TRADITIONAL medicine has been practiced for the last several thousand years but found a place in the WHO program only 14 years ago. Traditional medicine, in one form or another, is widespread throughout the world. Its practices are based on beliefs that were in existence, often for hundreds of years, before the development and spread of modern scientific medicine and that are still prevalent today. As its name implies, it is part of the tradition of each country, where it is handed down from generation to generation. Its acceptance by a population is largely conditioned by cultural factors and much of traditional medicine, therefore, may not be readily transferable from one culture to another. What WHO encourages countries to do is to identify and exploit those aspects of traditional medicine that provide safe and effective remedies or practices for use in primary health care.

In some countries, traditional medicine is an integral part of the formal health system, on an equal footing with modern medicine. In others, this is not the case and traditional medicine, although important for individuals and communities, remains a form of private practice outside the formal health system, one that cannot easily be organized by government. What governments can do is to ensure that the practice of traditional medicine is not harmful, and to foster those aspects that are useful in keeping with the beliefs of people. Governments can also help to develop the economic potential inherent in plants of medicinal value.

Medicinal plants are a small but important part of the biological heritage of the earth. Traditional societies place a high value on this heritage, which they express through their intimate relationship with nature. What is significant is the growing recognition from the industrialized world that these so-called traditional values are valid for all people. Responding to the environmental and ecological deterioration that threatens health and development everywhere, a worldwide movement has arisen to awaken people to the dangers facing our planet and to help preserve its integrity.

Primary health care and medicinal plants

Primary health care requires the utilization of all appropriate and available local resources which, in developing countries, almost always include traditional medicine and its practitioners. Where traditional medicine is well patronized by communities, it makes good sense to adopt safe and useful traditional practices and incorporate them in the design and implementation of national health systems. However, this means putting traditional medicine on a scientific basis. Countries must make a critical examination of the local materia medica and practices, accurately identify the plants and other natural substances employed, decide which remedies and practices are useful and suppress those which are patent ineffective or unsafe. This means a lot of work but it is worth it. It is an undeniable fact that in today's world herbal medicines play a vital role in the health care for large sections of the population, especially in developing countries; in many cases, they bridge the gap between the availability of and the demand for modern medicines.

The use of medicinal plants in traditional medicine finds its natural expression and further development in primary health care. It is at this level that the transition from traditional practice to medical care can most easily be made. In China, for example, medicinal plants are an integral part of the formal health system and are used in about 40 per cent of cases at the primary care level. Formally, medicinal plants were mostly collected in the wild, but as more land is brought under cultivation, the natural sources are becoming depleted. Special encouragement has, therefore, been given for the cultivation of medicinal plants, and agricultural departments at all levels take part in formulating policy and establishing plantations, which now cover some 100,000 hectares.

Medicinal plants in national development

The attention paid by health authorities and administrations to the use of medicinal plants has increased considerably, although for different reasons in different settings. In the developing countries, this has largely resulted from a decision to take traditional forms of medicine more seriously and to explore the possibility of utilizing them in primary health care. In other countries, the health authorities have been compelled to react to the great surge of public interest in the use of herbs and plants.
The contrast between the situation in developing countries and that of the developed world presents a challenge to the national health authorities. Whereas it is acknowledged that the tropics are a rich source of plants with medicinal properties, the study and knowledge of these properties still remain largely in the hands of the industrialized countries. For example, the United States National Institutes of Health (NIH) will be collecting for study 4500 higher plant specimens per year during the next five years from African, South American, and southern Asian tropical countries. The specimens are not being collected randomly; this will be a deliberate attempt to use local knowledge of traditional medicines to focus on those plants that are or have been used for their medicinal properties.

Countries wishing to make full use of their heritage of traditional medicine, including the wealth of medicinal plants which most of them possess, thus have a special interest in sponsoring ethnomedical studies, bringing together botanists, clinicians, pharmacologists and others for the purpose of assessing and realizing the potential of developments in this area.

These studies would include making a review and an inventory, on a national basis, of the utilization of medicinal plants and of medicaments derived from them. Such inventories, still to be made in many countries, would need to describe the geographic and climatic distribution of these plants, their source (collection from the wild, cultivation in situ or ex situ in botanical gardens, commercial plantations, etc.) and an indication of their relative abundance or scarcity.

For each plant there would be an account of its utilization (e.g. folk medicine, traditional healers, pharmaceutical or food industries) and its place in commerce (e.g. local use, internal trade, export). There would also be a description of the preparation of traditional remedies, their constituents, pharmacological properties, and therapeutic indications.

Conservation

Logically, the investigation, utilization and exploitation of medicinal plants by a country should include measures for conservation. Conservation and inventories of medicinal plants should go hand in hand, the latter being essential for the identification of endangered species, for setting priorities, and for monitoring the situation.

On a plant-by-plant basis, pharmacological and clinical studies could be carried out to assess their safety, therapeutic efficacy and potential for commercial utilization, leading to the development of policies for their conservation.

This wide-ranging programme of activities has important developmental and technological ramifications. Few developing countries can afford the luxury of esoteric studies; national resources are too small and competing priorities too great in most instances. Pragmatism should be encouraged and opportunities for linkages with other interests must be seized. Where agriculture and forestry departments are developing national resource maps, medicinal plants can be added to them. Where universities and research and development institutions are involved in the study of the environment and ecology, a place can be found for medicinal plants, especially those whose survival is threatened. Where ever-