

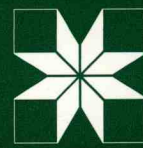
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# **Traditional Health Systems and Public Policy**

**Proceedings of an  
International Workshop,  
Ottawa, Canada,  
2-4 March 1994**

**Edited by  
Anwar Islam and  
Rosina Wiltshire**

**IDRC  
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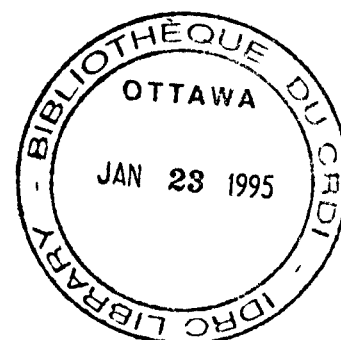
**CANADA**

The International Development Research Centre  
Le Centre de recherches pour le développement international  
El Centro Internacional de Investigaciones para el Desarrollo

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**Traditional Health Systems:  
National Policy Issues and Directions**

**Hakim Mohammed Said  
Hamdard Foundation, Pakistan**

Traditional Health Systems is an emerging topic to identify them from the modern system. However, it does not correlate with the true understanding of the nature, goal and scope of Traditional Medicine. In a meeting on the Promotion and Development of Traditional Medicine, organized by the World Health Organization, it was stated that "all medicine is modern so far as it is satisfactorily directed towards the common goal of providing health care, despite the setting in time, place and culture". In this light, it has already been observed that the essential difference among the various systems of medicine arise not from the difference in the goal or effects, but from the cultures of the peoples who practice the different systems.

Traditional medicine is nothing new; it has been an integral part of all human cultures since antiquity. However, as TM has not moved forward, for its own development, with the rapid advancement of science and technology, it lacks behind compared to modern medicine in the industrialised countries.

Before discussing policy issues, I would like to concentrate on two important issues that have strong effect on policy. They are educational and research priorities.

**Educational Priorities**

- \* Positive attitude towards educational programs and guidelines on THS prepared by WHO.
- \* Educating a variety of categories of health workers.
- \* Establishment of the safety of TM, and allowance of mass production when safety of the drug is established.
- \* Dissemination of information on TM for proper use and application.
- \* Establishment of TM schools and colleges to impart basic medical education and primary health care knowledge.
- \* Exploring the possibilities of bringing into light the knowledge possessed by Old Masters of medicine in medical manuscripts.
- \* Provide assurance that the practice, teaching and research conform to the ethical norms.

### Research Priorities

- \* Collection of existing research done by scientists, doctors, traditional practitioners etc., and study them.
- \* The socio-cultural basis of TM need to be included in research.
- \* Creation of research centres, where multidisciplinary approach is preferred. With the help of government collaborating centres may be designated to set priorities of research.
- \* The potential research areas are:
  - \* Traditional practitioners attitudes and experience
  - \* Techniques, technology, and fundamental principles of THS
  - \* Medicinal plants research - indexing, survey and cultivation
  - \* Evaluation of therapeutic programs
  - \* Relationship and compatibility among drugs and diseases
  - \* Promotional, educational and preventive measures
  - \* Manpower development - impact and utilization of health services
  - \* meta-physics, cosmology, impact of cultures and religion on various systems
  - \* Manufacturing techniques and standardization of drugs
  - \* Exploration of the traditional know-how in modern and scientific terms
  - \* methodology of integration of traditional and modern systems

### Policy Issues

Although the health facilities in most developing countries have been summed up as inadequate, the medical facilities have been observed to be on a gradual increase. While there are several health facilities such as, Basic health Units, Urban health centres, Hospitals, Immunization centres and so on, the opportunity of traditional health workers is meagre. To effectively involve traditional practitioners, definite policy is required. The governments need to consider the following aspects when formulating health policy:

