta Samhita*,⁸ *Ashtangahridayam*,⁹ and *Ashtangasangraha*, are some of the earliest available works. These works are the main guidelines for the Ayurvedic practitioners, as they describe therapeutic methods in a systematic manner. Some other works specializing in various branches of Ayurveda were also written during this time.

As trade links and exchange of medical knowledge advanced among the Indian subcontinent, West Asia and the Indian Ocean world, physicians from Persia and neighbouring regions brought their healing practices to India and influenced local healers and Ayurvedic practitioners. Soon Ayurvedic books were translated into Persian, Arabic, Tibetan and Chinese.

Unani, Rasashastra, Siddha, and Sa-Rigpa¹⁰ are some other formal healing techniques that have been practiced in the subcontinent. Unani, which is quite popular in India and Pakistan today, is an Arab medical

Kerala, India; indigenous medical practitioner treating a rheumatic patient





Preparing indigenous medicine

tradition that has its origin in the Greek Ionian medicine. Rasashastra is a healing method that uses medicines made of metals, especially mercury and gold, after purifying them using complex procedures and techniques. It believes that Rasa formulations when combined with yogic and tantric practices give extraordinary powers, such as arresting the process of ageing. The Siddha tradition is a healing method prevalent in South India, especially in the Tamil speaking region and continues to be popular there. It combines elements of Ayurveda, Rasashastra, Yoga and Tantra and uses metals prepared through complex procedures along with medicinal plants. The Siddha system had its origin from the influence of Chinese and Arab medicine. The Sa-Rigpa tradition practiced in Tibet and Himalayan regions is a combination of Ayurveda, derived from Vagbhata's *Ashtanghrdayam*, and folk practices along with a strong influence of Tibetan Buddhism.

The golden era of Indian traditional healing practices began to decline during the colonial era. However, during the pre-colonial period early Portuguese and Dutch settlers relied on the traditional medical systems they found in India for their healthcare needs. There were very few physicians amongst the early European settlers, and they did not have the medicines or the knowledge needed to prevent or treat diseases. During their reign in India from 1505, the Portuguese and Dutch governments decided to study and use Indian traditional medical knowledge. Several books on Indian medicine written during this period introduced Indian

medical knowledge to European medical schools, and botanical medical knowledge of India was greatly influential across the globe.

When the British East India Company was established in India in 1600, the Indian medical knowledge and local physicians were important resources for the British. The expertise of the local physicians was a great help to the newly arrived British doctors, struggling to deal with diseases unfamiliar and new to them. Later, as the British East India Company expanded, more and more British physicians came to India and started to work in different roles such as botanists, foresters, zoologists, geologists. Soon European medicine emerged as the dominant medical system and the British government gave secondary status to India's indigenous healing practices. Later, when the Indian medical services started admitting Indian nationals, many Indian students from the upper classes, Christians and Muslims became familiar with the European medicines and soon English medicines became the official health care system.

Even though western medicines were highly popular and dominant over Ayurveda and other traditional healing practices, a few Ayurvedic colleges offering diplomas were opened across the country, whereby students were able to study classical texts in Sanskrit, and this education system integrated Ayurveda and western concepts of medicines. Pharmaceutical companies also began to manufacture Ayurvedic and other forms of traditional medicines on a large scale. However, it was only after Indian independence that Ayurveda entered the mainstream medical system. This was the result of the efforts made by the Indian government of to recognize Ayurveda, Unani and Siddha as equally important as the allopathic medicines

In 1970, the Indian government passed the Indian Medical Central Council Act to standardize Ayurvedic teaching institutions, their curriculum and their diplomas. More recently, the government created the Department of AYUSH (Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy) to support research and development of traditional medicine, and to set standards and regulate the activities related to practice. Today, national and global acknowledgment of Ayurvedic healing has broadened up the plan of Ayurvedic tourism. The anxiety torn populace of the current world is turning towards naturopathic mending, for example, that of Ayurveda for mitigating, help and comfort, and there are huge number of therapeutic focuses including Ayurvedic Spas across India taking into account various types of issues extending from hair tumble to more severe ones including tumours and heart issues. The southernmost Indian state, Kerala possesses an unbroken tradition of Ayurveda. The legendary eight families of *vaidyas* (Ashtavaidyas) and their successors treated the entire state for centuries. Unlike the other states, the status of Ayurveda in Kerala is not alternative but mainstream. There are many luxury spas and Ayurvedic resorts across the country today, and a huge number of tourists flock to India for Ayurvedic treatments.

