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Global Herbal Medicine: A Critique

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ABSTRACT

Herbal medicine finds itself at a crossroads. If it continues to become mainstreamed in a commodity-driven health industry, its focus will change from craft-based tradition to globalized industry. On the other hand, if the fundamental importance of tradition to indigenous and non-indigenous medicine is respected, ecologic and cultural issues arise. Central here are the issues associated with control of both land and culture. Many indigenous cultures and their local ecologies are currently threatened by globalization. Historically, successful large corporations have neither respected the environment nor easily acknowledged indigenous claims to land and intellectual property, so no easy resolution of these conflicts seems likely. Our case study of Mapuche medicine allows us to explore the social and cultural conflicts that many practising herbalists experience. We argue that because of the basic contradictions involved, the protection of cultures and ecologies that underpin the discipline must be made a clear priority. We argue that local cultural traditions are clearly at odds with a globalizing herbal industry.

INTRODUCTION

This paper is based in the idea that the traditions of herbal medicine (in the Americas, Europe, Asia, Africa, and Australia) have common cultural roots in shamanism and Nature worship—practices that have provided humanity's most archaic psychocultural memories and that remain relevant to our understandings of the past and future of herbalism and "natural health." These earliest cultural–spiritual practices survive in many indigenous cultures as well as in many forms of natural and complementary medicine and, for some, continue to underpin the search for ecological sustainability and personal health. Such ancient wisdom does, however, continue to challenge the logic of a globalized herbal industry. The example we develop in this paper is that of the medicine of the Mapuche people in southern Chile.

In so far as ancient modalities are animistic, cosmologic, and ecologically situated, the historical lineage of herbal medicine is "outside the square" as far as the Western mainstream has been concerned—since at least the scientific revolution and arguably since the advent of a Christian Europe. Pre-Christian (or indeed post-Christian) spirit worlds and cosmologic principles that impinge on human worlds have been, and still are, at odds with both scientific and religious orthodoxy, the broad sweep of modernization,* and now, with globalization as we go on to discuss.

Nonetheless, the continuing resilience of non-Cartesian–Newtonian practices challenges

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*That is, the typically Western processes of progress and development based on industry and high technology. See the preeminent sociologist Anthony Giddens (listed in references) on modernity for a sociologic account of these ideas.

those dominant "establishment" views, which are fundamentally based in positivism[†] and the desire to market medicine as a commodity. In the case of herbal medicine, the continuing antipathy of many traditional herbalists to *global herbalism* is based in the fundamental contradiction between Earth-centered views that preserve the local and the more abstract globalizing views of the scientific establishment and big business. This tension between the beliefs and practices of a corporatized and commodity-driven herbal products industry and the holistic Earth-centered cultures of indigenous peoples, and many Western natural therapists, has stimulated this paper about the conflicted nature of contemporary herbal medicine in the West.

Recent experience with indigenous Mapuche in Chile[‡] further illustrates this "local versus global" culture clash. We argue that the shamanically based herbal medicine of the Mapuche provides salient insights about the meaning and consequences of the concept of "tradition" in herbal medicine. In particular, we argue that traditional herbal medicine is dependent on the preservation of local cultures and local ecologies. This radically challenges global herbalism and the mass production and commodification of herbally based substances.

As we write this paper, the World Health Organization's first global strategy for traditional medicine (launched May 2002) is eloquent proof of the need for urgent consideration of the consequences of globalization on herbal medicine. The aims of this project include promotion of the rational use of traditional medicine, minimum training for traditional medicine practitioners, and clinical research into safety and efficacy of traditional medicines. The assumptions underlying this approach seem to promote the interests of a global herbal industry over the protection of local traditional practice. Finally, we note the increasing media concerns with the probity of corporate behavior in the United States at least, in the wake of the Enron collapse.

GLOBAL HERBALIM

The increasing transcendence of social time and space by new technologies and internationalized markets was originally termed *globalization* by sociologists and political theorists (e.g., Giddens, 1991). The concept was first introduced by Marshall McLuhan (McLuhan, 1964), the Canadian media specialist who used the term *global village* to describe the effects of new communication technologies on social and cultural life. More recently the economic impact of the globalization has been frequently emphasized.[§]

In 1986 the economist Peter Dicken addressed the "massive shifts" that had been occurring in the worlds manufacturing industries. He identified the three major forces involved to be transnational corporations, national governments, and revolutionary developments in "enabling technologies" (in communication, production, and organization) (Dicken, 1986).

