

Panel 22: Public Health, Integrated Care and Traditional Medicine

Panel Co-Organisers: Paul Kadetz, Adrian Renton and Dorje Wangchuk

This panel will consider how the provision of traditional medicines have and can be integrated into Public Health in different social, political and economic circumstances. Particular attention will be paid to issues of

appropriate evidence for using tax payers' money, sustainable systems, and the influence of economic constraints on the organisation of health-care provision. Perspectives will not be confined to evaluation of these issues from global and national points of view. It is hoped that the panel will also include papers on User input and feedback.

Participants and abstracts (suggested)

22.01 Taking a Broader Perspective – Integrated Care as a Model for Equitable Access and Empowerment

By Viktoria Stein

In theory, achieving better health for all could be very easy: There are the cures and the vaccines for many diseases, there is knowledge of the importance of clean-water supply, hygiene and nutrition, there are elaborate medical education institutions and evidently some people possess the financial and technical resources. On the other hand, there exists a vast field and knowledge in Traditional Medicine, which health planners often don't even consider relevant to achieve their objectives.

There are at least three obstacles to be overcome on the way to achieving more equitable access to health care: 1) improving knowledge and information flow, 2) securing accessibility and supply and 3) ameliorating the position of women. With a topic at the same time as private and as public as health, it is important to include all partners in order to improve the system.

The concept of Integrated Care tries to ensure exactly that: "...bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency" (Gröne & Garcia-Barbero, 2001). The concept is patient-oriented, takes into account social and cultural aspects, underlines the importance of coordination, communication and gateway management and emphasizes quality management and economic outcomes evaluation – some of the key components of a successful health system. It takes a holistic approach, from prevention and health promotion to rehabilitation and palliative care aiming at the empowerment of the patient and the cost-effective distribution of resources. I will explore the relevance of Asian Medicine in Integrated care with examples from Europe and Asia.

1. Gröne, O./Garcia-Barbero, M. (2001).: Integrated Care – A Position Paper of the WHO European Office for Integrated Health Care Services. Published online in the International Journal of Integrated Care, 1st June 2001, 1(3), www.ijic.org.

22.02 Tratamiento de la hemiplejía de origen isquémico con acupuntura (English translation below)

By Marcos Diaz

Este estudio sintetiza la experiencia de 8 años en la rehabilitación de pacientes hemipléjicos. Se realizó en pacientes con secuela por accidente vascular encefálico de tipo isquémico con un tiempo de evolución

superior a un año. Se desarrolló un ensayo clínico prospectivo en 54 pacientes distribuidos aleatoriamente en dos grupos de 27 pacientes y los resultados se controlaron durante 8 semanas. Al grupo de estudio (GE) se le aplicó acupuntura 5 días por semana, asociada a ejercicios físicos pasivos, asistidos y activos durante 6 horas diarias 6 días a la semana. El tratamiento con acupuntura se basó el microsistema de Jiao Shunfa 3 veces por semana y tratamiento del desequilibrio de base de cada paciente 2 veces por semana. Al grupo control (GC) se le aplicó el mismo sistema de ejercicios que al grupo de estudios y terapia con ozono y, además, los medios terapéuticos de la Medicina Física de electro-estímulo, magnetoterapia, electro-magneto terapia, hidroterapia, hidromasaje, corriente galvánica, estímulos térmicos, tanque de marcha y ultrasonido. Los resultados se evaluaron mediante la aplicación del Índice de Barthel y de la evaluación clínica neurológica por un personal que desconocía qué pacientes se encontraban incluidos en el estudio. En ambos grupos de la muestra hubo mejoría en la mayoría de los pacientes. En el GE, los diversos indicadores de mejoría de los pacientes fueron iguales o superiores que en el GC los que resultaron especialmente favorables en todos los indicadores del Índice de Barthel.

Effectiveness of treatment of the ischaemic hemiplegic stroke with acupuncture

This study summarizes a study carried out over 8 years on the rehabilitation of patients suffering with hemiplegia. It considered the patients with sequelae resulting from a vascular accident of ischaemic type with an evolution time superior to one year.

A prospective randomized clinical trial was carried out to investigate the effectiveness of acupuncture treatment in rehabilitation of patients suffering hemiplegia consequent on ischaemic stroke. Fifty four patients were randomly

allocated randomly allocated to two treatment pathways: one including acupuncture and physical activity/physiotherapy (AC) and the other a complex combination of physical therapies (CO).

The AC group received acupuncture five times a week, combined with six hours a day six days of the week of physical activity/physiotherapy. The acupuncture was based

on the Jiao Shunfa Microsystem three times a week as well as treatment of basic imbalance twice a week.

