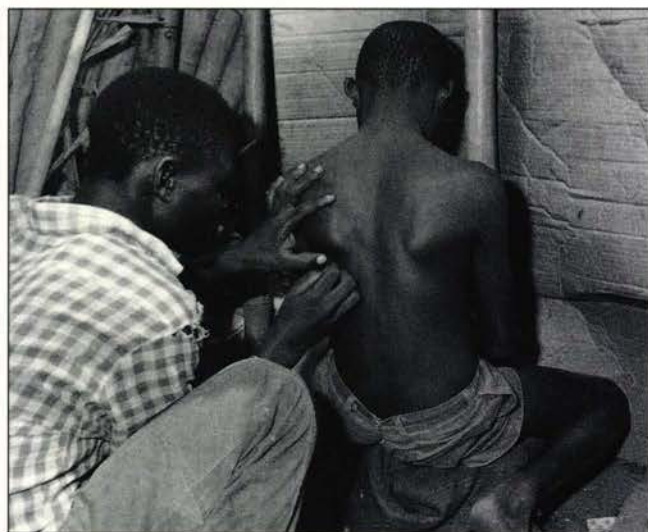


# Traditional medicine and WHO

Xiaorui Zhang

*Traditional medicine plays a very important role in primary health care in many developing countries, and its use has increased in recent years. To enhance its safety and effectiveness, WHO supports research and training activities in Member States.*



A traditional practitioner in Congo treating his patient.

matter of ensuring that traditional medicine is examined critically and with an open mind.

A progress report on traditional medicine and modern health care presented to the World Health Assembly in 1991 emphasized five major areas of concern: national programme development; health systems and operational research; clinical and scientific investigations; education and training; and exchange of information. The Programme's future directions were to focus on three main activities: national policies, medicinal plants, and acupuncture.

Then in 1994 at the World Health Assembly governments called on the Director-General "to consider the contribution WHO might make to promoting respect for, and maintenance of, indigenous knowledge, traditions and remedies, in particular, their pharmacopoeia".

## National policy

As there is a shortage of medical doctors and pharmaceutical products, most of the population in developing countries still rely mainly on traditional practitioners and local medicinal plants for primary health care. Practitioners include traditional birth attendants, herbalists, and bone-setters. In Ghana, for example, the ratio of medical doctors to the total population is 1:20 000, whereas for traditional practitioners it is 1:200. In Swaziland these figures are 1:10 000 and 1:100 respectively. Traditional birth attendants conduct 95% of the births in rural areas and

70% of the births in urban areas in some countries.

During the last decade there has been a growing interest in traditional and alternative systems of medicine in industrialized countries. In the United States, a survey made in 1992 showed that about a third of the population made at least some use of alternative treatment such as herbal medicines, acupuncture, chiropractic and homoeopathy. Surveys in European countries showed similar interest; 60% of the Dutch and Belgian public have expressed their willingness to pay extra health insurance for alternative medicine, and 74% of the British public favour complementary medicine being available on the national health service.

## Herbal medicine

Medicinal plants and herbs are of great importance to the health of individuals and communities; between 35 000 and 70 000 species have at one time or another been used for medical purposes, and international use of herbal medicines and natural products is steadily increasing. In 1993, the total sales of herbal medicines in China amounted to more than 14 billion yuan (US\$ 2.4 billion), not including US\$ 400 million worth of exports. The Malaysian Government estimates that sales of traditional medicine currently amount to US\$ 60 million. In the United States and Canada, sales of herbal medicines showed a growth rate of 15% in 1990, while the national growth rates in western European countries ranged from 5% to 22%. In Japan, there was a 15-fold increase in herbal sales between 1979 and 1989, while sales of pharmaceutical products multiplied by only 2.6.

Despite the existence of herbal medicines over many centuries, only a relatively small number of plant

In 1977, the year WHO's Traditional Medicine Programme was established, the World Health Assembly urged governments "to give adequate importance to the utilization of their traditional systems of medicine, with appropriate regulations, as suited to their national health systems".