FOLK MEDICINE

Indian folk medicinal stream is rich and diverse. It may not be popular, organized and codified like Allopathy or Ayurveda, but is distilled knowledge from the experiences of local healers and is prevalent in tribal and rural areas of India. Another major aspect of folk medicine is that

the methods of treatments and information regarding the medicinal value of plants are transferred orally from generation to generation. This folk tradition is mainly based on plants, and these are inexpensive indigenous remedies mainly popular among the tribes of India who live by the forests, valleys and mountains. A recent survey conducted in Kerala shows that out of the 4,600 flowering plants in Kerala that were studied, about 900 were deemed to possess medicinal value. The rural folk and tribal communities make use of about 2,000 species of lesser-known wild plants for various medical uses, and almost 80% of plants used in Sidha medicine are found in the forests of Kerala (Kerala State Council for Science, 2016). *Adivasis*¹¹ or tribes form 1.10% of Kerala's population. The major tribal communities, like Paniyan, kattunaykkar, kurichyar, Mala Aryan, have their own systems of treatment using herbs and plants in addition to other healing practices like sacrifices and prayers, for example. Their treatment methods and medicines are usually kept among themselves and they hesitate to disclose them to people outside their community. The reason behind this may include that the healers believe that they may not get the desired results if the treatment details are disclosed. They use treatment methods that are unfamiliar and seem very odd to the people outside their communities. For instance, leaves and flowering twigs of Kattukarpuram (Asteraceae) are burnt and the smoke from them is considered ideal for the treatment of asthma. Similarly, *neem* leaves (*Meliaceae*) are used for treating chicken pox. (*Tribal Medicines of Kerala*, 1998)

A study carried out by Dr. Rajendran at the Kolli Hills¹² and Tanjore district of Tamil Nadu observed that folk medical treatment available for children in those areas belong to three different categories—namely, medicines for consumption or for external application, physiotherapy and folk medicinal belief. This study has quoted several interesting folk medicines and practices popular in the rural areas of Tamil Nadu, especially at Kolli Hills and Tanjore district. Consumption of medicine begins even before the child is born. In the states of Kerala and Tamil Nadu, the expecting mother is made to consume saffron stamens mixed in milk. This practice is usually conducted as a ceremony and it is believed that child to be born will be of fair complexion if the mother does this. Yet another interesting practice in Tanjore district is that the new born child is made to sip boiled water that has few drops of donkey's blood in it. The rationale behind this practice is that child's immunity will be strengthened by doing so and the child will be audible and talk with clarity when it begins talking. Another unique practice observed in the study at Kolli Hills is that the mother of the newly born child ties a piece of *vasambu acoruscalamus* in her *thaali* when she believes that the child cries because of stomach pain. She takes a bit of *acoruscalamus* and chews well in her mouth and then spits the saliva alone into the mouth of the child. Such medicinal treatment is called *ThaaliKodiMarunthu* (Thaali Thread Medicine). *Thaali* is a sacred thread that a Hindu or Indian groom ties around the bride's neck during their marriage ceremony and identifies her as a married woman. *Thaali* is



considered holy, and it signifies the relationship with a lady's husband. Sometimes the ashes of the burnt *acorus calamus* mixed with hot water are given to children, and this is also a widely used practice. Folk medicines mostly consist of a lot of herbs in their treatment. When it comes to the children, they mostly avoid direct use of herbs, instead they use other goods available at home. Sometimes they burn the herbs and use the ash. Other odd practices of Kolli Hills region observed in this study include the use of a porcupine's intestine that has been taken out and dried completely. If a child below the age of six months suffers from diarrhoea, the dried intestine of porcupine is burnt in fire and then mixed in hot water. A few drops of the filtered water are then given to the child. If the child is above two years and suffers from fever, then the porcupine intestine along with cumin seeds and salt is ground, filtered and then administered. They believe that this will heal the ailment. If a child does not eat well and looks thin, then the white worms found in cow dung in a pit are cooked in *ghee* and then the *ghee* is filtered and administered to the children. By this the hunger of the child is stimulated, and the child gains weight. In order to arrest the diarrhoea, peacock's feather burnt and mixed with honey are also given. In some places, the paste of deer's horn mixed with honey is given in order to cure diarrhoea. The undigested food taken from the intestine of mountain monkey is taken and filtered with a cloth and that juice is given as the treatment for scabies among children. The whooping cough among children is treated with the burnt ashes of wild bats. At the same time, the bats found in houses are smeared with particular oil and are burnt. Then the burnt bats are ground and mixed with milk. This is given as a medicine for the whooping cough. A mother chews basil seeds well and spits the saliva into the mouth of a child that is below one year of age and suffers from stomach pain. Crabs found in paddy fields are caught live and battered well. The juice is taken and administered three times a day in order to get rid of the mucus problem. When a child is puny and looks different and pale then it is called as *savappu nooi*, pale disease. For children who suffer from such disease, the raw juice of crabs found in paddy fields is given twice a day for three days which in turn would cure the disease. For male children, female crab juice is given, and for female children, male crab juice is given.

