

From Tribal Identity to Sustainable Futures: Integrating Indigenous Knowledge, Healthcare Narratives, and Artificial Intelligence in Rayalaseema

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Abstract:

In tribal communities, it is critical to have a look at different factors including cultural identity, community history, traditional knowledge, governance of knowledge, and technological innovations in order to ensure that the system will help in providing quality service. An excellent case for looking at this problem of sustainability presents itself in Rayalaseema, the region of Andhra Pradesh, where ethno-botanical studies have explored different herbal remedies used in the community. In particular, Nagaraju and Rao (1990) revealed that 131 plant species are used by indigenous people in Rayalaseema, while subsequent studies have confirmed that the ethno-botanical knowledge of these people is worth studying, as is presented in the example of Kadapa. Notably, modern medicine is characterized by the increased utilization of AI technology along with digital information systems of data-based making decisions. Current research shows that the use of AI technology in traditional medicine, in addition to its unique capabilities in the organization of the knowledge and recognition of patterns, has many drawbacks related to the reliability of the provided evidence, quality of the collected data, cultural representation, and governance. In light of history of the community, traditional medicine studies, AI research in Karanataka, and international regulations on traditional knowledge and responsible AI, the paper presents the Community-Based Indigenous Healthcare Knowledge Management Framework (CBIHKM). The framework identifies tribal identity as a cultural basis, indigenous knowledge as a source of knowledge, healthcare narratives as a method of knowledge transmission, and sustainability as a multidimensional purpose that brings health equality, cultural continuity, and ecological responsibility together. Components of the governance that

comprise the governance construction of CBIHKM include community consent, data sovereignty, protection of indigenous intellectual property rights, scientific proof, transparency, human control, and the fair distribution of the benefits from application of the framework. The paper makes a contribution to cross-disciplinary studies by uniting indigenous studies, healthcare control, knowledge management, communication, sustainability, and artificial intelligence.

Keywords: Tribal Identity, Indigenous Knowledge, Healthcare Narratives, Artificial Intelligence, Traditional Medicine, Rayalaseema, Knowledge Management, Sustainable Healthcare

1. Introduction

When talking about sustainability in healthcare, we need to go beyond usual topics like infrastructure, delivery of services and efficiency in applying technology. In societies where health traditions and practices are embedded in their cultural and ecological context, issues connected with sustainability also include continuity of knowledge, identity of communities, people's involvement and relationships with the environment. Various cultures and peoples from different parts of the globe have their own systems of knowledge that often contain information related to ecosystems, plants with medicinal properties, food traditions, health experience, and different approaches to wellness. As a result, such systems of knowledge, which are linked with culture, could be applied in different contemporary debates on healthcare despite the fact that their main goal is cultural preservation.

The Global Traditional Medicine Strategy 2025–2034 that has been developed by the World Health Organization proves the idea mentioned above. The strategy is aimed at enhancing the evidence base of traditional medicine, ensuring its safety and regulations, integrating various evidence-based practices into health systems, and demonstrating the value of traditional medicine in different sectors.

Rayalaseema serves as a significant regional backdrop for the discourse. A lot of ethno botanical research has shown rich knowledge about medicinal plants, and the ways to treat ailments through their usage in Rayalaseema. For instance, the survey of Nagaraju and Rao (1990) on the use of plants in the area revealed the use of 131 species of plants by the tribal and non-tribal population of the area to cure diseases. The findings of the survey that

different ethnic groups have the same plants, yet they use them differently in medicine are very essential since it reveals that the health knowledge of the indigenous people is scattered within communities, environment and culture.

Other studies also confirmed the knowledge about ethno-botany within the defined area in Rayalaseema. Ramesh et al., for instance, showed how 27 species of plants were used in treating diseases among the tribes and the rural areas in the area of Kadapa. It was noted that analytical study takes several locations associated with the tribes and the rural population of the area indicating the presence of ethnobotanical information within local communities. Other studies have also investigated the areas like the Seshachalam Hills situated in Chittoor district, Palakonda and Lankamalai in Kadapa and Erramala and Nallamalla are associated with Kurnool.

Today's issue is not about whether that knowledge must remain. Instead, it is about how the knowledge that has been passed down through communities, oral tradition, and specific practices can engage responsibly with modern technology and modern information.

