

Ethnobotanical Survey in Kun Lone, Lashio District: Documenting Traditional Medicine

Key words

Ethnobotany
Myanmar
Traditional medicine
Ethnomedicine

Author names: Mar Mar Aye

Organization: Botany Department of Lashio University, Northern Shan State, Myanmar

Contact email: pro.marmaraye@gmail.com

October 2017

Policy Pointers

Formal recognition of traditional herbalists and healers by official government officials.

Documentation of traditional practices and database of all useful plants and their treatment purposes.

Official knowledge sharing between traditional practitioners and local policy makers in order to preserve information and continue formalized study of the subject.

Conservation and management efforts to promote the diversity and protection of rare or endangered of plant species



Interview with herbalists at 'Five-Days Market' (Credit: Thi Thi Tun)

Kun Lone township, situated in Lashio District, Northern Shan State, Myanmar is home to various ethnic groups, namely the Kokant, Wa, Kachin, Larr hue, Bamar, and Shan. It is also home to various medicinal plants that are essential for traditional medicine practices. In developing countries, traditional medicine is perceived to be an important part of human health care (WHO, 2002). In Myanmar, health care has even been provided to the people with potent therapies of traditional medicines at Yangon Traditional Medicine Hospital, Mandalay traditional medicine hospital and Monywa Traditional Medicine hospital. Myanmar traditional medicine practitioners aim to give health care services to people in accordance with their traditions. This policy brief documents traditional ethnomedicine use and practices in Kun Lone township and suggests ways that traditional medicine can continue to provide health care benefits for the future.

Why Ethnobotanical Studies?

Traditional medicine has been practiced in all parts of the world since the beginning of the modern human, so its importance to history and the future of medicine should not go unacknowledged. Ethnobotanists explore how plants are used for such things as food, shelter, medicine, clothing, hunting, and religious ceremonies. Ethnobotanical studies are of great importance due to their ability to give a more proper understanding of the interrelations between a region's plant and their scientific and practical uses through traditional knowledge of a local culture and its people. This type of study, collected through interviews with local experts and community members, is significant in that it incorporates locally important plant species in the discovery and use of homemade drugs/medicines. Right from the beginning, the documentation of traditional knowledge, especially on the topic of medicinal uses of plants, has resulted in the creation of many important, modern drugs (Cox, 2000; Flaster, 1996).

What is the Condition of Medicinal Plants in Kun Lone?

According to the research findings, medicinal plants are considered highly valuable for the study region's various ethnics groups. Some plants are used as traditional medicine for multiple illnesses. The medicinal plants examined in the botanical survey were found in a wide range of habitats including woodlands, rocky surfaces, forests, grazing areas, farmlands, home gardens, alongside roads and riversides, farm borders and fences. Several plant families were identified, including Acanthaceae, Lamiaceae, Asparagaceae, Euphobiaceae, Anarcadiaceae, Polygonaceae,

Dioscoriaceae, Solanaceae, Nyctaginaceae, Caprifoliaceae, Taccacaceae, Chloranthaceae, Menispermaceae, and Laganiaceae. The most widely sought-after plant parts in preparation of remedies are the roots, leaves and stems, in this order.

Many of the most important plants in terms of their medicinal value, are in becoming depleted. The main threat to medicinal plants in their natural ecosystems is increasing population pressures, logging, and agricultural expansion due to increased popularity of cash crop agriculture and rubber plantations in the area. Now, the methods of slash and burn agriculture is being used to clear larger portions of forests, fields and mountain slopes in order to facilitate the growing of rice, corn and sugarcane, increasing the rate of deforestation. Local people who live in the study areas cultivated rubber, corn, sugarcane and rice for local consumption and for export to neighboring countries. Villagers also rely on synthetic chemical fertilizers when cultivating these cash crops. These factors, combined with the natural vulnerability of such arid and semi-arid lands exacerbated by seasonal and climate changes may lead to further reduction in natural habitats of the medicinal plants.

