

Panel 3: South Asian Medical Pluralism, Globalisation and Diaspora

Panel Organiser: We are looking for a panel organiser

Panel description: outstanding

Participants and abstracts

3. 01 Traditional Orissan Medicinal Plants As Coolants For Health And Long Life

By Prasanta K.Behera *, Rajani Kanta Sahu** and Ballabh N.Behera***.

The Climate of Orissa as with as with much of India remains hot most of the year. Every year, there are cases of death due to excess of solar radiation which is on the rise from year to year. Although, water is the most important ingredient to be taken to beat the heat, simple water treatment is seldom sufficient. Different regions of India traditionally using different formulations mostly sing plant products to get cool. It is postulated that a decrease in body temperature by 1-2 Degree Celsius would prolong life up to 200 years, and a body temperature of 33 Degree Celsius would enable man to live up to 700 years. Contemporary young take to carbonated cool drinks prepared mostly by MNC s, only to spoil their health. They are lured by the look an marketing strategy of the companies that make huge profit from India. On the contrary traditional formulations are time tested, low cost and above all good for health. We are listing here sum of the mostly used plant parts that are used traditionally in Orissa to prepare “Summer Drinks” which not only reduce the body heat but in fact act as body tonic. Most of the drinks supply to the body appreciable quantity of potassium, calcium, magnesium an such other micro nutrients. There is, there fore, a need to educate people to go traditional but possibly there is a greater need to standardize the components and make the drinks easy to store, transport and handle. These products being biotic need to be treated quite separately than the alluring “Soft Drinks” in glass bottles. Different types of drinks are made with jaggery and honey using the following plants’ parts/products. Aegle marmelos (Fruit), Ananus comosus (Fruit), Allium cepa (Leaves), Cannabis sativa (Leaves), Caryota urens (Phloun sap), Citrus aurantifolia (Fruit), Cocos nicifera (Fruit), Cuminum cyminum (Seeds), Cucumis sativus (Fruit), Citrullus lanatus (Fruit), Cucumis melo (Fruit), Mangifera indica (Fruit), Musa sapientum (Fruit) Nephellium chinensis (Fruit) Phoenix sylvestries (Phloem sap), Piper nigrum (Seed), Punica granatum (Fruit), Saccharum officinarum (Stem), Tamarindus indica (Fruit), Vitis vinefera (Fruit), Zingiber officinale (Rhizome).

3.02 Medicinal plants used against syphilis and gonorrhoea by traditional medicinal practitioners of Bogra district, Bangladesh

By Md. Ariful Haque Mollik

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Sexually transmitted diseases like syphilis and gonorrhoea are prevalent worldwide and are also present in both rural and urban areas of Bangladesh. Most people suffering from these diseases, particularly the rural population seek remedy from traditional medicinal practitioners (Kavirajes) rather than visiting modern doctors either because of lack of access or because of hesitancy in telling about these diseases to an unknown doctor. The remedies offered by the Kavirajes, although based primarily on Ayurvedic medicine, relies more on their knowledge of medicinal plants and their healing properties. We conducted an ethno-medicinal survey amongst the Kavirajes of Bogra district to gather information on medicinal plants used by the Kavirajes to treat syphilis and gonorrhoea. Plants were collected from the Kavirajes and herbarium specimens were deposited and identified at the Bangladesh National

Herbarium. A total of 21 plants were identified as to their being used to treat syphilis or gonorrhea. The plants used to treat gonorrhea (with family name in parenthesis) include *Pistia stratiotes* (Araceae), *Bixa orellana* (Bixaceae), *Ananas comosus* (Bromeliaceae), *Benincasa hispida* (Cucurbitaceae), *Euphorbia hirta* (Euphorbiaceae), *Jatropha curcas* (Euphorbiaceae), *Arachis hypogaea* (Fabaceae), *Morus alba* (Moraceae), *Ixora coccinea* (Rubiaceae), and *Sterculia foetida* (Sterculiaceae). Plants used to treat syphilis include *Borassus flabellifer* (Arecaceae), *Basella alba* (Basellaceae), *Costus speciosus* (Costaceae), *Brassica campestris* (Cruciferae), *Tricosanthes anguina* (Cucurbitaceae), *Dioscorea bulbifera* (Dioscoreaceae), *Shorea robusta* (Dipterocarpaceae), *Clerodendrum indicum* (Lamiaceae), *Hibiscus esculentus* (Malvaceae), and *Mimusops elengi* (Sterculiaceae). The plant *Plumeria acutifolia* (Apocynaceae) was used as remedy for both syphilis and gonorrhea.