Global herbalism we see as expressing all these forces and although the idea of globalization now raises many issues across disciplines, the three forces Dicken identifies are sufficient to define the major political economic dimensions of the global herbal industry. This includes the movement of transnational companies into the herbal and health food industries, the explosion of government interest in

[†]In his classic treatise, the Polish philosopher Leszek Kolakowski summarizes positivism's central assumptions as: (1) The rule that all knowledge is ultimately based in sensory perception (phenomenalism); (2) the rule that all knowledge can be traced to individual facts (nominalism); (3) the rule that refuses to call value judgements and normative statements knowledge; and (4) a belief in the essential unity of the scientific method (the globalizing methodological claim of the physical sciences). These philosophical principles may be essential to the natural sciences, but they are definitely problematic for any natural medicine within a holistic framework.

[‡]We acknowledge the invaluable assistance of the Sociocultural Centre, Catholic University of Temuco, Chile to Sue Evans in enabling this. Particular thanks to Dr. Teresa Duran.

[§]See for example the Organisation of Economic Cooperation and Development definition of globalization as "the geographic dispersion of industrial and service activities (for example research and development, sourcing of inputs, production, and distribution) and the cross-border networking of companies (for example, through joint ventures and the sharing of assets.)" (Bannock et al., 1998) (In references).

regulation of the industry, and the incorporation of new techniques into the manufacture of herbal goods. No longer is the simple herbal tincture or herbal tea the "norm" when taking herbal medicine.

Today the term has also become the theme of social movements dedicated to "anti-globalization." In these discourses, globalization has been seen widely as an extension of the logic of capitalism rather than something new (see Harvey, 1989). We are less accepting of its inevitability: in the case of herbal medicine we do feel that new possibilities arise as a result of globalization, but so far we have seen only a side of capitalism that erases rather than encourages difference and competing views. We hope to see an heterogeneous capitalism that can facilitate the development of tradition, but the obstacles we discuss in the case of the herbal industry show no early signs of resolution. At least we still live in a world not totally dominated by the logic of growth, development, and corporate profit. The continued existence of traditional Western herbal medicine, a practice, which itself, has a long history of interlinking the global and the local by incorporating herbs from far and near (e.g., the spice trade), demonstrates this fact.

Nonetheless, the current globalization of the herbal industry is a phenomenon of international capitalism and a contributing cause of multiple inequalities (such as the poverty of peasant farmers and the destruction of ecologies). It also has a more subtle counterpart (i.e., the taken for granted dominance of "science" and "technology," which, used as social and cultural policy, continue to attack different cultural frameworks as primitive/prescience/irrational). In this way it privileges materialism, growth, and "development." Our experiences with the Mapuche further illustrate this cultural clash. Traditional Mapuche medicine seems unable to be globalized or to incorporate generic herbal products into its practice. The shamanic cultural framework of these people is paradigms apart from hard science, clinical trials, mass marketing, and the incorporation of standardized extracts into the craft.

In short, the so-called globalization of society and culture has influenced contemporary Western herbal medicine in a number of ways that challenge the rationale of traditional herbalism. As herbal medicine becomes an international industry—*global herbalism*—it is pushed toward a positivist and reductionist philosophical appreciation of the use of medicinal plants. This global 'take' on the herbal industry is far from the Mapuche medicine we go on to describe, and is also quite at odds with the philosophy and practice of traditional herbal medicine.

Global herbalism as industry

As an industry, global herbalism markets herbal preparations as drugs, or medical commodities in a lucrative trade in wild-crafted and cultivated herbs. In its search for novelty and market advantage, this trade relies on constituent chemistry and new production techniques, international advertising and marketing, and transfer pricing (among other transnational tax-avoidance schemes). The industry is supported by scientific and technological specialisms whose research and development is strongly led by the needs of industry and markets.

