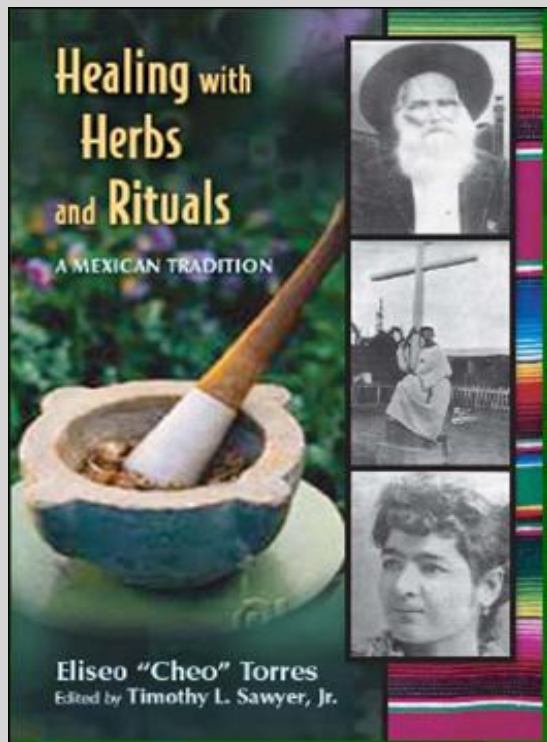


Integrating Traditional Medicine



Dr Barry Kistnasamy

Zimbabwe healer moots magic chastity potion

A ZIMBABWEAN healer wants to promote the use of a traditional spell that ensures fidelity, aside the more conventional methods of condoms and abstinence to curb the spread of Aids in the country.

Healer Mutsa Chikede moots the idea of using a technique that involves magic to ensure fidelity from those who are prone to having extra-marital affairs. The latter only have a low incidence in Zimbabwe.

Around one in five Zimbabweans are HIV positive, the World Health Organisation (WHO) says. The virus, and Aids, are the leading causes of death in the country.

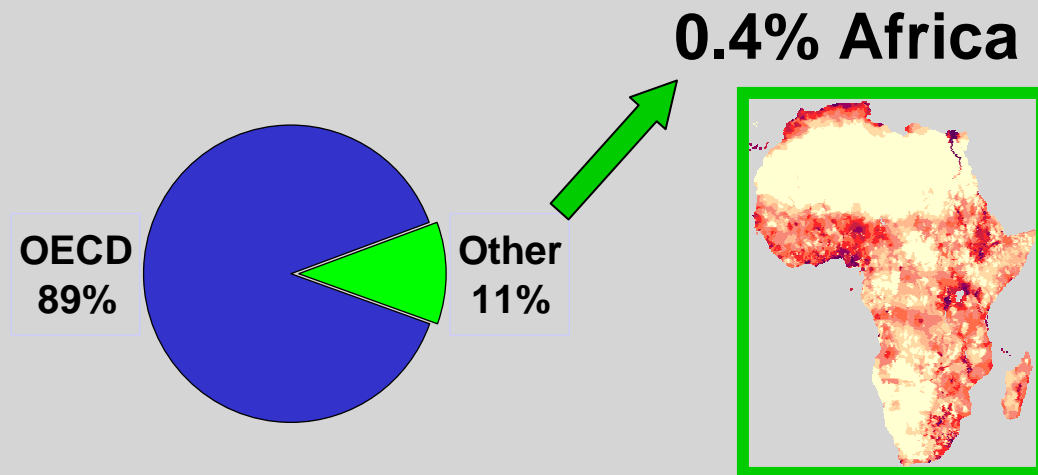
Chikede's proposed technique uses traditional herbs to cast a spell that can be administered by a healer even in the absence of the subject. It has become popularly known in Zimbabwe as the "central locking system," or "immobiliser".

When applied, the spell is supposed to ensure that one cannot have sex outside marriage.

