

# Perspectives of Indigenous Tribal Healers Regarding Sharing of Their Indigenous Medicinal Knowledge with Researchers A Qualitative Study from Tribal Communities in Southern Part of Kerala

## Authors

**Dr. Josna John B R( BAMS),MSc Research Ethics scholar Batch E**  
**Dr.Vina Vaswani (MBBS,MD,PhD),Professor and Director Centre for Ethics**

**Affiliation: Centre for Ethics, Yenepoya deemed to be university,  
Mangalore, Karnataka, India**

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## **SPEAKER'S PROFILE**

- **Name- Dr Josna John B R( BAMS, PGDCR)**
- **Designation- MSc Research Ethics scholar, Centre for Ethics, Yenepoya (deemed to be university), India.**
- **Education background- Graduation in Indian systems of medicine ( Ayurveda), P G diploma in Clinical Research and Pharmacovigilance.**
- **Experience- 10 years of experience in clinical practice as Ayurvedic physician.**
- **Site coordinator at Sree chitra Thirunal institute of medical sciences INsTruct Network clinical trials- ICMR funded project.**



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- **A presentation of the same study was done in FERCICON conference 2024 at Kolkata, India.**

# INTRODUCTION

- Traditional knowledge- **innovations and practices** of indigenous people which is **developed from experience gained over the centuries and adapted to the local culture and environment.**
- Indigenous tribal communities in Kerala- **unique traditional medicinal knowledge systems.**
- However, sharing this knowledge with external researchers or non community people raises concerns among tribal healers.



# KANI TRIBAL COMMUNITY

- The Kani Tribal people live in the **forests of Thiruvananthapuram** district of Kerala, South Western India and traditionally **a nomadic** community.
- Kani Tribes have **good knowledge** about medicinal plants that have been **passed orally** from **generation to generation**.  
(Anuradha R et al.,2012)
- Current healers may be the final generation of Kani tribal healers. Due to rapid socio-economic and cultural changes, there is a possibility of the losing the treasure of tribal knowledge in near future.

# THE PLANT-TRYCHOPUS ZEYLANICUS



- Medicinal plant used by Kani tribal community for centuries.
- Small, rhizomatous, perennial herb distributes in Sri Lanka, Southern India and Malaysia.
- Fruit- Ant fatigue properties.
- Leaves- Anti stress, anti hepatic toxic and immune modulatory properties.

In 1980s , a group of scientists and researchers from TBGRI( Tropical Botanical Garden Research Institute, Kerala India) **came to know about the medicinal properties of Arogya pacha from Kani Tribals.**

- The TBGRI **tried to obtain a patent for the plant** for developing a commercial formulation called “Jeevani” without :
  - 1.**obtaining a prior informed consent** from the Tribes.
  2. **No benefit sharing agreement** or fair compensation for their Traditional Knowledge.
  3. Cultural appropriation :**Commercialization of Traditional knowledge** without respect for cultural heritage.

(Anuradha, R. V. (1998, May). Sharing with the Kanis. A case study from Kerala, India. In *Submitted to the Secretariat of the Convention on Biological Diversity*)

After long period of conflict between TBGRI and Kani Tribes in 1997, the Indian government intervened and the tribe was granted:

