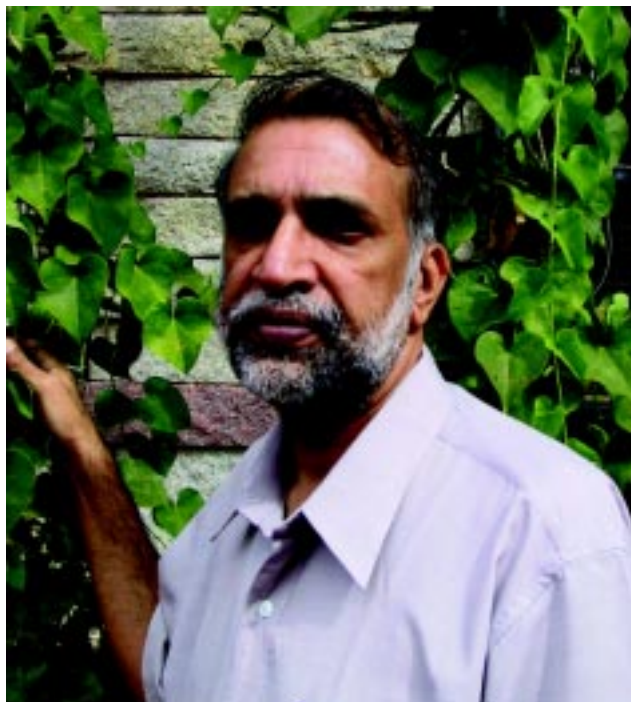


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## FOUNDATION FOR REVITALISATION OF LOCAL HEALTH TRADITIONS (FRLHT), KARNATAKA



*Darshan Shankar at the FRLHT campus*

Darshan Shankar, during his 12 years of work as a social activist in Karjat, Maharashtra, came into contact with rich, medical knowledge and traditions that indigenous people there had based on plant and animal resources in the ecology around them. This knowledge was, however, seen as being ‘unscientific’ and invalidated since it was incomprehensible to western bio-medicine. At that time, Shankar felt inspired by these rich Indian traditions, and simultaneously humiliated as a citizen by the denial of their importance. Foundation for Revitalisation of Local Health Traditions (FRLHT) was thus created to revitalize the Indian medical heritage by redirecting attention and restoring dignity to these traditions. These traditions located their purpose as restoring swasthya – the establishment in one’s self.

The Foundation is located in Bangalore and works across the country. It was registered in 1991 and started work in 1993. It has three strains of work: identification and conservation of medicinal

natural resources; making the knowledge contemporary; and energizing local systems of health care. Thus, the Foundation pays meticulous attention to each species of medicinal plants as if it were a ‘star’. The nature, use and conservation of each is discussed and recorded to validate, store and access knowledge about them.

This revitalization of knowledge aims at restoring the spine of the traditional knowledge systems by creating a knowledge network that will provide the platform for exchange of ideas, information, services and products in traditional medical systems. In this the effort is to rejuvenate these traditions without distortion and make their use relevant in the contemporary, modern context.

Indian health culture flows through two distinct and symbiotic streams of knowledge – folk and codified; and each are processed differently within the Foundation. Codified information available in ethno-biological listings of medicinal plants as well as the thousands of manuscripts within the Indian schools of traditional medicine (such as Ayurveda, Unani, Siddha, Yoga and Gso-rig-pa) are stored and digitalized for easy access across health traditions. Commonalities with western systems of medicine are also sought. In restoring knowledge of oral folk (local health) traditions, community participation is emphasized through engagement with local healers.<sup>1</sup> The ownership of this knowledge is vested in the community.

Darshan Shankar is the executive director of the Foundation and there are six joint directors, committed and competent in the areas of their specialization. They collectively take responsibility for the work culture including systemic and administrative authority. Each joint director looks after a unit undertaking a specific set of activities (laboratory, traditional systems of medicine,



*Research at the pharmacological laboratory*

scientific repositories of natural resources, in situ conservation, mini-hospitals). Seventy-five people work in different units within the institution, and come from varied professions (such as foresters, scientists, traditional physicians).

Each unit sets its goals and plans and these are then synchronized at the directorial level. Periodic meetings within and across units are held to discuss the progress made; and is supported by documentation. Thus, the leadership alone does not mediate understanding and transparency amongst the different units.

Besides these systems, Shankar draws attention to the importance of personal (moral) authority vested in the individual; exerted by example and transparent demonstration, and points out that devolving this individual authority is difficult. He also points to the necessity of being personally open and broad-minded – welcoming other's ideas and acknowledging their importance in moving ahead.

Probably the most significant quality that Darshan Shankar embodies is perseverance. Mrs Noori, who has been with the Foundation since its beginnings, observes that when the vision of the Foundation was first discussed, she laughed

at its impossibility. Ten years later, the original goals have become realistic; and the consequences of the work and the path ahead evident. The clarity in the vision and its materialization, she says, is not incidental. It is because of the dogged determination with which Shankar and the members of the Foundation have worked to bring parts of it alive.

Over the decade, this has come with the mustering of the right people (skilled and committed) and right resources (technology and infrastructure). Shankar points out that the paradigm differences in world views and concepts that lie between traditional and the western health systems make the discussion between the two impossible. To continue work, a great deal of patience on the part of all concerned is required.

The biggest challenge for the Foundation remains maintaining the balance between people and resources which is difficult and time-consuming. For instance, the laboratory has to conduct global research and validation with inadequate technology, resulting in technological isolation.

In the past year, three of the Allied Trusts (Jamsetji Tata Trust, RD Tata Trust and Tata

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Education Trust) have sanctioned a corpus grant of Rs. 150 million over two years to the Foundation to ensure that the work of the organization becomes autonomous.

The Foundation has already several achievements to its credit ranging from policy intervention for in situ forest conservation efforts, to setting up mini-hospitals that provide traditional health care, to creating an active and well-organized database that allows extensive access to knowledge about these medical systems. Currently, it is the only organization within the

country with consistent knowledge and databases of medicinal plants in the country and it has been internationally acclaimed for its work.<sup>2</sup>

<sup>1</sup> These local healers traditionally acquired information about healing through guru traditions and only practised it as a social welfare activity. Rarely did they earn their livelihoods from these activities though people whose health conditions they healed may have given offerings in kind.

<sup>2</sup> Norman Borlaug Award (1988); Equator Initiative Prize (2002), World Summit on Sustainable Development; International Cultural Stewardship (2003), Columbia University.



*Ethno-medicinal plant garden at the FRLHT campus*