

1 **Ethnopharmacology, Ethnomedicine, and Wildlife Conservation**
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21 **Abstract**

22 *Ethnopharmacological relevance:* There are longstanding traditions of animal-derived products
23 being employed as medicines, and they continue to be important in many traditional cultural
24 healthcare practices. However, the populations of numerous so-used animals are known to be
25 threatened with extirpation by such practices. Ethnopharmacological studies documenting these
26 animal-derived drugs are not only interesting from an anthropological standpoint, but they are also
27 relevant from a wildlife conservation perspective – especially since ethnopharmacologists are
28 intermediaries between indigenous and scientific communities, placing them at the forefront of being
29 able to ethically access information to address these issues.

30 *Methods:* Using the example of documenting culturally acceptable substitute materials for animal
31 products (which ultimately also extends to flora), we explore the intersection of ethnopharmacology,
32 biocultural resources, and wildlife conservation.

33 *Results:* Pharmacological efficacy and symbolism are factors influencing the utilization of traditional
34 medicines. Achieving the integration of conservation aims with ethnopharmacology requires a
35 nuanced understanding of both factors, along with fair adjudication when conservation and cultural

36 aims diverge. Ethnopharmacology is suitably placed for making conservation-orientated
37 recommendations – including investigating more sustainable substitutes for animal products in the
38 context of medical efficacy, and for engaging ethically with local communities to facilitate
39 information generation aimed at protecting the environment and their traditions.

40 *Conclusion:* We suggest an integrative approach to ethnopharmacological studies investigating
41 medicinal bioresource use. This approach is considerate of species' conservation profiles, the
42 substitutability and pharmacological efficacy of biocultural resources, indigenous and cultural rights,
43 and a collaborative ethos for stakeholder engagement.

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45 **Keywords:** Zotherapy, substitution, effectiveness, efficacy, animal conservation, health, medicine

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47 Graphical abstract

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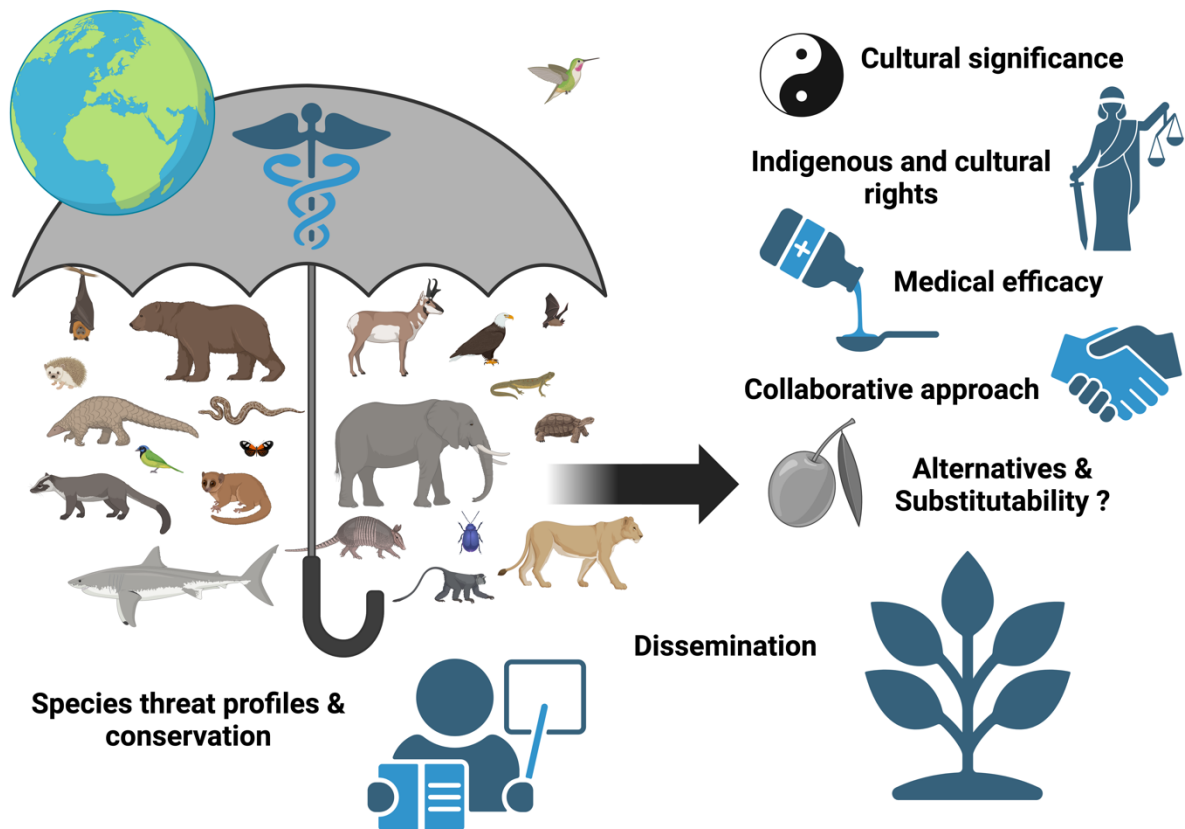
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66 1. Introduction