As this industry has moved from a small business to one of interest to much larger corporations, globalization amounts to the internationalized rationalization of raw materials, processing, and marketing. In that respect a herbal product is little different than a Toyota.

These globalizing processes have already had profound policy effects in the Australian context. Since the entry of major pharmaceutical companies into the marketplace, the regulatory requirements for herbal products has changed in their favor and the disadvantage of small, low-tech manufacturers of traditional herbal products. The last 15 years has seen the disappearance of small herbal manufacturers, their place taken by larger herbal (and natural medicine) companies and pharmaceutical companies.

Under the banner of improved safety and efficacy for consumers, this has occurred in two ways. First, governments, through their regulatory authorities have "raised the bar" for small manufacturers in areas where pharmaceutical companies have expertise and the ability to absorb increased costs (e.g., with regard to the code of good manufacturing practice

[GMP], a code developed for the pharmaceutical industry). Second, the application of new pharmaceutical manufacturing techniques to herbs and the industry's continual search for "novel products" has redefined the industry and leads to difficulties in defining "herbal medicines" under relevant legislation.

There is pressure on regulatory authorities to define herbal products in ways that benefit the industry. For instance, in Australia, prior to the introduction of the Therapeutic Goods Act in 1989, herbal products were in regulatory "limbo," neither foods nor drugs. When the Act was introduced, many herbs were legally defined as therapeutic goods, and the category of "traditional herbal use" was established. This allows herbs with a history of medicinal use to be publicly available without having to undergo expensive clinical trials. At that time (1989), the low-technology nature of herbal manufacture provided limitations to the strength and therefore dose of herbal products. More recently, pharmaceutical expertise has been widely applied to herbal manufacture, and has resulted in the development of herbal products many times stronger than those previously available.

There is no question that consumers have a right to quality assurance with regard to herbal products, and aspects of GMP, used appropriately, facilitate that assurance.

However, the marriage of regulation (in the form of GMP) and the application of new manufacturing techniques to herbal medicine makes for an interesting loop. As the herbal products found on the shelves of retail outlets and within herbalists' dispensaries are increasingly removed from the raw herbs themselves (with the use of pharmaceutical techniques to produce concentrated and standardised products and by the introduction of "new" exotic herbs that are not commonly known by practitioners or the public) these regulations become essential. As the regulations become more complex and demanding, products are developed that fit these new regulatory requirements. The traditional use of local plants, simply prepared in water or alcohol for conditions and in concentrations that have been used historically, did not require such regulation and often did not fit it.

The ability to produce concentrated extracts and active ingredients may again facilitate mass production, but the question needs to be raised as to whether products of vastly different concentration remain sufficiently similar, to allow information about appropriate use and safety to be extrapolated from one to the other. In the terms of traditional herbal medicine high doses and strong preparations are rarely the most effective therapeutics. They are also seen to be wasteful. This is not the only issue. The assumption that traditional practices can only benefit from standardization and mass marketing runs counter to the traditions of herbal medicine and its fundamental reliance on local culture and local ecology, as we go on to discuss.

Clearly global herbalism is at odds with the philosophy and practice of traditional herbalism. At the cultural heart of global herbalism, market-driven pragmatism and the strong technological orientation of new academic and industrial specialisms such as phytochemistry do not encourage significant ethical, ecological, or metaphysical considerations. Their main concern is to arrive at the "normal science" phase of development when problems such as those outlined above can become routine and mass production can proceed (c.f., Kuhn, 1962). At this stage technical considerations can dominate the science (and of course the science can become more attuned to the needs of the marketplace). Whatever one's historical or sociologic view on the phases of development of science and technology, there can be no doubting the enormous pressures on all contemporary academic and industrial researchers to relate to economic and industrial considerations. This is particularly evident in pharmacology, biochemistry and chemistry, the major disciplines in charge of the scientific cultures of global herbalism.

At present the main problems in phytochemistry for example, do appear to be highly technological. What chemical constituent of the plant determines its clinical efficacy? Can clinically measurable effects be found for a substance? How can specific amounts of specific constituents be ensured within the plant? Is the magnetic resonance imaging spectrometer powerful enough to detect small amounts of

substance and provide reliable analytical data? These typical research questions do not respond to the philosophical concerns of traditional herbalists. They do, however, provide a basis for a global herbal products industry.

