



HERBAL TOURISM – A SWOT ANALYSIS

Annie Abraham S,

Assistant Professor, Department of Corporate Economics,
Women's Christian College, Chennai.

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Abstract

Sustainable tourism is a kind of approach to tourism meant to make the development of tourism ecologically supportable in the long term. It calls for the conservation and enhancement of resources and increase the value of local culture and tradition. Herbal tourism has remarkable potential for employment generation, conservation of forest resources and preservation of traditional medicine practices. TM is becoming increasingly popular in many developed countries and functions under the title of “complementary” or “alternative” medicine. This has resulted in an upsurge in the demand for medicinal plants worldwide.

This paper explores the ways in which herbal tourism can be promoted in a sustainable manner so that preservation of indigenous knowledge and community development may be brought about. For this purpose, a SWOT analysis of herbal tourism is carried out using primary and secondary data collected from various sources such as the tourists, department of tourism, forest officials, Ayurvedic Medicine manufacturers, cultivators of medicinal plants, Tribal Service Co-operative Societies, etc. Kerala is chosen as the sample space as it is one of India's largest producers of traditional medicines. The state is endowed with a variety of medicinal plants and Southern stretch of Western Ghats is considered as one of the richest pockets of bio-diversity in the world and classified as a ‘Hot spot’ by International Union for Conservation of Nature (IUCN).

Key Words: Herbal tourism, Swot Analysis

Introduction

Sustainable tourism is a kind of approach to tourism meant to make the development of tourism ecologically supportable in the long term. It calls for the conservation and enhancement of resources and increase the value of local culture and tradition. Sustainable tourism is a responsible tourism intending to generate employment and income along with alleviating any deeper impact on environment and local culture.

Herbal tourism has remarkable potential for employment generation, conservation of forest resources and preservation of traditional medicine practices. TM is becoming increasingly popular in many developed countries and functions under the title of “complementary” or “alternative” medicine. This has resulted in an upsurge in the demand for medicinal plants worldwide. The growing demand for medicinal plants is met partially by over-exploitation of forest resources and partially by adulteration. Over-exploitation results in the extinction of some important species and causes serious damage to the forest eco-system. On the other hand, adulteration affects the efficacy of traditional medicines. Therefore it is high time that this issue is addressed by developing alternative supply of medicinal plants through domestication. However cultivation of medicinal plants can be encouraged only by ensuring enhanced opportunities of marketing the medicinal plants. Moreover, the upsurge of modern medicine and the establishment of primary health centers by the government have resulted in the erosion of the rich heritage of tribal knowledge on the healing properties of many medicinal plants. It is argued that development of tourism as well as that of the tribal community could be promoted by cashing in on such indigenous knowledge. Therefore a holistic approach should be evolved for managing medicinal plants so that domestication of plants, preservation of indigenous knowledge and community development may be achieved. Through promoting herbal tourism, India could capitalize the indigenous resources and knowledge as well as preserve the local know-how on medicinal plants.

This paper explores the ways in which herbal tourism can be promoted in a sustainable manner so that preservation of indigenous knowledge and community development may be brought about.

Objective of the Paper

The paper pursues the following objectives:

- a. To assess the relevance of herbal tourism in preservation of indigenous knowledge and biodiversity
- b. Potential contribution of herbal tourism in rural development
- c. To conduct a SWOT analysis of herbal tourism.
- d. To suggest strategies to use medicinal plants in a sustainable manner.

Methodology

To set the background for analysis, scholarly literature on the topic is reviewed. The study is purely qualitative in nature and the arguments in the paper are developed on the basis of case studies done using primary and secondary data collected from various

sources such as the tourists, department of tourism, forest officials, Ayurvedic Medicine manufacturers, cultivators of medicinal plants, Tribal Service Co-operative Societies, etc. Kerala is chosen as the sample space as it is one of India's largest producers of traditional medicines. There is an unprecedented sprout of manufacturing units of Ayurvedic products in Kerala. The state is endowed with a variety of medicinal plants and Southern stretch of Western Ghats is considered as one of the richest pockets of bio-diversity in the world and classified as a 'Hot spot' by International Union for Conservation of Nature (IUCN). Analysis is done to understand the potential of herbal tourism and to suggest strategies that would help the sector in realizing it.