**1. Joint patent ownership.**

**2. Royalty payments for commercial use.**

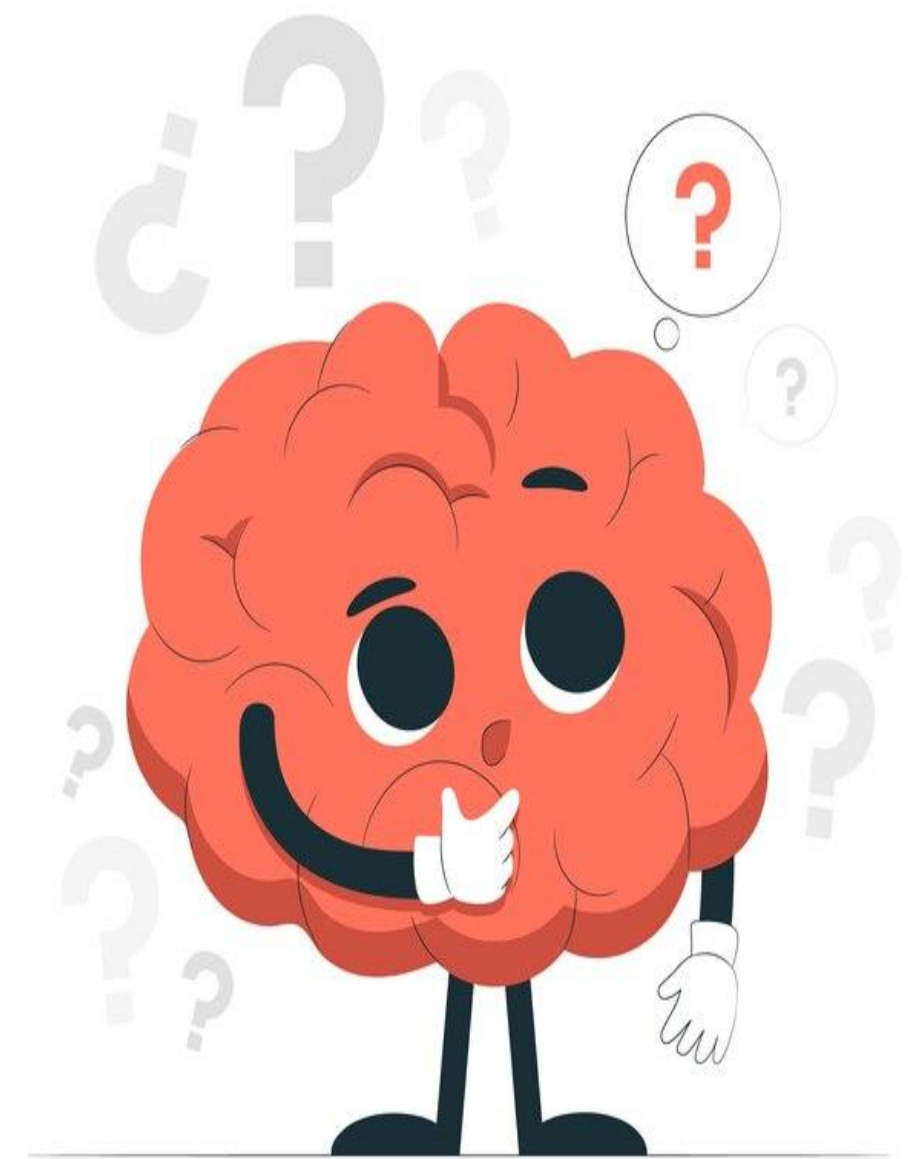
**3. Recognition of their traditional knowledge.**

(“The Kani Tribe and Arogyapacha” report by CBD)





**“Do they trust the researchers  
approaching them to seek their  
knowledge for research  
purposes....? ?**



# OBJECTIVE

- To explore the perspectives of tribal healers in southern part of Kerala, Primarily in Kani tribal community regarding **sharing of their traditional knowledge of healing with researchers.**

