

Traditional Medicines in the World

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Abstract

Traditional medicine (TM) is being used more frequently all over the world. However most often these are choices made by the patient. Integrating TM into mainstream health care would require research to understand the efficacy, safety, and mechanism of action of TM systems. This paper describes research done on TM and difficulties encountered in researching TM, especially when an attempt is made to conform to the model for conventional medicine.

Traditional Medicine: The Existing Knowledge and Research

According to the World Health Organization atlas (2002), “traditional medicine (TM)” refers to health practices, approaches, knowledge, and beliefs incorporating plant, animal, and mineral based medicines, spiritual therapies, and manual techniques applied individually or in combination to treat, diagnose, and prevent illnesses or maintain wellbeing. It is worth noting that the description of TM given by the WHO in 2002 may have altered in some respects since then.

TM can be considered to belong to three main categories [1]. These are (i) codified medical systems, (ii) folk medicine, and (iii) allied forms of health knowledge [1]. Codified medical systems include great traditions which have evolved over 3-4 millennia and include Ayurveda, Siddha, and Unani in the Indian subcontinent and traditional Chinese medicine and acupuncture in China. These medical traditions have a unique understanding of physiology, pathogenesis, pharmacology, and pharmaceuticals which are different from Western biomedicine [2]. Perhaps because of this systematic approach these medical systems have been professionalized within the last millennia. Folk medicine is those traditional knowledge systems which are more often orally transmitted, have been generated by communities over centuries, and use components of the ecosystem which are locally available and accessible [1]. Folk medicine has not been formalized and is diverse and adaptable based on changing contexts. There are several similarities in the folk/indigenous medicine of widely differing, geographically distinct, communities. Allied forms of health knowledge include techniques which are related to wellbeing though they are not purely medical systems, such as yoga, tai-chi, qi-gong, and different meditations and breathing techniques [1]. The WHO published a global atlas to compile information on TM globally, in terms of policy, regulations, financing, education, research, practice, and use [3]. This provides a regional overview of TM, whether the systems are codified medical systems, folk medicine, or allied forms of knowledge. The description includes the use of TM in the African region, the Americas, the South East Asian region, the Western Pacific region (including Japan and the Republic of Korea), the European region, Eastern Mediterranean region, and Australian region. Globally

the interest in TM, specific to that region as well as of other geographic areas, has increased due to easy accessibility, flexibility, relatively low cost, low levels of technological input, and relatively low side effects (WHO, 2002). Hence there is a definite need to mainstream TM into public health care. According to the WHO some of the major policy challenges include safety, efficacy, quality, and rational use of TM. Various policy measures have been and are being applied to the use of TM, in order to increase its acceptability, safety, and efficacy [4].

According to the WHO, the quantity and quality of safety and efficacy data on TM are not sufficient to meet the criteria needed to support its use worldwide.

There is no paucity of research on TM. A search in February 2014 of the bibliographic database leads to responses to “TM” as the search words, and the number has increased since then [5]. An attempt was made to determine the number of papers published for different systems of TM such as Aboriginal, African, Alaskan, Ayurveda, Bhutanese, Caribbean, Inca, Maori, Mexican, Native American, Naturopathy, Persian, Siddha, South American, Tibetan, and Unani. It must be emphasized that this sample does not include all TM systems but attempted to cover those used often in different geographical locations.

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