Herbal tourism and Preservation of Indigenous Knowledge

The public healthcare system in India uses modern medicines and this has caused the government to pay less attention on traditional medicines. As a result, access to sources of natural medicinal products has been declining and traditional medicinal knowledge is rapidly vanishing. However, thanks to the 'back to nature' campaign worldwide and the realization that India can cash in on its rich heritage of traditional medicines has revived the interest in plant-based medicines. Focus on herbal tourism and traditional medicines (TM) could warrant preservation of Indigenous knowledge on the healing properties of medicinal plants and folk practices of treating illnesses. Such know how is to be documented and clinically tested to enhance their credibility. Patent Protection may also serve to preserve the traditional knowledge for preventive and curative health care, or to block unauthorized appropriation by foreign countries. Promotion of herbal tourism could build awareness in this regard and make the government more vigilant in this matter.

Herbal Tourism and Rural Development

Medicinal plants and other forest resources are the sole source of income for the forest dwellers. But they get only a minute part of the market value of the medicinal plants. Sustainable utilization and promotion of medicinal plant based activities could lead to community development and rural development. The growing interest in natural medicines and medicinal plants has triggered a set of linkages in the transaction of medicinal plants. There are backward linkages in the form of collection of wild medicinal plants and domestication of commercially important plants as well as forward linkages in the form of growing demand for TM among urban people and tourists. However a major part of the demand for medicinal plants is from the export sector. According to the National Medicinal Plants Board, The Indian medicinal plants and their products also account of exports in the range of Rs. 10 billion. Despite India's rich heritage of traditional medicines, it's hare in the global export market of medicinal plants related trade is just 0.5%. (NMPB, 2011) There are two crucial issues which are to be addressed: on the macro level, accelerating exports and at the micro level, enhancing the local returns from collection/cultivation of medicinal plants. Promoting herbal tourism could serve the dual purposes of earning foreign exchange and enhancing local returns.

Herbal tourism and Biodiversity

Biodiversity is a key tourism asset and fundamental to its sustained growth. Intact and healthy ecosystems form the cornerstone of thousands of tourist enterprises and products worldwide, attracting hundreds of millions of tourists each year. As a leading economic activity, sustainable tourism has an important role and responsibility in managing and conserving biological natural resources. As a key source of income and employment, tourism often provides strong incentives to protect biodiversity. Sustainable tourism can furthermore generate significant revenues for conservation and community development and help to raise awareness of biodiversity issues. Thus tourism and biodiversity are mutually dependent. (UNWTO, 2010)

Herbal Tourism can be used as a tool for biodiversity planning and conservation. About two million hectares of forest area on intensive management can produce medicinal plants for export and domestic use to provide health for our millions. Such effort will enhance greenery, generate employment and income to the people and conserve bio-diversity. (Kumar, 2000). Popularisation of herbal tourism could encourage people to invest in the cultivation of medicinal plants by ensuring a stable market for their produce.

Herbal tourism- Stakeholders

To be sustainable, tourism development must focus on the opportunities offered by the local economy and environment. It should be fully integrated into, and contribute positively to, the local economic development. Governments and authorities should promote coordinated actions for planning of tourism with environmental NGOs and local communities to achieve sustainable development. Herbal tourism could fit the bill since it can capitalize on the indigenous knowledge and develop linkages to enhance development. It involves extensive sets of stakeholders including the tribal community, cultivators of medicinal plants, dealers of medicinal plants, Ayurvedic Medicine Manufacturers, tourists, ayurvedic treatment centres, hospitality industry and so on. Medicinal plants constitute the link between all these stakeholders.

The forest dwellers form the weakest section of the stakeholders of herbal tourism. Right now, the monopoly right to collect medicinal plants and other non wood forest products from the forests of Kerala is conferred on the Scheduled Tribes (STs) of Kerala . The collected materials are to be marketed through the Tribal Co operative Societies. (The flow of medicinal plants through two marketing channels is depicted in figure.1 and figure.2) The forest department allots forest ranges to each society and fixes the maximum quantity of each Non Wood Forest Product (NWFP) that can be collected from a range. The societies in turn give permit-cards or identity cards to the members. A large quantity of NWFPs are illegally collected by non-tribals and sold to the private traders. This often results in competition and over-exploitation.