Results from this research encourage that more research be done on the effects of synthetic chemical fertilizers in cash crops, as it may affect soil fertility and damage native herbal medicinal plants. Moreover, because during the research period, some local people said they get less income and no profit upon selling the cash crops, research should be done to understand why people still cultivate the cash crops.

The medicinal plants in the area are becoming scarce and traditional healers have resorted to planting them in their home gardens and sourcing the plants from distant places, including the banks of the Thanlwin (Salween) River. However, traditional healers still depend largely on naturally grown species in their locality because of their belief that those species in the natural vegetation are more effective in the prevention and treatment of diseases and health problems when compared to home-grown plants.



Herbal plants soaking in traditional rice brew for curing swollen intestinal tract (Credit: Swe Swe Win)

Where Can Local People Access Herbal Plants?

While some of the community members in the study area rely on modern medicine, a majority of local people use traditional medicine for treatment of their health problems. Villages located around the slopes of the mountain can easily collect herbal plants for their own use and plants are also available for sale at the “Five Days Markets” by herbal plants sellers. Local ethnic people, especially herbalists, sell both fresh and dried herbal medicinal plants in the market. These markets also serve as a platform for cultural and knowledge exchanges between rural and urban communities through the sale of herbal medicinal plants.

Commonly treated illnesses by traditional medicines include bone fractures and stomach disorder, which is an indication of the prevalence of the diseases in the area. In some villages, the herbalist used the combination of more than one dry plant. These plants were soaked in a traditional rice brew or a decoction of water for treatment of swelling of internal organs.

The Importance of Herbalist Roles Within the Community

Herbalists are very important figures to the community, especially to those that have limited economic and geographic options. Villagers who live in mountainous regions with limited means of transportation especially during rainy season have less access to resources, therefore, are in the lower economic strata. This condition makes it difficult for the villagers to access modern medicine and healthcare which are usually only accessible downtown and the government can only support certified midwives and nurses to respond to their healthcare needs. As there are no public hospitals or clinics found in mountain areas, villagers depend on herbal medicinal plants as immediate remedies for their ailments. Herbalists in the communities that practice traditional medicine have filled this gap in healthcare for a long period of time and because of the important role they play, villagers pay them high regard and respect.

Traditional healers/herbalists are not yet officially recognized as registered healthcare practitioners in the study areas but a majority of the herbalists treat only human ailments, with a few also attending to livestock health as well. The older age range of



Herbalist of Yae Lei Kyun (Credit: Thi Thi Tun)

most herbalists is an indication of how long it takes for the knowledge to be acquired through the years, or the fact that the practice is not readily being passed down to younger generations. This particular finding solidifies the need to urgently document this traditional method of healing in villages before it disappears. Most young villagers are not interested in learning the usage of traditional medicinal plants and the needed knowledge for conservation of these species because it is less profitable compared to growing cash crops.

Government Recognition of Traditional Medicine

In 1996, the Government promoted the Traditional Medicine Drug Law in order to control the production and safety of traditional medicine drug systematically. This was followed by the series of notifications, concerning registration and licensing, labeling and advertising of modern and traditional medicine. One of the objectives of the Drug Law is “to enable the public to consume genuine quality, safe and efficacious traditional drugs” (WHO, 2012).

In Myanmar, the Traditional Medicine Drugs Exhibition, a conference of traditional medicinal practitioners, has been held annually by government in Nay Pyi Daw, aimed to improve the quality of Myanmar traditional medicine. This was done by providing the public, not generally knowledgeable about the topic, with herbal medicinal knowledge from the traditional practitioners. Now the Myanmar government has formed the National Health Committee for Health Development, stating in its National Health Policy that it aims to reinforce the service and research activities of indigenous medicine to international level and to involve such practices in community healthcare activities.¹

Policy Recommendations

The ethnobotanical study, involving the collection of species and taxonomic descriptions conducted in Kun Lone through the assistance of local experts will serve as a precedence in urging the Myanmar government to undertake systematic documentation of herbal plants and their medicinal uses throughout the country. This will also provide an arena to further study the linkages between traditional and scientific knowledge in communities such as Kun Lone. The importance of medicinal plants to local people and the observable decline of their presence in mountain areas also requires serious thinking on how the environment can be protected from illegal logging and over-harvesting, and other activities that affect the growth of herbal plants. Knowledge sharing is also crucial not only between the local practitioners but also between local policy makers, so that efforts can be initiated to conserve and sustain valuable medicinal species.

