

Summer 2011

Healers and Researchers: Towards a More Balanced Relationship

Gracie Tewkesbury

SIT Study Abroad, gmt5@duke.edu

Follow this and additional works at: http://digitalcollections.sit.edu/isp_collection

 Part of the [Alternative and Complementary Medicine Commons](#), [Health Policy Commons](#), [Health Services Research Commons](#), [Inequality and Stratification Commons](#), and the [International Public Health Commons](#)

Recommended Citation

Tewkesbury, Gracie, "Healers and Researchers: Towards a More Balanced Relationship" (2011). *Independent Study Project (ISP) Collection*. Paper 1100.

http://digitalcollections.sit.edu/isp_collection/1100

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact digitalcollections@sit.edu.

Healers and Researchers: Towards a More Balanced Relationship

Introduction

In my seminar paper, I discussed the benefits for both parties of collaboration between traditional healers and modern scientific researchers. If research is done on the medicinal effects of plants, these cures can be used more safely and effectively by members of the community. This relationship is greatly beneficial in theory, but the reality is less than ideal. Researchers, especially foreign ones, depreciate and exploit the knowledge of healers, and as a result, healers are often distrustful and unwilling to collaborate. The relationship between healers and researchers potentially holds the cures to countless diseases and can contribute directly to greater global health, especially in communities where traditional medicine is the primary form of health care. It is imperative that we find ways to nurture and improve this relationship to facilitate the exchange of information between these two disparate groups. I believe this can be accomplished through a combination of research- and policy-based measures designed to exalt healers to the status they deserve.

Methodology

Once again, I will be using scholarly sources such as lectures, books, and journal articles for the bulk of information in my paper. However, I have also learned much from my stay in Madagascar, and will incorporate this knowledge as well. I interviewed one healer, Mama Bozy, but was unable to find more subjects to interview due to the nature of my topic: I do not have access to foreign drug researchers, and most healers are difficult to find and contact. I did speak extensively with Tiana, the Malagasy student I was paired

with in Andasibe, to hear her insights on healers and research. For example, she explained that since Mama Bozy was relatively well-off, possessing lots of land and a large home, she was more willing to share her information than other healers, who are skeptical of foreigners. Due to my limited access to Internet I could not find articles specific to my topic, but was able to find information in the articles required for pre-departure reading. Despite these limitations, I believe my information represents a wide variety of the sources available in Madagascar.

The Problem

Thanks to their testing in the “laboratory of life,” plant-based cures can be incredibly powerful if their safety and efficacy are ensured. This is where researchers come in, using their resources and knowledge to finesse the knowledge of healers. I first realized there was a problem with this relationship, however, during one of our lectures: once, while a researcher was interviewing a healer, the healer responded with insults in Malagasy rather than actual information (Quansah, 2011). Evidently, some researchers do not possess the degree of respect and cultural understanding that healers merit. Since Madagascar exports its medicinal plants for use in other countries (Andriamparany, 2011), foreign researchers may learn of the value of these plants then come into the country with the hopes of learning of more plants from healers. Mama Bozy, a healer based in Andasibe, says that she is visited by many researchers in China, Japan, Italy, and more, who return to their country after they have received enough information and never return to share their findings (Mama Bozy, 2011).

I believe problems such as these are rooted in the inherent differences between healers and researchers. Traditional healers receive knowledge orally, passed down through many generations (Raharinjanahary, 2011), whereas researchers go to school for many years and learn from established texts on their subject. A true healer never charges a fee for his services (Raharinjanahary, 2011), and nearly all of the healers we visited were retired, whereas researchers do their work as a full-time career and are thus necessarily more interested in profit. Mr. Sampy, a healer from Ampasimadinika who spoke to our group, says that he believes the devalorization of traditional medicine is out of ignorance. Because of their differences, researchers too often do not appreciate or understand the role of the healer in his community, and do not consider the benefits research could provide to the community and not just to the researcher. While their findings could be used to help the people, it is often used instead to hurt them, such as endangering the *Prunus africana* plant by taking large amounts of its bark for potential prostate cancer drugs (Andriamparany, 2011). In the current state of things, it appears as if healers and researchers are working against each other rather than together.

Measures to Improve the Relationship

In discussing measures to improve this relationship I will focus specifically on Madagascar, because of my experience there. Researchers need to understand that healers work *with* them, not *for* them, for a proper exchange of knowledge to take place. They must respect the culture and tradition from which the traditional medicine originated, because this misunderstanding and disrespect (whether intentional or unintentional) is often the cause of resistance to reveal knowledge. One article states, “a combined

political and scientific approach will be necessary to...establish the potential risks and benefits of TCAM,” which will be the basis of my proposed solutions (Xue, 2008). Both overall policy and research systems need to be modified to ensure that this relationship is beneficial for all. But at the root of all this is simply respect: “si les détenteurs de savoirs se savent reconnus, respectés et récompensés, la coopération avec les scientifiques voire les industriels ne pourront que se développer” (Amari, Kablan, & Pabst, 2008). I believe this quote embodies what needs to be done and what will result from these measures.