This query has become increasingly important, particularly in light of the progress made in the field of artificial intelligence. AI functions have been used for natural language processing, pattern recognition, information retrieval creation of systems for knowledge organization, and making decisions. According to Hou et al. (2025), applications of such technologies include practical medicine, diagnosis, knowledge and data structuring, and research. Jongjiamdee et al. (2025) conclude that AI has potential applications in diagnostics, telemedicine, and pharmacology in terms of recognizing diagnostic patterns, data storage, and digital preserving.

However, Indigenous knowledge should not be treated as simply another dataset. Its content greatly depends on language, cultural context, and relationships with the ecologies of the communities. This leads UNESCO to the conclusion that Indigenous data stands out by its cultural, social, and historical characteristics.

The main focus of the paper is to propose a conceptual link between tribe identity, Indigenous knowledge, health narratives, and AI without minimizing the importance of Indigenous knowledge into de-contextualized digital data.

The paper maintains that successful health systems of Rayalaseema require a community-based information management framework where AI works as a facilitator rather than an independent force. According to the framework, tribal identity provides the cultural basis; Indigenous knowledge is an essential informant; health narratives produce contextual and background information; AI is responsible for processing data; and sustainability represents the overall goal.

2. Objectives of the Research

1. To analyze the interrelations between tribal identity, Indigenous knowledge, and health-related stories in the scope of Rayalaseema.
2. To look into the role of artificial intelligence in documenting, organizing, and managing Indigenous knowledge regarding health matters.
3. To create a framework that integrates Indigenous knowledge, health-related stories, and AI within sustainable health management.
4. To figure out the principles of governance and management that will allow for culturally relevant, equitable, and responsible implementation of modern technologies.

3. Methodological Approach

The methodology is rooted in a conceptual framework based on a complete analysis of the literature. Rather than relying on the findings of interviews and surveys, the research incorporates data from various sources and reviews relevant ethno botanical literature on the topic, as well as studies related to the latest advances in AI and traditional practices, the Indian tribal health policies, and worldwide policies and regulations.

The literature is explored in the context of five main areas: (i) indigenous and tribal knowledge; (ii) ethno medicine and health care practices in Rayalaseema; (iii) health care information and storytelling; (iv) Applications of AI in traditional medicine, and (v) governance and sustainability of traditional knowledge.

The model is built around the identified links among the domains that form a knowledge management pathway. The model presented may have no real application in Rayalaseema but may be viewed as a theoretical model serving as the basis for future research or institutional designs or policy development.

This is an important issue because the fact that an ethno botanical practice is documented does not imply that this practice is effective, while finding out that certain AI technology is applied in one context does not prove its viability in Rayalaseema.

4. Tribal Identity and Indigenous Medicinal Knowledge of Rayalaseema

Tribal identity conveys a lot more than demographic classification. It includes connections among community, culture, language, territory, memory, ecosystem and knowledge transfer. Hence, Indigenous knowledge is produced when society interacts with its environment constantly.

Ethno botanical studies provide factual evidence to understand this connection in Rayalaseema. Nagaraju and Rao (1990) have identified 131 species of plants utilized in connection with several diseases by natives and non-natives of this area. Most importantly, the difference in treatment provided by tribes in relation to the same plant species was identified. This shows that Indigenous knowledge shall not be defined as a single list of plants.

Ramesh et al. (2017) also noted 27 different plant species linked to ethno botanical healing claims among tribal and rural communities in Kadapa District. This fact indicates the presence of published medicinal knowledge but it alone does not serve as evidence for efficacy or safety of usage.

This distinction makes a difference in the approach to knowledge management. A traditional database may keep track of the plant used, the disease and the mode of preparation. However, a more culturally sensitive knowledge system would include the context concerning the origin of the knowledge, the communities involved, The language of communication, environmental settings, timing, and authority for using the knowledge. Thus, the management of indigenous knowledge about healthcare requires a system that can preserve both information and context.

The importance of the cultural aspect is amplified in cases of knowledge dealing with herbal plants and biological resources. An important development in this regard is the WIPO Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge, which was adopted in 2024. The Treaty introduces a requirement to disclose the origin/source of genetic resources and traditional knowledge while applying for the patent for manufacturing the product using the resources when it comes into force.

This development confirms the idea that Indigenous knowledge should not be understood only as an open-access source of information.