3.04 Red Bull, the spa culture and traditional medicine in Thailand: cultural identity and Thai traditional medicine

By Assunta Hunter

This paper will explore the many forms of traditional medicine in Thailand and how the term 'traditional medicine' is used in many different Thai spaces. Traditional medicines are sold in pharmacies, and fresh herbal medicines and dietary practices are used as part of popular medicine. Traditional healers (including herbalists, spirit doctors, bone-setters and traditional midwives) are found throughout the country (Whittaker, 2000; Lyttleton, 1996).

Different styles of traditional medicine are taught in universities and temples. Traditional medicine is also widely touted as part of the spa industry and the 'revitalization' of traditional medicine is an active part of Thai government policy and is seen as a way of reducing the bill for pharmaceutical medicines, as a source of tourist dollars, and as a way to promote self-reliance and 'Thainess' (Chokevivat V. and Chuthaputti A, 2005). Modernisation and globalization have contributed to some unusual and contradictory understandings of tradition. Traditional medicine reflects some of the shifts in national identity which have occurred in Thailand in the last 30 years.

What is called 'traditional medicine' varies in different geographical and social spaces. The 'traditional' medicine taught in Wat Po and at Thammasat University are very different from the practice of older Thai practitioners and the common knowledge of traditional medicine, which is widespread in the Thai population. And this in turn is a very different form of practice from the traditional medicine used by the Thai spa centres. What is the relationship between new forms of traditional medicine and change in Thailand? What does this spectrum of traditional practices say about Thai culture and identity? How is cultural identity asserted by the use of 'tradition' as a trope for authenticity and 'Thainess.' Traditional medicine displays many of the cultural values and meanings of Thai society and because of its strength as a representation of the culture it is used to promote Thai nationalism.

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03.05 Ethnobotany, Medicinal and Antioxidant potential of some Color yielding plants

Archana Banerjee

Plant colors have use since ancient times as dye, cosmetics, food color, in paintings and textiles. A preliminary screening of 60 color-yielding plants based on DPPH radical scavenging activity [1]. and reducing capacity [2] was followed by detail screening of materials expressing good antioxidant activities. DPPH-TLC screening was compared with standards. The flavonoids, anthocyanins and organic acids exhibited synergistic activity. Tannin resisted decay. Combinations of plant extracts tested on 15 volunteer girl students as lip color and face powder for two weeks. Some of the traditional combinations enhanced the quality and stability of colour. Wood apple, unripe guava, teak, sal, pomegranate, ripe mango skin; turmeric, beet; black carrot, sweet potato, red rice, red rose; *Clitoria ternatea* L., *Hibiscus sabdariffa* spp., *Syzygium cumini* Skeels and red tamarind show good antioxidant and food dye potential. *Bixa orellana* L., *Carthamus tinctorius* L., *Nyctanthes arbor-tristis* L., with excellent colors exhibited moderate or low activity. Utilization of deciduous flowers, fruits, leaves and twigs of *Acacia* spp., *Anthocephalus cadamba* (Roxb.) Miq., *Rubia cordifolia* L., *Bauhinia* spp, *Butea monosperma* (Lam) Kuntze, *Hibiscus* spp. *Erythrina indica* Lam., *Ixora* spp., *Lagerstroemia* spp. *Terminalia* spp, *Punica granatum* L., *Saraca asoca* (Roxb.) Wilde, *Tectona grandis* L. *Woodfordia fruticosa* kurz.; fruit skin waste of litchi, mango (gulabkhas), beet, black carrot and red rice water is suggested for the production of food, lip color and the festive color abir, as opposed to synthetic colors. Five selected species are cultivated for food and cosmetic color in four tribal residential schools at Purulia and Birbhum.

References:

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3.06 Medicinal plants used against tuberculosis by traditional medicinal practitioners of Bogra district, Bangladesh

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Tuberculosis is an age-old contagious disease, which often leads to fatality if not treated properly. Recently, there has been increasing concerns because the organism causing this disease has become multi-drug resistant. As a result, searches are underway throughout the world for discovery of novel compounds, which can be used successfully to treat multi-drug resistant tuberculosis. Since this disease is prevalent in Bangladesh and is often treated with herbal medicines by the traditional medicinal practitioners (Kavirajes), we undertook an ethnomedicinal survey of Kavirajes in Bogra district, Bangladesh to gather information on medicinal plants used to treat this disease. Plants were collected from the Kavirajes and identified at the Bangladesh National Herbarium. The collected information indicates that the following plants (with family name in parenthesis) are used to treat tuberculosis: *Adhatoda vasica* (Acanthaceae), *Andrographis paniculata* (Acanthaceae), *Centella asiatica* (Apiaceae), *Catharanthus roseus* (Apocynaceae), *Holarrhena antidysenterica* (Apocynaceae), *Colocasia esculenta* (Araceae), *Pistia stratiotes* (Araceae), *Aloe vera* (Asphodelaceae), *Calendula officinalis* (Asteraceae), *Shorea robusta* (Dipterocarpaceae), *Ricinus communis* (Euphorbiaceae),