- *Mail & Guardian*

10 October 2001

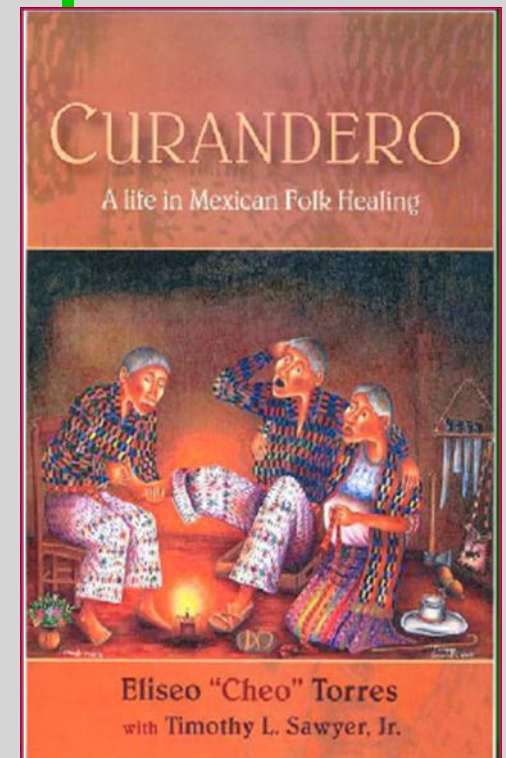
Zimbabwe healer
moots magic chastity
potion



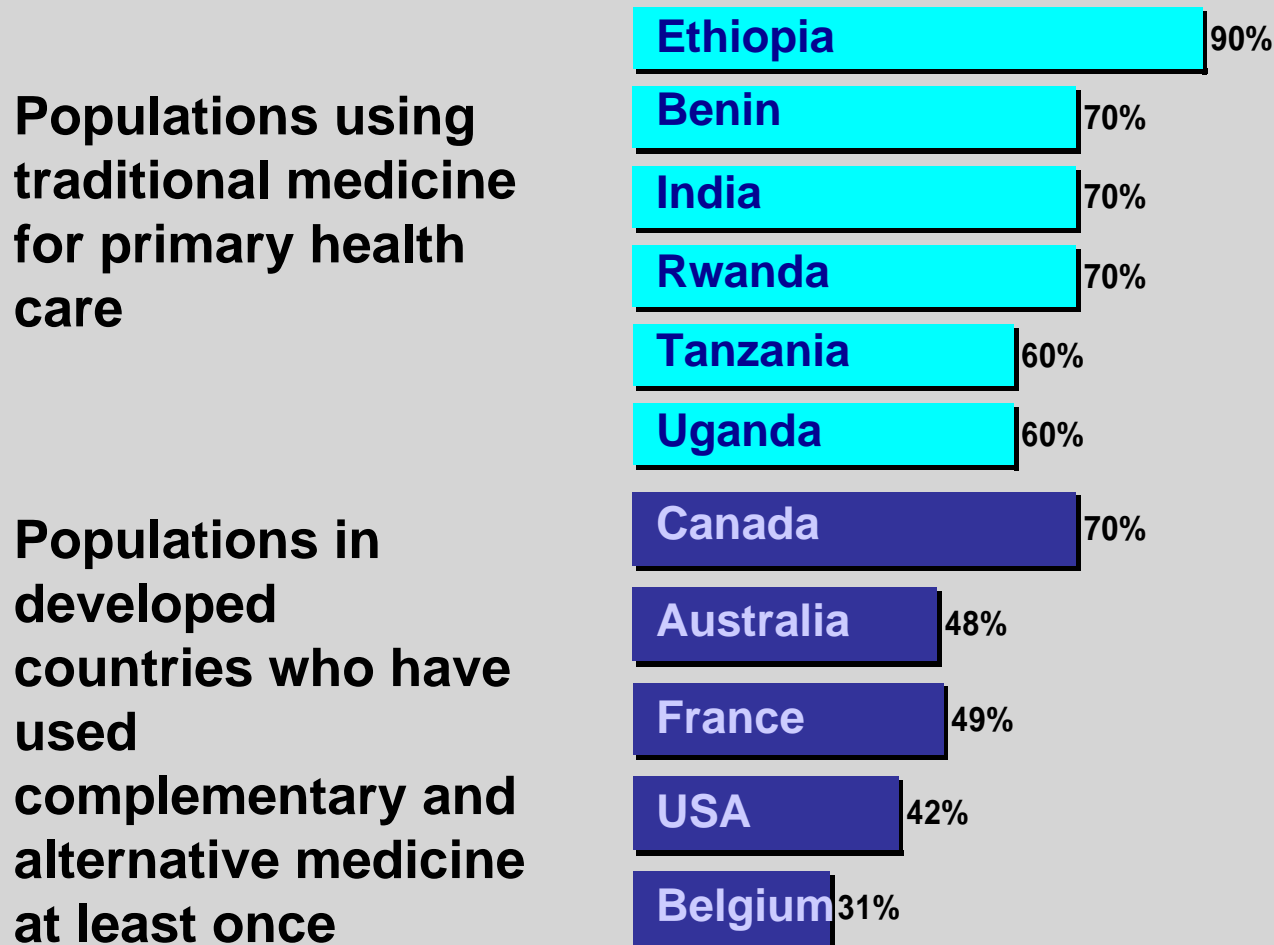
- \$2,56 trillion is spent on health globally
- 0.4% of this is spent in Africa
- 50% of people in industrialized countries and
- 60% – 80% of people in developing countries rely on traditional healers for primary health care