67 The use of animal products driven by cultural practices, including traditional medicines, can lead to
68 unsustainable harvesting of species, and adversely impact wild populations and the welfare of animals
69 (e.g., Starr et al., 2010; Baker et al., 2013; Nijman and Nekaris, 2016). Animal products are used and

70 traded across a range of socio-economic and geographic contexts – from urban centres where
71 consumers are well-integrated in the global economy to informal rural markets and local subsistence
72 economies – and are integral to many complex cultural-spiritual traditions practiced by some of the
73 world’s most vulnerable communities. Historically, ethnopharmacological field studies have aimed
74 to document such practices for purposes of scholarly inquiry, cultural preservation, and medical
75 insights. In a world where heterogeneous anthropological pressure is persistently exerted on wildlife
76 and other environmental resources, we present a series of considerations concerning the intersection
77 of ethnopharmacology and wildlife conservation – using the example of documenting substitute
78 materials for animal products. These considerations (akin to mindfulness) are not thorough; rather,
79 they serve as provocations for further debate and evaluation. By suggesting the integration of
80 conservation-considerate protocols into future study designs and publications, we hope to advance
81 the discourse on ways that ethnopharmacology can contribute meaningfully to biodiversity
82 conservation.

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84 **2. Methods and outline**

85 Amidst the heterogeneous human pressures impacting wildlife resources, we explored ideas
86 concerning the intersection of ethnopharmacology and wildlife conservation. Proposed means for
87 achieving wildlife conservation goals include, amongst other measures, supply side-interventions –
88 encompassing substitute species, regulated trade, and wildlife farming (e.g., Bulte and Damania 2005;
89 Phelps et al. 2014), enforced conservation laws leading to replacement and omission of animal drugs
90 from formulations (Yeshe et al., 2017), and databases proposing plant and mineral-based alternatives
91 such as TAWAP (2024; <https://tawap.org/>).

92 Ethnopharmacologists can play important roles as intermediaries between indigenous and scientific
93 communities. They can also assist those conservation scientists who adopt a more wildlife population-
94 centred research approach with collecting interdisciplinary data to: (i) understand the socio-cultural
95 use of species and their derivatives in a different context, (ii) inform population threat assessments
96 via the evaluation of the risks to species posed by some cultural practices, so that long-term
97 sustainability and availability for cultural use can be assessed and endorsed, (iii) report and test
98 culturally acceptable (and effective) substitutable materials, and (iv) report on instances of alien
99 species being adopted into pharmacopoeias (including as substitutes) to allow for a more nuanced
100 evaluation of the impacts of introduced species. These conservation-relevant considerations are not
101 exhaustive, and rather serve as prompts for engaging in further debate and evaluation.

102 We specifically considered here the role of ethnopharmacology in documenting substitutes and
103 proposing more sustainable alternatives to animal products used in traditional medicines. We begin

