

## **A REPORT**

### **(Local Health Culture and Traditions in the Context of Primary Health Care)**

A 7 day meeting to discuss ways for strengthening local health traditions related to primary health care was held from 24 – 30<sup>th</sup> Nov. 1985 at Academy of Development Science, Kashele Village, Karjat Taluka in Maharashtra. 92 persons, representing 30 rural organizations interested and active in the community health field from eight states (Viz., Kerala, Tamilnadu, Andhra, Karnataka, Uttar Pradesh, Bihar, Madhya Pradesh and Maharashtra) attended the meeting. The common experience which brought all these groups together was their observation of the wide spread existence of health traditions, in village communities, all over India. These are primarily based on the use of local flora, fauna and minerals and self – reliant with autonomous character rooted in the community's social traditions of knowledge and supported within the community.

Most of the groups previously carried the prejudiced impression that local health cultures were based on blind belief or purely empirical experience because this is the false propaganda that western science had spread about indigenous knowledge. In fact, to date not a single serious evaluation exists of the strengths and weaknesses of any local health culture in any part of India, despite the fact that millions of Indian still subscribe to traditional health practices. There is evidence to establish that Ayurvedic is the scientific mainstream behind all the local folk and tribal health traditions in India. There appears to be a symbiotic relationship between the two. The main stream drawing strength from the particular 'experiences' of numerous local streams and the local streams in turn being enriched through inter-action with the mainstream. Some criticism were expressed about the way the institutionalized Ayurvedic establishment functions today and also in the recent past when it had alienated itself from the folk traditions. It was felt that very genuine and socially sensitive Ayurvedic scientists would be needed to contribute to the challenging task of strengthening local health cultures.

The meeting observed that a sort of cultural genocide (which began about 200 years ago) on the local health culture of thousands of village communities is yet taking place in independent India. This is inspired by the western ethno – centric outlook of the Indian scientific establishment. Ironically it was noted that although local health traditions are in fact more comprehensive in scope and cover all and more than the usual elements that are expected from 'primary health care' programmes of the Government, these local traditions are being totally ignored and suppressed. It was observed that when one talks about the scientific temper in India, usually an essentially European 'main-stream' cultural tradition on the Indian people, (Europe also had non-main scientific traditions). There is in fact also an indigenous scientific temper that still persists amongst millions of our rural folks and even amongst the tribals. This indigenous scientific temper is indeed very different in content from the European one and it is only a cultural arrogance and intolerance that may make us blind to its value. It is this intolerance of the Bharatiya scientific traditions that is responsible for the cultural genocide that is still taking place today. Apart from the onslaught on people's traditions of health care, similar violence is also

being committed in other popular scientific areas like traditional agriculture and the veterinary sciences.

Although local traditions are comprehensive in their scope – they undoubtedly reveal several weaknesses when subjected to critical evaluation by the science of Ayurveda for example, some are sound, some others are incomplete and some appear totally distorted in the diagnostic and remedial aspects. Some reasons which may explain the present state are (a) the local traditions are oral and in the natural course of things oral traditions the world over have been sound to decay over time. They need to be revitalized from time to time in order to regain vigour. (b) the division, neglect and oppression they have suffered due to the intolerance of the western scientific traditions and (c) the break of active links during the last few centuries with the mainstream – the science of Ayurveda resulting in mutual losses both to the mainstream and to the local streams. These weaknesses however do not detract from the comprehensiveness of the local traditions, nor reduce their potential if strengthened for making the community self – reliant in its primary health care needs.

The 7 day workshop began with the documentation of the local flora, followed by discussion on the properties of plants using Dravya – Guna Shastra which has similarity with local traditions, preparation of medicines and explanation of the basic techniques, understanding some of the strengths and weaknesses of the local traditions of mother and child health, home remedies and the treatment of common ailments and first aid, and Ayurvedic approach to food and nutrition which again has similarity with local traditions. The concluding day had a discussion around the historical analysis of the colonization of the Indian mind by the main – stream west – a process that began two centuries ago and strengthening further as India prepares to ‘catch up with the west’ in the 21<sup>st</sup> century. A view was put forward that perhaps it was at a historical moment of weakness that the Indian civilization accepted the cultural and intellectual traditions of their colonizers and this acceptance was not based on any critical process of evaluation of the western traditions.

### **Joint Resolutions taken by Participating Organisations**

1. It was unanimously resolved to form an informal network for strengthening local health cultures. This network by name ‘Lok Swasthya Parampara Samvardhan Samiti’ came into existence on November 30<sup>th</sup>, 1985. It seeks to help organize meetings of local health practitioners, to involve Ayurvedic physicians for strengthening local health cultures, to help field groups in the study of local health traditions and to strengthen it, to keep the network open for groups involved in similar work and to circulate useful information’s and reports with the network. The postal address of the Secretariat is :

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2. It was also resolved to communicate to various authorities and raise awareness locally regarding the danger to local health traditions, due to the commercialization and export of medicinal plants. It was resolved to try and work towards a ban of such exports. Concomitantly it was suggested that social forestry policies should be so influenced to add the group of medicinal plants in their programmes. Similarly movements against deforestation should also be made aware of the danger to local health resource base that is posed due to deforestation.