



Photo: FRLHT

Participatory rapid assessment of local health traditions

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In a great majority of the rural communities of India illness is treated with home remedies and specialised folk healers. FRLHT, the Foundation for the Revitalisation of Local Health Traditions, has initiated a project to document and assess these health practices in four states in Southern India. The selected practices are promoted to improve primary health care. Presently the FRLHT-Compas programme is preparing an action plan to promote selected medicinal plants in one million kitchen home gardens.

Local health traditions are practices, beliefs and customs related to health, that are specific to each locality and community. Diverse and informal health care systems are passed on from generation to generation by word of mouth. These time-tested local health traditions are an integral part of community life and focus on prevention and cures for humans and animals. Knowledge of specific plants and health-related customs are living expressions of these traditions. Thousands of specialised folk healers are versed in diagnostic methods, such as pulse diagnosis, the examination of urine, specific methods for treating poisoning, and *varma kalai*, a diagnosis and treatment using vital points in the body.

In India local health traditions can be found throughout the country and parallel to other Indian systems of medicine, such as Ayurveda, Siddha and Unani. Western biomedicine dominates the public health system. Local health traditions depend on the natural resources of the area and make use of a surprisingly wide array of species. Some 8000 plant species and 200 animal and mineral sources are used in

treating health problems in India's 4,639 ethnic communities.

Threats to local health systems

The increase in demand for new medicines based on natural products has boosted the interest of pharmaceutical companies to research and patent the natural resources used by local communities. An example of this bio-piracy is the recently developed and patented drug for hepatitis from the plant *Phyllanthus amarus*. This is based on the knowledge of the Kaani tribes in Kerala. There are many other potential candidates awaiting patents.

The present public health care system in India is based on Western capital-intensive and technology-centered medicine, which depends heavily on external resources. It has been estimated that one-third of the population is covered by this system. In rural areas the coverage is much lower, sometimes as low as 3%. While the local health traditions are viewed as a treasure house for bio-prospecting, the present attitude at the political level and among the general public is discouraging. Moreover there is a

lack of self-confidence amongst the users and practitioners of these practices. All these factors contribute to its erosion at an alarming pace. This in spite of their efficacy in preventing and curing common ailments, and the possibilities they offer for encouraging self-reliance in the primary health care.

The documentation process

In this situation there is a need for a movement that incorporates effective traditional health practices, based on local resources and local knowledge, into the existing public health care system. Identifying effective practices through elaborate pharmacological and clinical trials is a time consuming task. To validate a single practice may involve several years of laboratory research and huge capital investments. FRLHT has started to validate health practices in an alternative way, by developing a methodology for documentation and participatory assessment, which does not involve detailed laboratory and clinical studies.



Participatory rural appraisal was used to prioritise the prevailing health conditions

Selection of field collaborators

To start the documentation and assessment of the local health traditions in the states of Maharashtra, Karnataka, Tamil Nadu and Kerala, a meeting of 13 local NGOs was organised. These agencies had already been involved in activities on the conservation of medicinal plants and traditional health care, and had established good relationships with the local communities. Operational details and responsibilities were agreed upon. NGO staff would be trained and community level support committees established. Local communities would be fully involved in the revitalisation activities.

Training field staff

A series of training workshops were held to orient the field staff in documenting local health traditions. A number of training modules were developed on the following subjects: the splendours of cultural diversity and cosmovisions; the documentation of local health traditions and the world view in which these practices are embedded; finding the effective health practices through participatory rural appraisal; and rapid assessment of local health traditions. Appropriate tools for documenting these practices as well as describing prevalent health conditions were discussed.

Data collection

A pilot study was carried out in four field locations prior to the actual documentation process. Questionnaires to record the knowledge, resources and socio-cultural aspects of health traditions were field-tested. In order to record different levels of knowledge and practice, five subsets of questionnaires for folk healers were designed: for veterinary practitioners, for healers treating poisonous bites, for traditional birth attendants, for traditional bonesetters and for those healers who treat more general health conditions. These questionnaires included the concepts of health and disease, disease management, the availability of natural resources for the remedies, and what people thought about traditional health practices.