At the political level, it is clear that policies are necessary to define the role of traditional medicine in healthcare systems (OMS, 2002). If plant-based cures and healers are seen as a legitimate part of the country’s recognized healthcare options, they will be seen as more legitimate to researchers as well. Madagascar already possesses some legislation on traditional medicine and a national association of tradipracticians, which are good first steps (OMS, 2002). However, knowledge is also shared on an international level, as evidenced by foreign researchers in Madagascar, so international policies must be developed as well. The World Health Organization proposes in its *Stratégie pour la Médecine Traditionnelle pour 2002-2005* that it be the facilitator of this international exchange through its traditional medicine collaboration centers – one already exists in Madagascar. Another policy to be explored on an international level is that of intellectual property, through patents. The existing patent system requires novelty, inventive character, and the possibility of industrial exploitation for knowledge to be patented (Amari, Kablan, & Pabst, 2008). Not all of these requirements are easily applicable to traditional medicine, where the knowledge is ancient and comes about from anthropologic and cultural origins (Amari, Kablan, & Pabst, 2008). Therefore a new

system is needed, one that will not only allow healers to patent their own knowledge, but to keep others such as researchers from patenting knowledge that is not their own. Mama Bozy told me she would certainly be interested in patenting some of her cures, especially a remedy for cavities that she credits for her and her husband's perfect teeth (Mama Bozy, 2011). Patents would allow researchers to realize that healers possess valuable knowledge that cannot be stolen and exploited without helping the community first.

Changes must also be made in the methods of research into traditional medicine. I believe the most important change will be to support and encourage research within Madagascar. "The first beneficiaries of the rich biodiversity of the area should be those who live in and around the area" (Quansah, 1994), and local research rather than the work of self-interested foreigners will help to realize this goal. Madagascar-based research centers such as CNARP, Centre National d'Application des Recherches Pharmaceutiques, and the pharmacology department of the University of Antananarivo, keep research and discovery within the country so the information discovered can easily be shared to benefit the community. In a pilot program in Ambodisakoana, a clinic was set up with the participation of healers, ethnobotanists, medical doctors, and pharmacologists from the University of Antananarivo (Quansah, 1994). Thanks to the healers possessing primary knowledge and researchers refining the information on what plant parts and dosages to use, the clinic was able to treat the majority of diseases it encountered with medicinal plants only (Quansah, 1994). This is an ideal illustration of how the relationship between healers and researchers should work. The discoveries first benefit the communities from which they came, and researchers based in Madagascar can better share it than outsiders. This is not to say that all foreign researchers are bad,

however, as long as they develop ties with Madagascar rather than disappearing once they have learned all they need. French scientist Pierre Boiteau researched for over a decade in Madagascar, even becoming fluent in Malagasy, and collaborated with Malagasy professor Albert Rakoto-Ratsimamanga upon his return to Paris (Boiteau, 1993). The more sophisticated research facilities in Paris allowed them to fully explore the properties of *Centella asiatica*, and afterwards return to Madagascar to share their discoveries (Boiteau, 1993). The plant is still used and exported today for its cicatrizing abilities by Malagasy companies such as SOTRAMEX. As long as the research remains tied to Madagascar, the findings can help the local communities as well as the rest of the world.

Conclusion

Traditional medical knowledge is not a commodity to be exploited, but a single facet of the complex, culturally rich communities of Madagascar. Researchers certainly have a place in this system, but they must learn to understand and respect their role rather than abuse it. I believe that policies demonstrating the validity of healers and their knowledge as well as research based in and tied to Madagascar will allow the relationship between healers and researchers to flourish. Researchers will learn to respect and value the knowledge of healers, and healers will learn that researchers can aid their own community and will gladly share their cures. This way, when the traditional, ancestral knowledge of healers meets with the structured, empirical knowledge of researchers, the result will not be a clash of cultures but a mutual exchange greater than the sum of its parts.

Works Cited

- AMARI, A.S.G., KABLAN, B.J., & PABST, J.Y. "Mondialisation et protection des droits de propriété intellectuelle des détenteurs de savoirs en matière de pharmacopée traditionnelle africaine." *Ethnopharmacologia*. 42 (2008): 118-126.
- ANDRIAMPARANY, Dr. Tolotra. "Organization de la pratique de la médecine traditionnelle, éthique et règlements de la commercialization des remèdes traditionnels à Madagascar." SIT. University of Antananarivo, Antananarivo, Madagascar. 20 June 2011. Lecture.
- BOITEAU, Pierre & Allorge-Boiteau, Lucile. *Plantes médicinales de Madagascar*. Paris: ACCT & Éditions Karthala, 1993.
- Mama Bozy. Personal Interview. 1 July 2011. Andasibe, Madagascar.
- Organisation Mondiale de la Santé. *Stratégie de l'OMS pour la médecine traditionnelle pour 2002-2005*. Geneva: Département médicaments essentiels et politiques pharmaceutiques, Organisation Mondiale de la Santé, 2002.
- QUANSAH, Nat. "Diversité bioculturelle et système de santé intégré à Madagascar." *Nature et Ressources*. 30.1 (1994): 18-22
- QUANSAH, Dr. Nat. "Ethnobotanique et santé intégrée SIT. University of Antananarivo, Antananarivo, Madagascar. 23 June 2011. Lecture.
- RAHARINJANAHARY, Dr. Solo. "Médecine traditionnelle dans le groupe ethnique Merina." SIT. University of Antananarivo, Antananarivo, Madagascar. 14 June 2011. Lecture.
- XUE, Charlie Changli. "Traditional, complementary and alternative medicine: policy and public health perspectives." *Bulletin of the World Health Organization*. 86.1 (2008): 77-78.