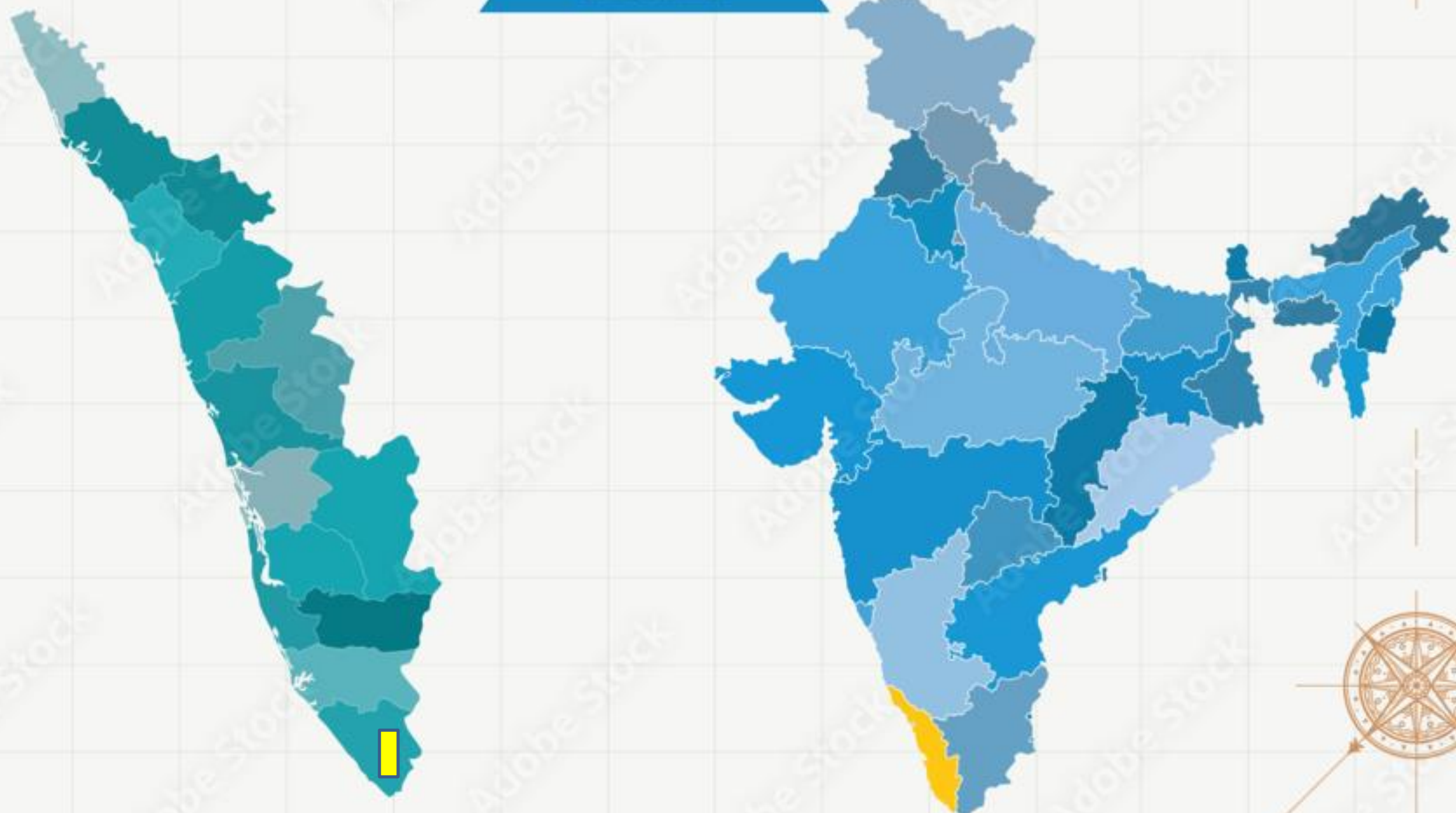


# METHODOLOGY

- Study method - Qualitative research- **in-depth interviews.**
- Inclusion criteria- **tribal healers with known names in practicing traditional medicine of pure herbal medicines with experience of at least 5 years.**
- Exclusion criteria- **Practicing both indigenous medicine and other systems of medicine.**
- Study site- Bonacadu, Vithura, Palode, Kallar and Kottoor regions (Trivandrum district, Kerala, India)



**KERALA**



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## Cont'd...

### Clearances and permissions

- SRB, Ethics committee, Kerala Tribal Development Department, Kerala Forest Department, and Community head consent.

- Sampling method- **Purposive sampling**
- No of participants were **8** ,**in-depth** interviews till **the information saturation** occurred.
- Time- **45 minutes-1 hour**.
- **Validated question guide-** interviews.
- The **audio video recordings** of interviews were obtained with the consent of participants. **Thematic analysis- results**

# MANUAL THEMATIC ANALYSIS

Transcripts made from collected  
data in Malayalam



translate

English transcripts

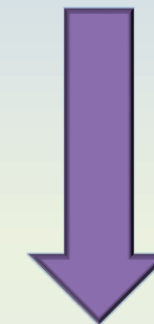


manual coding  
(sentence by <sup>14</sup>sentence)



categories and themes

thematic analysis



Results /  
conclusion.



# RESULTS

- **Gender:** 7 male and one female
- **Age range:** 44 -85years
- **YoE range:** 15 – 45 years
- **Family history:** vishahari vaidya, skin diseases, viral fevers, Cardiac and skin diseases medicine prepared
- **Prior occupation:** Agriculture, SC promoter, Farming, and Government employee
- **Twenty-nine categories and five themes**

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# FIVE THEMES

- **1. KNOWLEDGE CREATION OR GAINING OF THE KNOWLEDGE.**
- **2. KNOWLEDGE ATTRITION/LOSS OF KNOWLEDGE.**
- **3. PRESERVATION OF TRADITIONAL KNOWLEDGE (TK)**
- **4. UNIQUENESS OF TK.**
- **5. CHALLENGES IN-**
  - a. PROFESSIONAL HEALING**
  - b. SUSTAINABILITY OF KNOWLEDGE/ TRANSMISSION**