The household questionnaires focused on home remedies as well as food practices and the health related aspects of the daily routine.

Data collection and processing

In total 1048 healers, around 80% of the folk healers in the area, were interviewed between 1998 and 1999. Moreover, the practices of 1800 knowledgeable households, 6-8 in each hamlet of 100-200 families, were collected and documented. In three survey areas in Tamil Nadu a total of 106 health conditions that were commonly treated at household level were documented. The resources used in the household health care practices range from between 84 and 127 items. The materials used in these remedies were from plant origin in 44% of the cases, the rest of the cases were animal and mineral in nature. Based on these data 96 health practices were selected for further analysis in the assessment workshops in the second phase of the project. The resources used in the practices selected were subjected to literature research for further evidence of their use.

Prioritising health conditions

In five selected areas the prevailing health conditions were prioritised by means of participatory rural appraisals with groups of 35 community members. This exercise had four steps: listing the health conditions prevalent in the community; establishing the criteria to prioritise the health conditions; developing a matrix with criteria and health conditions; and ranking, or scoring, the conditions based on each criterion. Twenty health conditions with the highest scores were selected for the assessment procedures.

The communities understanding of these health conditions, like causes, symptoms and stages, was also discussed and documented during the exercise. The selected health conditions were screened to see what home remedies were available to prevent or cure them, and if the health condition or remedies were repeatedly mentioned during the interviews. The accessibility of the natural resources, their affordability and the effort required to prepare the remedies were also documented.

Rapid Assessment

In the second phase of the FRLHT-Compas project the objective was to develop a Rapid Assessment of Local Health Traditions (RALHT) protocol to assess the selected home remedies for subsequent promotion

in the primary health care system. This exercise was named Rapid, as it did not involve detailed laboratory or clinical studies.

Planning Meeting

A workshop was organised to determine the methodology of the assessment process and design formats. It was decided to base the assessment on the practical experience of the local communities and the health care experts, as well as on the experiences from Ayurveda, Siddha, Unani and modern pharmacology. Five areas in Tamil Nadu were selected for assessment workshops on the basis of the quality of data and the diversity of practices identified.

Rapid Assessment workshops

The assessment workshops included community members, folk healers practitioners, practitioners of Western biomedicine and of the Indian system of medicine (Ayurveda, Siddha and Unani), field botanists, pharmacologists, researchers, facilitators, NGO staff, reporters and FRLHT staff. These community-based workshops aimed at selecting the best home remedies for their promotion in primary health care by means of a rapid assessment exercise. The references for the selected plants, animal parts or minerals collected from literature of Ayurveda, Siddha, Unani and modern pharmacology helped the participants to comment on the local health practices under view.

During the workshop groups were formed to comment on a specific health condition and its remedies. The NGO staff assisted to facilitate and report on the process. The natural resources used in the remedies were identified by the community through demonstrations and documented in a voucher specimen collection. Missing data were added and cross-checked. The discussions and individual comments were also documented. In the plenary sessions each group presented its conclusions on the remedies, and commented on efficacy. Any differences of opinion were clarified and a common un-



Community members discuss a traditional remedy with experts of other medical systems during an assessment workshop

derstanding was developed. In five workshops about 50 remedies were assessed for 20 health conditions.

Identification of remedies for promotion

Remedies with strong empirical evidence from the community and the folk healers will now be promoted, irrespective whether they receive support of other medical systems. Distorted practices are discouraged. Remedies with strong positive empirical evidence from the communities, but negative assessment from the other medical systems, will be subjected to further research among the communities. This category is called data-deficient. The remedies which are selected positively are subjected to rapid pre-clinical trials in the rural locality, with the active involvement of folk healers, community and representatives from different medical traditions.

Some learning points

This entire process has only looked at curative practices. Many important preventive traditional practices, such as breast-milk enhancing practices, or certain porridges used to prevent rheumatic complaints, are equally relevant. This will be included in future activities.