However, the depletion of the natural supply is causing serious problems in the herbal tourism industry as many producers of traditional medicines rely on adulteration. Cultivation should be accelerated to check over exploitation of wild resources and to check adulteration. Cultivation of medicinal plants is not very active even though it is found profitable. Generally cultivation of medicinal plants by micro farms is very cost-effective, provided the farmers are able to sell the produce. The costs are very low in tiny holdings because in those cases hired labour is not used. The members of the family do watering the plants, clearing weeds and applying fertilisers themselves in their leisure time. Since area under cultivation is very small, the plants get enough care even if planted closely. Insecticide cannot be applied on these plants because they are to form part of medicines and because some of these plants die if insecticides are applied. Though it involves some amount of cost reduction, there is threat from insects as a risk factor. Some farmers apply insecticides in the soil where the plants are cultivated. Cultivation of medicinal plants in the home gardens and in micro holdings where land cannot be put into alternative commercial use is highly profitable. Women in the household can spend their leisure time in the medicinal plants and earn some additional income to the family without costing much. Putting a part of the agricultural field is found in remote areas. In forest areas also, comparatively large area of land is put aside for medicinal plants. This is for the reason that medicinal plants are easier to handle and transport. Only the farmers who have regular tie up or contracts with the manufacturing units carry out cultivation of medicinal plants in leased land. Apart from the sustainability aspect, domestication of medicinal plants, if popularised, has the advantages of enhancing rural income, empowerment of women, saving a heritage of human knowledge, contributing to conservation of bio-diversity and improving the output from plantations.

The growing numbers of private traders involved in the transaction of raw medicinal plants are the third set of stakeholders. They perform the important function of mobilising resources. While the tribal co-operative societies are able to supply only those items collected by the tribal people, the private traders supply any item required by the manufacturing units. These items vary from wild medicinal plants, non-wild medicinal plants, pulses, sugar, honey and many other inputs that are not available within Kerala.

Firms, the fourth section of stakeholders, can buy at a lesser rate if they accept the materials delivered directly by the collectors; still they prefer to buy from the dealers for the convenience of buying all the items together. Besides that, ready payment is not necessary if purchased from the dealers. Businessmen usually buy goods on credit and the gatherers cannot wait for payment. So they have to sell their produce to the traders at a lower rate. In the case of cultivated plants, the middlemen collect the materials from the farms and the farmers do not have to worry about transportation. All these factors make the private dealers very important players in the field. To protect the interest of the forest dwellers, it is necessary to check the exploitation of the private dealers.

There are some positive aspects to the involvement of private dealers. The Ayurvedic Medicine Manufacturing Units (AMMUs) and the middlemen employ people, mostly females, in collecting medicinal plants from non-forest areas such as wastelands, homesteads, etc. The landowners who are not aware of the medicinal value of the plants consider them as weeds and do not charge the collectors for it. In this way, casual employment is generated.

Fifth group of stakeholders are the agencies dealing with finished medicines. The Ayurvedic medicines are sold through agencies and the number of agencies is growing. The growth of the Ayurvedic medicine industry has generated a lot of indirect employment through the growing number of agencies of the companies. At present, the industry has more than 2500 agencies. Only big companies have agencies, small companies send sales representatives to various areas. The method is to attract the attention in crowded places especially in rural areas through interesting sales speeches on the efficacy of certain traditional medicines.

Another kind of stakeholders is the traditional healers whom the forest dwellers approach for their primary healthcare. Only in the case of serious illnesses, do they consult the physicians at health centres established by the Government. The tribal *vaidyans* help the manufacturers in ascertaining whether the plants are the right ones and in determining their quality levels. This is true only in the case of small units; most of the medium and large units have experts employed in their organisation to ascertain the quality of the materials purchased by them. However, very few manufacturing units are conscious about quality so as to harvest the right plants at the right time.