The north-eastern states of India—Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura have over 220 ethnic groups. These states are predominantly inhabited by tribal people with a degree of diversity even within the tribal groups. The north-eastern population results from ancient and continuous flows of migrations from Tibet, Indo Gangetic India, present Bangladesh and Myanmar. They are home for primitive societies like Abor, Garo, Daffa, Khasi, Kuki, Mishi, Rabha, Naga, and Apatani. These ethnic groups are experts in traditional healing. Each of these groups has its own field of expertise and the techniques and medicines used in treatment which differs from one group to the other. A study conducted by Ramshankar et al. (2015) identified traditional healers in the north-east based on their expertise. They are herbalists common to all the north-eastern states and extensive knowledge but do not possess occult powers. They



diagnose and provide treatments for everyday ailments and are believed to be protectors from evils and misfortune. Diviners are observed in the remote villages of Assam and Arunachal Pradesh. Diviners are the most important mediators between humans and the supernatural. Unlike herbalists, no one can become a diviner by personal choice. They concentrate on diagnosing the unexplainable. (Ramashankar, Deb, & Sharma, 2015)

Another case study by Ray Tapan (2014) on Folk medicines and its contributions to primary health care in West Bengal identified specialized fields of traditional practice in India. Though healers are known by different names, these findings show a remarkable similarity between the healing traditions of the north-east and the rest of the country. He identified Kobiraj or Bidya (herbalists-who have extensive knowledge regarding plants and its medicinal values), Gunin or Munshi (Diagnosis specialist who is involved in communication with spirits, the supernatural and the physical entities that assist in the diagnosis), and Ojha (Healers who have a deep connection with healing culture. They are known as the 'god gifted' individuals of our folk society who may heal snake bites as well as common disease in a different ways, for instance through touch and stroke. Peer (Spiritualists. This sort of training mostly concentrates on the profound strength of a person. For the most part Spiritualist applies various types of considerate spirits that have good ends. They take care of different medical issues with the assistance of extraordinary compel. They have a place with Muslim people group, Shaman (witch doctor, shamanistic drug is an otherworldly type of prescription where a man's ailment is accepted to be caused by the possession of spirit. They use hallowed tunes or mantras to cure the sicknesses.

In Kerala, two main communities—Vannan¹³ and Pulluvan¹⁴—treat the children for their illnesses. It is a traditional healing system that is transferred orally from one generation to the next. At least one healer existed in almost all families of those communities. A famous healer by name Kotakkatt Kannan Peruvannan lived in a village called Kotakkatt in Kasargod district of Kerala. He was considered as a god for children, as he rescued thousands of children from their deadly ailments. Even the children of allopathic doctors were treated by Kannan Peruvannan. These systems are sometimes named after their respective communities, such as Vannanvaidyam,¹⁵ Pulluvanvaidyam,¹⁶ for example. The ethnic medical system is interlinked with magic and worships. Unfortunately, the number of traditional or ethnic healers from the Vannan and Pulluvan communities of Kerala are decreasing alarmingly, although there are few who have secured medical degrees in indigenous medicines.

CONCLUSION

It is clear that folk medicines play an important role in curing diseases in India. Folk medicines build a close relationship with tribal, rural and semi-rural population. Sometimes medicine alone may not work in this system, but it works with magic, rituals and also with certain regimens. Lack of herbs due to deforestation, shortage of herbalists for identifying the appropriate herbs, patient's reluctance to follow strict dietary norms, breaking traditional links of therapists etc. are leading the extinction of this age old system.