5. Knowledge-Mediation Layer of Healthcare Narratives

Healthcare knowledge is transmitted through both formal and informal channels. Clinical documentation, government reports, and scientific publications are examples of the formal information infrastructures, while families, community elders, traditional practitioners, and social networks might provide health knowledge information by means of oral communication.

In this paper healthcare narratives mean community-driven speeches through which health experiences, practices, interpretations, and knowledge are shared and spread. Examples of such narratives are: oral narrations, life stories, practitioner stories, family knowledge, and culturally embedded understanding of health and illness.

The importance of these accounts is supplemented by recent research on health-information behaviour regarding tribal groups in Rayalaseema. Naik and Dhanyasree (2026) conducted research in which about 671 representatives of tribal communities took part and showed that television, radio, social media and the internet were important elements of the information environment, while doctors, health personnel, relatives and community leaders were key sources of health information. The research revealed that there were considerable obstacles to the Internet access.

These results suggest that health information in tribal cultures functions in the many different forms of communication rather than relying exclusively on information technologies.

Thus, it is essential for the technological interventions not to presume the automatic efficiency of health communication which takes advantage of digital access. A sustainable

knowledge management system has to connect existing communications in the societies with different fields of health care.

Thus, health care stories can serve as a link between traditional knowledge and modern health systems. However, the effective use of these stories requires considering specific characteristics of communities and conducting their interaction.

6. Artificial Intelligence and Its Role in Knowledge Management

The existing literature on applying artificial intelligence (AI) in traditional medicine shows increasing interest in how computers can help with various tasks such as diagnosing diseases, organizing knowledge, doing research, carrying out data analysis, and ensuring digital storage of information and knowledge. According to the study by Hou et al. (2025), traditional medicine studies in hospitals employ new technologies such as machine learning, deep learning, and large language models.

However, in their review, Jongjiamdee et al. (2025) take a more critical look at the use of AI and describe the various potential applications of AI in the identification of diagnostic patterns, personalized medicine, preserving knowledge, telemedicine, and the use of herbal medicines. However, their review indicates the issue of lack of homogeneity of evidence used in research studies, limited data used in the studies, diversity of the used ontology's, and a lack of external validation of the research findings.

In the context of Rayalaseema, the authors conclude that the most justifiable use of AI should be rather for knowledge management than making complex medical decisions autonomously.

6.1 Organizing digital knowledge

AI systems could be used to classify and organize collections of approved health stories, ethno botanical information and by-community data.

6.2 Processing multilingual information

Natural-language technologies could help arrange information that has been communicated in native languages, depending on the language and community approvals.

6.3 Retrieval of knowledge

Thanks to AI, information would be easily retrieved from big repositories with correct management, making it easier for researchers and specialists to find the needed documents.

6.4 Discovery of patterns

Machine-learning technologies may find connections in the data that has been documented, producing research hypotheses that would need to be validated scientifically to be considered medical evidence.

