Can External Interventions in the Field of Traditional Medicine Help Conserve Natural Resources and Enhance Ancestral Heritage?

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Abstract

In Madagascar some development programmes interested in local medical knowledge have been working both to enhance people's lives and to conserve the natural habitat. A study of these practices casts a different light on their work. After presenting several misconceptions concerning traditional medicine, I discuss the use of local taboos by development organisations as a means of conserving the natural environment. Secondly I examine attempts to plant medicinal gardens to stem the loss of natural habitat, and finally, I discuss misunderstandings concerning the notion of development and the selective screening of therapeutic practices. I suggest in conclusion that programmes should primarily be less concerned with assessing the immediate practicalities of the proposed action and more concerned with an understanding of the social whole.

Keywords: *Traditional medicine; development; local taboos; medicinal gardens*

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I. Introduction

For some time in Madagascar there has been a proliferation of projects aimed at developing and conserving "traditional medicine". In general their objective is both to honour and validate a heritage of knowledge whose origin is deemed to be "buried in the mists of time", and to protect species and natural habitats. At the same time they hope to promote development and improve living conditions. However, the formulation of these goals and the way they are supposed to articulate with each other are in some cases too ethnocentric. The expected results are not then achieved and people involved with the projects often become discouraged.[1]

These enterprises are sometimes labelled "sustainable development", a notion that is very popular today in Madagascar as elsewhere in the world. Without specifically mentioning the names of the projects, they can be broadly divided into two distinct categories. There are those promoted by the Malagasy government and those sponsored by external stakeholders. In the first category, the general approach is collaboration between traditional healers and established medicine. This has emerged relatively recently in Madagascar deriving from theories propagated by the World Health Organization (WHO) and experience in West Africa. The trend has long been received with great reluctance[2], but the years 2006-2007 seemed to mark a turning point when official health care authorities became interested in establishing the conditions for an institutional link between the two types of care. Similarly in 2007 the INSPC (National Institute of Public and Communal Health) specifically created a university degree in traditional medicine. The degree is currently offered at master's level and can be taken after qualification as a doctor of medicine. Another type of development, linked with the first, is of particular interest and I will focus on it in this paper. It is usually managed by development organisations that may be associations or NGOs. It should be noted that the stated aim of this type of development is actually largely moral, and people getting involved do so out of a desire to help others, invoking "humanism", and often arguing that theirs is an "ethical approach". As an example, we can use the "Clinique du bout du monde de Manongarivo" or "Far End of the World Clinic of Manongarivo" (Rarojo 1995), since it is no longer operational. We must note here that the name itself, "Far End of the World", typifies the exoticising nature of the programme. This project was funded with relatively large sums of

[1] This is of course not specific to programmes on "traditional medicine"; see for example Fauroux 2003 for an analysis of failures of development operations in Madagascar and proposals for collaboration between social science research and development operations.

[2] However some attempts at rapprochement between traditional medicine and biomedicine have occurred. Dr. Fontoynont (1869-1948), Surgeon-in-chief (chief medical officer) of the colonies and director of the medical school, trained local doctors and in his publications showed a keen interest in the use of traditional medicines of proven pharmacological efficacy. He was certainly an exception, but his influence has been great, and following him Ratsimamanga and Boiteau, the founders of IMRA (Malagasy Institute of Applied Research), dedicated it especially to this type of research.

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money. It was intended to bring together traditional medicine and biomedicine in the same clinic. Thus traditional healers were selected, plants whose therapeutic efficacy had been established by modern science were grown, and people were encouraged to receive treatment. However the clinic in practice was not as ambitious as the programme's formulation might suggest: herbal remedies were mainly used as *adjunctive* therapy, and the products involved were more or less anodyne. Most similar organisations active today conform to this profile. They adhere to roughly the same discourse on traditional medicine, and this leads to a misunderstanding between their proponents and local people.

