1. **Traditional medicine in urban poor communities in India: a resource for prevention and early detection of oral cancers**

**Global Approaches of Integrative Oncology**

**Background**: From 2001 to the present, our collaborative Indo-US team conducts NIH-funded prevention studies with adults in greater Mumbai, India using culturally based concepts of health and illness and community resources to address health risk behaviors. For nearly 90% of the rural and urban poor, non-allopathic providers, termed AYUSH (*Ayurveda*, *Yoga* and naturopathy, *Unani,* *Siddha* and Homeopathy) treat health problems*.* While many interventions discount this sector, our studies have indicated that AYUSH providers can play a critical intervention role in a wide range of health problems. One significant problem that remains largely unaddressed, particularly among the urban and rural poor, is head and neck cancers, constituting 25-30% of all cancers in India. Smokeless tobacco, with or without areca nut, is widely used by men (47%) and women (20%) and the primary contributor to head and neck cancers.

**Aim**:Explore the role of AYUSH providers in the prevention and early identification of oral cancer.

**Methodology**:Across our projects, formative qualitative methods and survey data from 2408 men and 1125 women for multiple time points assessed outcomes of interventions and examined AYUSH approaches to HIV/STI risk reduction.

**Results**:Our projects successfully trained AYUSH providers to supplement their treatment of culturally based sexual health problems with evidence-based screening approaches for STIs comparable to the allopathic providers, while at the same time training biomedical providers at the governmental clinic to understand and address cultural concepts comparable to the AYUSH providers. Both types of providers were equally effective in reducing community disease burden.

**Conclusions**:AYUSH are the primary providers of care among the urban and rural poor, despite a lack of documentation of their degrees and their mixing of antibiotics and herbal medicines. We have shown that they are receptive to training, can collaborate with biomedical clinicians, and able to expand their knowledge and practice. As a result, it is vital that they be included in implementing programs of cancer awareness, reduction or cessation of tobacco use and able to incorporate in their practice and the early identification of patients with precancerous and cancerous oral lesions for referral.