104 by discussing the dynamics of traditional knowledge (section 3), followed by a discussion on
105 pharmacological efficacy (clinical setting), perceived effectiveness, and the symbolism (cultural
106 setting) of animals used in traditional medicines (section 4). In section 4 we also outline the use and
107 discontinuance of animal-derived materials based on their pharmacological efficacy in various parts
108 of the world and emphasise that use of animal-derived material is frequently driven by the symbolic
109 value and perceived effectiveness of the selected material. We thus describe two major (but not
110 exclusive) background considerations in the fair adjudication of potentially competing aims, i.e. that
111 of species to persist, and the rights of people to practice their traditions (section 5) – which we believe
112 are central to conservation-relevant (and socially just) practice. We suggest in section 6 that for
113 wildlife conservation elements to be integrated into ethnopharmacology research, careful
114 consideration should also be given to assessing the relative benefits and harms of the reported
115 practices – to wildlife *and* people (despite the inherent challenges in such assessments). In closing
116 (section 7), we emphasize the importance of considering equitable, collaborative, two-way
117 knowledge exchange between researchers and practitioners/users of traditional medicines – which
118 includes considering research instrument co-design, and information dissemination, with the study
119 participants, in accordance with ethical guidelines for conducting ethnobiological research
120 (Fernandez et al., 2003; International Society of Ethnobiology, 2006). By advocating for the explicit
121 integration of conservation-relevant considerations into future ethnopharmacology study designs and
122 publications, we aim to advance the discourse on how, within the ethnosciences disciplines,
123 ethnopharmacology can make substantive contributions to wildlife conservation initiatives and
124 interventions within the context of cultural practices – some of which may pose sustainability
125 challenges to important biological resources.

126

127 **3. The dynamics of traditional knowledge**

128 In the transdisciplinary ethnosciences, indigenous and traditional knowledge are often considered
129 domains that *de facto* should be protected in their original context within communities (*in situ*) and
130 conserved outside of those communities through research and documentation (*ex situ*) for future
131 generations. However, these traditions of practice also lend themselves to periodic re-investigation
132 and review because culture and traditional knowledge are not static and unchanging (Cunningham
133 and Zondi, 1991). Instead, they are dynamic: i.e., capable of evolving and adapting to internal and
134 external pressures, including environmental changes, and can be transformed or abandoned (Bye et
135 al., 1995), and also deliberately invented (Hobsbawm and Ranger, 2012), leading to adaptations such
136 as the incorporation of new organisms and drugs into pharmacopoeias (e.g., non-native species) and
137 the lifting of cultural restrictions previously imposed on the use of taboo species (Cunningham and

138 Zondi, 1991). Strategies of enforced change have also been implemented through legislation. Culture
139 may also become formalized and institutionalized, thereby losing its dynamism while continuing its
140 expression as folklore. Historical evidence also indicates, however, that not all traditional knowledge
141 and customs are sustainable, and that not all traditions withstand the development of ethical
142 considerations, evolving moral standards, and/or critical evaluation of medical efficacy.
143 Consequently, some healthcare practices are abandoned following the discovery of more effective
144 alternatives, sustainable production methods and acquisition, or societal rethinking, sometimes
145 accompanying the implementation of new regulations protecting wildlife.

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147 **4. Pharmacological efficacy and effectiveness of zootherapeutic remedies**

148 Historically, the (more-or-less) systematic documentation of *materia medica* dates back, in some
149 cultures, over 2000 years. These written sources include a taxonomically diverse array of crude drugs
150 and preparations. Compendia, referred to as ‘herbals’ or ‘herbal books’, name the drugs they describe
151 as ‘herbal medicines’ or ‘herbal drugs’, regardless of their biological or mineral origin. The custom
152 of reporting animal drugs separately from botanical drugs is a more recent phenomenon (pers. obs.,
153 review of academic literature) and not constructive for understanding the consensus and use of
154 *materia medica*.

155 Crude animal-derived ‘herbal’ drugs (i.e., zootherapeutic remedies prepared from the body-parts or
156 excreta of fauna) were an important part of these *materia medica* across Europe until the 18th/19th
157 centuries, and the teaching of ‘pharmaceutical zoology’ as a separate course was common in
158 European Pharmacy Schools during this period (see Plans y Pujol, 1870). The relatively uncritical
159 adoption and transmission of ‘herbal’ remedies facilitated the persistence of pharmacologically
160 ineffective drugs within *materia medica* over an extended period (MacKinney, 1946; Leonti, 2011).
161 Hence, just because herbal and traditional zootherapeutic medicines have been used for a long time
162 doesn’t necessarily mean that their long-standing use serves as unequivocal evidence supporting the
163 medical efficacy and biomedical safety of treatments (Helmstädter and Staiger, 2014; EMA, 2024).
164 Efficacy describes the capacity of an agent to produce an effect under standardized conditions, such
165 as in clinical trials, and effectiveness refers to the perceived therapeutic success in real-life practice
166 and within a cultural setting (Last et al., 2001, p. 57-58; Witt et al., 2013). Ethnopharmacological
167 research draws on anthropological data to critically evaluate knowledge regarding the therapeutic use
168 of traditional medicines by employing biological and chemical methods to test medical efficacy and
169 safety (Gertsch, 2009; Heinrich and Jäger, 2015; Weckerle, et al., 2018; Bruhn and Rivier, 2019).