In this article I therefore propose to investigate certain activities carried out by development organisations that another point of view would cast in a different light. I shall deal first with the use of local prohibitions, *faly*, to create natural conservation areas. Secondly, I will discuss the planting of medicinal gardens for the protection of wild plants, and finally, I will discuss the differing perceptions of development held by developers and by local people. But prior to presenting the sustainable development operations themselves, I propose to clarify some misconceptions concerning "traditional medicine".

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II. Misconceptions concerning Traditional Medicine

In my fieldwork in Toliara and the surrounding area between 2001 and 2013[3], I made several important observations that led to a critique of ethnocentric conceptions of local healing practices. Similar evidence has been found in other regions, cultural areas, and times. Leslie, for example, showed that in India during the nineteenth century British Orientalists shared a theory suggesting that traditional medicine was in decline: "Traditional-culture medicine was described as being in an abject state. Overgrown with superstition; only a few elements remained from antiquity, like ruins that testified to a glorious past."[4] In Madagascar, I observed quite similar perceptions held by many development specialists. They frequently considered traditional medicine to be a set of unchanged practices transmitted through the "mists of time" and subject to erosion by contact with institutions and people of foreign origin[5]. Yet the idea of change is central to the definition that the diviner-healers themselves give to their work. This change is primarily located within their own practice. Indeed, diviner-healers claim to have the ability to modify as necessary the fate of their patients when it is unfavourable (Sambo 1993). But the healers also say that they have the power to name plants, to discover new uses for already known plants, and to discover the virtues of plants recently introduced into the local environment. In these innovations, they are guided by forces localised in the wild environment with an equivocal link to the ancestors. In particular, forest spirits, *kokolampo*, who are the owners of therapeutic knowledge concerning medicinal plants, are able to communicate it to diviner-healers.

But change is also due to external factors. These external factors are not foreign objects, plants or other new substances recently introduced; as already stated, traditional practice integrates these things easily through the internal systems. In my hypothesis, Christianity and biomedicine are the determining external factors which most impact the role of the diviner-healer. In Malagasy culture generally, Christianity and biomedicine, although these two institutions are not always in agreement, are both associated with the world of the *vazaha*, that is to say institutions, knowledge and powers of European origin.

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[3] These investigations were part of a thesis on "traditional medicine" in south-western Madagascar presented at INALCO in 2007 that was afterward revised and expanded in a book (Lefèvre 2013). The main materials for this publication come from it.

[4] Leslie C. 1976 p.362.

[5] On "tradition", see for example Hobsbawn 1983 The Invention of Tradition.

The crucial position occupied by change in the practice of diviner-healers means that we can continue to use the expression "traditional medicine" only if it is clear that in this context "tradition" never implies the preservation of *unchanged* forms from an earlier period. If there is tradition in "traditional medicine", it lies in the transmission of a logic of integration of exogenous factors, and a certain porosity vis-à-vis foreign institutions with their own value systems. Unfortunately it seems that in many studies, especially ethnopharmacological ones, this essential point has not been understood. The impression is often given that "traditional medicine" means "old medicine" or even "timeless knowledge of herbal remedies". This is especially the case when it comes to well-intentioned programmes directed towards saving or preserving the "threatened treasures" of traditional medicine. These programmes, neglecting the constant transformations that are at work in tradition, may well be based on a misconception.

Having discussed the adjective "traditional" in the term "traditional medicine", we must now also discuss the noun "medicine". If there is a relative consensus for using the term, it is partly to avoid the stigmatizing categories of the old ethnology that spoke of "sorcery" or "magic cure"[6]. But we should not allow this terminological choice to lead us to naively equate the goals and functions of "traditional medicine" with those of biomedicine as defined in contemporary Euro-American societies. The current definition of medicine is: "the science or practice of the diagnosis, treatment, and prevention of disease" (*Oxford Dictionary of English*, 2010). But anthropologists have pointed out that the concept of disease in most "traditional" societies does not coincide with that of Euro-American societies. Evans Pritchard showed that among the Azande the notion of disease was much broader and included other categories of existence that had in common their harmfulness to man, for example everyday misfortune: the collapse of an old granary on people standing underneath it in Zandeland is a disease with social origins[7]. Similarly in the society of southwestern Madagascar, the concept of disease and therefore of healing is much broader than in biomedicine. Thus, in general, in Malagasy local conception, disease or *arety* is synonymous with the misfortunes of life[8]. Fever, cough, and diarrhoea are diseases, but so is failure in business, in romantic encounters or in wedding plans. Again, failure to have children or, almost equivalent, to have them all die in childhood, is a disease. This latter type of disease is indeed one of the main reasons why the traditional practitioner is consulted. And this kind of disease is not explained in physiological terms, such as poor diet, cold, or epidemic, but rather in terms of social constraints, such as the discontent of a deceased relative, or the murderous jealousy of a neighbour who has cast a spell[9].