Even as all these sorts of linkages between all these stakeholders play a role in income generation, the linkage of medicinal plants to herbal tourism has tremendous potential for employment generation and biodiversity conservation. India is likely to become a major hub for medical tourism, with revenues from the industry estimated to grow from US\$333 million in 2007 to US\$2.2 billion by 2012 (Bakshi et al, 2010). India enjoys considerable advantages as far as medical tourism is concerned. The traditional healing methods like Yoga, Naturopathy and Ayurveda could be combined with tourist attractions in states like Kerala and north-eastern states. Kerala, has visitors from all over the world throughout the year, while the months of June, July and August are the period since the climatic conditions during this season is best for Ayurvedic treatment. There are 91 Ayurvedic centres accredited by the department of tourism, Government of Kerala. The services offered in the Ayurvedic spas include services like Ayurvedic oil massages, powder massages, vegetarian diets, detoxification programs and a lifestyle change. While most of the services are focused on preservation of health, there is great potential for promoting herbal tourism in healing diabetes and other chronic deceases. With its systems of medication using all natural ingredients to restore the holistic disease-fighting nature of the human body, it is found to fight even deadly illnesses like cancer.

Flow of Medicinal Plants

Figure-1

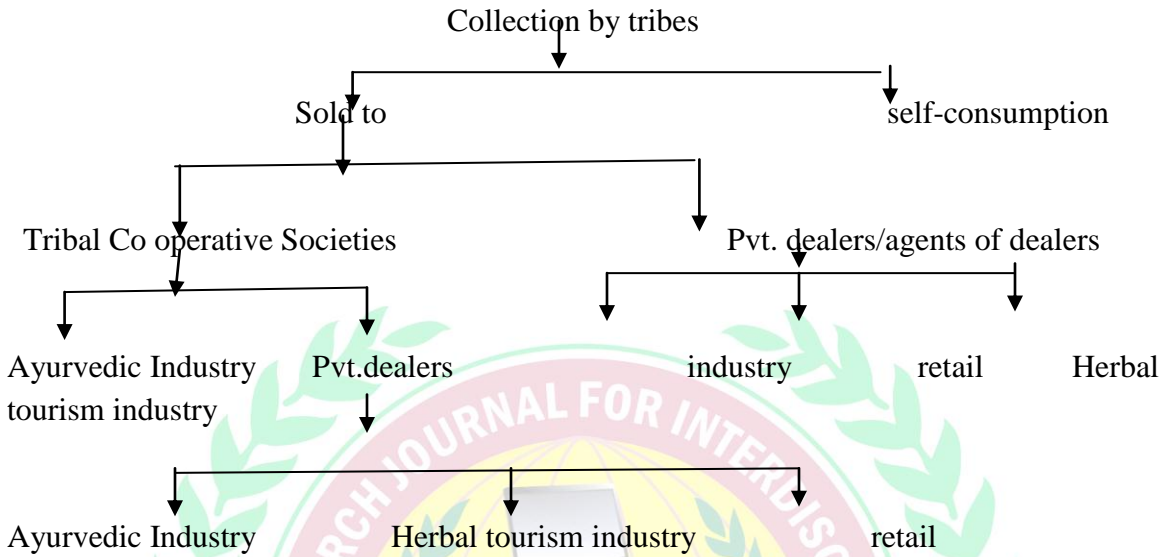
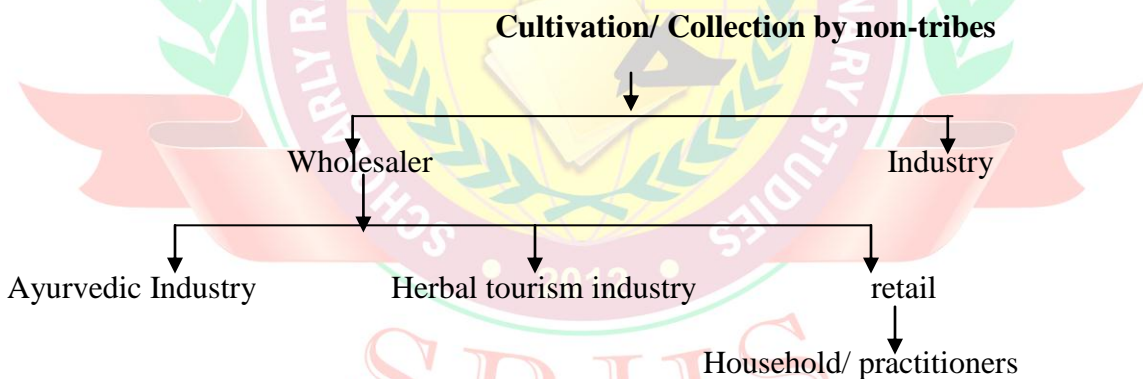


Figure-2



Promotion of herbal tourism could boost the export demand for medicinal plants as well as generate employment. It can act as a catalyst in rural development by accelerating cultivation of medicinal plants, value addition at the local level and utilization of micro farms for medicinal plant based activities by women.