The CO group received the same physical activity /physiotherapy as the acupuncture group, but with ozone therapy and a complex of electro-stimulation, magnetotherapy, electro-magneto therapy, hydrotherapy, hydromassage, galvanic current, thermal stimulation and ultrasound.

The results were evaluated over eight weeks using the Barthel Activities of Daily Living (ADL) Index and clinical neurological evaluation by a physician who was blinded to the treatment each patient had received.

In both groups ADL improved in most cases. However, improvements among the AC group were equal or superior to those among the CO group for the various indices; but especially so for improvement in ADL.

22.03 Impact of Globalisation on the Minocoy Island, Lakshdweep of India

By Nasir Ahmed and A. N. Sharma

Traditional medical system is part of every society. It reveals the concept of health and illness which is unique to that particular society and behavioral dimensions of the illness and health. Due to the impact of globalisation western medical system has replaced the traditional medical system and people are forgetting the traditional knowledge of curing with medicinal plants. The present paper is an attempt to study the impact of globalisation and how private health sector overscores the public health sector on Minocoy Island, Lakshdweep of India.

Keywords: Traditional Medical system, Illness, Health, Society.

22.04 Importance of Quality Control in Development of Scientific Validated Novel Herbal Product Based on Traditional Knowledge for Global Positioning

By A.K.S. Rawat

In the last few decades there has been worldwide revival on the use of herbal drugs/phytochemical for the diverse purpose including medicinal, nutritional and as cosmetic. The revival of interest in natural drugs and the herbal products started in the last decade mainly because of the widespread belief that 'green' medicine is healthier than synthetic products. This has led to the rapid spurt of demand for health products like herbal tea, ginseng and such products of traditional medicine during the 1980s. The health promotion and disease prevention strategy in treatment is widely prevalent in oriental systems, especially the Indian ('Ayurveda', 'Siddha', 'Unani and 'Amchi') and the Chinese systems of medicine are finding increasing popularity and acceptance in the world over. Because of this sweeping 'greenwave' a large number of herbal drugs and the plant derived herbal products are sold in the health food shops all over the developed countries.

Most of the herbal drugs produced currently in the developing countries generally lack proper quality specification and standards and therefore, have no consistency in quality in batch to batch products. Most of these drugs do not have well defined and characterized composition. The three pillars of ideal herbal drug and their rational use are quality, safety and efficacy. The traditional medicines used to be an individual based treatment regime wherein the traditional physicians used hand picked plant materials to prepare drugs / formulations to treat their patients.

Over 80 per cent of the raw material required for traditional medicines/ herbal medicines used to be collected from wild resources. With the increase in demand of medicinal plants for the commercial herbal medicine sector led to the indiscriminate and unscientific collection without any consideration for the quality of the material collected.

It is now well known that the therapeutic activity of a medicinal plant is due to the presence of certain biologically active chemical constituents, which are either primary or secondary metabolites. The expression of many of these compounds particularly those of the secondary metabolite category are controlled and conditioned by a variety factors such as its genetic predisposition, habitat of the plant agro climatic conditions, season and also the stage of growth and development of the plant etc. The Traditional Indian System of Medicines like Ayurveda, Siddha, Unani and Amchi etc. provided specific instructions for collection by indicating location/edaphic conditions, habitat, seasonal and even the stage of the plant growth and developmental stage. Scientific investigations now provide ample evidence to the fact that there is a flux of change in the presence of very many of these chemical constituents, particularly those of the secondary metabolites, in such varied conditions described above.

Therefore, it is extremely important to establish the reference samples and to determine the quality parameters of the medicinal plants by undertaking extensive and intensive study of the traditional treatise of the classical medicines or traditional practices, combined with the modern scientific knowledge and methods and using the latest analytical and computational tools like HPLC, GC, HPTLC, etc. Some essential steps to ensure quality include compliance with GMP, preparation of standard formulations, preparation of SOP's, strict adherence to standard protocols etc.

In the whole process development of herbal drug/product based on traditional knowledge needs proper taxonomically identified safe raw material and scientific validation of the products. Further get constant supply of right raw material whether procured from wild or cultivated and their storage one has to follow.

Good Agriculture Practices (GAP), Good Collection Practices (GCP), Good Ethical Practices (GEP), Good Procurement Practices (GPP), Good Safety Practices (GSP) [Pesticide, heavy metal, microbial load as per WHO guidelines] and Good Storage Practices (GSP).