170 As a consequence of the scientific revolution and advancements in rational thinking, a large number
171 of European and Mediterranean Renaissance herbal drugs were subsequently systematically excluded

172 from pharmacopoeias and medicinal practices, starting in the 18th century (e.g., mumia powder from
173 ground mummies; Dannenfeldt, 1985). This exclusion was prompted by toxicological concerns and
174 a re-evaluation of their efficacy (Mann, 1984; Martins de Oliveira et al., 2019); crude animal-derived
175 drugs that had constituted a substantial portion of those *materia medica* were progressively excluded
176 from modern ‘herbal’ medicines. Matthioli’s commentaries on Dioscorides’ *De Materia Medica*
177 (Matthioli, 1967-1970), for example, included 76 chapters dealing with animal-derived drugs;
178 however, of these zootherapeutic drugs, only wool fat (lanolin), honey, and beeswax are currently
179 included in the European Pharmacopoeia 11.0 (2022). Additionally, in complementary and traditional
180 medicine (CAM), propolis, as well as milk and animal fat, are still in use. Furthermore, and to put
181 validated pharmacological efficacy into another context, only a limited number of traditional animal
182 drugs included in herbals have led to drug discoveries. For instance, the anticoagulant hirudin was
183 isolated from the saliva of the European medicinal leech (*Hirudo medicinalis*; Linnaeus, 1758) at the
184 beginning of the 20th century. Leeches have been used for venesection and blood removal since the
185 2nd century AD as reported by the Greek scholar Galen; today, recombinant hirudin derivatives serve
186 as anticoagulant drugs (Nowak and Schrör, 2007). Chinese and Japanese medical traditions have
187 recommended the use of bear bile for biliary stone diseases for centuries (Hagey et al., 1993); the bile
188 of various vertebrate species, including humans, contains ursodeoxycholic acid, which can now be
189 produced semi-synthetically and used as a monotherapy for treating gallstone diseases (Hagey et al.,
190 1993; Tonin and Arends, 2018). Another example of a potent animal-derived compound is the toxic
191 monoterpene cantharidin, found in Spanish fly (*Lytta vesicatoria*; Linnaeus, 1758), and other blister
192 beetles of the Meloidae family; cantharidin induces strong and long-lasting erections and has
193 therefore been used as an aphrodisiac or for treating erectile dysfunction (Pajovic et al., 2012).

194 Despite the exclusion of most crude animal-derived drugs from current herbalism, CAM, and official
195 pharmacopoeias in Europe and the US, animal derivatives remain an important source of allopathic
196 medicines (Zhu et al., 2011; Wagner et al., 2007; European Pharmacopoeia 11.0, 2022). These
197 derivatives are, however, obtained through biotechnological methods and via extraction from porcine,
198 bovine, ovine, equine, mouse, and chicken products and organs (Wagner et al., 2007). A wide range
199 of animal-derived products are currently employed in the pharmaceutical and healthcare sectors,
200 including: anti-thrombotics, digestive supplements, lung surfactants, haemostatic agents, vaccines,
201 anti-diarrheal agents, steroids, pituitary and gonadal hormones, plasma volume expanders, immune
202 supplements, immunomodifiers, anti-neoplastics, anti-migraine, anti-hypertensive and hematopoietic
203 agents, ophthalmic medications, anti-rheumatoid agents, anti-venoms, and anaesthetics (Zhu et al.,
204 2011; Wagner et al., 2007; Queensland Health, 2020). Furthermore, derivatives from marine

