

Needed Free and Open Source Medicine

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So, what could be the solution? This reminds one of a similar situation in computer software when hardware prices dropped like a stone in water but software costs rose like a helium balloon and became the dominant part of the cost for anyone wishing to use a computer. This was made possible by converting software into a product which offers only the right to use, as opposed to the prevailing practice of allowing the users to do whatever they want with it, as was done in the Unix world before software became proprietary. Thus was born Free Software, launched by a prominent hacker of the time at the Massachusetts Institute of Technology, Mr. Richard M. Stallman under the project he called GNU's Not Unix (with the recursive acronym GNU). This is software that gives users the freedom to use, share, study and modify. With those rights, the software became freely downloadable at zero cost, enabling anyone to use even an old computer, and thus making it accessible to virtually anyone. Today the software has grown to be the dominant one among all computing devices.

Can this be a model for medicine too? Yes, indeed. It can. In fact, there are medical systems other than modern medicine that practised this kind of openness. All traditional medical systems were open, as the concept of the ownership of knowledge, such as copyright and patent laws came only very recently. In fact, the first copyright law was

enacted only in 1710 by Queen Anne of England and was known as the Statute of Anne. It was actually meant to prevent publishers from controlling the printing and sales of books to benefit only themselves. The statute sought to benefit the authors in order to encourage them to write more for the good of society. That it eventually got to be controlled by publishers is another story altogether.

The point is that, before all that happened, all knowledge was free (well, almost¹), and everyone could learn whatever they wanted. Thus, medicines were often prescribed not by just a name, but by giving the recipe to prepare them. This continues to be the custom in systems like Ayurveda, Siddha and Unani systems of medicine developed in India and the Arab world and the Traditional Chinese Medicines (TCM²). But these medical systems may not be acceptable to many who are looking for scientific validation. This, unfortunately, is a drawback of these systems that were created millennia before modern science was born. But it could be easily rectified if some researchers in the medical field are open-minded enough to do experiments to validate their medicines and treatment protocols, which have many pieces of anecdotal evidence of success. Alternatively, the government of India could direct its own Central Council for Research in Ayurvedic Sciences (CCRAS) to validate Ayurvedic, Siddha or Unani treatment protocols using modern scientific methods.

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