Swertia chirata (Gentianaceae), *Ocimum sanctum* (Lamiaceae), *Allium sativum* (Liliaceae), *Hibiscus rosa sinensis* (Malvaceae), *Swietenia mahagoni* (Meliaceae), *Tinospora cordifolia* (Menispermaceae), *Eucalyptus globules* (Myrtaceae), *Piper longum* (Piperaceae), *Cymbopogon citratus* (Poaceae), *Zizyphus mauritiana* (Rhamnaceae), *Morinda citrifolia* (Rubiaceae), and *Vitis vinifera* (Vitaceae). It is important that modern scientific studies be conducted on these plants towards isolation and identification of compounds through which multi-drug resistant tuberculosis can be effectively treated.

3.07 Traditional Folklore Therapy in Darjeeling and its Foothills

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According to World Health Organization, approximately eighty per cent of the developing world's population meets their primary health care needs through traditional medicine; which is also true for India. The Indian traditional medical heritage flow in two streams; the first one is the oral folk system and the second is the codified traditional oral system. The codified system like Ayurveda, Unani, Siddha and Tibetan have sophisticated theoretical foundations with physiology, pathogenesis, pharmacology, pharmaceutical equating with western system of medicine. But the oral folk system practiced in villages carried by million of rural households in general and the herbalists with specialized knowledge having no legal medical status in particular.

In the present communication, only the folklore medicine practiced in Darjeeling hills and Terai belts by some selected herbalists is discussed. The study revealed that the history of such oral folk system of medicine is not documented and as such, the valuable package of practice of medical heritage is being eroded from generation to generation. The majority of the raw materials for application and oral administration are prepared locally. Most of these raw materials are found to be of plant origin. It was also observed that no innovative research has been done to formalize such health care system. For promotion of this traditional system of medicine documentation of its history, social bindings and conservation strategies found to be imperative.

3. 08 The Obstacles of Asian Medicine Utilisation and Solutions

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Asian medicine are practised throughout the world but it is not officially recognized by most governments since it cannot be reimbursed. The obstacles which hold back this art of healing and its consequence to cancer patients will be presented as an example. The imposition of western biomedical sciences and its paradigm on traditional medicine reflected in laws and regulations against traditional medicine and its practitioners. Simple analogy i.e. people try to use rugby rules with soccer game which is impossible , however, some soccer players and the audiences keep trying to apply rugby rules with the soccer game. Another obstacle is the commercial influence from western medicine on modern medicine schools. These medical students were framed their thought with the paradigm of scientific based medicine only and believe that it is the only reliable method of healing and subsequently refuse to look at other methods. Asian medicine is a philosophy , the art of holistic healing derived from real practices on man through history of mankind which can be described well with 'the black box theory' rather than the mechanistic biomedical sciences which believe in reductionism. The solutions can be found if the government and healthcare personels regard patients as the center of curing not their belief. Both western medicine and eastern medicine should be used to complement each other and clinical case reports should be sufficient evidences for its effectiveness. Any stringent rules and laws should be uplifted and special appropriate laws and rules should be designed for traditional medicine. International voice through IASTAM could be better heard than a single national voice.

3.09 Traditional folk medicines of the Shepoumaramath Nagas of senapati district of Manipur and their commercialization oppertunities.

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Senapati district of Manipur has cool and salubrious climate that favour the growth of diversity of medicinal plants. About seventy two medicinal plant being used by *Shephoumaramth* Nagas as folk medicines have been identified and documented along with their curative properties for the treatment of numerous human diseases. Use of medicinal plant and cultural ethics are closely linked among the *Shephoumaramth* Nagas and they possessed high conservative and descended through generations. They keep utmost secrecy of the curative properties of the plants in the form of oral and traditional ethics which help in the conservative management of rare and endangered medicinal plant species of the district. Most of the medicinal plants are herbs followed by shrubs and a few trees available at different seasons of the year. Commercialization opportunities of these plants are very much prospective in view of the congenial climates of this region.

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