205 invertebrates and arthropods also contribute to drug discovery by serving as valuable sources of
206 highly bioactive secondary metabolites (Kiyota, 2021; Dossey, 2010; Seabrooks and Hu, 2017).
207 But while there has been a significant reduction in the number of animal-derived drugs in European
208 and American pharmacopoeias, there has been little such significant reduction in many traditional
209 medicine practices and the extensive zootherapeutic use of animal products remains important to
210 many traditions of socio-cultural medicine across the world – especially in countries where traditional
211 medicine has a strong presence or in communities which depend less on, or who have less access to,
212 western-based primary healthcare. For example, Moorhouse et al. (2022a) reported over 2300 species
213 of wild fauna used in traditional Chinese medicine. Additionally, a survey conducted at a traditional
214 medicine market in Johannesburg, South Africa, identified 147 traded vertebrate species (Whiting et
215 al., 2011). A review based on market surveys conducted in 20 Brazilian cities documented animal
216 medicines deriving from 131 species (however, the actual number of taxa used throughout Brazil is
217 likely much higher) (Ferreira et al., 2013). Closer to Europe, Bellakhdar’s (2020) book on the
218 traditional pharmacopeia of Morocco details 227 animal taxa products across 89 chapters.
219 In contrast to cases where animal-derived medicines have demonstrable medical properties, a
220 considerable proportion of cultural zootherapeutic preparations are pharmacologically inactive
221 (MacKinney, 1946; Still, 2003) and lack medical efficacy, yet are considered by users to be highly
222 effective medicines for treating the recognised disorders. Animal derivatives constitute integral
223 components of complex socio-cultural practices that rely on the symbolic, and often non-
224 consumptive, spiritual and characteristic properties of the animals involved where bodily traits and
225 functions signify utility (Williams and Whiting, 2016). Explanations for the use of crude animal
226 products have included beliefs that the biological and spiritual characteristics and qualities of the
227 animals are transmitted to patients, following the principles of the *Doctrine of Signatures* (De
228 Conconi and Moreno, 1988; Lev, 2002; Fresquet Febrer, 2001). For example, in southern African
229 traditional and spiritual practices, lion (*Panthera leo*; Linnaeus, 1758) parts are used symbolically to
230 confer bravery, strength, and power to the user, and are thus closely associated with traditional royalty
231 (Simelane and Kerley, 1998; Coals et al., 2022). This association may be manifested through the
232 predominantly non-consumptive use of lion claws, teeth, bones, and skin – often as part of tribal
233 regalia (Coals et al., 2022; Williams et al., *in review*). Furthermore, animals have been noted to be
234 used for treating disorders that are difficult to define in Western medical concepts and/or are based
235 on healers’ interpretations of causation (some of which are also social rather than medical disorders)
236 (Simelane and Kerley, 1998; Simelane, 2011). Thus, ethnopharmacologists do not typically consider
237 testing the therapeutic efficacy claims associated with animal-derived traditional medicines, such as
238 of the efficacy of charcoaled hedgehogs (Budjaj et al., 2021), tiger’s breastmilk, or the whole dried

239 body of the slow loris (Chassagne et al., 2016), for practical, ethical, and above all, epistemological
240 reasons.

241 We therefore contend that the symbolic and spiritual use of animal products in traditional therapeutic
242 practices is likely to outweigh the active-ingredient-driven (modern ‘Western’) conceptions of
243 medicine, and we thus caution against simplistic interpretations of medical efficacy and effectiveness.
244 This raises questions about the degree to which knowledge of the traditional uses of animal products
245 contributes to drug discovery, while acknowledging the need for case-by-case differentiation. While
246 the documentation of animal-derived medicines has the potential to contribute to the preservation of
247 cultural diversity and the development and implementation of protection measures, much of this
248 knowledge is unlikely to meaningfully advance medicinal discoveries for future generations.
249 Nevertheless, symbolism and perceived effectiveness are key drivers in the enduring use of many
250 cultural-spiritual medicines.