Government initiatives

The National Medicinal Plants Board was set up by the Ministry of Health and Family Welfare, Government of India in 2000 to coordinate and implement policies relating to medicinal plants both at central and state level to facilitate inter ministry, inter state and institutional collaboration and to avoid duplication of efforts. It also carries out awareness campaign about the medicinal properties of some important herbs and fruits.

India's health ministry is pursuing an ambitious proposal to popularise herbs by constructing herbal parks at famous heritage sites. The ministry is working on a project of making medicinal plants' gardens at historical sites in collaboration with the archeological survey of India (ASI), Indian system of medicine and homeopathy (ISM&H) and some oil producing public sector undertakings. "There are thousands of historical sites in the country, and many have ample wastelands. The ministry has proposed famous historical places like kumhrar, vikramshila, nalanda, konark, bodh gaya, rajgir, varanasi which have ample wastelands for this project (Sharma, 2001)

Although the government recognizes the importance of traditional medicines and herbal tourism and medicinal plants, the efforts made by the government in promoting herbal tourism is negligible. Currently India has an inclusive healthcare system where the traditional medicine is recognised, but it is not yet completely integrated into all aspects of health care. This system is typical of countries such as United Kingdom, USA, Canada, Norway, Germany, Australia, and also Nigeria, India, Ghana, Indonesia, Sri Lanka, Japan and United Arab Emirates. What we need to achieve is an integrative healthcare system where traditional medicine is officially recognised and incorporated into all areas of health care provision like health care delivery, education, training, regulation, insurance, etc. This happens for example in China, Republic of Korea and Vietnam.(WHO) Traditional medicines may also be integrated with the public healthcare delivery system. Such efforts would improve the credibility of traditional medicines and could be advantageous for herbal tourism.

Herbal Tourism- Issues and Challenges

The foregoing discussion has spread light on the strengths of the herbal tourism sector and the opportunities for realizing its potential. Five crucial issues in the sustainability of herbal tourism are discussed in this section, they are:

a) Safety and efficacy of TM

The chemical properties of the plants used in the TM should be clinically checked and there should be stringent regulatory framework to support the system. Many people believe that traditional medicines are natural, they are safe or they carry no health risk. However, the fact is that any medicine, herbal or otherwise has the potential to cause side-effects, through incorrect diagnosis and using unproven products. WHO has set global guidelines towards evaluating the safety and efficacy of TM. These guidelines are quite extensive and include the evaluation of traditional medicines according to their environment and the contexts in which they are being used. They have also published numerous research documents from 1989 covering areas of clinical research in traditional medicine, the conservation of medicinal plants, and creating collaborations between traditional healers and modern medical doctors. Bringing TM under public health system would make government to be more alert on the issue of patient safety. Apart from that, there should be law to check adulteration of plants used. Many TM manufacturing companies rely on adulteration because majority of the plants used are wild harvested and

many of these plants are facing extinction. Controlled harvesting from the natural habitat coupled with domestication is the remedy for this problem. Considerable public and private investment is required for this.

b) Cost of healthcare

The growing cost of imported medicines calls for the need to develop indigenous medicine system and making it available to people at affordable rates. This could be done by encouraging R&D in the field and by ensuring the availability of plants used in these medicines.

c) Enhancing local returns

Medicinal plants and other forest resources are the sole source of income for the forest dwellers. Sustainable utilization and promotion of medicinal plant based activities could lead to community development. The growing interest in natural medicines and medicinal plants has triggered a set of linkages in the transaction of medicinal plants. There are backward linkages in the form of collection of wild medicinal plants and domestication of commercially important plants as well as forward linkages in the form of growing demand for TM among urban people and tourists. There is tremendous potential for generating local employment and income through cultivation and value addition at the local level.