If "traditional medicine" is distinguished from biomedicine by its conception of disease, it is also distinguished by its ethics. The diviner-healer's function includes what I have proposed to call a "mercenary activity"[10]. It has to be emphasized that this adjective "mercenary" conveys the sense of "motivated solely by the hope of profit". And I have been criticized by anthropologists who see this as an intolerable attack on the reputation of people who are defined by the Malagasy tradition as socially positive. Nevertheless, the fact remains that the diviner-healer in southwestern Madagascar serves the goals of his patient in the same way, one might say, that a lawyer defends his client even when that client is actually a criminal. Thus, it is socially accepted that a *client* whose disease has been attributed to a spell asks the diviner-healer to return the evil to where it came from, that is to say to the alleged magician.

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[6] For example, among others, in H. Baumann et D. Westermann, Les Peuples et les Civilisations de l'Afrique…(The relevant passages can be found in the index under sorcier.)

[7] Evans-Pritchard 1937 pp. 64 and 69-70.

[8] Ramamonjisoa 1994.

[9] This doesn't mean that disease resulting from physiological causes is non-existent. On the contrary, traditional medicine acknowledges a place for it in the medicine of everyday life.

[10] Lefèvre 2013.

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Finally, a term like "local therapeutic practice combating misfortune" would be theoretically more accurate than "traditional medicine". However, I propose to keep the more concise expression of "traditional medicine" which is generally used. Note that in this sense "traditional medicine" is equivalent to "customary medicine" or "local medicine". These terminological considerations are important to bear in mind when trying to understand the misinterpretations of development agents and the way they may be linked to an overly ethnocentric and thus superficial conception of local healing practices.

III. Using Taboos in the Service of Development

Development organisations often put forward approaches in their programmes that claim to incorporate features of local culture for the purpose of conserving species and spaces. Thus the taboos that exist in some aspects of Malagasy culture can be utilised for environmental conservation. But this mode of operation is open to debate[11].

Some forests are said to be *faly*, "taboo, forbidden", because ancestors are buried in them, because rituals are held in them or for ill-defined customary reasons. They shelter forest spirits, *kokolampo*, who are the owners of medicinal knowledge. However, they may also be areas where certain medicinal plants can be found and collected. Entering these places is never trivial and always involves the risk of offending the forces that inhabit them. A diviner-healer of Toliara tells us of a situation in which someone enters a prohibited area and falls ill, after which a healing ritual using a chick is required:

> There exist so-called forbidden places, *faly*. Sometimes goatherds or cowherds stray onto prohibited ground in the forest, under the *Kily*[12]; the landowner, the *kokolampo* is angry and he says: 'This person is trampling on our children!' The children may be ants, worms, insects, or grasshoppers, you simply don't know. The person goes on foot into this place, and at that precise moment he is struck by something. He is hurt, and immediately falls. One asks: 'What is this person suffering from?' Is some being hitting him? Did he come under a *Kily* to milk a cow, or had he tried to change the direction taken by the cattle or goats that entered there? What should one do then? One must [...] one must catch a black chick and release it there. It serves to beg the being to release [cure] the cowherd. One chants an invocation: 'This is what I offer as ransom, this person knows nothing, he is a child, a person who does not yet have all the knowledge, how would he know what a forbidden place is?' Thereupon, the chick is released, it squeaks: '*Tsia! Tsia!*' ('No, No!')[13] The sick person is healed. The chick is left behind, it grows there, it must not be killed, it must be allowed to grow.[14]