# DISCUSSION AND ANALYSIS

## KNOWLEDGE CREATION

**Kandarivu** ( knowledge gained by seeing)- **Participation in daily life experiences .**

- **Kettarivu** ( knowledge gained by hearing)- Oral **traditions-conveying knowledge by songs, stories, herbal medicines, techniques of healing** etc.)
- **Social relation and community gatherings.**

- A Study among **the Luo community of western Kenya** revealed that the healing practices of the Luo people have been characterized **by informal learning** about traditional medicines and healing practices through **apprenticeship from grandparents and parents** (Mwaka AD et al., 2023)
- In a case study about a grandmother who is a traditional healer in tribal community of Kenya explain that Learning occurs **through participation in practical daily life experiences and social relation.**(Prince et al .,2001)

***“I learned by watching and listening to what my father did”(P08)***

***“I have a good relationship with other vaidhyas. I studied basics about the traditional healing from them through social gatherings”(P05)***

# KNOWLEDGE ATTRITION

**1. Early death of the grandparents** or parents who are traditional healers and grandchildren were too young to learn from them.

**2. Non sharing knowledge** of what ancestors had with new generations.

**3. Lack of interest in young generations** learning traditional healing.

**4. Lack of documentation.**

- indigenous knowledge on medicinal plants is being lost at a rapid rate with the increase of **modern education, which has led the younger generation not appreciating** its traditional values (Zerabruk and Yirga, 2012).
- It is becoming increasingly urgent to document the medicinal use of African plants because of the rapid loss of the natural habitat for some of these plants due **to anthropogenic activities** (Bisi-Johnson et al., 2010)

*“Before, none of the physicians who were ancestors would have shared their knowledge with each other”.(P02)*

*“So I have a doubt whether all their knowledge has been handed down to us or some of it has perished with them? yes, we haven't got it all.”(P01)*

# PRESERVATION OF TRADITIONAL KNOWLEDGE

Present study- Kani tribal community **wish to preserve their traditional medicinal knowledge** without losing its indigeneity and passing it to future generations.

**1. Tribal knowledge creation initiative** and Motivation for studying.

**2. Community believes.**

Initiatives taken in India to preserve traditional knowledge

**i) Traditional Knowledge Digital Library (TKDL)**

The TKDL is a **database including a vast body of traditional medical knowledge from India** aiming to prevent the patenting and misappropriation of that knowledge. (Fredrikson M, 2023)

**ii) Honey Bee Network -HBN** (Gupta Anil., 2006)

*“The government taught 20 tribal children in Kerala”(P01)*

*“If told to outsiders, the truth of the words spoken by our forefathers will be lost. It becomes untrue and becomes a violation, that is why it is said not to tell outsiders.”(P03)*

# CHALLENGES IN PROFESSION AND KNOWLEDGE TRANSMISSION

1. **No financial gain or satisfaction in traditional healing**
  2. **Power imbalance between traditional healers and other systems of medicine**
  3. **Mistrust of doctors from other systems of medicine and researchers**
  4. **Idea plagiarism and lack of acknowledgement**
  5. **Community belief**
- The traditional medicinal practices once very prevalent among the tribal communities are **diminishing due to various socio-economic, environmental and political factors**. Modern healthcare in India's tribal region is characterized by a lack of availability, accessibility and affordability (Negi, D.P, Abdul Azeez, E.P.,2022)
  - Problems related to **regulation, low appreciation and acceptance and plummeting plant resources are some of the impediments to the development of TM**.(Gakuya et al.,2020)

▪ *If a person has been poisoned, and a treatment costs 500 has been provided, there is reluctance from patients to give 500 Rupees here .While, It will cost 1500 rupees to take the car from here. Then go to the medical college and get treatment. I don't know why i should do the treatment without any profit”(P03)*

# CONCLUSION

- Tribal healers expressed **concerns for sharing and dissemination of Traditional Knowledge** due to **fear of exploitation of their knowledge, Idea plagiarism, Knowledge attrition and loss of control over their knowledge.**
- Some healers saw **potential benefits in sharing and dissemination of Traditional knowledge** to **preserve their traditions and improving healthcare.**
- Researchers prioritize- **RESPONSIBLE CONDUCT OF RESEARCH ethical considerations( research integrity, benefit sharing),community engagement and policy initiation** by government to enhance the **sustainability of knowledge and collaborative approaches to ensure respectful and mutually beneficial knowledge exchange.**

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# THANK YOU!

**“Knowledge Protects Once It Is Protected”**