22.05 Traditional Medical Regulation in the UK and EU

By Brion Sweeney

This paper will examine the proposed new regulatory framework in the United Kingdom and the European Union with regard to the registration of herbal practitioners in the United Kingdom. The United Kingdom's position on the regulation of practitioners of Traditional and Herbal Medicine will be contextualised within the framework of the European Union's Traditional Medicines Directive (EC European directives (2001/83/EC) (2004/27/EC), which set standards for the growth, supply, manufacture, dispensing and prescription of herbs within the EU. On the supply side standards have been set for Good Manufacturing Practice (GMP) and Quality Assurance (QA) of all activities including Good Agricultural Practice and traceability to source. Both the regulation of Traditional Medical and Herbal practitioners and their supply of herbs is being undertaken to ensure adequate training and continuous professional development of competent herbalists and the quality assurance of the supply of herbs with a view to protecting the safety for patients. The implications of this regulatory framework will be explored with focus on its impact on the sustainable growth, harvesting and supply of herbs and the training of Traditional And Herbal Medicine practitioners.

Or

22.06 The Core Curriculum of the European Traditional and Herbal Medicine Council (UK)

By Brion Sweeney

The European Traditional and Herbal Medicine Council in the United Kingdom has adopted a core curriculum for the training of Traditional and Herbal Medicinal practitioners. Training in the United Kingdom is now pitched at university master's level and is largely provided at least in part through university structures and programmes. This core curriculum includes training in western healthcare sciences, traditional medical systems and the care of patients who are prescribed traditional remedies within a modern biomedical healthcare context. The implications for the training of practitioners of traditional medicinal systems in both Europe and Asia will be examined.

22.07 Indigenous / Traditional Medicines: Challenges and Bottlenecks

By Gopal Dixit

Indigenous Medicines are those derived from plants, animals and minerals etc. used in the treatment of various diseases and ailments among the ethnic groups, folk people or race for preventing, lessening or curing disease. This relationship has evolved over generations of experience and practice. The consequent divorcement of aboriginal people from dependence upon their vegetal environment for the necessities of life has been set in motion, resulting in disintegration of knowledge of plants and their properties. On the other hand civilised people are turning towards this traditional system of treatment because of its long

lasting effectiveness against a number of chronic diseases without cumulative contraindications and the derogatory effect of the Modern System. The confident use of indigenous medicines could not be taken up because of many bottleneck and discrepancies including the knowledge of therapeutic administration and formation of standard quality drugs.

This paper deals with these barriers and bottlenecks that are considered responsible for less popularity of this traditional age-old system in targeted and sure cure of various diseases.

22.08 Traditional Chinese Medicine in Cuba.

Johann Perdomo Delgado, Evelyn A. Gonzalez Pla. (Cuba)

Abstract: Even when it has been historically demonstrated that Traditional Chinese Medicine (TCM) was practiced in Cuba during the colonial period, it was not until 1962 that Acupuncture was officially incorporated to the Cuban Health System after a seminar hosted by an Argentinean doctor named Floreal Carballo. It was during the nineties when TCM received a major support by both, Government and the Public Health Ministry. Today it is a well accepted option of treatment in a system characterized for being universal, accessible and cost-free. Cuba has different levels of instruction for Acupuncturists, but in Matanzas Province it is a goal that every practitioner would be able to integrate various traditional therapies (Acupuncture, Diet, Massage, etc.), like classics used to do, in order to provide consequent treatments. In this paper the authors show an overview of how Cuba has developed TCM by presenting the local achievements of Matanzas Province.

22. 09 Determining Sustainable Global Health Policies: an impact evaluation of the integration of non-biomedicine and biomedicine into local health care systems in the Philippines

Paul Kadetz

Traditional, complementary, and alternative medicine (or non-biomedicine) functions as the primary source of healthcare for a majority of populations in developing countries. Medical pluralism, of biomedical and non-biomedical healthcare, presents in complex and often unstructured combinations, representing the predominant healthcare model in many developing countries. Global health policy has sought to structure this medical pluralism along a model of integration of non-biomedical systems into state and local biomedical healthcare systems. This policy has been implemented in the Philippines since legislation of the Traditional and Alternative Healthcare Law was approved in 1997, and the official division of the Philippine Department of Health; The Philippine Institute for Traditional & Alternative Care was created in 1998. To date, no impact evaluation of the implementation of this policy has been carried out.

This research, evaluates the impact of this global healthcare policy on local healthcare systems and on the health of populations in four communities in the Philippines. Two communities have fully adopted the policy of integration and two other communities have not adopted the policy and demonstrate a different typology of medical pluralism. A minimum sample size of N=100 is randomly selected in each community. A three-part design of qualitative-quantitative-qualitative data collection is utilised. Surveys and semi-structured interviews evaluate reported changes in community healthcare systems and changes in individual, family, and community health since implementation. Quantitative data collection, is randomly selected from community and local government records. Multilevel analysis is performed. Qualitative data

is analysed with *ethnograph* and *SPSS* software. Quantitative data is analysed with *SPSS*. The implications of this research include a methodology whereby impact analysis and monitoring & evaluation of policy can facilitate the most appropriate policy for a given context, and thereby help to generate best practices in global policy formation and global governance.