This anecdote told by a diviner-healer of Toliara is interesting because it demonstrates a case of entering a forbidden forest, the ensuing disease and the ritual used to treat the illness. It illustrates well the concern of local people vis-à-vis these places that are, as a result, relatively well preserved (Gardner et al. 2008). And it is from this type of observation that development agencies have derived a strategy for preventing deforestation. On the face of it, the idea is interesting, and it is an argument that can be seen regularly highlighted in programmes for environmental conservation. But the anthropologist might add a perspective that is no less important. How, indeed, can the taboo nature of a *gasy* place be strengthened by outside intervention from the *vazaha* world? In Malagasy culture, the

[11] On this question see Keller 2009 for a discussion of the misunderstanding of "culture".

[12] Tamarindus indica L. Fabaceae, a tree that is often considered as sacred, and which can be the house of some spirits.

[13] Cure based on the onomatopoeic analogy between the chick squeaking and the word tsia, "no" in Malagasy.

[14] The injunction that it mustn't be killed, or sacrificed, can be understood if the living black chick is seen as a gift in exchange for "children" of the kokolampo.

opposition between the Malagasy *gasy* world and the outside *vazaha* world is well established. One could even say that somehow the *gasy* world is defined and constructed in opposition to the *vazaha* world. Thus, representatives of the forestry administration are identified as *vazaha*, "foreigners", even if they are Malagasy, because in Madagascar they wield power that is a continuation of colonial rule. The risk of an intervention by *vazaha* on ritual practices in *faly* forests is precisely that of breaking a taboo by desecration. This could arise in two different ways. From a general sociological perspective, the nature of the definition of the *gasy* world constructed in contrast to the *vazaha* world (this remains a working hypothesis) might imply a calling into question of the validity of the indigenous tradition of place. And from a narrower sociological point of view, for a concrete reason, the protected space will be *de facto* desecrated when foreigners enter it. Consequently, some taboos relating to this space will necessarily be abolished. Sacred places have to be free of anything likely to destroy their purity[15]. The presence of foreigners means that human waste will almost certainly be deposited somewhere, leading to a risk of contamination. This is one of the most reprehensible acts that could occur in Malagasy morality. It even appears in some versions of the Malagasy myth of Adam and Eve: if early humans were expelled from paradise it is because they had defiled it with their faeces[16]. Taking into account that one feature of development programmes is ecotourism, sometimes including the creation of physical facilities for the convenience of foreigners[17], we see the culture clash and the dreadful consequences that can result: when the place is dirtied and thus desecrated, the taboo will in fact be lifted, and nothing will remain to oppose the exploitation of the resources it can provide, i.e. wood, mould, animals, etc.

IV. Planting of Medicinal Gardens to Stem the Loss of Natural Habitat

Another argument used by development agents is the idea that to protect the environment it is desirable to cultivate plants identified as undergoing increased pressure from harvesting. Thus villagers would be prevented from harvesting wild plants that had become scarce. The idea of a garden of medicinal plants appears attractive to a foreign developer who might not understand how this kind of artificial planting, in particular that of medicines, is envisaged in Malagasy society. And experience shows that the effectiveness of this procedure is very limited. Yet at first glance, some Malagasy customs would seem to reinforce the theory. Moreover, it is clear that the idea of planting a series of medicinal plants near the house is already present in southern Madagascar. I could cite two plants used in this way, *vaho*, *Aloe* sp. Xanthorrhoeaceae and *nimo*, *Azadirachta indica* A. Juss. Meliaceae. Both are used in medicines to treat common stomach aches and fevers, but they are also viewed as more universal panaceas. The *nimo* is well known in French as "l'arbre aux 150 maladies", "the tree of 150 diseases" (but the number of diseases can vary from one informant to another). However it should be noted that its primary function is to provide shade. It is able to grow rapidly under harsh conditions of drought and in poor soil[18]. These two examples might suggest that development of medicinal gardens could be easily promoted. However, a clarification concerning the social use of plants leads us to qualify this optimism. Indeed, we must take into account the fact that the pharmacopoeia of traditional Malagasy medicine is not equivalent to that of biomedicine and is often divided into

[15] See Douglas 1966 for a general discussion of pollution and taboo.

