

### MEDICINAL PLANT SPECIALIST GROUP

*A new IUCN SSC Specialist Group is in place.*-In May 1994, the SSC Plant Conservation Subcommittee recommended that a Medicinal Plant Specialist Group (MPSG) should be formed in response to rising concerns from many independent experts about plant conservation issues relating to medicinal plants. Following this meeting, Tony Cunningham and Uwe Schippmann were appointed co-chairs of the MPSG. Since then, more than 30 members have been invited to join the group and membership is still growing. Members were selected on the basis of strategic geographic location, professional interest, and their role as people who could network within regions.

The group is still in its formative stage. A draft concept and working program was prepared in May 1994 and sent out to all prospective members. A first meeting of the MPSG is planned for late 1995 or early 1996. Details about the group and developments in medicinal plant conservation will be made available through the MPSG Newsletter which will be published on a regular basis. The first issue is in preparation and will serve to keep members of the group, as well as a much broader interest group, informed about the issues relating to the conservation of medicinal plants.

*The Problem.*-Herbal medicines are used by a high proportion of rural and urban people in developing countries for their symbolic and medical value. There is also a renewed interest in industrialized countries in traditional medicinal plants as a source of chemical leads for new pharmaceuticals. Harvesting of medicinal plants, whether for export, sale, or local use is highly species specific. Species loss through this process has global implications. Its most immediate and earliest effect is the loss of self-sufficiency of the rural people using these species.

Despite immense public interest in medicinal plants and development of guidelines for conservation of medicinal plants (WHO et al. 1993; Heywood et al. 1991), coordinated international action for conservation and sustainable harvesting programs for medicinal plants has been limited.

*The Focus.*- The MPSG will be concentrating its efforts on vulnerable species for which demand exceeds supply from wild populations. Here, the greatest conservation threat is faced by high demand for slow growing, slow reproducing, habitat specific species. At the same time the MPSG will promote the need to deal with threats to medicinal plants at an early stage rather than focusing purely on taxa that are already in decline.

The biodiversity prospecting debate needs to be recognized by the MPSG as an issue in which conservation aspects need to be further developed (Cunningham 1993). This includes the important issue of benefit sharing through commercialization of natural resources as an incentive for habitat conservation infrastructure in order to protect medicinal plant populations in source countries.

The major task for the MPSG will be to make a general assessment of the situation, define objectives, set priorities of medicinal plant conservation, and draw up an Action Plan with both taxonomic and geographic focus. The Action Plan will review the conservation needs of taxa and recommend conservation action

sufficient to ensure the long-term survival of these species. Action planning is the best means for the MPSG to play its role as advisory and catalytic committee for other bodies. As a first step, it is proposed to draw up national reports which review existing information on medicinal plants in local, regional, and international trade and short-list species for special attention.

Any material and news on the conservation of medicinal plants would be gratefully received. Contact address: Dr. Uwe Schippmann, Co-Chair, Medicinal Plant Specialist Group, Bundesamt für Naturschutz, Konstantinstrasse 110, D-53179 Bonn, Germany.

#### LITERATURE CITED

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#### THE AKHA MEDICINE PLANT PROJECT

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As many ethnobiologists are aware, traditional knowledge of indigenous peoples is being replaced by information and practices from external industrial urban-based megacultures. While not all changes are negative, the loss of traditional environmental knowledge, cultural values, and language is tragic. Frequently occurring with loss of traditional culture is environmental degradation, which generally accompanies large-scale commodity production. These are among the greatest misfortunes facing humans today, and are certainly among the hardest to overcome.

Among the many important initiatives to reverse these trends is the Akha Medicine Plant Project. The Akha are one of several distinct cultural and linguistic groups living in the forested mountainous region of northern Thailand. Emerging as a distinct group more than 3,000 years ago near what is now Tibet, they migrated to and settled in southern Yunnan, in what is now southern China, and neighboring areas. War and pressure from Thai and Chinese lowland peoples have increasingly forced them into the mountains of Burma, Laos, and Thailand. They have been established in northern Thailand for about 100 years (Von Geusau 1982). Increasingly, the lifestyles of the Akha are threatened by urban development, deforestation, encroachment of outsiders, forced resettlement, and lack of official

recognition of land rights. Logging and reforestation with pine and eucalyptus trees have dramatically affected water courses and levels in the mountains.

The Akha have a rich tradition of using herbal medicines from the forests, fields, and gardens of their home regions. A preliminary study showed that about 90% of plants collected around villages were used by Akha villagers. These include medicines for over 60 types of illnesses and afflictions, ranging from broken bones and sprains to insect bites, diarrhea, jaundice, and childbirth problems. Plants are also used, alone or in various combinations, for medicinal tonics to maintain health and strength (Bragg 1989).

As Akha children become exposed to outside influences through education and the search for employment, they lose important links to their traditional language and culture. They are no longer taught traditional skills people would have absorbed readily in times past, such as the gathering and preparation of medicines (Ajopho 1989, Von Geusau 1989). The people are caught in a dilemma. How can they maintain their cultural integrity? How can they give their children the education and skills needed to survive in an international commercial economy while instilling in them a sense of the importance of their cultural heritage and the value, both philosophical and practical, of the traditional knowledge of their elders?

A counter movement, started by Akha headmen in the late 1970's, has tried to keep Akha culture and traditional knowledge alive as part of education and development (Von Geusau 1992). The Akha Medicine Plant Project, a part of this movement, aims to:

- record as much as possible the knowledge of the elders - especially the elderly women - of several Akha villages in Chiang Rai Province;
- document the plants used and teach the younger people in the community - particularly university students in Chiang Mai - the procedures for documenting plant medicines;
- encourage the continued practice and the use of traditional medicines in primary health care in the communities;
- demonstrate the importance of community forests (and also customary laws that promote conservation) to the survival of the Akha people, through their continuing provision of plant medicines, food, and materials needed for living;
- employ traditional knowledge and use of plants, linked with the mapping of ancestral lands by the villagers, to enhance and restore forests and fields as a vital part of the Akha environment and economy.

The news of this Akha Medicine Plant Project has attracted the attention of Hani/Akha people in Yunnan and Burma, who are planning to follow this model. It will also be an important item on the agenda of the Second International Hani/Akha Culture Study Conference in May 1996.

In May 1995 Nancy Turner was invited, together with elder teachers, to give a three-day workshop with Akha students, staff, and researchers on documenting traditional knowledge and collecting plant vouchers. Specimens were made of 67 species of plant medicines identified by women elders of Saen Chaeron village (Figures 1 & 2). A low-cost, illustrated book on traditional medicines available to

Akha people will be one of the outcomes of the project. Following the documentation of medicinal plants, there will be a study of the contribution of traditional foods, condiments, and beverages to Akha diet and nutrition. Other types of traditional knowledge, including forest, land, and water management, also need further research. Members of the Society of Ethnobiology interested in learning more about these activities may contact SEAMP-CD-RDI (South-East Asian Mountain Peoples-Thailand Culture and Development, Research, Documentation and Information Programs) at the address listed above for Leo A. Von Geusau and Aphi Deuleu (AvGeusau) Majeu. As the value of medicinal plants and other non-timber forest products is recognized, projects such as the Akha Medicine Plant Project can serve as models for cultural and environmental sustainability; they deserve strong support from all of us.

Figure I. -Aphi Deu Dzoebaw collecting and teaching about Akha medicine plants.





Figure 2.-Aphi Deu Dzoebaw (left) and Aphi Ku Majeu discuss the medicinal uses of a wild ginger with Leo A. Von Geusau.

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