Most Western trained physicians are aware of that many of the world’s important pharmaceutical medicines were discovered by studying the traditional medicine of indigenous peoples. Ethnobotanists, conservation organizations, botanical gardens, museums, human-rights activists, and many others, have provided examples of these life-saving medications. A few of the most well-known modern therapeutics derived from traditional knowledge include the divine plant of the Incas *Erythroxylum coca*, which has yielded cocaine used as a local anesthetic and Lidocaine, a synthetic analogue of cocaine, which is utilized as an intravenous antiarrhythmic to prevent ventricular arrhythmias following myocardial infarctions. The anticancer compounds vincristine and vinblastine, used to treat Hodgkin’s disease and other lymphomas, were derived from *Catharanthus roseus*, which was studied initially because of its ethnomedical use to treat type II diabetes (noninsulin-dependent diabetes; NIDDM). In fact, one of the most important compounds utilized to treat NIDDM, metformin, was derived from *Galega officinalis* (goat’s rue) because of its use...
in traditional medicine in medieval Europe. One final less–well–known example is the drug pilocarpine, still isolated from the Brazilian plant *Pilocarpus jaborandi*, which is a parasympathomimetic utilized to treat open-angle glaucoma as well as xerostoma. The debt of modern medicine to the cultures that have provided these sources of these lifesaving medicines is part of widespread international debates on the appropriate methods of benefit sharing and concerns about the entire global system of intellectual property rights may be addressed in future essays.

The same traditional medicine systems that have discovered and used these plants for hundreds of years are increasingly becoming integrated into the global public health system. More and more countries are recognizing the importance of traditional medicine practitioners as a key part of their national public health care systems. Chief Cosmas Ozonnamalu (see photograph at the beginning of this paper and Fig. 1) is a member of the Nigerian Union of Medical Herbal Practitioners based in Enugu, Nigeria. He served as the leader of the Ninth Mile Traditional Healers Association, a group that comprises several thousand traditional healers. The Ministry of Health in Nigeria and the traditional medical boards in numerous Nigerian states have recognized and work with traditional healers’ associations as part of the country’s national public health-care system. Figure 1 shows a traditional and spiritual healer holding a plant that is utilized to treat NIDDM. The plant is part of local diets, prepared in soups but also utilized to treat patients with “sweet urine or sugar disease,” as it is often called in many cultures. She is being interviewed by a western trained M.D. and an ethnobotanist Fred Ozioko B.A. (Botany and Forestry) (Fig. 2). This team work is being done with the Bioresources, Development and Conservation Programme (BDCP.org), which has been collaborating with traditional healers in Guinea, Ghana, Nigeria, Cameroon, and Kenya for more then 10 years.

A similar approach to traditional medicine, research, and public-health programs has been adopted by many African nations such as South Africa, Ghana, Senegal, and Tanzania where the vast majority of the populations is treated by traditional medicine. The third photograph (Fig. 3) is a father and son, both traditional healers in Tanga, Tanzania. Wazeri (who died in 1995) and his son Salehi, are both part of the Tanga Aids Working Group (TAWG). TAWG is an interdisciplinary group that links physicians, health workers, traditional healers, people living with AIDS (PLWAs),
and social scientists. TAWG was focusing on increasing research on medicinal plants that were showing promising results in the treatment and management of patients with HIV/AIDS in Pangani, Tanzania. The core focus of TAWG is to treat people living with AIDS with traditional medicines, to provide compassionate care, and to conduct applied ethnomedical research. The methods of TAWG were used also to bridge the gap between traditional and hospital medicine, to provide much needed integrative health care to PLWAs. These traditional healers and their colleagues, in collaboration with many other healers and the regional hospital, have treated 4000 patients and have created highly respectful collaboration with Western-trained medical doctors at the regional hospital. There are similar examples of traditional healers as core public health-care providers working in collaboration with Western-trained medical professionals throughout the world.

The World Health Organization (WHO) will publish a global atlas of traditional medicine, which is focused, in part, on the illuminating the tremendously rich, diverse, and effective systems of traditional medicine around the world. One of the applications of this Atlas will be to help the global public-health community to learn about and identify healing systems that can be honored, integrated, and applied to the tremendous challenges of international public health. We know that many of the divine plants and healers of traditional medical systems have introduced our “modern medicine” to extremely effective and potent therapies. It is now then increasingly important to reconnect these healing systems to the public health challenges that are facing people all over the earth. This can best be accomplished through respectful, open crosscultural and medical collaboration between traditional healers, their healing systems, and scientific/medical public health research. Many people have found, and will continue to find the interface of these systems with benefits to people and cultures throughout the world.

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