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Yiatrosofia yia ton Anthropo: Indigenous Knowledge of Medicinal, Aromatic and Cosmetic (MAC) Plants in the Utilisation of the Plural Medical System in Pirgos and Praitoria for Community Health Development in Rural Crete, Greece

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Yiatrosofia yia ton Anthropo:
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For I realise today that it is a mortal sin to violate the great laws of nature. We should not hurry, we should not be impatient, but we should confidently obey the eternal rhythm.

Nikos Kazantzakis
(Zorba the Greek 1946)

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This dissertation is dedicated to the people I have met in Pirgos and Praitoria,
who have shared their knowledge, support, passion, kindness, friendship and joy with me
and who have made this journey an unforgettable experience.

Preface

Since my late childhood, I have felt drawn to the people living in the South of Europe, particularly to the European countries bordering the Mediterranean Sea. Born and raised in the South of Austria, I first became acquainted with the people, culture and language of Italy, to which I undertook repeated visits with my family and later on my own. In addition to Italy, it was not until I left to study International Development at the University of Vienna when I increased my interest in the South of Europe to include Spain and Portugal. I have since deepened my understanding of Northern Spain on a rather personal level. Whilst studying in Vienna, my decision to join the Exchange Programme of Erasmus for a year, which was originally supposed to take me to Naples, Italy, eventually brought me to Leiden in The Netherlands. Hereafter, it was in the rather different northwestern part of Europe where I was offered the opportunity to deepen my interest in the cultural dimension of development and people's indigenous knowledge systems, as it had been stimulated during my studies in Vienna.

Of all the classes, which I took during my academic year in Leiden, it was the Post-Graduate Course 'Medical Anthropology and Sociology of Developing Countries 2005-2006', coordinated by Prof. Dr. L.J. Slikkerveer, which fascinated me beyond my insomniac life as an Erasmus-student. I have always been convinced that the key to development must lie in the hands of the participants, that is of the local people, and that any development strategy imposed on people from the outside was bound to fail. In this respect, I have also come to realise that working in the field of development involves much more learning rather than teaching.

The local strategies applied by people in a way to deal with the challenges of everyday-life in various sectors of the society, such as medicine or agriculture, which are embedded in the socio-cultural context of every community, provide the evidence that these people share an invaluable knowledge about how to ensure their survival, not at least under the most difficult circumstances. The Course, which I followed during my Erasmus-year in Leiden, really struck a chord with me and provoked me to come back to Leiden a year later in order to write my MA-thesis on '*Native versus Naïve - The Role of Indigenous Knowledge in Sustainable Water Resource Management in Bali, Indonesia*' under the supervision of Prof. Dr. L.J. Slikkerveer. Following my return to Leiden, I was lucky to become acquainted with the Members of the 'Leiden Ethnosystems and Development (LEAD) Programme', which had initially been established in 1986 at the Department of Anthropology, but as an International Programme on Ethnoscience was later relocated to the Faculty of Science of Leiden University to specialise in the ethnoscience field of *Indigenous Knowledge Systems and Development* (IKS&D).

The LEAD Programme has supported the provision of a substantial number of studies, which have been carried out in various subfields of ethnoscience, such as ethnomedicine, ethno-agriculture, traditional ecological knowledge systems, ethnobotany and integrated microfinance management. The basis for these innovative studies has been laid by the specifically in Leiden developed methodology for the study of IKS, known as the '*Leiden Ethnosystems Approach*'. To be more precise, ethnosystems encompass local people's indigenous knowledge and practices, as well as their generations' long experience in culture-specific concepts, beliefs and perceptions. In this way, the 'Ethnosystems Approach' broadens the perspective of culture and allows for a study of cognitive and behavioural concepts in a rather holistic way, in which the participants' view is crucial. Furthermore, the approach adopts a more dynamic historical perspective on local systems of knowledge, practice and belief, thereby analysing processes of transculturation and acculturation, as well as the interaction between local and international knowledge systems. In view of these phenomena, it is the overall aim of the 'Leiden Ethnosystems Approach' to design practical models, in which indigenous and cosmopolitan knowledge systems are integrated and upon which community development can successfully be advanced, namely from a 'bottom-up' rather than from a 'top-down' perspective.