A study on Caribbean tourism (Boafo, 2010) suggested training local community members in environment and culture preservation and tourism related activities to receive tourism's benefits. It also stressed the importance of aiding communities around the sites to market their products and use the World Heritage sites as a lever for local economic, social and cultural development.

A study conducted by the Tropical Botanic Garden and Research Institute (TBGRI), Palode, Thiruvananthapuram (Sudha, 2007) revealed that medicinal plant cultivation can be treated as an alternative income generation source for the rural unemployed women without hampering their ongoing income generating activities. Compared to other crops, medicinal plant cultivation requires less attention and expenditure. In order to promote medicinal plant cultivation and women empowerment in the State, TBGRI has implemented a model Project on “Women Empowerment and Medicinal Plant Cultivation” at Kanjikuzhi Grama Panchayat, Alapuzha with the co-operation of the Panchayath.

d) Unethical practices in the herbal tourism sector

The policy drives for promoting ‘medical tourism’ associated with failure in regulation of the tourism industry has resulted in unaccounted and unethical growth of a range of private institutions. Many of the so-called ayurvedic treatment centres are merely massage parlors where anti-social activities are practiced.

Another social issue is the rapid commoditisation of the traditional drug industry. Such efforts attempts to boost demand for the products through aggressive promotional

campaigns which results in mass production of herbal products. Many of these products do not follow the prescribed production processes. Moreover, mass production of herbal medicines is enabled by adulteration of medicinal plants.

e) Conservation issues

According to an all India ethno biological survey carried out by the Ministry of Environment and Forests, Government of India, there are over 8000 species of plants being used by the people of India. 90-95% collection of Medicinal plants is from the forests (wild-collected). Few are cultivated. The biodiversity loss is not only a threat to ecology of the planet but also a more immediate threat to the livelihood security of rural communities. Wild populations of numerous species are overexploited around the globe, the demand created by the traditional medicine being one of the causes of the overexploitation. Under the impact of industrialization and urbanization, western medicine has displaced indigenous medical systems in many areas, in the process leaving many without any health care. Traditional medicinal knowledge is rapidly disappearing, owing to cultural change and declining access -in both urban and rural areas- to sources of natural medicinal products. Most villages in the world are no longer surrounded by the natural habitat that formerly served as a medicine cupboard, and bodies of folk knowledge that have accumulated and been honed for thousands of years are disappearing at an alarming rate. The interdependence between the sustainability of the environment and the sustainability of the human species needs full recognition for the sustainable use of finite natural resources is a major determinant of health. The development of new public health practices which are translated into policies and actions is the need of the hour.

In view of these factors, it is suggested that there should be a co-ordinated effort by all the stakeholders for ensuring the quality of traditional medicines and for promoting the sustainable herbal tourism. The traditional medicine industry and government agencies should take dedicated initiative in promoting cultivation by developing clusters of medicinal plant gardens, forming subcontracting agreement, so that the raw material requirement is continuously met. Homestead cultivation, women participation and self help groups all could contribute significantly to the supply of medicinal plants of good quality. It is suggested that idle lands and land around historical sites are developed into medicinal plants gardens. Regulatory measures should be designed and implemented for controlling over exploitation of natural resources, as well as for checking the abuse of traditional healing system in the name of tourism. Another important task is obtaining IPRs for useful traditional knowledge and sharing the benefits with the communities which own the knowledge.

SWOT Analysis of Herbal Tourism

A SWOT analysis is conducted to suggest strategies to address the issues explained above.

