

LEGAL IMPLICATIONS AND PRACTICE OF ETHNO VETERINARY MEDICINE WITH SPECIAL REFERENCE TO HERBAL DRUGS

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Ethno Veterinary Medicine (EVM) refers to people's knowledge, skills, methods, practices and beliefs about the care of their animals (McCorkle, 1986) and not limited to use of herbal or indigenous drugs on animals. But most research and papers on EVM are academic and limited to the use of some known herbal materials/medicine mentioned in Ayurveda (under Ayurvedic system) by conducting some controlled experiments on healthy animals. A study that is based on conventions of the rural publics could rarely be seen. To be useful one has to scientifically validate the conventional practices of each region. Two of the largest users of medicinal plants in the world are China and India. Traditional Chinese Medicine (TCM) uses over 5000 plant species; India uses some 7000. India's booming export trade in medicinal plants has risen almost three-fold during the last decade.

Formal introduction of EVM (with special reference to herbal medicine) by the same name in veterinary curriculum need be considered in the light of the present curriculum, the legal implication and its usefulness of EVM to animals and animal owners. Some professional (veterinary) groups are not taking practice of EVM kindly and equate it with quackery. Others do appreciate the observations made, but want to test EVM before they use or advocate it. Yet others consider it as a reasonable need where cost or lack of access precludes the use of "more safe and effective modern pharmaceuticals".

Referring to the legal perspective, as per the provision of section 30 of the Indian veterinary Act, 1984 (52 of, 1984) no one other than a registered veterinary practitioner [a person(s) whose name is for the time being is borne on the Indian

veterinary practitioners' register] shall provide veterinary service, if EVM becomes a part of vety. Practice. Currently the study of indigenous drugs, plant drugs with proven pharmacological and therapeutic efficacy and popular indigenous drugs are part of B.V.Sc&A.H. syllabus. The syllabus also includes conventional and non-conventional animal rearing patterns in rural and urban areas, conventional feed ingredients and their economic, health and psychological impacts. Therefore there is no legal hitch in the use of indigenous medicine or conventional A.H. practice as part of (veterinary) professional service. However, the use of ayurvedic or homeopathic drugs prepared and used under those systems can not legally be part of vety practice as currently vets are not trained in those systems till such drugs are validated under modern system. As per a verdict of the supreme court of India a person not trained in a particularly system of medicine is not entitled to practice that system and can be identified as quacks.

How far is the professional veterinarians permitted to use, practice or involve themselves in EVM. The Hon'ble supreme court of India has ruled in the context of ayurvedic or homeopathic treatment by persons trained in modern medicine or vice-versa, that a person practicing a system of medicine which she/ he has not been trained in, is doing an illegal act and that such action amounts to quackery. The VCI, code of conduct regulations also forbid a veterinarian from using a material the whose action he is not familiar with. But VCI (Minimum standards of veterinary education and veterinarians, degree course BVSc&AH) Regulations 1993 (here in after referred as MSVE), includes the study of "indigenous drugs, plant drugs with proven pharmacological

and therapeutic efficacy in various animal and human ailments; popular indigenous drugs (antiseptics, anti-fungals, anti-helminthics, arthropode repellants)" in course no.VPT-321, under the subject of pharmacology as part of the syllabus. Being prescribed under an act of parliament (Indian Veterinary Council Act, 1984) MSVE has the force of law. Therefore in so far as the veterinary professionals in India are concerned, the use of indigenous drugs and plant material in veterinary practice is legally tenable under law and is ethical.

The argument to encourage EVM as a cheaper alternative and where regular vety service is not available does not always appears logical. A cost estimation of animal treatment after a work break down study conducted in 1988 by a team in CCSHAU, Hisar, India (Rao A.R. et. Al.) shows that 44% of the expenses for treatment in a veterinary hospital is borne on the cost of medicaments& consumables and not on the fee or share of salary of a professional. Packed indigenous medicines are cheaper than branded allopathic drugs and quacks tend to use these materials and techniques without any training, knowledge or rationale. So, the so called advantage of ethno-veterinary practice remains elusive and can abet abuse of drugs by quacks and untrained persons. Only materials usable by owners as (non-invasive) "home remedies" be allowed in the best interest of the animals and the clients. There are substances that need be used with caution or techniques that are ethically unacceptable.

Abuse of drugs and emergence of resistance strains of microbes are possible from unsupervised drug delivery. But a more serious problem is that, it can disable **the identification and recording of the occurrence of diseases or their possible increase and** perpetuate a wrong message of wellness, thwarting preparedness and undermining the role of professional service.

The identification and evaluation of 'home remedies & conventional AH pattern' of each region (micro-region) is an important task before professionals. Aspects like cost breakdown study of animal Husbandry practices of each region, factor productivity; sustenance; residue freeness would have to be tested. For a holistic Animal Resource development (ARD), marketing of products will have to be viewed against the future prospects, feasibility,

primary input requirements, WTO/ GATT agreement, global market trends and possibility of scaling. Studied must include,-

- ▲ the role of EVM in mainstream veterinary healthcare
- ▲ whether it can take the place of primary health care, done under supervision and guidance
- ▲ whether it could replace ambulatory clinical service and out reach
- ▲ whether EVM can be a support service or a specialty service
- ▲ which kinds of primary ailments/ diseases could EVM address

To support EVM, veterinary curriculum need be constantly strengthened by a sound and consistent National Policy including Research Policy (NRP). The components of such a policy should include region-wise research on conventional animal husbandry practices, man power and human resource development (HRD), infrastructure development, implementation of current technologies and new skills. For research pursuit, naturalistic paradigm must take precedence over the scientific paradigm. Besides developing as a subject in BVSc & AH curriculum, the Research in ethno-veterinary studies must include,-

1. Region-wise research on EVM including traditional home remedies, conventional animal husbandry practices
2. Man power and human resource development (specific HRD training) – Training to filed veterinarians in the use of EVM with emphasis on commonly used herbal medicines.
3. Use of current technologies and new skills to support EVM and vice-versa
4. Development and documentation of a composite information management system on EVM

Application of EVM could be limited to non-invasive applications on one's own animals and not allowed to be exploited by unlicensed persons who are neither legally accredited nor scientifically tested. All the same the identification and evaluation of conventional AH pattern of each region or micro-region is an important task before professionals.