WHO is well aware that many elements of traditional medicine are beneficial, but others are not. In this respect, the Organization encourages and supports countries in their efforts to find safe and effective remedies and practices for use in health services. However, this does not amount to a blind endorsement of all forms of traditional medicine; it is a



species – about 5000 – have been studied for their possible medical applications. Safety and efficacy data exist only in respect of a much smaller number of plants, their extracts and their active ingredients, as well as of preparations containing them. The establishment and use of regulation procedures and quality control have become major concerns in both developing and industrialized countries.

## Acupuncture

Acupuncture is today being used worldwide because of the simplicity of its application, its minimal side-effects and its low cost. It has been in constant use in China for thousands of years, and spread to other oriental countries long ago. A big increase in the use of acupuncture and in training and research on it has also occurred worldwide in the last two decades. By 1990, the total number of acupuncturists in Europe had reached 88 000, of whom 62 000 were medical doctors, while acupuncture users totalled 20 million. Consumer surveys consistently showed positive public attitudes to complementary medicine; 90% of the pain clinics in the United Kingdom and 77% in Germany use acupuncture.

Important advances have been made in our understanding of the mechanisms of acupuncture. In particular, great progress has been made in clinical research on acupuncture analgesia, which has been used during surgery and for the treatment of acute and chronic pain.

As the use of acupuncture has grown, so has the need for training. Since the 1970s, WHO has supported training in acupuncture by establishing collaborating centres and awarding fellowships. According to a report by three WHO collaborating centres for traditional medicine in China, more than 6000 foreign students from over 100 countries were trained there during the last decade. In Europe, there are 242 permanent training schools of acupuncture with more than 7800 students.

## Training and research

In order to ensure the safe and effective use of traditional medicine, WHO supports research and training activities. There are now 24 WHO Collaborating Centres for Traditional Medicine; eight of them are involved in training and research on acupuncture while the others are conducting research on herbal medicines. The main role of the Collaborating Centres is to support WHO in implementing its policies and decisions regarding traditional medicine. In addition to their achievements in research and the integration of traditional medicine into national health care systems, these centres have made a major contribution to the international standardization of herbal medicines and acupuncture, and the exchange of information.

Governments in countries where traditional medicine is widely practised are also showing an interest in research in this field. In China, for instance, each province has a college and a research institute for Chinese traditional medicine. In India, the government provides financial support for the research and development of the Ayurvedic and Unani systems and their increasing involvement in the delivery of health services. Such systems are seen as allies in the delivery of primary health care. National research institutes have been established in such countries as Burundi, Cameroon, Mali, Peru, the Philippines, Sudan and Viet Nam.

Research institutes and foundations have also been established in industrialized countries. In the United States, for example, the Office of Alternative Medicine was initiated through a congressional mandate and was located in the National Institutes of Health in 1992. The goal of this office is to evaluate alternative or unconventional medical treatments, and research on acupuncture is a main aspect. In the United Kingdom, several research councils for acupuncture and complementary medicine have long been in existence, committed to encourag-



*Selling medicinal plants culled from tropical forests in Brazil.*

ing collaborative research to find proof of the efficacy and safety of acupuncture and other forms of traditional medicine. European Cooperation in the Field of Scientific and Technical research (COST), which aims to improve pan-European collaboration in science and technology, was set up by the European Commission, which also funds the project. In June 1993, a COST group was established with a mandate to investigate the therapeutic significance of unconventional medicine, its cost-benefit ratio and its sociocultural importance as a basis for the evaluation of its possible use or risks in public health.

WHO strongly supports the further promotion and development of the rational use of traditional medicine throughout the world. There is no doubt that this branch of medicine is making and will continue to make a very significant contribution to our efforts to achieve health for all. ■

*Dr Xiaorui Zhang is Chief of the Traditional Medicine Unit, World Health Organization, 1211 Geneva 27, Switzerland.*