

ETHNOVETERINARY MEDICINE – PARTICIPATORY WORKSHOPS FOR INFORMATION GENERATION

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Indigenous knowledge is local knowledge derived from interactions between people and their environment, which is characteristic of all cultures. It spans the entire range of human experience including history, linguistics, art, economics as well as technical aspects such as veterinary medicine, agriculture, and natural resources. The exclusion of such knowledge from developmental activities and imposition of outsider knowledge without regard to local knowledge has had disastrous consequences all over the world.

Ethnoveterinary medicine, the scientific name for traditional animal health care encompasses the knowledge, skills methods and practices and beliefs about animal health care found among the members of a community. The knowledge base differs not only from region to region but also among and within communities. It has been developed through trial and error and deliberate experimentation. Therefore, it is less systematic, less formalized and not universally recognized as a valid method of disease control in animals. In many countries, there has been little documentation of such knowledge, rather it has been transmitted across generations by an oral tradition and is therefore in danger of extinction. While the traditional healers have less to offer in the treatment and control of epidemiologic and endemic infectious diseases like foot and mouth disease, rinderpest, anthrax and acute life threatening bacterial diseases, they can cope with a reasonable spectrum of common diseases such as diarrhea, worm infestations and respiratory disorders. Livestock owners too have an excellent knowledge of ethnobotany, which has formed the basis of screening plant materials as potential sources of medicinal drugs.

In Africa, several workers have studied ethnoveterinary medicine over the century. Many authors have given excellent reviews of the history and evolution of these researches. The herders of Turkana and Samburu communities in Kenya identified about 60 diseases of livestock and grouped them as treatable and non-treatable using local remedies. Approximately 35 of these diseases were treatable including mange, cough, and diarrhea. Similarly scientific research and

experiments among farmers in Trinidad and Tobago found that adding preparations from plants such as *Normadica charantia* to drinking water improved the productivity and profitability of broilers. Papaya latex (*Circaria papaya*) has been successfully used as an anthelmintic drug in goats. Despite such success very little of this traditional knowledge has been documented in developing countries and ethnoveterinary medicine has no place in mainstream medicine. There is a general consensus among researchers about the need and significance of recording and evaluating the different therapeutic and control procedures evolved over time away from modern influences. Since these communities have survived over many centuries essentially on their own, many of their healing or preventive procedures having also evolved over millennia should have logic, utility and acceptance. Further, the need to preserve a disappearing ethnoveterinary heritage is compounded by problems in the modern veterinary health sector in developing countries. The supply of veterinary health service and medicine is constrained by scarcity and prohibitive cost. Although an extensive network of veterinary hospitals exists, a multitude of constraints operating in this sector force many livestock owners to resort to traditional methods of treatment. Ethnoveterinary medicine offers great potential for development and provides low cost alternatives to allopathic medications.

One of the constraints in the application of this innovation however has been that information about ethnoveterinary medicine for use of field level development workers is generally scarce. It is important that ways to increase the availability of appropriate materials and ways of encouraging and enabling development workers to use these techniques are explored. One of the main reasons there are so few information materials appropriate for development workers is that such materials are difficult to prepare. The information typically comes from different sources. The materials must

be accurate and supported by scientific research or field experience yet must be relevant to the needs of the audience. To be effective, the materials typically need to be written out in non-technical language. Information material is traditionally produced in different ways: written by a single author, compiled by an editor or synthesized through a conference. Each of these approaches has distinct disadvantages. The aforesaid approaches usually involve scientists rather than development workers and farmers with the result that the manuscripts therefore lack the richness of practical experience and indigenous knowledge that development workers and local people provide. Development workers have no opportunity to comment on the relevance and usability of the manuscript. Further, information material for development workers and local people should be pre-tested and revised before they are published, but this vital step is often skipped to save time and money.

The experience of various organizations in Asia and Africa has shown the success of the workshop approach developed at the International Institute of Rural Reconstruction in the Philippines. This method compresses the preparation of the final manuscript into a short time by involving scientists, farmers and development workers in the process. A team of editors, artists and computer operators help the participants to revise, illustrate and desktop publish the manuscript.

WORKSHOP PROCESS

1. Preparation

The preparatory phase for unto one year is to identify partner institutions, delineate workshop themes, identify topics and participants and raise funds by the steering committee. The steering committee members are selected based on their knowledge, experience in Veterinary Science, traditional medicine, pharmacognosy, livestock production, animal health care and extension. This committee identifies potential authors who are asked to prepare manuscripts on 2-4 identified diseases.

2. First draft preparation and discussion

Each author could be asked to present his first draft. Copies of the draft should be given to all the participants who can suggest revisions and modifications as well as the simplification of language and text. Early in the workshop, the participants can have a brainstorming session to generate the list of diseases which have been accidentally omitted from the initial list prepared by the steering committee. Veterinarians have the role of preparing the original manuscripts and presenting the same before their colleagues and other participants. The traditional

healer has a great role in suggesting traditional methods of treatment. Each treatment for a disease is discussed by specialists from both backgrounds and they are rated by them according to whether they are standard veterinary treatments or close equivalents, could be supported by scientific knowledge or are judged by traditional healers to be effective. Separate rating sheets should be prepared for different categories of specialists.

2. First draft revision

After each first draft presentation, during the presentation by the next author, an editor can help the author revise and edit the first draft. This may involve complete rewriting and simplification of the text, inclusion of new information suggested during in the first presentation and illustrations in the text. The edited draft and artwork are then passed to the computer operator who scans the artwork on to disc and desktop publishes the manuscript to produce the second draft.

3. Second draft

The process for the first draft revision is followed again and the second draft is prepared. It is better to do this work in small groups to enable a detailed review of the topic and help the participants to review a large number of manuscripts. The second review is important not only from the point of view that information can be corrected and included but also from the fact that the development workers and the local healers present can comment on the format and presentation of the matter. This process can help to act as a pretest of the manual.

4. Third draft and final revision

After the presentation of each second draft manual, the authors, editors, artists, and computer operators again revise it and develop the third draft which is again distributed to participants for comments and corrections.

The publication resulting from the workshop can be loose leaf, a set of pocket sized booklets or a bound book. The advantage of this method is that the diversity of the participants ensures that numerous ideas are represented in the materials produced. The disadvantage of the workshop method is that the whole process can be very intensive in terms of time and money involved. When considering whether to plan a workshop or to use conventional methods, the benefits of the workshop approach must be weighted against these limitations. □