Global herbalism as philosophy

In dealing with these essentially technological problems, herbally focused scientific specialisms do not need a philosophical basis more complex than positivism and materialism. While their techniques can provide useful health adjuncts, many herbalists believe that these techniques are commonly overused and tend to discourage active involvement in good health practices.

As a philosophical system, Western herbalism belongs to a broader vitalist tradition, which is holistic rather than reductionist and mechanistic. Central to this tradition is the underlying assumption that life and health depend on energetic processes and a fundamental *life force*.

Vitalism is clearly not uniquely Western. Its basic assumptions underpin many medical traditions from traditional shamanism to Ayurveda and Traditional Chinese Medicine (TCM). In the West, vitalism has been characterized by the following assertions: (a) the body possesses an inherent intelligence or wisdom, and has an innate capacity to heal itself; (b) the task of the patient and the practitioner is to support this healing process; and (c) clinical emphasis is on treatment of the individual and on processes of recuperation and reestablishing health rather than on the standard treatment of specific, named, diseases. Given that traditional herbal practitioners today rely on concepts such as life force and energetic processes, it is no wonder that non-Western health traditions have become popular throughout the English-speaking world.

In short, while biomedical sciences are a significant part of any reputable training course for Western practitioners of natural and complementary medicine, many practitioners do not rely on "straight science" for their philosophies of healing and cosmological overview. For instance, over recent years the approaches to diagnosis and treatment of both TCM and Ayurveda have become popular among groups of Western herbalists, and Westernized books and courses targeted for this specific market have been developed (e.g., Lad and Frawley, 1986; Tierra, 1988). Frawley (1989) describes this new synthesis of herbal tradition as

> a new movement towards a global herbal medicine that includes the best developments in the medicines of all lands. A new naturalistic planetary medicine is emerging, largely through a reexamination of the older Eastern and traditional medicine of native peoples throughout the world.

That is, Eastern philosophies have broadened the historical and cultural scope of Western herbalism. This is globalizing from within the domain of natural health and healing as it were; all these moves remain among or between holistic paradigms developed as systems of health. They are attempts by herbal practitioners to articulate and develop their work.

In this respect Western herbalism has been transfused with non-Western ideas, now reflected in the diversity of Western herbal practitioners' world views. However, aspects of a philosophy of Western herbal medicine remain evident. Initial results from ongoing research among herbal practitioners in two major Australian cities indicate not only that the concept of vital force is widespread, but also that traditional Western concepts as toxicity, enervation and suboptimum organ function are of practical use to contemporary practitioners. These concepts are used in everyday practice together with understandings derived from pathology and physiology.[¶]

In a rapidly changing field, it is globalization that comes in the guise of science, technology, and progress that is more likely to destabilise the traditions of Western herbal medicine. This is the direction from which an industry led profession will come. Phytochemistry and biomedicine encourage a different kind of globalizing health philosophy and practice.

[¶] Research in progress, Sue Evans.

THE "DISGODDING" OF THE WORLD

This globalization is merely an extension of the Western philosophical project of scientific "rationalization" that began around 1600 with the scientific revolution. As the founding sociologist Max Weber first indicated, the development of Western culture and society has required the "rationalization" of all spheres of society and the "disenchantment" of the world (e.g., Weber 1971, 1974). Only through the "disenchantment" or "disgodding" of the natural and social world has secular reason been able to emerge and science and technology become able to deliver a global health industry. It follows that a global herbal industry (or any other modern industry) has depended on this secularization for its emergence.

In summary, as well as being an industry, global herbalism is also a contemporary expression of the, scientific and technological revolutions that have come to stand for the idea of "disgodded," "mechanistic," and "modern" views of the natural (and social) world.‖

This "disgodding" and mechanization was of course never complete, but as a metaphor it does describe a major power shift in Western culture from "traditional" alliances of church and state to more modern societies that are industrial, secular, and democratized. One legacy of this cultural shift (into modernity) is great abuse of the natural environment, with madcap attempts to focus all efforts on mass production, mass markets and mass marketing. In this, local, indigenous, and traditional practices become so many obstacles to the growth of large firms (and large profits) and the control of medical practice.