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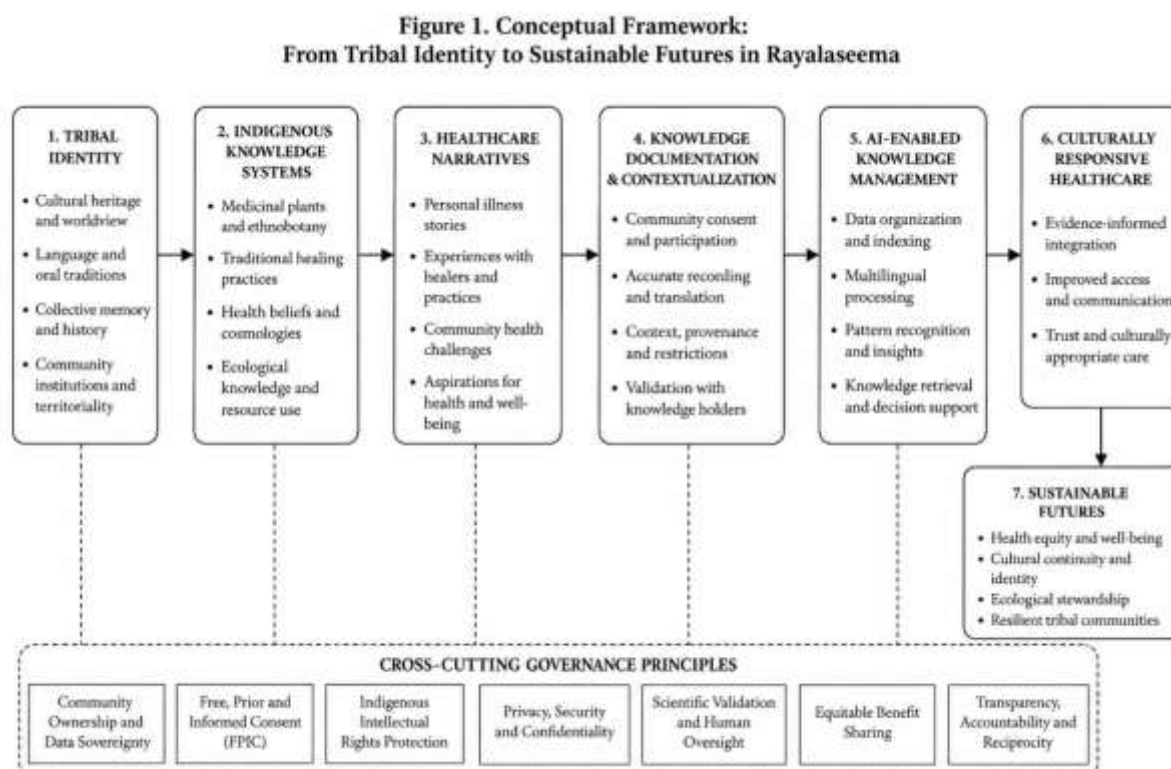
6.5 Assistance in Communication

Systems with artificial intelligence can help in converting validated health information into formats that would be easily and culture-, language-, and attitude-wise accessible.

The difference between knowledge aid and medical authority is of utmost importance. AI-driven insights should not be seen as medical advice just because they stem from calculations. The application of AI in medicine cannot be done without validation, responsibility and proper human supervision.

7. Conceptual Framework: The Community-Based Indigenous Health Care Knowledge Administration

Drawing on the literature thus far, this study presents the Community-Centred Indigenous Health Care Knowledge Management Model (CCIHKM).



The framework establishes a relationship among the six principles.

7.1 Tribal identity as the essential formation

Tribal identity gives the cultural and social context in which knowledge can be produced and spread. The framework therefore is against a technology-driven approach.

7.2 Indigenous knowledge as the basis of knowledge

Indigenous knowledge of health occupies the main position in the entire process of knowledge management. This means inclusion of indigenous knowledge does not automatically result in its scientific recognition.

7.3 Healthcare story as the means of mediation

Narratives include the context of knowledge, which is often lost due to some simple extraction of data. Narratives bridge the experience of the community and formalized systems of information.

7.4 Ethical documentation as the process of transformation

Documentation changes input knowledge into organized information. The transformation process has to keep the original source, context, and conditions of ensuring access to the information used.

7.5 AI as the infrastructure that makes things possible

AI creates needed conditions to process and use information. However, AI technology, despite its potential, is not independent but social.

7.6 Sustainable futures as outcome construct

Sustainability is viewed as a concept that encompasses more than just technological change and covers a variety of facets including health outcomes, ecological responsibility, and cultural advancement.

8. Governance as a Dimension That Cuts Across Different Areas

Governance is the most important aspect among the identified areas of the given framework since the indigenous information cannot be regarded as a typical database. UNESCO's work on indigenous data and generative artificial intelligence (AI) states that such data bear cultural, social and historical peculiarities resulting in unique data ownership, collection, and interpretation and use rules. It also points to the special possibility for AI to contribute to maintaining and passing on indigenous knowledge and traditions while focusing on the importance of indigenous rights.

WIPO's 2024 treaty signals the increased interest in international society to intellectual property, genetic resources and traditional knowledge.

The framework under consideration includes six principles related to governance.

Community consent: refers to the necessity for communities to decide what information will be stored and what conditions should be met while collecting, using and storing it.

Data sovereignty: means that no data should be permanently placed in any external system without proper control of usage conditions by the communities.

Intellectual-property protection: points to the need to ensure that the communities are capable of protecting their valuable data related to biological resources or other traditional knowledge areas.

Scientific validation: implies that AI-assisted discovery of new therapeutic indications should not be considered as proof of treatment but rather as the basis for further clinical evaluation.