251

252 **5. Integrating conservation concerns into ethnopharmacology requires evaluation of competing** 253 **needs**

254 While having baseline data about the use and trade of traditional medicines can help inform
255 conservation strategies, the practical implementation (i.e., translational measures) of these strategies
256 is often uncertain and beyond the direct control of academic researchers. In light of this, we therefore
257 suggest that, where possible, academic researchers consider making more direct and proactive
258 contributions to conservation endeavours. A short discussion between Nijman and Nekaris (2016)
259 and Chassagne (2017) about reporting animal drugs used in traditional medicine, for example,
260 published in this journal, may not have received the attention it deserved. Nijman and Nekaris (2016)
261 emphasized that the conservation status of the respective animal species should be reported,
262 regardless of whether the animal needs to be killed to obtain the part used as a drug or not.
263 Furthermore, they stressed that the legality of collecting and trading the respective products should
264 also be stated (it should be noted that these statements would be aimed at readers of the journal reports
265 and *not* intended as parochial commentary to indigenous users). Nijman and Nekaris (2016) further
266 reminded researchers to “*provide context about the ethical and legal implications*” when reporting
267 on the use of protected and endangered wildlife in ethnopharmacological surveys (see also
268 Chassagne, 2017). In response to Nijman and Nekaris (2016), Chassagne (2017) pointed out that,
269 according to Article 24 of The United Nations Declaration on the Rights of Indigenous Peoples
270 (UNDRIP), “*indigenous peoples have the right to their traditional medicines and to maintain their*
271 *health practices, including the conservation of their vital medicinal plants, animals and minerals*”.
272 Moreover, contributing to the conservation and sustainable use of biodiversity is an integral aspect of

273 The Journal of Ethnopharmacology (see: [https://www.sciencedirect.com/journal/journal-of-](https://www.sciencedirect.com/journal/journal-of-ethnopharmacology/about/aims-and-scope)
274 [ethnopharmacology/about/aims-and-scope](https://www.sciencedirect.com/journal/journal-of-ethnopharmacology/about/aims-and-scope)) and encapsulated in a founding objective that
275 investigations of agents used in traditional medicines should not exploit them (Bruhn and Rivier,
276 2019).

277 Whilst there may be a generally held desire to honour traditions and cultural practices that may
278 involve the use of animal products, when such practices conflict with conservation aims, particularly
279 the potential persistence of a species, an evaluation of those competing needs is required (Coals et
280 al., 2019). Such evaluations necessitate an acknowledgement of the potential influences and pitfalls
281 of cultural relativism, whereby a potentially damaging activity may be overlooked because of its
282 perceived cultural significance (Dickman et al., 2015). We posit that a *de facto* position of the
283 assumed right to preserve all cultural practices, as presented in many ethnobiological publications,
284 may serve to perpetuate potentially harmful practices, which can ultimately lead to the extinction of
285 fauna *and* traditions. Therefore, enhancing the integration of ethnographic studies with conservation
286 requires evaluating conflicting interests and providing an explicit and objective rationale for
287 preserving practices involving at-risk wildlife (Macdonald et al., 2021), coupled with recognizing
288 that cultural practices and conservation aims will not always be compatible but that they should be
289 resolved in a fair and just manner (Vucetich et al., 2018).

290

291 **6. Substitution is not simple but should be considered**

292 Academic research on the utilisation of traditional medicine should not confine itself only to
293 documenting therapeutic uses for wildlife, as use-based demand has negative consequences for many
294 species. Hence, the cultural and ecological aspects of these practices should also be explored (Alves
295 and Rosa, 2007).

296 The potential substitution of wild-sourced preparations with those from domestic animals or botanical
297 materials has become a topic of considerable interest in some primarily conservation-focused
298 publications. However, the prevalent use of preference-based surveys and techniques, upon which
299 many findings are based, tends to overlook complexities in real-world markets and dichotomies
300 between what people will *say* and what they *do* (Hinsley and 't Sas-Rolfes, 2020). While individuals
301 may express preferences for potentially effective substitutes in experimental and hypothetical
302 scenarios (where effectiveness is not synonymous with efficacy), the conditions for acceptance of
303 such substitutes is uncertain, primarily due to the significant cultural connotations associated with the
304 use of specific materials (Ferreira et al., 2016). For example, although several, allegedly effective,
305 symbolic alternatives ostensibly exist for lion products in southern African spiritual practices, aspects
306 of the lion's role in spiritual healing have been found to be largely immutable *and*, furthermore, that

307 ancestral spirits (considered divine messengers between the healers and a higher being) may, during
308 dreams and rituals, be influential in the suggested prescription of some effective alternatives (Coals
309 et al., 2022). Moreover, while botanical substitutions are increasingly widely touted as substitutes by
310 researchers with different world views to the consumers, care must be exercised to ensure that they
311 (and faunal alternatives) are also not sourced from threatened species. Hence, we caution against
312 naïve assumptions that botanical alternatives will automatically be the more acceptable, conservation-
313 friendly, options.