We also found that rural people's understanding of health conditions does not always coincide with the symptoms, stages and causes mentioned by the other medical systems. For instance, the community from Virudhunagar understood that leprosy was caused by the bite of a snake. This exercise gave the local community an opportunity to seek clarification on the causes and symptoms of leprosy and its transmission.

During the workshops valuable lessons were learned which lead to the improvement of the methodology of rapid assessment of local health practices. We learnt that great emphasis should be given to selecting and orienting local healers and medical experts of different backgrounds before the actual assessing exercise. Moreover their experience in health care in the area and familiarity with the local language should be considered. This maximises the interaction with the community members.

During the process of prioritising health conditions and remedies to be discussed during the assessment workshop, more detailed data should be collected. This could be done through pre-workshop exercises, in which the prioritised conditions are discussed with folk healers. This helps to ensure that both literature research and assessment workshops are carried out as effectively as possible. Moreover the number of health conditions and remedies to be assessed per day should be limited, in order to facilitate a complete and comprehensive discussion and understanding of each local health practice. We found it

difficult to manage more than six health conditions in a one-day workshop.

Two databases

Two databases are emerging from this work. The first database systematises the local health traditions of the Southern states of India, based on the documentation process mentioned above. This will be a centralised, dynamic database in English in the FRLHT office in Bangalore. Data correction of this database is taken up at present to facilitate its use by other organisations. As this is the intellectual property of the local people, the data will be returned to the respective communities in the form of People's Biodiversity Registers. This is part of an extensive programme to protect the local knowledge being pirated for commercial purposes without proper consent of the local communities or equitable benefit sharing. The second database is on reference literature with the aim to serve evidence for clinical studies based on the local health traditions. Firms and NGOs that operate in line with the Convention on Biodiversity will benefit from this database. Both databases are in the construction stage.

Mainstreaming the findings

As a third step in the methodology followed by FRLHT, ways are sought to introduce the positively assessed practices into the mainstream public health system. In January 2001 the methodology and findings of the documentation and assessment process were presented to a forum of scientists, policy makers and developmental NGOs. During this workshop, which received considerable attention from the press, an action plan and strategy for the revitalisation of community based local health traditions in one million rural and urban households in Tamil Nadu was prepared.

The Kitchen Herbal Garden (KHG) is one of the programs that FRLHT has initiated to promote the positive assessed practices. At the household level a package of selected medicinal plants for several health conditions is promoted. The programme targets rural women and the local community organisations, the *sanghas*. This process has already started. Last year 16,000 kitchen herbal gardens were established in Tamil Nadu, Karnataka and Kerala. Besides constituting a valuable aid in the household health situation, the possibility of growing some herbals for commercial purposes has been taken into account. At the local level the Women Federation has taken the responsibility for executing the project, while the NGOs play the more technical role of arranging training and growing the medicinal plants



Photo: COMPAS

In the Bio-Resource Center in Auroville, one of the participants in FRLHT's assessment programme, different medical systems are listed

in nurseries. Monitoring is carried out by both the NGOs and the Federation.

Another part of the project for the revitalisation of local health traditions is to lower the incidence of water-borne diseases in the household, by reviving the South Indian tradition of *choodo thaneer*. This practice implies boiling water with specific herbs before it is used for human consumption. Another aim of the project is to seek citizens' support for saving critically endangered species from extinction, by encouraging individuals, community centres, schools and other organisations to grow them in small numbers.

The way forward

The method of rapid assessment is a platform for cross-cultural dialogue. Additions to incompleteness, the removal of distorted practices and the encouragement of positive local health traditions are the result. These elements are essential for the growth of a culture. The same platform gives an opportunity to the community to assess their own practices and experiences in all its aspects. This methodology can now be replicated in other areas and in other fields. This pluralistic promotional strategy, which recognises and incorporates all local expertise, is an urgent need to provide health for all.



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