- \* The holistic approach of the traditional medicine
- \* Traditional health systems should be encouraged, and special budgets for the promotion of TM should be provided
- \* Traditional systems must be officially recognized and incorporated in the mainstream of the national health system
- \* It is essential that an ethical reconciliation between the traditional and modern systems takes place, so that they can strive for a union on academic level
- \* The TM should be included in the: a) primary health care programs, b) rural health development programs, c) epidemiological studies and vaccination programs, and d) projects related to socio-economic upliftment of rural population.
- \* Equivalence on the academic and professional calibre of TM graduates and medical graduates must be established by the national and international health organizations and agencies
- \* Adequate fund need to be allocated for private colleges of traditional/integrated medicine to conduct scientific research
- \* Strict laws must be adopted to control quackery in the ethics of practices and trade industries
- \* Establishment of relationship among the medical doctors, traditional practitioners and the scientists is helpful for coordination and for taking multidirectional approach to a particular problem. This joint venture is likely to abrogate the conflict between the traditional and modern professionals.

### **Unani Medicine in Pakistan: Current State of the Art**

Pakistan has two systems of medicine: traditional and allopathic. Traditional medicine (Greco-Arab or Unani system) owes its origin in antiquity. It caters about 80 percent population of rural areas and about 65 percent in the country as a whole. The Unani system of medicine in Pakistan, as it stands today, has been modified to the local needs and the majority of the herbal drugs utilized, are cultivated and produced in the country. There are three specific issues which have distinct entities at the national level They are: a) education and practice, b) trade and industry and c) research and development.

### **Education and Practice**

Education and practice of traditional systems of medicine are regulated under 1965 Act which provides council. Registration of educational institutions and qualified practitioners, maintenance



of educational standards and promotion of research and development are the major functions of each council. The number of registered Tibbia College is 19, and the number of qualified Hakims is about 40,000. However, the Pakistan Medical Association ignored the program for promotion of Tibb, and in the absence of patronage and sponsorship to the Unani system, only one college is now in full operation. This institution called "Hamdard College of Medicine" is now transferred to Hamdard University premises at Madinat Al-Hikmat. For the last three decades this institution has been offering Diploma of Fazil Tibb Wa Al-Harahat.

### **Trade and Industry**

Lack of support and patronage prior to independence led to severe decline in the activities on education, practices, trade and industry with respect to Unani medicine. However, despite this fact, the system survived. There are more than ten leading Herbal Manufacturers (Dawakhana) in the country which produce good quality Unani medicines. A report on the therapeutic importance of medicinal plants, published by the Hamdard Foundation of Pakistan, enlisted about 200 medicinal plants which are being used in different formulations. But, there are quackery in the business. A number of national and multinational companies are producing herbal medicines without following the underlying ethics, principles and knowledge of the medicine.

Although the production of good quality medicinal plants is geared up in the country, exporting of products is not promising. The probable reasons may be: a) international standardization criteria, b) lack of foreign demand due to inadequate advertisement and promotional activities, c) restrictions and laws on finished goods etc. However, Tibb has secured recognition and survived, on its own merits, without governmental patronage and with tough competition against financially strong multinational companies.

### **Research and Development**

In spite of the recommendations, given time to time, regarding planning and derivation of acts on traditional medical systems for implementation, the overall scenario remains the same. In the sixth Five-Year Plan of the country, research activities on TM was completely ignored. The seventh Five-Year plan, although contains substantial budget allocation on health sector, the amount of money for TM was less than 3 percent of the total health budget.

Some research work on herbs and herbal drugs is being carried out at the Pakistan Council of Scientific and Industrial Research Laboratory in Peshawar, Department of Pharmacology at the Agriculture University in Faisalabad, H.E.J. Research Institute of Chemistry at the University of Karachi, and in some other Universities. At the National Institute of Health in Islamabad, a fully-equipped WHO collaborating Centre for Research on TM is in

progress. But the research on cultivation and propagation seem to be of an academic in nature, where the theory, principles or therapeutics of Greco-Arab medical system are the major objectives. This centre, along with its other projects, is working for the development of essential Unani and Homoeopathic medicines. This work, however, is not supervised by experienced or qualified personnel. These experiments and studies are being conducted at various laboratories all over the country. It is therefore important to bring together the results of those experiments for coordinated effort towards further development and utilization.