

Ethnomedicine to Heal the World

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In the past, traditional knowledge and shamans were academically ostracized from being credible as science became more isolated and compartmentalized. As the centuries progressed and technology unfolded, the academic paradigm was created and accepted by the establishment, and still is practiced in the 21st century. Ironically, we have come full circle. Science and traditional knowledge passed down through generations are once again merging. This promotes the institutionalized knowledge and indigenous philosophies of medicine. Both are valid. Through observation, each sees through a different knowledge base but end up with the same results.

The term *ethnomedicine* describes a subfield of medical anthropology dealing with the study of many indigenous and traditional medicines. In this field, the emphasis is more anthropology-based rather than biomedical-based. The focus is more on cultural philosophical perspectives rather than biochemical evaluation. Specifically, these new disciplines are concerned with observation of ethnic groups and their environments, and understanding this in terms of modern science.

Associated academic disciplines include varying perspectives. Anthropologists focus on classified cultural and cognitive issues. Biologists focus their research on humans and primates as biological organisms. Botanists study plants in the regional ecosystem.

Every culture has developed its own practices of treating diseases within their respective environment. Poorer countries primarily relied on wild plants for food, shelter, heat, medicine and other uses. Traditionally, these cultures were extremely knowledgeable about their local flora and other natural resources.

Currently, many of these regions are experiencing competition with other forms of land use as well as increased human population and civilized developments. These areas are of major concern. Botanists are focused on indigenous flora to specific terrains that are becoming extinct. A second concern is the westernization of these cultures and possible extinction of that cultures' traditional ways. A third concern is the historical evolution and utilization of living resources. The fourth and final concern is with capitalistic societies becoming more interested in different species of plants that promote efforts in discovering new drugs. These are just a few examples that explain the importance of understanding these indigenous cultures. The final one is the most important factor, especially with regard to funding academic research.

One must take the time to study the cultural perspectives of the particular medical philosophy in order to understand its application fully before claiming knowledge of medicinal application. This is an enormous problem in the U.S., associated with academic arrogance and ego. This interpretation perpetuates a misinformed society about indigenous medical systems and gives rise to mediocrity and protocol-based implementation.

Many different cultures have used indigenous plants for thousands of years. The first generally accepted use of plants as healing agents was depicted in the paintings discovered in the Lascaux caves in France, which have been radiocarbon-dated around 14,000 B.C. Medicinal herbs were

found with an "iceman" frozen in the Swiss Alps for more than 5,300 years, which appear to have been used to treat intestinal parasites. 1 Other evidence was associated with a body in the Shanidar Cave located in Iraq. This buried body was found with eight species of plants, still widely used around the world today. This evidence suggests that Neanderthals living 60,000 years ago used medicinal plants.

When studying many different indigenous medical systems, the common thread is the synergistic approach to treating different diseases associated with that particular region. Shamans taught their vast knowledge in the repositories of plant properties that were formulated and acquired through experimentation over the centuries. Those with this ancient wisdom were treated with great respect and had significant influence - a characteristic still maintained in many primitive societies today. This is a very different concept from the scientific community, which is based in the single biochemical model dealing with only one purified compound at a time.

The dilemma is that indigenous cultural perspectives are not based within single biochemical compounds, but rather, a synergy of formulations and their interactions of use. For medical philosophies such as Chinese medicine, this indicates the progression toward multi-variable research and/or the ability to quantify synergistic applications.

The immediate issues being addressed are paralleling environmental crisis with which we see our current transitional jargon and environmental situation fueling the "green" movement. The idea is in assisting to maintain local cultural knowledge and practices, and reinforcing links between communities and the environment, so essential for biological conservation. This has positive ramifications for professionals in Chinese medicine as a bridge of communication for cultural philosophical interpretation of medicinal uses of plants.

We must remember that although we have learned and integrated diagnostic methods innate to AOM, there also is a responsibility to maintain integrity and cultural heritage. Understanding other disciplines that are pursuing these medicinal traditions is equally important.

In the book *Wind in the Blood: Mayan Healing & Chinese Medicine* by Garcia et al., acupuncturists were able to access levels of Mayan medicine that anthropologists could not because they had something philosophically in common with Mayan medicinal approaches.

This describes the importance of our role. The way we communicate is assisted by understanding other academic disciplines. It's now up to us to venture into uncharted territories and help reinforce links between communities and the environment. Historical relevance has taught us that change is coming. The fact that academia acknowledges cultural interactions provides acceptance and creditability to our profession and diagnostic methodology. This also provides a valuable resource for collaborative research, creating a "win-win" environment for all involved.

Resources

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