TCAM Spending

- China – 30% to 50% of medicinal consumption
- Japanese per capita consumption of herbal medicine highest in world
- 1400 herbal drugs in EU
- \$36m on traditional healers in SA
- \$27b in USA; \$3,8b in Canada

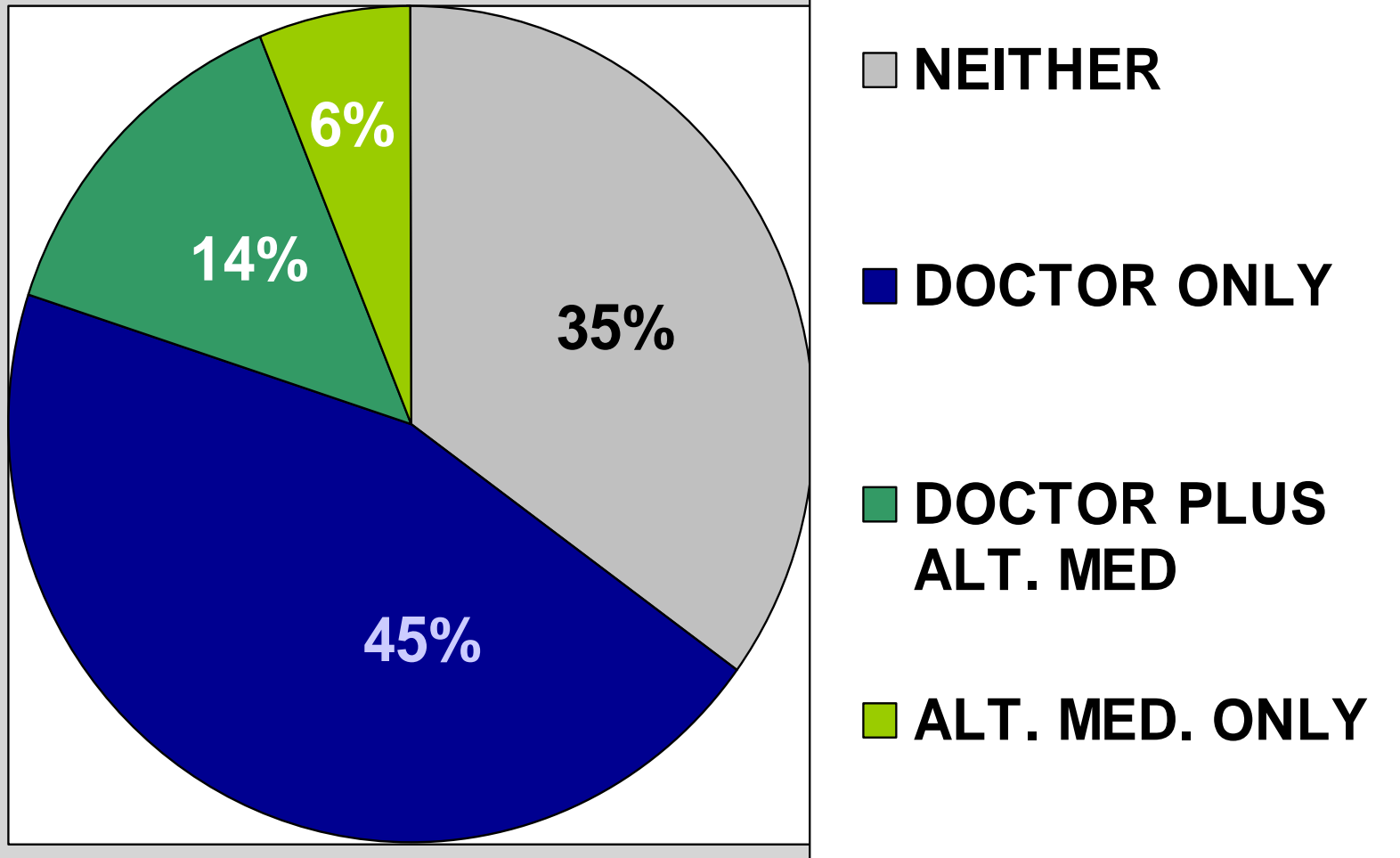


Traditional and complementary medicine is widely and increasingly used in all regions of the world