Panel 22: Subsection - NGO's, Traditional Medicine and the WHO „Health For All“

22.12 *Nomadic Survival*: Supplementing Tibetan traditional medical practice with Western technologies

By Laura Dorrant

Despite massive technological developments throughout Asia, most medical technologies bypass the Tibetan nomadic population who continue to experience high levels of poor health, infant mortality and lack of access to basic health care and education. Living at high altitudes, remote from towns and villages, Tibetan herders and farmers maintain the traditions and cultures that have existed for thousands of years.

Nomadic Survival is a registered charity in Scotland that aims at working with nomadic and semi-nomadic populations in the Himalayas, namely Tibet, in providing necessary health education and training. The non-political, non-religious organisation works with Tibetan doctors in Tibet in creating long-term, sustainable education and training that covers mother and child health, general health and hygiene, diet and nutrition, and first aid, to nomadic communities. Following the *ROKPA* tradition of respecting and cultivating local traditions, *Nomadic Survival* aims at ensuring an understanding of nomadic environments and traditions. This is done mainly by one member, a Tibetan woman who works in the public health sector in Scotland, who was born into a nomadic Tibetan family.

The organisation are fully aware of the socio-cultural and political implications of introducing Western medical practices and technologies to this unique culture and environment. This paper will explore these 'risks' - medical, social, political and environmental - through the citing of examples of the work that has already been done as well as the plans the organisation has for the future. The organisation believe that it is through their participation with local doctors, always starting with the principles of traditional Tibetan medical practices, that Western medicine will best be used to ensure nomadic survival.

22. 13 Modernizing Traditional Medicine: The Role of Multinational NGO's in Harnessing Localized Knowledge

By Anu Bhardwaj, M.B.A., M.A., ratan.bhardwaj@gmail.com

The initial goal of my study was to identify global best practices which could be shared with traditional healers in various parts of South & South East Asia, China, Tibet, and Nepal with a specific emphasis on HIV/AIDS prevention and education. A sociological approach was applied to gather preliminary data which was then used to create a pilot project working with the Fellowship of Traditional Healers in Chiang Mai, Thailand. Through the help of a Royal Advisor to the King of Thailand, Rotary International, Buddhist monks, traditional healers, community educators, Western practitioners and two project coordinators, we were able to educate 18,500 youth about HIV/AIDS prevention in several Northern Districts in the Royal Kingdom of Thailand-- which has ultimately been used for advocacy purposes. I am

confident that the model we have applied can be used for further knowledge sharing between Western allopathic practitioners and Eastern traditional healers as there is a “knowledge divide” between the two schools of medicine. The role of the multinational NGO is pivotal in bridging these gaps to not only create a greater understanding of modern theories of medicine but more importantly for creating a platform for holistic regimens which could potentially integrate modern scientific knowledge for the greater good of mankind.

22. 14 TRADITIONAL HEALERS IN BANGLADESH: THEIR KNOWLEDGE ON STD/HIV/AIDS AND POSSIBLE ROLE IN PRIMARY HEALTH CARE

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Traditional healers in Bangladesh are very often the first medical contact, particularly in the rural area. There are several types of healers according to their means of practice, like spiritual healers, herbalists, bonesetters and traditional birth attendants. Herbal practitioners and traditional birth attendants (TBA) are recognized by government, after receiving training from an approved institution. Other traditional methods are widely practiced in the country, though not acceptable by law.

One common complaint that brings patients to them is sexually transmitted diseases (STD) and so called “sexual weakness”. 127 traditional healers were interviewed on their knowledge concerning HIV/AIDS prevention. 76% of them could mention mode of transmission correctly, 58% answered about at least one symptom of AIDS. 62% mentioned condom as means for prevention of STD/HIV. However 43% said using herbal also could prevent AIDS. Regarding sexual weakness, 80% think that using modern medicine is of no use; rather using traditional medicine or spiritual effects can help in this case. All of them mentioned that good relationship and trustworthiness with local people are the main strength of their practice.

Many people in the country still have faith on healers and using traditional medicine. So, it is important that government and modern medicine practitioners cooperate with the traditional healers for better health service and meeting needs of people. One possibility is incorporating their influence and skill in the primary health care at community level, after providing orientation on modern medical system.

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