Human oversight principle highlights the necessity for healthcare-related decisions to be made by humans in each particular case.

Benefit sharing: Where community knowledge contributes to research, innovation or commercialization, mechanisms should exist for equitable distribution of resulting benefits.

These principles are consistent with the direction of current international policy. WHO's current traditional-medicine strategy emphasizes evidence, safety, appropriate health-system integration, sustainability and culturally sensitive approaches to traditional medicine.

9. Institutional and Management Implications

The proposed framework will have implications for healthcare management and decision-making in the following areas:

9.1 Knowledge management

Healthcare institutions can develop formal repositories in which the community knowledge is stored following various criteria. This could include the source, context of emergence, reliability, or access permissions among other factors thus providing a more structured approach to tribal healthcare information management.

9.2 Stakeholder management

This includes tribal representatives, traditional knowledge holders, medical professionals, researchers, technical and technology specialists, government agencies, and civil-society organizations. This approach transforms the stakeholder-constituent paradigm from

partnerships of technology providers and recipients to a knowledge-centric collaborative network.

9.3 Strategic technology management

This perspective emphasizes the need to evaluate AI tools based on their social and cultural values rather than focusing on technological capabilities. A more prominent and sophisticated artificial intelligence solution has no worth if it remains distrusted and inaccessible to the community.

9.4 Healthcare communication management

The evidence on health-information behaviour from Rayalaseema highlights the need to supplement digital tools with human interactions. Health professionals, workers, caregivers, and family members play irreplaceable roles in providing accessible and appropriate medical services.

9.5 Institutional knowledge preservation

The tribal-health portal of the Ministry of Tribal Affairs, named Swasthya , is an excellent example of institutional knowledge preservation. The website stores and shares valuable resources, including research syntheses, case reports, and best practices, to promote evidence-based tribal-health care.

The suggested framework builds upon the existing knowledge management structure by integrating the principles of community-governance and Indigenous knowledge rights into the design of artificial intelligence systems.

10. Proposed Research Model and Propositions

The framework provides a theoretical basis for further empirical research. Specifically, the following five propositions were formulated.

Proposition 1

Community's involvement in documenting and governing indigenous healthcare knowledge enhances the sense of legitimacy and cultural appropriateness of digital health initiatives.

Proposition 2

Contextualization of indigenous healthcare knowledge increases the perceived usefulness of AI-enabled knowledge-management solutions by tribal communities.

Proposition 3

The implementation of AI-enabled knowledge management with human oversight, scientific validation, and tribal governance is more likely to lead to sustainable healthcare outcomes than the applications driven by automated processes and lacking community endorsement.

Proposition 4

Tribal communities' trust in healthcare institutions acts as a moderator between the provision of AI-enabled health-information services and their acceptance.

Proposition 5

Indigenous healthcare knowledge rights protection and data sovereignty elevate the communities' willingness to engage in AI-enabled knowledge-management initiatives.

The propositions can be empirically tested in subsequent studies. Mixed-method research can be designed, where the quantitative phase can involve surveying the community members, and the qualitative phase can include conducting semi-structured interviews, ethnographic observations, and stakeholder analyses.

11. Discussion

The discussed framework puts forward a novel approach to transition from techno-centric to knowledge-centred and community-governed healthcare innovation. First, the existing ethno botanical research into traditional medicines and healthcare practices in Rayalaseema highlights the importance of various bodies of knowledge related to the local biota and its uses. The fact that different communities may indeed relate to the same resources in different ways is embedded in their diversity and distinctiveness. Thus, a knowledge-based approach to healthcare innovation would be able to represent these differences in terms of digital codification and, therefore, promote accessibility without undermining the principles of cultural specificity.

Second, the contemporary literature on artificial intelligence (AI) highlights the potential of applying its manifold techniques to organise, structure, and analyse information in novel ways. However, the provided reading also underlines that the current understanding of

evidence, along with the issues related to statistical power, the size of data sets, ontological fitness, and validation, makes indiscriminate use of AI in medical contexts unsafe. The issue of Indigenous healthcare knowledge is to be approached with caution, which implies the necessity of developing a framework that would place community knowledge and governance at the centre of attention, not technological capacity.

