

Traditional/Complementary Medicine: The Way Ahead

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The use of Traditional/Complementary Medicine (T/CM) is widespread in developing countries and is steadily increasing across the developed world. The World Health Organisation (WHO) estimated that "In many countries, 80% or more of the population living in rural areas are cared for by traditional practitioners"¹. About half the populations of developed countries regularly use T/CM. The United States of America's expenditure on T/CM increased from \$13 billion to \$38 billion per year in 1990-7². The same trend is seen in Australia and in the United Kingdom. By 1993, it was estimated that Australians were spending almost twice as much on complementary medicines (CM) (\$AU621 million yearly) than their contributions to pharmaceuticals. Recent government estimates revealed that each year 57% of Australians use some form of CM³. A survey in Southampton (with a population of 200,000) revealed that about 4 million pounds were spent a year on T/CM outside the National Health Service⁴. At least 40% of general practices in the UK provide some complementary services⁵. In China, T/CM accounts for 30-50% of the total medicine consumption while in Hong Kong, 60% of the population has consulted TM practitioners at one time or another¹.

The widespread and increasing use of T/CM in both developed and developing countries has raised significant issues of public health policy and has caused some measure of apprehension amongst those practising allopathic medicine. Many are peeved with the unsubstantiated claims made by T/CM practitioners especially with regards to the aspects of quality, safety and efficacy. Still, it is an undeniable fact that many of our patients are increasingly resorting to herbal remedies to cure their ailments. There are also an increasing number of western-trained doctors prescribing herbal remedies to their patients, albeit as adjunctive therapy. The number of publications on traditional medicine (TM) and herbal medicine research in leading peer-reviewed medical journals is also gaining momentum. The resurging interest and importance of TM has prompted the National Centre for Complementary and Alternative Medicine (NCCAM), the Office of Dietary Supplements (ODS) and the American Association of Naturopathic Physicians together with the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) to organise a 3-day research workshop to review the current use of herbal remedies among patients with liver disease, examine the types of products used and

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their standardization and quality control, assess the current scientific evidence for their benefit, review the toxicities and make recommendations regarding the needs for future research. It is obvious therefore that the professional, academic, scientific and research communities are beginning to acknowledge the growing interest and acceptance of T/CM in the practice of Medicine. Healthcare providers in Malaysia can no longer afford to ignore the increasing importance of T/CM in their day-to-day practice. As reported by Chow *et al.*⁶ in this issue of the Medical Journal of Malaysia, about half of those studied used oral traditional medicines before seeing their doctors, with 57% mixing both western and traditional medicine. Often, doctors are quizzed by their own patients on the possible benefits of herbal medicines and it would be prudent and proper for providers to be knowledgeable about the potential benefits and possible toxicities of such remedies, rather than brushing them aside, simply out of ignorance of the subject.

Numerous herbal products and mixtures are believed to have therapeutic benefits. For example, those that have been found to be beneficial for liver diseases include *Silymarin* (Milk thistle), *Phyllanthus amarus*, *Glycyrrhizin* (licorice Root Extract). Many of these have been shown to protect against experimental liver injury in vivo, and most possess one or a combination of anti-oxidant, antifibrogenic, immunomodulatory or antiviral activities. Hitherto, none, however, has been found to be effective in ameliorating the course of chronic liver disease in properly conducted randomized controlled clinical trials, although many of these trials need to be replicated in other centres before firm recommendations can be made. Other potential candidate therapies for chronic liver disease that have been tried include herbal formulations in Chinese TM, Japanese Herbal Medicine (*Hozai and Kampo*), Ayurvedic Medicine (Indian Subcontinent), Traditional African Medicine,

Traditional Medicine of the Amazon Basin (South America) and Arab Traditional Medicine⁷. What is urgently required of course is efficacy data generated through proper clinical trials before such products can be integrated into the practice of Western medicine for the treatment of selected diseases.

Besides the potential benefits, one must also be aware of the possible toxicity of herbal products. For example, *Pyrrolizidine alkaloids*, *Chaparral leaf*, *Germander*, *Jin Bu Huan*, *Traditional Chinese herbs*, *Kava* (rhizome of pepper plant), *Kombucha mushroom* (tea), *Mistletoe* and *Margosa* oil have all been reported to induce liver injury⁷.

In view of the increasing global interest in T/CM, the potential benefits of certain herbal remedies and the possible toxicities of others, it would be useful to study the accepted definition of T/CM, the practice of TCM in different parts of the world, including Malaysia, and steps taken by the Malaysian Government to regulate the use of T/CM in this country.

With regards definitions, Malaysia defines the practice of "Traditional/Complementary Medicine (T/CM)" as a "practice other than the practice of medicine or surgery by registered medical practitioners, as defined in our Medical Act 1971."⁸

WHO defines traditional medicine as "the sum total of knowledge, skills and practices on holistic healthcare, which is recognised and accepted by the community for its role in the maintenance of health and the treatment of diseases. Traditional medicine is based on theory, beliefs and experiences that are indigenous to the different cultures, and that is developed and handed down from generation to generation"⁹. "Complementary Medicine" in practice refers to "a wide range of health interventions originating from different cultures across thousands of years of history"¹⁰.