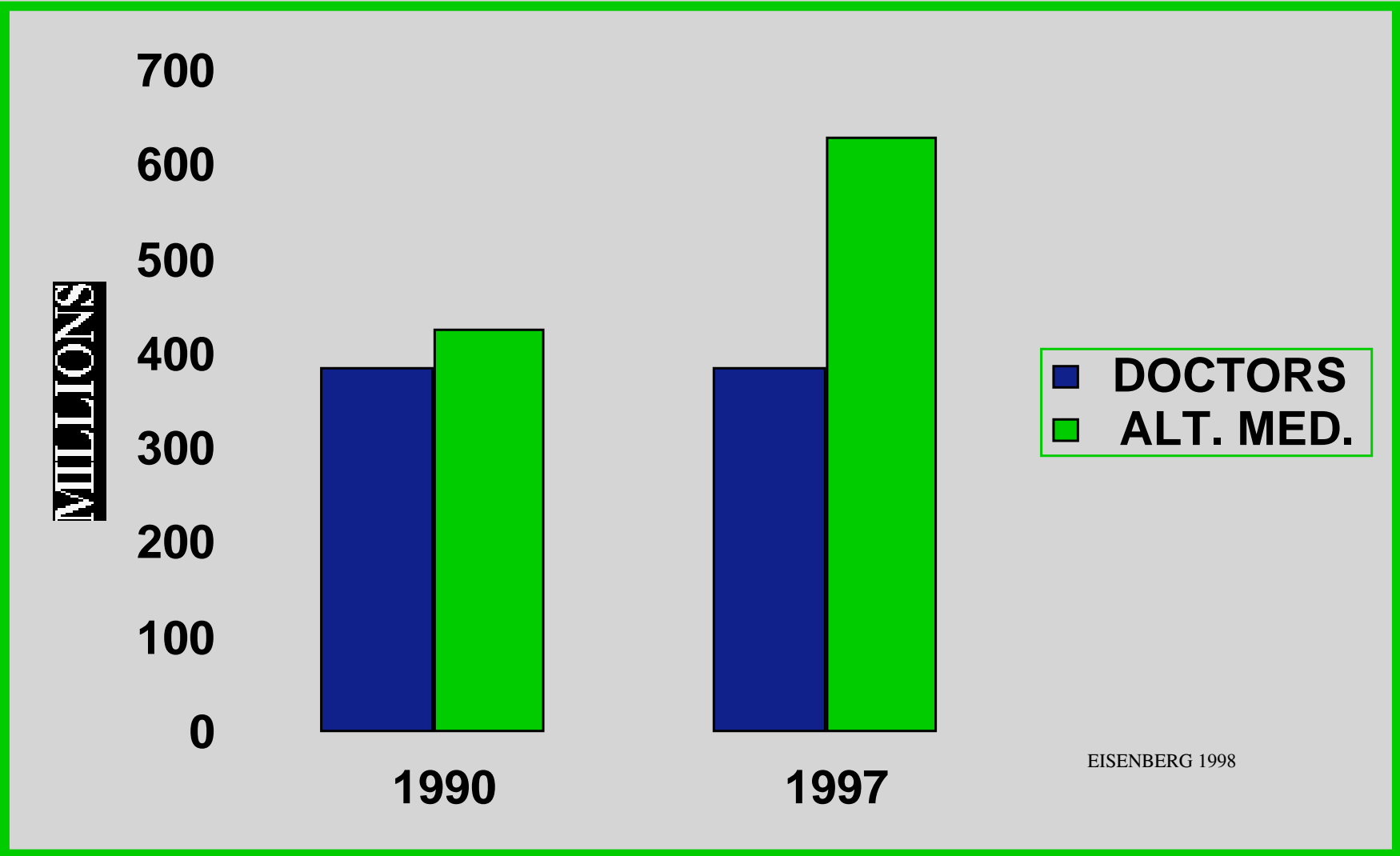
Eisenberg DM et al. 1998; Fisher P & Ward A, 1994; Health Canada, 2001; World Health Organization, 1998; and government reports submitted to WHO.