TOWS MATRIX

<p>INTERNAL FACTORS →</p> <p>EXTERNAL FACTORS ↓</p>	<p>STRENGTHS (S)</p> <ol style="list-style-type: none"> 1. Abundant natural resources 2. Ability to generate both rural employment and income 3. Rich traditional knowledge 4. Potential for cultivating profitably 5. Can be linked with conservation of biodiversity 	<p>WEAKNESSES(W)</p> <ol style="list-style-type: none"> 1. over- exploitation of natural resources 2. Lack of suitable storage facilities at village level 3. Weak networks among the cultivators 4. unethical practices in herbal tourism
<p>OPPORTUNITIES(O)</p> <ol style="list-style-type: none"> 1. worldwide popularity of TM 2. growth potential of herbal tourism 3. natural scenic beauty of localities rich in medicinal plants 4. Setting up of National board for Medicinal and Aromatic Plants 	<p>SO STRATEGY</p> <p>Maximax strategy</p> <p>Utilizing strengths to take advantage of opportunities</p>	<p>WO STRATEGY</p> <p>Minimax Strategy</p> <p>Overcoming weaknesses to take advantage of opportunities</p>
<p>THREATS(T)</p> <ol style="list-style-type: none"> 1. Depletion of natural resources 2. Market imperfections 3. High cost of 	<p>ST STRATEGY</p> <p>Maximin strategy</p> <p>Using strengths to cope with threats</p>	<p>WT STRATEGY</p> <p>Minimin strategy</p> <p>Overcoming weaknesses to deal with threats</p>

value addition at local level.		
4. absence of strict implementation of guidelines		

The following four sets of strategies can be recommended based on the analysis.

So strategy

Controlled harvesting of medicinal plants coupled with cultivation is the key to take advantage of the opportunities of booming demand. Wastelands, idle lands and micro farms are to be used for cultivation of medicinal plants. Intercropping is preferred to mono-cropping as it would contribute to the biodiversity of the regions. As proposed by the health ministry, all wastelands surrounding historic sites should be converted into medicinal plants garden. This could create awareness and provide supply of important medicinal plants. Medicine industry should take initiative in carrying out R&D to test the traditional folk medicines and obtaining IPRs; the renewed support from the government should be fully utilized in this regard.

Wo strategy

Lack of storage facilities could be overcome by the establishment of treatment centres in the vicinity of areas where medicinal plants are cultivated. Supply of medicinal plants should be brought about by clustering of medicinal plants cultivators. Self-Help Groups could be formed for the marketing of the cultivated medicinal plants. The unethical practices in the herbal tourism industry could be handled by the active participation of NGOs as well as the implementation of regulation by the government agencies. The traditional medicine manufacturing units and treatment centres could enter into subcontracting agreement with forest dwellers and farmers for cultivation of medicinal plants. They should take initiative in providing the cultivators with capital for buying planting materials and bio fertilizers. Subcontracting could reduce the marketing risk of the cultivators and encourage more people to cultivate medicinal plants. This would also reduce the cost of raw materials and finished medicines required by the herbal tourism industry.

St strategy

Since cultivation of medicinal plants is found to be a profitable economic activity, especially in micro farming and in intercropping patterns, the dependence on wild plants should be reduced through government intervention. Homestead cultivation, women participation and self help groups all could contribute significantly to the supply of medicinal plants of good quality. Deliberate measures such as clustering, subcontracting, R&D for better cultivation practices and plant protection, etc, should be taken to promote

cultivation. Establishment of treatment centres in the rural areas would generate employment through triggering value addition of medicinal plants at the local level.

Wt strategy

Self help and mutual help are the remedy for the weaknesses of the stakeholders in the herbal tourism sector. Clustering and collective action could help them to find new avenues for overcoming their weaknesses. When the cultivators market their produce collectively, they would get a better position in terms of bargaining power and this would reduce market imperfections. Storage and transportation facilities could also be developed by clustering of medicinal plants cultivators. Awareness about bio-diversity conservation should be provided to motivate the forest dwellers and villagers to convert their micro farms into medicinal plants garden. Cost of value addition can be brought down by collective action, because, when many micro farmers join together for value addition, economies of scale would arise.

Conclusion

All these strategies would be fruitful only through a co-coordinated effort of all the stakeholders. The herbal tourism industry and government agencies should take dedicated initiative in promoting cultivation. Efforts should be taken to construct regulatory measures for controlling over exploitation of natural resources and for checking the unethical practices prevailing in the herbal tourism field. Community development and conservation of natural resources could be brought by encouraging herbal tourism in the rural areas, developing clusters of medicinal plant cultivators and forming subcontracting agreement. Obtaining IPRs for useful traditional knowledge and sharing the benefits with the communities which own the knowledge is the key to preservation of indigenous knowledge. Developing an integrative healthcare system is the need of the hour, because that one measure could take care of lot of problems in the herbal tourism sector.

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