

## TRADITIONAL MEDICINES AND HUMAN DEVELOPMENT

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According to WHO,<sup>1</sup> “traditional medicine (TM) refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region. In some countries, it is referred to as ‘alternative’ or ‘complementary’ medicine (CAM). Traditional medicine has been used for thousands of years with great contributions made by practitioners to human health, particularly as primary health care providers at the community level.”

On the 30th anniversary of the Declaration of Alma Ata (2008), the IDEASS programme of the KIP Initiative organized an international workshop entitled “Innovation and development in health: Integration of complementary and traditional medicine (CTM) in public health systems”, where health care practitioners, academics, representatives from health ministries and international organizations from 26 countries exchanged their experiences. The workshop concluded with a declaration that underlined the importance of CTM in enriching health systems and contributing to the physical, mental and spiritual quality of life, but also contribution of CTM to social and economic development, to enhancing natural and cultural heritage, to strengthening intercultural practices and to fostering articulation between different knowledge systems. The seminar also noted that many different actors have developed a wealth of positive experiences and practices and that there is a need to disseminate this accumulated knowledge.

The present issue of *Universitas Forum* is intended as a contribution to meeting this collectively expressed need. Drawing from the experiences of integrating CTM in the national health systems of China, Cuba, Guatemala, India, Italy, Mali, Mexico, Mozambique, Serbia and South Africa the articles published here illustrate the extent to which this practice exists and has surged in many countries. They propose critical conceptual and methodological tools for fostering the “articulation between medicines” and different forms of knowledge (Morin, 2008), needed to fully develop the political and epistemological potential of this practice and the prospects it offers for innovating health systems, providing quality of care and for meeting the broader challenges for human development and dignity.

In Edgar Morin’s view, western medicine has largely ignored the plurality of other medicines linked to traditional practices and knowledge, labelling them as “superstitions”. Yet these other medicines continue to exist and increasingly coexist in

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<sup>1</sup> [http://www.who.int/topics/traditional\\_medicine/en/](http://www.who.int/topics/traditional_medicine/en/)

Western medical systems themselves, taking profit of their very limits and deficiencies. This paradox is due largely to the hyper-specialization of western medicine, which inhibits communication between its different disciplines and between Western medicine and other medicines. In his article, originally published in the first issue of *Universitas Forum*, Morin argues for the development of conceptual tools to permit a capacity for networking and articulation among different knowledges which, in turn, requires reforming education and thought.

Drawing on the experience in Guatemala, Lourdes Xitumul Piox addresses the political dimension of the integration of traditional medicine, focusing on the relationship between intercultural practice and social exclusion. “The process of health-sickness that affects the Guatemalan population cannot be reduced to the physical imbalance of the individual, but is impregnated by the racism that generates other collective and individual social alterations. This exclusion is manifested beginning with the knowledge and abilities that the [indigenous] elders have obtained over generations, while being excluded from national health policies with the excuse that their knowledge was merely superstition, with no ‘scientific’ credentials”. The debate about intercultural practice in health, she concludes, is grounded in the cultural pertinence of different social practices and the capacity to adapt health services to the culture of the people. “It implies the valuing, respect and utilization of Traditional and Alternative Medicine as valuable therapeutic elements, *starting from a dialogue among equals*.”

Enhancing and giving value to traditional medicine resources for local development using participatory action research is the subject of a methodological reflection by Sergio Giani and Rokia Sanogo, based on their experience in Mali. In their view, creating bridges between development practitioners and researchers is fundamental, but it is time to go beyond creating inventories of local knowledge and practices, to a dialogue with traditional medicine actors regarding the priorities for health, environment and social and economic development that concern them. They argue for a research approach that can facilitate and accompany a development process that valorizes the role of traditional practitioners in local health systems and in the protection of biodiversity so as to unleash positive transformations. They propose participatory action research as opposed to more classical anthropological research as more coherent with this aim.