In this way, the Members and Associates of the LEAD Programme have conducted research in fields such as traditional medicine, Traditional Ecological Knowledge (TEK) and Indigenous Agricultural Knowledge Systems (INDAKS), thereby elaborating a comparative analytical model for INDAKS. In the international debate on IKS, the LEAD Programme established together with the 'Centre for Indigenous Knowledge for Agriculture and Rural Development' (CIKARD) at Iowa State University in 1987 the *Global Network for Indigenous Knowledge Systems* and has contributed to the establishment of national IKS Research Centers in different countries, such as the Kenyan Resource-Centre for Indigenous Knowledge (KENRIK) of the National Museums of Kenya in Nairobi and the Indonesian Resource-Centre for Indigenous Knowledge (INRIK) of Padjadjaran University in Bandung. In partnership with CIKARD, the LEAD Programme has not only initiated a network of individuals and experts working in the fields of indigenous knowledge, but has also advocated the publication of the *IK Newsletter*, which provided a sound basis for the later publication of the *Indigenous Knowledge and Development (IK&D) Monitor* between 1993 and 2001 with the 'Centre for International Research and Advisory Networks' (CIRAN) in The Hague, The Netherlands. In cooperation with KENRIK, INRIK, the Department of Social and Family Medicine of the University of Crete (UoC) and the Mediterranean Agronomic Institute of Chania (MAICh) in Crete, Greece, the LEAD Programme moreover oversaw a series of publications in the *Indigenous Knowledge Systems Research and Development Studies* (*cf*. Slikkerveer 1989; Leakey & Slikkerveer 1991b; Slikkerveer 1995; Slikkerveer & Quah (2003).

Since 1987, the LEAD Programme has maintained a close collaboration with the University of Crete in Greece in an effort to enable students to receive post-graduate fieldwork training and to carry out research in rural Crete. As Slikkerveer (1997: 20) explains: '*In the field of research and fieldwork training in the Mediterranean region, LEAD initiated in 1987 a collaboration programme with the University of Crete and the Spili Health Centre in Crete, in which specific attention was given to medical anthropological research in the use of traditional herbal medicine in rural Crete*'. While the main counterpart in Crete was originally located at the Regional Health Centre of Spili in the Prefecture of Rethymnon, collaboration between the LEAD Programme and the University of Crete nowadays involves primarily the Department of Social and Family Medicine, located at the University of Crete in Iraklion (*cf*. Slikkerveer & Dechering 1995). On the basis of this collaboration, the area of rural Central Crete has been subject to community-based research on various topics, such as local medical knowledge systems, utilisation of Medicinal, Aromatic and Cosmetic (MAC) plants, the use of herbs in the local diet and for the treatment of specific diseases, the doctor-patient relationship, utilisation of over-the-counter medicines, the phenomenon of the illness-management groups, maternal and child health, aging and longevity, as well as local perceptions of health care delivery. This impressive body of community-oriented research has accumulated in about 20 MA-Theses over a period of time of about 25 years (*cf*. Map 0.1).