The first world may have eventually been beneficiary of these modernizing processes, but this largesse was not extended to the third world. Despite the best efforts of the World Bank and the United Nations in early projects such as the introduction of new crops, fertilizers, pesticides, and mechanization, the peoples of the third world tend to remain "dirt poor." Away from those places where matter is observed to be inanimate, where nonhuman life is without "soul," and where human reason is the pinnacle of evolution, other cultures have continued on with different cosmologies and different "realities." We argue that any homogenzing view of reason, progress and modernity hides the difficult fact of the continuing struggle of local (and often indigenous) cultures struggling to survive against a capitalism without heart, face, or sense of history and the future. In the case study we go on to discuss, it happens that the *reason* of science as we know it does not prevail in the minds of Mapuche healers. Traditional Mapuche healing cultures are holistic rather than reductionist and mechanistic.

Medicine of the Mapuche

This brief case study has been developed to contrast global herbalism and its infrastructure with Mapuche medicine. It could be read, we suggest, as another instance of the cultural resilience of indigenous peoples and of the cultural impasse that traditional herbalism presents to global herbalism.

The Mapuche are the largest group of indigenous people in Chile, and one of the largest in South America (Barrera, 1999). Many live in the region of the Aruncanía, south of Santiago. Temuco (675 km south of Santiago, population 210,000) is the most important city in the area. The Mapuche are a people used to struggle: They were not conquered by the Incas, or later by the Spanish, and while they share many problems with other indigenous groups around the world, they have managed to retain many aspects of traditional life. This is particularly so for those who still live in rural areas (about 20% of Mapuche in Chile)**

‖See Berman (1981) in references. The historian Theodore Roszak (1970, 1972; in references) is particularly famous for his treatment of these radical themes. The work of Rupert Sheldrake is more recent and probably better known among contemporary herbalists. Sheldrake (1990, in references) describes the "desecration" and "domination" of nature since the Scientific Revolution. See also "The death of nature," Chapter 1 in Jagtenberg and McKie (1997, in references).

**Alwyn OJ. Indigenous peoples rights in Chile and Canada: A comparative study. Masters thesis: University of British Columbia, 1999.

Mapuche medicine is only comprehensible within the context of Mapuche culture, a discussion that is well beyond the scope of this article. However, in common with other indigenous cultures, the Mapuche understand ill-health to originate from a number of causes, including (but not limited to) imbalance in one's habits of life (diet, sleep, anxiety, etc.), or a disregard for specific values of the community, or from spiritual agencies which may involve malevolence from another person (Caniullan, 2000). In other respects Mapuche medicine is fully vitalistic, as defined earlier.

There are different levels of herbal medicine practiced within Mapuche society. Minor ills may be treated with herbs within the home, but for more serious illnesses the *machi*, or shaman, is consulted. The herbs used for simple illnesses within the home may be of either indigenous or nonindigenous origin: In one study, the number of indigenous and nonindigenous plants used in domestic medicine was equal (Citarella, 2000). The nonindigenous plants are mostly European plants, probably introduced into Chile with the *conquistadors*, with Spanish colonization.

The *machi* use indigenous plants in their treatment of more complex illnesses. Many herbs used by machi (as distinct from those used for domestic medicine) are not cultivated, as "place of growth" is intrinsic to the value of a plant, not just the botanical species. Place of growth, time of harvest, and phase of the moon at time of harvest are important considerations in their use of plants (Caniullan, 2000).

What is particularly at odds with the logic of global herbalism is the fact that medicinal plants can only be protected if the land is protected. Changing patterns of land use have devastating effects on the availability of plant medicines to the machi. The development of medicinal gardens to protect these plants is not possible, because of the relevance of the local ecology to the machi and Mapuche medicine (Caniullan, 2000).

In short, not all the world has ended up with a despirited mechanical cosmology. For the shaman and natural therapist, "the world" is something with which to be in communicative interaction. Holistic healing is predicated on the idea that all human meaning unfolds in relation to other energies and intelligences, and human society—all of which are part of a dynamic, interactive system.