Where do ill people go?



FRASER INSTITUTE, 1999

How many visits are there?



EISENBERG 1998

TCAM Financing

- Mainly out of pocket
- In kind
- Few Health Plans

What's growing the fastest?

- Herbal (380%)
- Massage
- Self-help
- Vitamins
- Folk remedies
- Energy healing
- Homeopathy

EISENBERG, 1998

Why the interest in TCAM ...

- Structural Changes
- Modern Values
- Lifestyle Factors
- Alternative to Western Medicine

Integrated Medicine Initiative (TCAM + Allopathic Medicine)



- Integration
- Complementarities
- Rivalry
- Co-existence

Quadruple Burden of Disease

- Natural and non-natural disasters
- Residual of infectious disease
- Emerging new epidemics
- Epidemiological transition

Globally...

- Over next decade majority of world's population in LDCs
- Demographic shift
- Rising life expectancy (pressure on pensions and health technology)
- Escalating health care costs

Trends ...

- International migration
- Urbanisation
- Industrialisation
- 'bacteria move just as fast as capital'

Major TCAM domains

- Traditional & alternative systems
- Mind – body interventions
- Biological – based therapies
- Manipulative & body movement methods
- Energy therapies

Public Health Challenges

- Health policy & systems
- Safety, efficacy & quality
- Access
- Rational use

World Health Organisation...

- Adopted a number of resolutions
- Has a traditional medicine programme
- 19 collaborating centres in 10 countries
- 1996 – 28 monographs of 28 plants

South Africa...

- Political support
- Traditional healers legislation

Norwegian Law Brings
Alternative Medicine
to the Mainstream

Journal of the National Cancer Institute, Vol. 96, No. 4,
254-255, February 18, 2004

Research Bodies in TCAM in SA

- Institute for Traditional Medicines (CSIR, MRC and WHO)
- Indigenous Knowledge Systems
- National Research Foundation
- Universities
- Useful Plants Garden - Kirstenbosch
- Ethnoveterinary practice

Blue Ribbon Panel - USA (1996)

- Complementary medicine in medical & nursing education
- Philosophical / spiritual paradigm
- Scientific foundation
- Practice & evidence of efficacy & safety
- Develop national centres of excellence
- 30 medical schools involved
- The National Center for Complementary and Alternative Medicine (NCCAM)

Research agenda...

- Basic principles & assumptions (rigor and relevance)
- Strategies for peer review, evaluation and validation research
- Priority areas may be paediatrics, cancer, mental health & cardiovascular disease, HIV/AIDS
- Horizontal integration with ethno-botanists, chemists, anthropologists

Assessment of TCAM

- Within its framework
- Framework of allopathic medicine
- Compare efficacy of different systems and practices

Research Spectrum

- Laboratory methods (in-vitro & in-vivo)
- Qualitative research (case studies, interviews)
- Randomised Controlled Trials
- Observational methods (practice audit, epidemiological, outcomes, surveys)
- Reviews (metanalysis, systematic, expert / peer review)

Evidence

- Strong for acupuncture
- Some herbal medicines
- Some manual therapies

WHO Policy Perspectives on Medicines. 2002

Safety, Efficacy & Quality

- Registration & licensing of providers & medicines
- Safety monitoring
- Support for clinical research
- National standards, technical guidelines & methodology
- National pharmacopoeia & monographs of plants

Safety

- **Indirect risks** (lack of competence, contraindications, failure of diagnosis, interfering with prescribed treatment)
- **Direct risks**
 - acupuncture (n=25000 – bleeding (3%), pain (1%))
 - aromatherapy (contact dermatitis)
 - herbals (toxicity – SJW; herb-drug interactions; contamination & adulteration)

Areas to enhance ...