Third, the proposed framework takes into account such a critical aspect as sustainability. The World Health Organization (WHO) includes sustainability in its 2025-2034 traditional medicine strategy, which also promotes evidence-based healthcare, safety, and the role of traditional medicine in health systems, as well as its contribution to sustainable development. Therefore, in addition to general accessibility and healthcare outcomes, the discussed framework addresses the importance of sustaining cultural identities and relationships with local biota and the environment.

Indeed, the very idea of the framework helps transition from techno-centric to knowledge-centred and community-governed healthcare innovation by making identity the basis for healthcare knowledge, Indigenous knowledge holders as sources of community-specific knowledge, ethical documentation as a tool for structuring information, AI as a technological enabler, community governance as a mechanism for ensuring rights, and sustainable healthcare as a goal. The framework also highlights the value of narratives and Indigenous knowledge in general, which is critical for representing Indigenous worldviews.

Furthermore, the discussed framework helps address the management perspective because it makes knowledge a key organisational function without falling back on simplistic economic approaches. Knowledge is presented as a unique entity that requires relational governance to ensure sustainability. This is especially critical for Indigenous knowledge in the context of biota, where the relevant international literature addresses the implications for intellectual property rights for the first time.

12. Limitations and Future Research

First, this article provides conceptual foundations rather than presenting substantive empirical results related to interventions among tribal groups in Rayalaseema. Thus, the framework needs further empirical evaluation before it can be considered an evidence-based approach.

Second, Rayalaseema is home to multiple communities and traditions. As demonstrated by the findings, different tribal groups utilized various resources for medicinal purposes. Thus, future studies should be careful in generalizing findings from one tribal group to others.

Third, ethno botanical information should not be used as an indicator of medical efficacy. Future research on the medical applications of particular methods and phytotherapeutics is needed to evaluate their pharmacological, toxicological, and clinical properties.

Fourth, the proposed applications of AI require additional investigations. Studies should focus on validating the accuracy of language translation and evaluating whether cultural-specific data elements are appropriately considered in algorithms to avoid biases and ensure confidentiality and security.

Finally, future studies should attempt to further elucidate the link between community participation, trust, governance, receptivity to AI technologies, and positive healthcare outcomes.

13. Conclusion

The intersection of indigenous knowledge and artificial intelligence offers both opportunity and challenges for sustainable healthcare. Ethno botanical research in Rayalaseema revealed the existence of diverse community-specific knowledge related to medicinal plants and treatment procedures. It highlighted the local communities' unique interest in the topic. At the same time, health-information research identified tribal communities' pluralistic information environment, where healthcare professionals, health workers, family members, community elders, and mass and digital media play important roles in health information management.

The paper demonstrated how AI could facilitate knowledge organization, storage, retrieval, translation, and analysis to create innovative solutions. An emerging body of research has demonstrated AI's potential to advance traditional medicine while also recognizing the constraints in evidence, data, knowledge structures, validation, and regulation. At the same time, the paper proposed Community-centered Indigenous Healthcare Knowledge Management Framework as a solution to problematic approaches to indigenous healthcare innovation, such as technology-led strategies. It positioned tribal identity as the cultural asset, indigenous knowledge as the informational resource, healthcare narratives as the contextual

mechanism, ethical documentation as the managerial process, artificial intelligence as the technological infrastructure, and sustainable healthcare as the developmental outcome.

The paper's key message was that AI should not overpower indigenous healthcare knowledge, community structures, and professional expertise. It argued that the tool should be employed as an empowering mechanism that required communal ownership, contextual adaptability, scientific validation, and ethical management to avoid misunderstanding, misinterpretation, and abuse. For Rayalaseema, this implies that sustainable healthcare development will happen through transformative processes that promote knowledge-sharing opportunities, empower communities to take ownership of their cultural assets, and enable them to participate in modern healthcare processes, with benefits.

The message can be captured in the following conceptual model:

Tribal Identity → Indigenous Knowledge → Healthcare Narratives → Ethical KM → AI Assisted Healthcare Knowledge → Evidence-Based Practices → Sustainable Futures

Which positions community engagement and ethical knowledge management as critical areas for impactful and sustainable healthcare development? It also recognizes the importance of tribal identity, community-specific indigenous knowledge, healthcare narratives, ethical documentation, AI's role in knowledge integration, and evidence-informed practices. The sustainability of AI-assisted healthcare knowledge management will depend on community consent, data ownership, indigenous knowledge rights, scientific validation, human expertise, transparency, and equitable benefits.

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