314 In instances where substitution is a matter of efficacy (e.g., Moorhouse et al., 2022b),
315 pharmacological studies are well-placed to aid in the identification of effective and sustainable
316 substitutes. However, pharmacological efficacy has rarely been established for animal-derived
317 traditional medicines (see above) and clinical trials for this category are generally lacking (Simelane
318 and Kerley, 1998). Conversely, efficacy and safety have been established for numerous botanical
319 drugs, while for others, their efficacy is considered plausible (e.g., EMA, 2024). Thus, available
320 pharmacological and clinical literature can be used to assess evidence of substitute efficacy on a case-
321 by-case basis.

322 We emphasize that animal-based ethnopharmacological field studies should consider documenting
323 substitutes (sustainable, effective, non-threatened, or otherwise) (Chassagne, 2017). This
324 documentation could be an outcome of questions on substitutes specifically incorporated into the
325 research instruments from the outset, or from information provided unprompted by stakeholders
326 during the course of the research process. Such information is held by traditional healers, consumers,
327 and sellers. The intention is not to question the rights of indigenous peoples to choose their medicines.
328 Rather, we advocate for the documentation of culturally acceptable substitutes (where they exist, and
329 the traditional knowledge has been obtained through informed and consensual ethical research) as
330 part of collaborative systems with communities to address conservation challenges through mutual
331 feedback (for an example concerning the adoption of faux leopard skins by followers of the Shembe
332 Church in South Africa see: Naude et al. 2020). Thus, this approach is not about overriding indigenous
333 peoples' rights to maintain their traditional health-care practises, but rather to actively engage with
334 local communities to facilitate taking steps towards information generation aimed at protecting the
335 environment *and* their traditions.

336

337 **7. Considering the future of ethnopharmacological reporting**

338 In addition to the ongoing global changes that exert pressure on biodiversity, some traditional
339 medicine practices contribute to the decline and extirpation of some animal populations – thereby
340 posing further threats to the persistence of species. Although users may assert the effectiveness of

341 animal-derived medicines, the strictly therapeutic efficacy of most of these medicines has not been
342 tested and remains questionable, with use often driven by complex, culture-specific, traditions of
343 practice, ancestral guidance, and symbolic connotations. Consequently, we suggest that field
344 researchers adopt a collaborative approach to explore the possibility of establishing consensus
345 regarding culturally accepted alternative *materia medica* (of whatever origin) especially those that
346 can be sourced from non-threatened species that can be harvested more sustainably. A first step would
347 be to investigate the nexus of traditional uses of biological and inorganic substances used by specific
348 communities so that possible convergent uses and consensus can be pinpointed, and substitutability
349 can be assessed in collaboration with healers, sellers, and consumers. Feedback on more effective
350 substitutes and alternatives are more likely to be accepted when proposed in a culturally respectful
351 and inclusive manner, particularly by considering the culture-specific symbolism of the species
352 intended for replacement. While indigenous cultures, rural and urban populations have the right to
353 maintain their traditional health practises, we contend, however, that they have also the right to be
354 kept apprised of the scientific evaluations of their customs and of the environmental impacts of their
355 practices. Thus, within the domain of ‘conservation-conscious ethnopharmacology’, we suggest an
356 integrative approach to ethnopharmacological studies investigating medicinal bioresource use (**Fig.**
357 **1**). This approach is considerate of species’ conservation profiles, the substitutability and
358 pharmacological efficacy of biocultural resources, respect for indigenous and cultural rights, and a
359 collaborative ethos for stakeholder engagement.

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362

363 **Figure 1.** Considerations for integrating wildlife conservation-conscious factors into
 364 ethnopharmacology research, using the example of potential substitutions for animal products.

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366 **Author contributions:** PGRC, VLM, GB, FC and ML all conceptualized and wrote the article.

367

368 **Competing Interest Statement:** The authors declare no competing interest.

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