RÉSUMÉ

L'histoire du système médical indigène en Inde est très ancienne ; en effet, les études montrent que la dentisterie et les trépanations ont été observées dès 7000 av. J.-C. Les connaissances médicales du passé ont été transmises en grande partie à travers l'expérimentation. La connaissance des traitements autochtones a été transmise oralement au sein de la famille et aussi parmi les membres des communautés. L'échange de connaissances traditionnelles se poursuit encore aujourd'hui. L'intégration de la médecine moderne a conduit à différents systèmes tels que l'Ayurveda, l'Unani et le Siddha qui ont été créés comme système médical intégral complétant le système traditionnel de médecine. La plupart des affections, tant physiques que mentales, étaient attribuées aux esprits néfastes et au fait d'être possédé par ces esprits. Les affections sont traitées grâce à la prière, aux rituels, aux mantras (hymnes), à la magie noire, aux médicaments et aux interventions chirurgicales. La médecine traditionnelle s'est développée à partir de textes et de traités védic / classiques comme Rigveda, Yajurveda, Samaveda et Atharvaveda (Quatre Vedas), Carakasamhita (texte sur la médecine indienne ancienne), Susruthasamita (texte sur la chirurgie indienne ancienne), Ashtangahridaya (texte sur la médecine et la chirurgie indiennes anciennes), Kashyapasamhita (texte sur la gynécologie indienne et la santé des enfants), et d'autres textes régionaux écrits sur des manuscrits en feuilles de palmier et des papiers. Le système médical populaire s'est développé grâce à des guérisseurs formés traditionnellement et expérimentés. L'Inde est privilégiée grâce à ce système médical ethnique issu d'une riche tradition.

NOTES

- 1 The traditional Hindu system of medicine (incorporated in Atharva Veda, the last of the four Vedas), which is based on the idea of balance in bodily systems and uses diet, herbal treatment, and yogic breathing.
- 2 The term for Perso-Arabic traditional medicine as practiced in Mughal, India, and in Muslim cultures in South Asia and modern day Central Asia.
- 3 System of traditional medicine originating in ancient Tamilakam in South India.
- 4 The primary sacred language of Hinduism; a philosophical language of Hinduism, Buddhism, and Jainism.
- 5 Vedas are large body of knowledge texts originating in the ancient Indian subcontinent.
- 6 The Aryan race refers to a racial grouping term used in the period from the late nineteenth century to the mid-twentieth century to describe Indo-Europeans.
- 7 Sanskrit text on Ayurveda (Indian traditional medicine).
- 8 Ancient Sanskrit text on medicine and surgery.
- 9 A compendium of the Ayurvedic system composed by Vagbhata.
- 10 Sowa-Rigpa medicine, is a centuries-old traditional medical system that employs a complex approach to diagnosis, incorporating techniques such as pulse analysis and urinalysis, and uses behavior and dietary modification, medicines composed of natural

materials (e.g., herbs and minerals) and physical therapies (e.g. Tibetan acupuncture, moxabustion, etc.) to treat illness.

- 11 The tribal groups' population of South Asia. Adivasimake up 8.6% of India's population
- 12 Kolli Malai or Kolli Hills is a small mountain range near Namakkal, Tamil Nadu
- 13 Ritual dancers
- 14 Snake-worshiping community
- 15 Therapy of the Vannan community
- 16 Therapy of the Pullivan community

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LIVING HERITAGE SERIES

Since its founding in 1945, UNESCO has been increasingly championing the importance of culture as an investment in the world's future and a precondition for the successful implementation of cultural diversity and the development of a global society.

Development in this sense, however, isn't equated to economic growth, but rather to a means to achieve an equitable intellectual, emotional, and spiritual existence among the global community.

At the same time, societies around the world have been facing challenges in promoting the values of cultural pluralism. As such, UNESCO has been an advocate for promoting culture and intangible cultural heritage in particular since the 1980s with the Decade for Cultural Development and later with the Living Human Treasures program. These promotions and programs culminated with the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage and the 2005 Convention on the Protection and Promotion of the Diversity of Cultural Expressions. Both of these instruments and others recognize the importance of sharing and promoting indigenous knowledge to enhance understanding.

In 2017, ICHCAP, as a UNESCO category 2 center in the cultural heritage field, started the *Living Heritage Series* to promote traditional knowledge and cultural diversity. In this, the first book in the series, ICHCAP teamed up with #HeritageAlive to share information about traditional medicine practices from cultures around the world in the hopes that this knowledge can be sustained by communities and the broader international society.