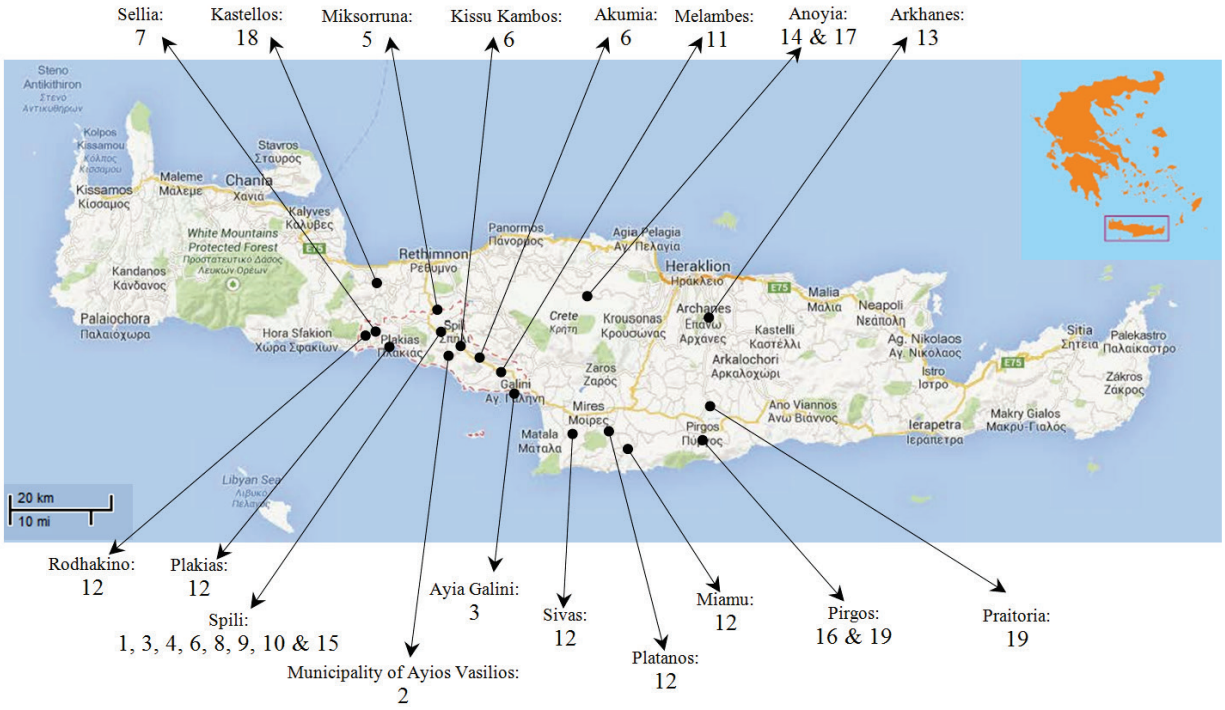
It is within the context of the collaboration between the LEAD Programme of Leiden University and the Department of Social and Family Medicine at the University of Crete that I as a Member of the LEAD Programme was offered the unique opportunity to conduct PhD-research on the topic of indigenous knowledge and practice of MAC plants within the process of health care utilisation by the local people in rural Crete. In this way, I have been able to not only pursue my interest in people's indigenous knowledge systems, but also to combine this interest with my passion for the Mediterranean Region.

With this research, I hope to make my own contribution to the aspect of development in terms of promoting community health among a population group living in rural Crete. The present study follows an alternative and more sustainable approach on the basis of advancing the concept of *Indigenous Knowledge Systems and Development* (IKS&D) within the field of medicine and hereby links up with the comprehensive strategy of community health development (*cf*. Slikkerveer 1995). My research took off around the time when Greece was faced with one of the biggest financial crises of its recent history, thereby providing a new impetus to the concept of

community development in this part of Europe. Moreover, with this study I hope to give a voice to the local people, who have recently had to deal with growing criticism from the outside about their traditional ways of life and cultural habits, and who have been asked to adapt to externally designed adjustment programmes. Instead of hearing the latest news, I chose to listen to the inhabitants of rural Crete, who have not only overwhelmed me with their knowledge and wisdom, but have also reinforced my belief that the key to development in fact lies in the hands of the participants. In this respect, I have come to realise that this part of the Mediterranean Region, albeit its relative scarce financial resources, is rich in indigenous knowledge and practices of bio-cultural diversity conservation.

Eventually, I had to ask myself whether a population group, which is rich in indigenous knowledge and bio-cultural diversity, may perhaps be better suited to deal with a major socio-economic crisis than a similar group, which lacks such great knowledge and diversity. In view of the fact that a financial crisis could hit any country at any moment, it is not unimaginable that one day, the experts will look at this part of Europe to find answers on how to deal with socio-economic crisis.

Once more, I have been reassured that development work is more successful when it applies a learning- rather than a teaching-approach. In conclusion, I herewith hope to inspire others and not the least myself to continue on this path towards the provision of an audience to those, who are rarely heard, but who have so much to say.