[16] Rajoharivelo, a pastor during the 1930's, published this myth in the Malagasy language; see text and French translation in Velonandro, 1990.

[17] While believing these plans achieve a good result, development agencies, in fact, achieve just the opposite, since they concentrate in a restricted and closed place what should be dispersed in natural locations (Fauroux et al., 1991).

[18] Ironically, it can be noted that while endemic vegetation and consequently many medicinal plants have disappeared, the imported and robust nimo is widespread and alone appears to have taken over, as a panacea, the medical function of hundreds of plants no longer present in the environment.

two categories. The first consists of plants used to treat the diseases of everyday life. The aforementioned *nimo* and *vaho* which are planted near houses fall into this category. A second sub-group of plants is used against diseases of supernatural origin. However, this second category is considered the most important in the ancestral culture, since it helps to fight against all the misfortunes of life. And it is used in a way that rarely takes into account pharmacological rationale (Lefèvre 2008b, Ramamonjisoa 1994, 2009)[19]. A small proportion of the plant is for example grated; so little that it is almost invisible. One might think of it as a symbolic amount. And this is not an outside observer's understanding because healers themselves would recommend use of the plant as *fañendraha avao* which means "simply a reinforcement." This small or invisible part of the plant is mixed together with other consecrated elements (such as sand, mud, alcohol…) which are placed in a small bag, called a *vo*, "node". This small pouch is then attached to the body, wrists, ankles, etc. or sewn into clothing. A Toliara diviner-healer describes a case where *vo* is used*:*

> My nieces from Andranolava, the orphans of my lineage that were placed in my care, came here. They claim to be practising Christians, but somebody (who had followed them home) put the hex *mañaramoly* on them, and the child of one of them died. Every day her ears heard the child crying, crying beside her. As I was unable to neutralize the spell that had been cast, I immediately made her wear that child as a necklace[20], and when she is pregnant again, I'll tell her: 'This is a node (*vo*), look after it carefully, and wear it whenever you're pregnant. You claim to be practising Christians, start by keeping this. When you are not pregnant it should be kept safe in a place where you would normally keep money. Then when you become pregnant you will put it around your neck, because as you're far away, I will not be there to take care of you.'

The category of plants used in the manufacture of *vo* must be harvested in areas free from impurity, such as sacred forests, and in general they are not cultivated. Yet this category, so important in ancient society, is the very one development agencies tend to disqualify. Plants in this category will not normally be "validated" for use in the kind of projects discussed. They will instead be discarded either because they fall within the category of so-called "superstition", or because it is said that practices coming under the heading "supernatural" are "too complex" or "too rich" to be understood. This leads to the same result: the actions of the development agencies are seen as calling into question the rituals and all else related to the supernatural. Healers easily recognize this condescending attitude which, in any case, they expect from the *vazaha* world.

V. Misunderstandings Concerning the Notion of Development and the Screening of Therapeutic Practices

It seems that there is a misunderstanding at the heart of issues concerning development and conservation. What is understood as "development" by locals, and what is understood as "development" by the development agents does not always coincide. And for the latter, it is not clear whether their multiple aims can be achieved simultaneously. These include regulating human development while simultaneously increasing the duration and quality of life, improving access to educational and monetary resources[21] and ensuring the conservation of

[19] Ramamonjisoa 1994, p. 7 « Nombre de plantes ne valent pour la composition des remèdes que par la charge magico-religieuse qu'elles transportent. » ["Many plants play a role in the composition of remedies only through the magico-religious power they confer."]

[20] It may be a small wooden effigy of the child.