- ❑ Medicinal plants can support the healthcare system of local communities. An indigenous knowledge of useful plants is valuable for the cultural resource of local people and also the local people benefit from the sharing of valuable information about plants, their uses and diversity of species.
- ❑ The majority of herbalist from the research sites have received their knowledge passed down from their ancestors through the use of oral communication. Therefore, the author hopes that this research, and others like it, will provide documentation of the traditional medicinal knowledge of plants and their valuable uses in Kun Lone, Myanmar.
- ❑ By highlighting this knowledge, this brief intends to inspire a broader outlook regarding the cultural and social importance of traditional healing practices to (ethnic) communities in Myanmar, and particularly in Shan State. This brief also seeks to raise awareness on the uses of medicinal plants commonly available in villages and encourages a practical and sustainable approach toward the conservation of referenced plant species in Kun Lone Township of Lashio district.



The women of Wasoke (Credit: Thi Thi Tun)

- ❑ Related to issues of deforestation and herbal medicines, it is also clear that existing policies such as the 1992 Forest Law should be enforced in support of conservation efforts. To prevent deforestation and overharvesting, which negatively impacts medicinal plant crops, people's awareness should also be raised about the negative effects of the effects of their current cultivation practices.

Knowledge Products

The Center for Social Development Studies (CSDS) is within the Faculty of Political Science, Chulalongkorn University. We produce interdisciplinary critical research on social development in Southeast Asia, engages in policy-making through building partnerships, and provides a public forum for debating critical issues.

Contact

Center for Social Development Studies (CSDS), Faculty of Political Science, 2nd Floor, Building 2 (Voraphakphibul Building), Henri-Dunant Road, Pathumwan Bangkok 10330, Thailand

Tel: + 66 2 218 7313

Email:
csds.chulalongkorn@gmail.com



The fellowship program has been supported by the CGIAR Research Program on Water, Land and Ecosystems Greater Mekong program, and Australian Aid

¹ For more information on the subjects discussed in this brief, please visit the *Mekong, Salween and Red Rivers: Sharing Knowledge and Perspectives Across Borders* international conference proceedings at <http://bit.ly/2ykDz1f>.

References

- Balemie, K., Kelbessa, E., Zemedu Z, 2004. *Indigenous Medicinal Utilization, Management and Threats in Fentale Area, Eastern Shewa, Ethiopia*. Ethiopian Journal of Biological Science 3, 1–7.
- Cox, P.A., 2000. *Will tribal knowledge survive the millennium?* Science 287, 44–45.
- Flaster, T., 1996. Ethnobotanical approaches to the discovery of bioactive compounds. Progress in new crops. In: Proceedings of the third National Symposium, ASHS Press, Alexandria, pp. 561–565.
- The State Law and Order Restoration Council. (1992). *The Forest Law*. Government of Burma, Yangon.
- World Health Organization (WHO). 2002. *Traditional Medicine in UNION OF MYANMAR*. Traditional and Alternative Medicine. Fact sheet No. 271. http://www.searo.who.int/entity/medicines/topics/traditional_medicine_in_union_of_myanmar.pdf.



RESEARCH
PROGRAM ON
Water, Land and
Ecosystems



Greater
MEKONG

We would like to thank all donors who supported this research through their contributions to the CGIAR Fund (<http://bit.ly/2zud1lg>).

The views and opinions expressed in this brief are solely those of the author and do not necessarily reflect the official policy or positions of the Center for Social Development Studies, Chulalongkorn University or the funding sponsors.