Legenda:

- - - The Municipality of Ayios Vasilios

(1) 'De Gezondheidszorg in Ontwikkeling op het Platteland van Kreta: Een descriptief en exploratief Medisch-Anthropologisch Onderzoek'(Visser 1986)

(2) 'Obstetrische Zorg voor Provincie Aghios Vassilios, Kreta'(Neus 1989)

(3) 'Het District Ag. Vasiliou: Een Beschrijving van de Gezondheidszorg en een Sociografisch Profiel van de Bevolking'(Smak Gregoor & Zwiep 1990)

(4) 'Aged People and Illnesses on Crete' (Van Beelen 1990)

(5) 'The Medical Knowledge System in Mixorouma (Crete): A Comparison between two Generations' (Van der Hoeven 1992)

(6) 'Maternal and Child Health in the Area Agios Vasilios, Crete: A descriptive Inquiry to the Beliefs and Practices of Young Mothers and Pregnant Women regarding Child Care' (Van Bommel 1993)

(7) '"Blood is Thicker than Water": The Role of the Illness-Management Group towards the Patient in the Village Sellia, Crete' (Van de Kerk 1993)

(8) *Research Proposal*: 'Indigenous Knowledge of Medicinal Plants of Crete, Greece: The Use of Medicinal Plants against Rheumatic Diseases' (Van der Steur 1993)

(9) 'Implementation of Primary Health Care in Agios Vasilios District' (Wondimu 1993)

(10) 'The Use of Over the Counter Drugs in Rural Crete' (Hanepen 1997)

(11) 'Changing Perspectives: The Doctor-Patient Relationship in Crete' (Hagoort 1998)

(12) 'Indigenous Medical Knowledge and Use of Medicinal Plants in Crete' (Legel 1998)

(13) 'Στην υγεία!!! Local Medical Knowledge and Practice in Rural Crete' (Molenaar 1999)

(14) 'Primary Health Care in Greece: A Focus on Hepatitis A in a Rural Area of Crete' (Bouma 2000)

(15) 'Health and Illness in Rural Crete' (Van den Akker 2002)

(16) 'The Use of Local Herbs in the Traditional Cretan Diet: Its Effect on Dyspepsia' (Palstra 2003)

(17) 'Herbs in Treating Dyspepsia: The Use of Herbs in the Overall Treatment of Dyspepsia in Anogeia (Crete)' (Dijkstra 2005)

(18) 'The Role of Socio-Cultural Factors in the Use of Medicinal and Aromatic Plants in Relation to Human Longevity' (De Vries 2007)

(19) present study

Map 0.1 Community-based Research carried out in Crete between 1986 and 2014.
Source: LEAD Archives; Map data ©2014 Google (*edited*).

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Transliteration

Throughout the present study, a number of Greek words are transliterated into English. To be more precise, transliteration is applied to those words, for which no appropriate English translation has been found in the relevant literature. In this way, the majority of Greek concepts, expressions and phrases as well as local names of people, places and plants are transliterated into English. Conversely, the official English word is used to refer to historical and mythological figures and events, as well as to certain geographical locations. In order to transliterate from Greek to English in an adequate fashion, this study adopts the style suggested by Kenna (2001), who follows the format recommended by the *Journal of Modern Greek Studies*, as follows:

α	a
β	v
γ	gh before a, o, u & consonants y before i, e
δ	dh
ε	e
ζ	z
η	i
θ	th
ι	i
κ	k
λ	l
μ	m
ν	n
ξ	ks
ο	o
π	p
ρ	r
σ, ς	s
τ	t
υ	i
φ	f
χ	kh before a, o, u, consonants & after s h before i, e (except after s)
ψ	ps
ω	o
αι	e
άι	ai
γγ	ng
γκ	g initially ng medially
γχ	nkh
αϊ	aï
ει	i
ευ	ef before voiceless consonants ev before vowels, voiced consonants
μπ	b initially mb medially
ντ	d initially nd medially
οι	i
οϊ	oï
ου	u
οϋ	oï
ωϊ	oï