[21] To adhere to the criteria adopted by United Nations Development Programme for the calculation of HDI. The Human Development Report 2010 classified Madagascar as 135 in the Low Human Development country

biodiversity and cultural practices. What about the place of religious beliefs? When development agencies "return traditional practices to populations after validation", they tend to leave out what is considered most important by traditional healers, that is plants used in rituals, and the rituals themselves.[22] In Madagascar, the rejection of rituals and superstitions, conversion to Christianity, and the embracing of biomedicine are always understood as development and social advance. This idea of development and social advance, particularly that concerning religious practice, is a criterion beyond the calculation of the HDI (Human Development Index). Yet when developers, who for local people are potential conduits to their own personal advancement, propose to filter traditional medicine leaving aside plants whose pharmacological activity has not been validated in the laboratory, they are immediately associated with representatives of the church. Indeed in Madagascar, the government programme for enhancing traditional medicine is highly influenced by Christian churches. Newspaper articles call for the exclusion of traditional healers who "invoke the spirits" (which is considered a "pagan" practice). For Rev. Ramarozatovo, the president of the federation of national associations of traditional healers, "these provisions have been taken in order to enhance the practice of traditional medicine, which is consistent with the aim of normalizing the techniques associated with the profession."[23] Now, the president of the federation is a pastor, a representative of the Protestant church. So the role of the Protestant pastor is to sanitize practices seen as dangerous idol cults and as the work of the devil, and so to enhance human development. The choice of a pastor for this position is by no means insignificant, and shows a desire for control over traditional healing practices. This illustrates how traditional medicine is not just about plant therapy, but falls within the scope of religion. For this reason *local* Malagasy therapeutic programmes are particularly interested in considering the part played by religious practices in traditional medicine, unlike those programmes promoted by foreigners.

When analysing the reasons for the failure of companies such as the "Far End of the World Clinic of Manongarivo", we see that the question of religion has been marginalized. We know that the religious dimension is crucial to understanding Malagasy society. And one external force for cultural change that has really worked in Madagascar is Christianity, which has been absorbed into and plays an important part in the activities of traditional medicine. As noted by the Catholic missionary and ethnographer H.-M. Dubois in his Treatise on Practical Missiology (1932, p 55): "The European savant, as described in books or even orally, is exposed to misinterpretation and an excessively hasty judgment. A scientific mission is never simply a passing contact, more or less transient. Nothing can compensate for that intimacy which the missionary contracts for years and years with the natives." In 1892, a diviner-healer told the Protestant missionary Lars Vig, referring to *sikily*, a major method of divination in Madagascar: *No Izany Baibolinay*, "This is our Bible."[24] If not every missionary has achieved the depth of knowledge of Malagasy society that Vig and Dubois acquired, they have often tried to change society for the

category, between Benin and Mauritania. This category includes countries with a HDI between 0.470 and 0.140 and includes 41 countries from Kenya to Zimbabwe. The index is based on life span, literacy and living standards.

[22] See Géraud 2006; Lefèvre 2008a .

[23] Andriamiarisoa H., 2005.

[24] It is interesting to note that a diviner-healer said of sikily: No Izany mikroskopanay sy radaranay. "This is our microscope and our radar."

"better", and they needed to obtain a profound knowledge of local culture based on prolonged contact in order to promote their ends.[25]

Finally, beyond anthropological reflections on the programmes and their compliance with local expectation, it appears that the concrete way in which they are applied often contradicts the theoretical expectations for human development that they embody. In fact, through their way of life, international experts often provide a model of what they themselves denounce. They justify their salaries not being commensurate with those of local employees by reference to the difference in nationality, which must by their own analysis imply that Malagasy workers have (or should have) a lifestyle quite different to that of foreigners. We know that the running of any development project relies on locals who will assume the role of transmitters of knowledge and be responsible for convincing people on the ground. They will also be guides and interpreters for students and foreign volunteers who come to spend fixed periods of time, either weeks or years, in exotic lands. These people are key players in the programmes. They are often in the position of observers and discuss together the costs resulting from international travel to and from Madagascar, from living and health-care expenses in the field and from wages. They frequently feel a certain sense of injustice. Indeed, the relationship of domination inherent in foreign intervention means that a new form of colonization threatens to take hold. Wage issues, for example, manifest obvious inequalities and lead to misunderstandings: the wages of local people are not in any way equivalent to the money allocated to cover the costs incurred by foreigners. The founder of the Manongarivo clinic explained that local people are poor monetarily but rich in their medicinal knowledge. The irony of this formula appears when one considers the difference in treatment between locals and outsiders, raising questions as to which group the human development programme benefits the most[26]?