- Identify safe and effective TCAM therapies and products
- Support research especially for those diseases with greatest burden
- Recognise role of TCAM providers
- Optimise and upgrade skills of TCAM providers
- Protect TCAM knowledge
- Cultivate & conserve medicinal plants (sustainability)

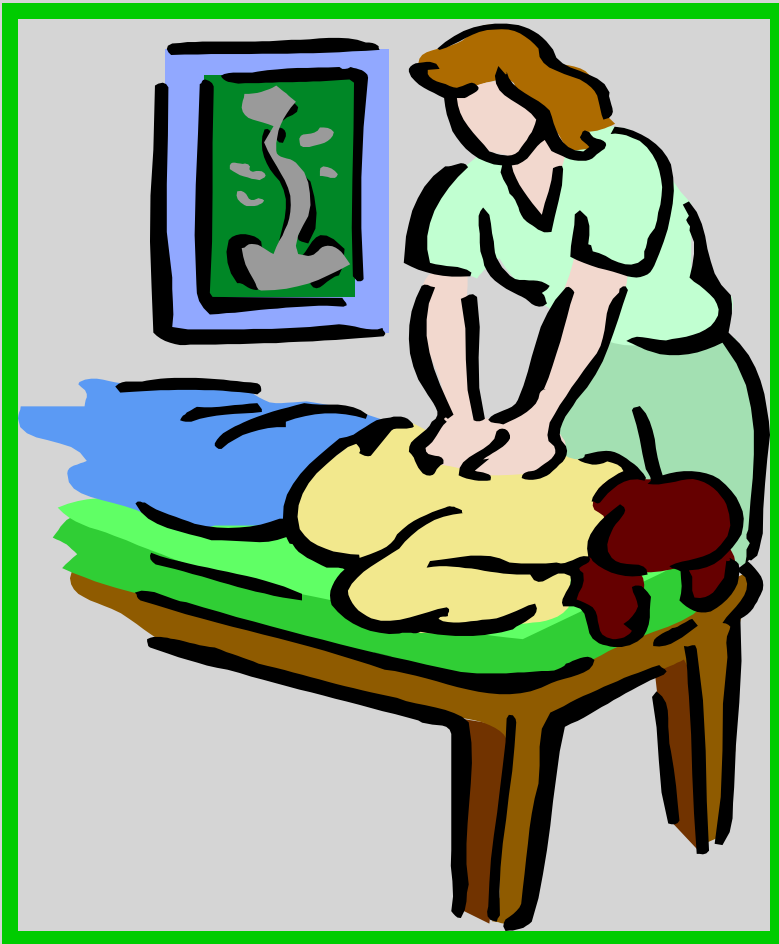
Rational Use of TCAM

- Develop training guidelines for commonly used TCAM interventions
- Strengthen and increase organisation of TCAM providers
- Strengthen cooperation between TCAM and other health providers
- Make reliable information on TCAM available to consumers
- Improve communication between TCAM providers and patients

Activities hampered by

- Lack of coordinated effort
- Easy exchange of results
- Ready access to information by researchers, practitioners and consumers

What are we doing?

