

PL-09 Exchanges between Brazilian native cultures and Portuguese traditional medicine – an ethnopharmacological perspective

E. Elisabetsky^a, I. Manzali de Sá^b

^a Universidade Federal do Rio Grande do Sul, Sarmento Leite 500/211, 90050-170, Porto Alegre, Brazil.

^b Museu Nacional/UFRJ, Quinta da Boa Vista, São Cristóvão, 20940-040 Rio de Janeiro, RJ, Brazil.

Folk medicine in Brazil is often described as the rich mixture of African (mostly Yorubá), European (mainly Portuguese) and Amerindian medical traditions. Nevertheless, given the complex exchange at place in colonial times, and the mosaic of influences such as the Islamic in Portuguese and Yorubá traditions, this may be a somewhat simplified view. A closer observation on such exchanges has implications for interpreting Ethnopharmacology surveys. Medicinal plants documented by European naturalists in contact with Amerindian indigenous groups, such as ipeca – *Igpecacoaya* (*Cephaelis ipecacuanha*), became influential in European medical practices, as found at the 1876 edition of the Pharmacopêa Portuguesa⁽¹⁾; several were eventually re-introduced in Brazil as European knowledge. Ethnobotanical surveys can actually reveal distinct contact zones where biological and cultural exchange took place between Portugal and its colonies⁽²⁾. Interestingly, even species used in the European herbalism in a magic-therapeutic context, such as *Ruta graveolens* (Western Europe) and *Zingiber officinalis* (India), can now be found in nearly all of the cultures merged into what is understood as the Brazilian traditional medicine⁽³⁾. The intricate routes of Brazilian popular medicine will be illustrated.

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PL-10 The future of local and traditional medicines in southern Africa

J. Van Staden, G.I. Stafford

Research Centre for Plant Growth and Development, School of Biological and Conservation Sciences, University of KwaZulu-Natal Pietermaritzburg, Private Bag X01, Scottsville 3209, South Africa

Background: South Africa is a country with both rich floral biodiversity and cultural diversity. Herbal traditional medicines (TM) form an important part of the healthcare of most South Africans, with an estimated 27 million users who rely on mostly wild harvested indigenous plant materials.

Objectives: This paper will explore the past and future of TM in southern Africa, highlighting the challenges faced when researching medicines on the African continent.

Methods: This will include a brief historical account of early attempts by Europeans to document the oral medicinal knowledge of the indigenous peoples and some examples of the current influences and pressures, such as the reduced availability of certain species, which are changing this dynamic body of knowledge. The quality and quantity of ethnopharmacological research emanating from Africa will be used to illustrate desperate need for a common research framework in which the numerous research groups working on African TM can be harnessed to ensure the development of this important healthcare system. South Africa is in the process of developing legislation which will facilitate this much needed development and assist in regulating traditional medicine in the future. Countries with a long history of research and development in this area, such as China, will be examined as a potential guide as to how southern Africa can best proceed.

Results and conclusions: Key to the development of African TM is to determine the areas in most need of attention with the greatest impact on the users of this health system. International collaboration and a multidisciplinary approach will be crucial if this process it to be a success.

Keywords: Traditional medicine, southern Africa, biodiversity, conservation.

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