In consequence, there is a gap between the smooth presentation of the report delivered to funders and the reality of interactions in the field. A Malagasy recruited by an NGO who had experienced this relationship of domination told me: "I hope a hurricane will pass through and carry away all their buildings. That would be the end of colonization. And we could forget." This testimony recalls a form of *oppression and liberation in the imaginary* as described by Althabe. For this author, the Malagasy conception distinguishes a typically Malagasy world apart, *gasy*, that is related to the values of kinship and ancestor veneration, and a *vazaha* or foreign world that remains, even after independence from France, a world of control and oppressive power. It is the experience of this imposition of power that leads the Malagasy to seek liberation through spirit trance. In the case of the above cited testimony, there was no question of trance, but "liberation in the imaginary" is still clearly expressed and the explicit reference to colonization and the desire for action by the forces of nature belong to this formulation.

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[25] Such an attitude may antedate the theology of the "pierres d'attentes" or "waiting-stones" which concerns the identification of elements in ancestral cultures that can be relied upon to support conversions to Christianity. But as noted by Blanchy concerning exchanges between Vig and local informants, "between the native intermediary and the missionary a work of mutual interpretation occurs. The work simultaneously skews the religious ideas of both sides, by the very fact that it seeks to translate and 'acculturate'" (my translation). For Bloch, Christian missionaries totally missed the point because they tried to see ancestral cults as the equivalent of Semitic religions. This author notes that for Malagasy people dead ancestors are not really very different from living elders of the lineage, they are just more powerful and difficult to communicate with. Bloch 2005 pp. 110-112.

[26] The question of the ownership of traditional knowledge is another important one that warrants more research. Elsewhere, in southern Surinam, Brightman is conducting research on the notion of ownership among Amerindians. He describes a similar case where an NGO's clinic is trying to enhance local people's use of plants. Among several points, this author shows that people are more interested in the idea of trade than that of ownership, seeing in the money they earn from the NGO's activity an indirect way to develop social relations.

VI. Conclusion

Approaches seeking to preserve traditional medical knowledge propose to use local taboos on certain places for purposes of protection, plan to relieve the pressure on wild resources by planting medicinal gardens, and expect to filter traditional medicine retaining only those plants whose therapeutic properties have been pharmacologically validated. A study of these practices, however, challenges these points of view: traditional medicine is not an exact equivalent of biomedicine. The concepts of illness and cure in traditional medicine are much wider, and the notion of purity and impurity associated with traditional therapeutic practices and places, including the collection of certain plants and rituals, must be taken into account. The status of traditional medicine as *gasy* is constructed in opposition to the *vazaha* world (which does not mean that foreign elements cannot be integrated into these practices), and this must also be understood, as must the special status of the act of planting. Finally there is a misunderstanding concerning the notion of development between development organisations and local people. One could obviously advocate taking a specific look at the status of prohibitions in protected places associated with the concept of purity and impurity, examining the status of cultivating medicinal plants, or reflecting upon the paradoxes inherent in sustainable development. But this type of recommendation is not new and represents a logical alternative to existing practice only if it is implemented in line with the thinking of Mauss and Malinowski: you cannot understand one element of society without understanding the whole, and this is done through the sharing of people's lives. The corollary is that pilot studies carried out prior to development programmes aimed at "recovery" should be less concerned with assessing the immediate practicalities of the proposed action and more interested in the lifestyle and thinking of the people, in order to avoid hearing in their voices an echo of one's own.

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