Turning to the “In Practice” section, China, India and the Tuscany Region in Italy represent three examples of successful and significant integration of CTM in the countries’ official health systems. China is one of the few countries where traditional medicine has been fully integrated within the national health care delivery system with its own unique and sophisticated body of theory. In their article, Zhu Liming from the China National Monitoring Center for the Quality of Traditional Chinese Medicine and Zhang Qi and Wim Van der Lerberghe of the World Health Organization describe how TCM is a major component of China’s health care system in terms of supply and uptake of services, expenditure, and in terms of meeting the health needs and expectations of the population.

M. Krishnapriya Premachandra analyzes the integration of the Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) system of medicines in India’s health system, showing the importance of these medicines in terms of allocation

of funds, institutional support, insurance schemes, growth of the manufacturing sector and reforms in the education sector. Her study shows the resurgence of traditional and complementary medicine by people both in urban and poorer rural areas of the country, indicating the community's 'felt need' for services other than those of the modern system.

And in a European context, the Tuscany Region in Italy represents an interesting case study, both regarding the integration of non-conventional medicine in the regional public health care system and through activities of international cooperation. According to authors Elio Rossi *et al.*, the Tuscan experience is considered to be the most significant in Italy and is often considered a reference point in Europe.

In each of these experiences, elements central to their success have included the creation of a favourable public policy environment and consequent investment of public resources, both directly and through various public and private insurance schemes. Investment in public infrastructure and education, with appropriate accreditation mechanisms, as well as in research and development also appear fundamental elements and have led to many hybrid and innovative experiences. Ensuring a balance between the "heritage of tradition and the contribution of innovation" (Zhang Qi *et al.*), through modern science and technology as well as guaranteeing intellectual property rights for traditional practitioners and their recipes where these are tested and proven to be of benefit, appear fundamental if still a challenge in many contexts, especially in Africa. As Premachandra concludes, "the strength of people's knowledge and its links with indigenous systems is a positive resource for countries with limited resources to build on to meet the healthcare delivery needs of the future."

The experiences from Africa underline the important role that Traditional Health Practitioners (THPs) play in national health care systems in Mali and South Africa, and the way in which alliances between university researchers and THPs have been instrumental in establishing district and regional level collaborations between THPs and official health structures in ways that are both clinically effective and culturally respectful. Nceba Gqaleni *et al.* describe an alliance between THPs, public health care workers and the university in KwaZulu-Natal, South Africa, to establish a district health-based collaboration for HIV counseling, while in Mali the encounter between a group of researchers from Italy and the regional health institutions of Bandiagara over the past 25 years has made Bandiagara, according to authors Coppo *et al.*, a terrain for observation and experimentation of the articulation between the two medicines, traditional and western. They recount the creation of a Regional Research Centre on Traditional Medicine and the Centre's work, in collaboration with the Ministry of Health, in mapping, evaluating, enhancing and professionalizing regional resources in the field of traditional medicine in all its domains (human, natural and cultural).

Two critical reflections on the integration of traditional medicine in national health systems conclude this issue. Based on her research for a Master's thesis in a private non-profit clinic in Chiapas, Mexico, Elena Puglisi addresses the limitations of providing special, separate traditional medicine services for people identified as "indigenous" by the clinic staff, according to their specific physical features, dress and language. In her view, this practice is both a manifestation and perpetuation of their

marginalization and a way to legitimize the inadequacy of state health services in the eyes of poor rural populations.

Finally, reminding us that in many rural areas of Africa traditional medicine is the *only* way for providing basic health care, Adelaide Bela Agostinho, general director of the Centre for Research and Development on Ethnobotany (Mozambique), suggests that instead of speaking about “integration” of traditional medicine in dominantly allopathic systems, traditional medicine should be regarded as an independent and parallel system with equal dignity. In her view, we should talk of articulation between these two systems, without creating a hierarchical order between them.

While there is a plethora of literature about specific traditional therapies and medicines, we hope this issue will offer some insights on traditional medicine and its articulation with public health systems as an important resource for human development, to meet the physical, mental and spiritual needs of communities for their well-being and security, especially in a global climate of uncertainty and dearth of economic resources.