TRADITIONAL HERBALISM: THE THING ABOUT PLACE

Many of the paradigm conflicts that we have been addressing have been well canvassed in the romantic, post-1960s discourses of ecoactivists and healers but the special magic of "place" provides an angle of vision that, in the context of the herbal industry, helps explain just how far an economy and industry dominated by the demands of capital growth is from the needs of traditional herbalism or shamanic healing.

The idea of place—a location in space and time—is familiar to us all as a fact of daily life. What is less familiar is the idea that this is rarely just a point in Cartesian–Newtonian or Einsteinian space. Locations may have meaning and purpose and define the identity of their inhabitants. And they are contested and cultivated by all manner of life forms.

The idea of place is paradigm dependent. The arch-positivist, for instance, does not see, or value, the relationship between a particular healer and a particular herb in a particular place. Subtle realities such as dreams and idea of a trans-species web of life just do not count as evidence or reality here.

In the case of traditional herbalists, such as the Mapuche in Chile, and aboriginal Australians, place is about indigenous rights and rights of access (and ownership) of land, with its ecosystems. Places are also deeply cultural in being alive and imbued with spirits of that location (Evans 2002).

José Alwyn states:

> It is not by chance that the Mapuche called themselves "the people of the land." They used the term *futal mapu*, which means "all our land" to indicate that the land was not only composed of the soil, but also by what was under the surface, by the rivers, the forests, and all that existed above the surface of the earth. They also referred to the land as *Nuke mapu* or mother earth,

> meaning that the land gave everything, and that in accordance with the magic and religious world of the ancestors, it had to be cared for and protected.**

Traditional herbalism is practised in this generally animated context. Traditional European herbalism as practiced in Australia may refer to the signature or "personality" of a herb, which is at least regarded as encoding some sort of ancestral wisdom. Some medical herbalists in the United Kingdom are exploring the contributions of Goethean science combining objective and subjective approaches to reality, to contemporary herbal practice. Such practices may be a far cry from full-blown mystical participation with Plant Gods, but clearly European herbalism has strong links to the conservation movement and the post-1960s, post-hallucinogenic, newly tribalizing, New Age traditions in esoteric and traditional healing.

With its emphases on mass production, biochemistry and standardization, global herbalism provides an antithesis to the magic of the local. On the other side of the paradigm divide, contemporary herbalists have some historical and cultural constraints to deal with (i.e., they often have a far more tenuous relationship to their land than the traditional herbalist) and it can be argued that the use of medicinal plants that originate from an everlarger potpourri of cultures, serves to make that relationship even more distant.

CONCLUSION

Apart from the obvious contradiction between corporate capitalism and all craft-based indigenous cultures, there is a continuing contradiction between the "world views" and cultural practices of indigenous and traditionally based herbalism and the scientific specialisms which support, and create global herbalism. This tension spreads from the forced insensitivity of pragmatic specialisms to the deeper concerns of herbalists with questions of place and ecologic integrity. More fundamentally, the physical and biomedical science's dismissal of metaphysics, spirituality and value judgments marks a basic paradigm divide between traditionally based natural healing modalities and biomedicine and the physical sciences. Our case study of Mapuche medicine is just one typical example of the paradigm wars that face traditional cultures and healers.

In our view global herbalism and the science and technology that support it are based in abstraction. That is, they are in the service and confirmation of general principles in the case of conventional science, and the global growth of capital in the case of industry. This desensitization to the special needs of "the local" has placed many indigenous cultures at risk and fuels the continuing opposition of herbalists, and many others, to the overexploitation of herbs. Our case study of Mapuche medicine demonstrates how fiundamental tensions exist between *local* cultures and practices and the corporate logic of *global* industries.

Bureaucratic regulation and incorporation into systems and structures dominated by transnational corporations are incompatible with traditional health systems. Only if local cultures are able to retain their own meanings and autonomy, such that shamanic (and related) practices are not disempowered by competing cultural practices, will these approaches flourish as viable alternatives, and perhaps even yet complementary systems of medicine and health.

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