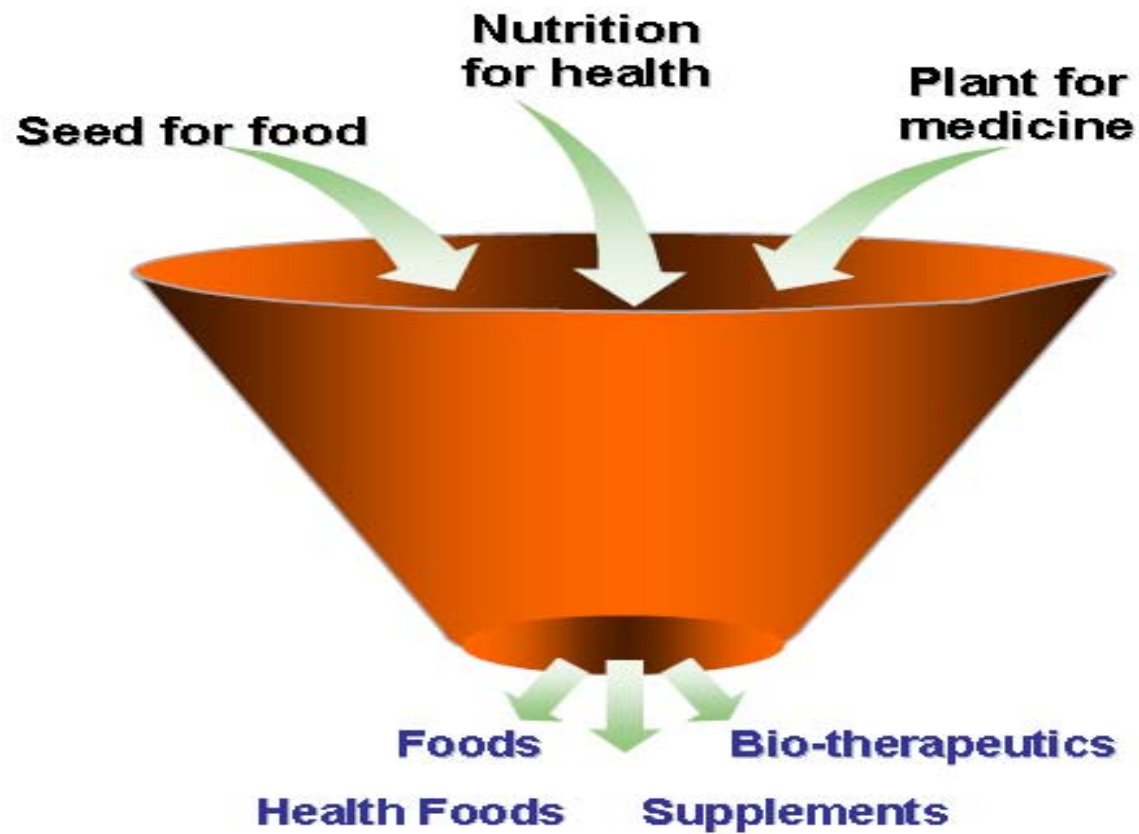


- Enhance curriculum
- Development of service sites
- Resource mobilisation (local and international)
- Documentation
- Academic exchange & research support

Prescription

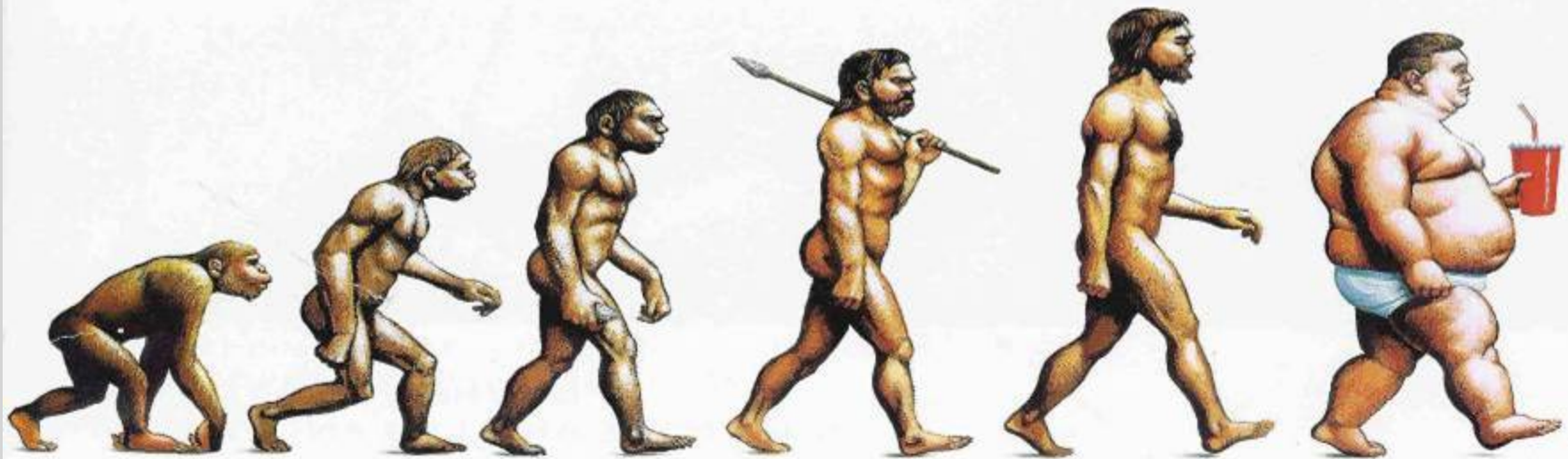
- "**Zamafufunyane**" (for nightmares and hysteria)
- "**Owobusoka**" (guaranteed to improve the romantic fortunes of a bachelor)
- "**Zikatokoloshe**" (to ward off an imaginary evil goblin said to spread terror at night)

We are what we eat!



Avesthagen. 2003

The shape of things to come



The Economist – Dec 13th -19th 2003

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**“Frankly sir, we’re tired of being
on the cutting edge of technology.”**

Thank You!