Most developed countries prefer the term "alternative" medicine. Recently, however, the term "integrated" or "integrative medicine" has been introduced to mean, "practising medicine in a way that selectively incorporates elements of complementary and alternative medicine into comprehensive treatment plans alongside solidly orthodox methods of diagnosis and treatment"¹¹.

As for experience with TM or T/CM, many developing countries have initiated efforts to incorporate traditional health systems in their national healthcare delivery system. Asia has perhaps seen the most progress in this regard. In China, all health care resources have been mobilized to meet national objectives for primary health care. Countries that have allowed T/CM in their national healthcare delivery systems have adopted either one of two basic policy models, namely the integrated or the parallel approach. In the integrated approach, modern and T/CM are integrated through medical education and practice (e.g. China and Vietnam). In the parallel approach, modern and T/CM are separate within the national health system (India, S Korea)¹².

Malaysia is a multiethnic, multicultural and multi religious country where the three main ethnic groups, comprising Malays, Chinese and Indians, live and work together in harmony for the last three decades. Malaysia is therefore in a unique position as it serves as a confluence of three Asian cultures giving rise to three healing traditions namely the Malay, Chinese and the Indian. At present our main health care delivery is through conventional (western) medicine. There is undoubtedly a growing interest in T/CM in this country and this has prompted the Ministry of Health (MOH) to establish a special committee to look into all aspects of T/CM in this country. The main objective is to ensure that T/CM practitioners are registered with the government based on standards and code of ethics set up by the Ministry of Health. A separate Traditional Medicine Act is being prepared for this purpose.

A National T/CM Council has been established and the National T/CM Health Policy is in existence to ensure safe, quality T/CM practices and products. The Policy focuses on four main components of T/CM, namely the safe practice of T/CM, education and training of T/CM practitioners, T/CM products and research in T/CM, specifically, herbal medicine research. Under practice, the government will regulate the practice of T/CM by T/CM bodies recognised by the T/CM Council, in phases starting with self-regulation based on agreed and acceptable criteria and culminating with statutory regulations. Under education and training, all prospective T/CM practitioners will be required to undergo a formalised system of training and accreditation.

Traditional/Complementary Medicine, although beneficial, is often not supported by scientific evidence. Hence scientific research is required in order to provide evidence of safety and efficacy of traditional/complementary medicine products and practices. A systematic research and development programme with emphasis on quality, safety and efficacy to facilitate acceptance and integration of traditional/complementary medicine into the existing healthcare system is being developed. Standard protocols and guidelines approved by recognised international organizations such as the World Health Organisation, United Nations, International Committee for Harmonisation (ICH) will be adhered to. Adequate funding for both basic and clinical research in herbal medicine will be provided to keep abreast of current advances and development. Trained personnel in herbal medicine research and development will be made available through structured capacity building activities. A Herbal Medicine Research Centre for traditional/complementary medicine has been established, under the National Institutes of Health (NIH), Malaysia and is set to play a significant role in unravelling the clinical benefits of selected natural herbs in this country. Recently, the cabinet approved the establishment

of the National Committee for Research & Development in Herbal Medicine to set directions, co-ordinate and integrate all clinical trials using herbal products in this country.

Malaysia hopes to provide a global information hub on Integrated Medicine to provide a much-needed information resource on traditional medicine including properly-documented herbal products and remedies around the world, research, safety and toxicity, trade, policy, conservation, intellectual property rights and others, that can be properly harnessed by various levels of society including healthcare providers, researchers, scientists, policy makers, academicians, trainers, educationists, consumers, manufacturers and other agencies, which are directly or indirectly involved in traditional/complementary medicine.

In conclusion, several factors contribute to the increasing popularity of T/CM amongst the lay public and these include the ease of procuring such treatment, the greater rapport and trust consumers enjoy with their T/CM practitioners, the holistic approach of traditional medicine adopted by TM practitioners and the belief that T/CM focuses on health and healing while conventional medicine focuses on disease and treatment. Conventional treatment is also becoming very costly and is increasingly dependent on expensive technology to provide clinical solutions.

Physicians should not abdicate their responsibility to routinely ask their patients regarding the use of T/CM, specifically herbal remedies. They themselves must be knowledgeable about the common herbal remedies, the potential benefits of T/CM and the potential toxicities of herbal products. Reliable, standardised preparations of the active ingredients of candidate herbal products, produced using Good Manufacturing Practices must be made available at registered premises. A more complete understanding of the modes of action of herbal products and improved methods of standardisation of extracts will assist in the provision of reliable information on the safety and efficacy of herbal medicinal products. Properly conducted clinical trials to dispel myths and ascertain proof of benefit will therefore be encouraged. Better communication between the professional, academic, scientific and research communities and practitioners of T/CM are required to facilitate the integration of proven TM therapies into conventional western medicine.

Malaysia has provided the framework for the proper use and regulation of registered, reliable, safe and good quality herbal products in this country. The integration of proven T/CM into our mainstream national healthcare system can, however, only take place after the Government is convinced that the National T/CM Policy is understood and adhered to by all concerned and proper regulations are in place to protect the public.

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