



WHO's new vision for traditional medicine

Evidence-based integration is the goal of a new WHO global centre and the first global summit on traditional medicine. Talha Burki reports.

From Aug 17 to 18, 2023, WHO hosted the first Traditional Medicine Global Summit. "Throughout history, people in all countries and cultures have used traditional healers, home remedies and ancient medicinal knowledge", stated WHO Director General Tedros Adhanom Ghebreyesus in his opening remarks. He recalled his own childhood in Ethiopia, where he "saw first-hand how communities relied on traditional practitioners for their health needs". Tedros highlighted the value of traditional medicine in preventing and treating non-communicable diseases, improving mental health, and assisting with healthy ageing. "We urge all countries to commit to examining how best to integrate traditional and complementary medicine into their national health systems", he said.

WHO describes traditional medicine as "the total sum of the knowledge, skills and practices indigenous and different cultures have used over time to maintain health and prevent, diagnose and treat physical and mental illness". It defines complementary medicine as the "broad set of health care practices that are not part of that country's own traditional or conventional medicine and are not fully integrated into the dominant health-care system".

WHO's interest in the field is long standing. Its traditional medicine programme was set up in the 1970s. Since then, there have been two global strategies on traditional medicine, with a new one planned for 2025–34. There are several sets of WHO guidelines for herbal remedies, as well as benchmarks for training in Ayurveda, naturopathy, and traditional Chinese medicine, among others, with similar intentions for anthroposophical medicine, cupping, and Tibetan medicine.

The International Classification of Diseases 11 (2022 version) includes a chapter on traditional medicine.

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The global summit was organised by the WHO Global Traditional Medicine Centre (Jamnagar, Gujarat, India), which was launched last year with the aim of "building a solid evidence base for policies and standards on traditional medicine practices and products". Shyama Kuruvilla is the lead for the Centre. "Billions of people around the world use traditional and complementary medicines, for many it is their only source of health care", explained Kuruvilla. "There is a huge workforce involved in traditional and complementary medicine, not just healers but university-accredited practitioners. They can potentially be used to fill the shortfall in health workers and help us move towards universal health care."

Georg Seifert is Senior Physician in Paediatric Oncology at the Charité-Universitätsmedizin Berlin, Germany, and a member of the Advisory Group for the WHO Traditional Medicine Global Summit. "Human beings have many dimensions that we need to consider if we want to be healthy and recognised as something more than a patient", he said. "Ancient traditions of medicine take these dimensions into account. If you marginalise traditional medicine, you erode diversity and you lose the opportunity to benefit from a huge bank of knowledge."

At least 170 countries worldwide have documented the use of traditional and complementary medicine and approximately 100 countries have national policies and programmes, which implies integration with the health-care delivery system. "Integration is happening in different ways in different countries", said Kim Sungchol, head of WHO's Traditional, Complementary, and Integrative Medicine Unit. "In some countries, traditional and complementary medicine are part of primary, secondary, and tertiary health care."

In India, which co-hosted the global summit, there are more than 1500 health and wellness centres where traditional and conventional medicine services are co-located. Integration is further advanced in China, where there are some common education and practice guidelines. "There is a kind of Venn diagram of services between traditional and conventional practitioners in China", said Kuruvilla. In the Americas and Africa, traditional medicine is linked to Indigenous communities, who regard themselves as custodians of biodiversity and natural resources. In places where information is transmitted orally, it can be difficult to define and explore the corpus of knowledge on traditional medicine. "Our aim at WHO is to see what is happening in different countries and whether there are any general scientific principles that can be applied to integration", said Kuruvilla. "The challenge has been around gathering evidence."

Kuruvilla stressed that there are plenty of examples from traditional and complementary medicine that do have a solid basis in evidence. 40% of today's pharmaceutical products come from the natural world. Aspirin

is derived from willow bark, which has been used as a pain reliever for at least 3500 years. The 2015 Nobel laureate Youtou Tu isolated artemisinin from sweet wormwood, a traditional Chinese medicine. This antimalarial drug has saved millions of lives.

Variolation, which entails ingesting smallpox scabs or pus to confer immunity, was undertaken by Chinese and Turkish people, and led to the development of the smallpox vaccine. Practices such as yoga and acupuncture have spread all over the world. Multiple clinical trials have shown their efficacy in easing pain. Nonetheless, traditional medicine also encompasses interventions such as homeopathy, which was defunded by NHS England in 2017 and subsequently described by the then-head of the health service Simon Stevens as “at best a placebo and a misuse of scarce NHS funds”. WHO has cautioned that improper use of traditional medicines “puts consumers at risk for potentially serious side effects as a result of allergies, drug interactions, contamination of the products with pesticides, heavy metals and other substances, or trauma inflicted by inexperienced or poorly trained practitioners”.

“We have to be hard on traditional medicine in terms of applying scientific rigour and principles”, said Kuruvilla. “It is WHO’s responsibility to ensure that what people are using for health and wellbeing is safe, effective, and based on evidence.” Randomised controlled trials are an option for interventions that are intended to be curative. But organising such trials is not straightforward. “Traditional medicine mostly takes place in low-income and middle-income countries. We do not know who will fund the trials—traditional medicine is not something that can be very profitable for the pharmaceutical industry”, said Sungchol.

Roshanak Ghods is Associate Professor of Persian Medicine in the Department of Traditional Medicine

at the Iran University of Medical Sciences (Tehran, Iran) and a member of the advisory group for the global summit. “Persian medicine, with its long and rich history dating back more than 2000 years, has numerous advantages that make it highly suitable for people today”, she told *The Lancet*. “Like many ancient medical systems, Persian medicine takes a holistic approach to health, emphasising lifestyle factors such as adhering to a proper diet, moderate exercise, sufficient sleep, and mental/emotional balance.”

Ghods noted that many of the treatments in Persian medicine focus on restoring balance and boosting the body’s natural healing capacities. “The knowledge accumulated over centuries of practice and research provides clinical insights and therapeutic approaches complementary to modern medicine”, she said. “Preserving this medical tradition and making it accessible ensures that people today can benefit from this time-tested system of natural healing and its unique principles, but of course we also need the evidence on the effectiveness and safety of traditional and complementary medicine, based on suitable research methods for personalised medicine.”

The holistic nature of traditional and complementary medicine is increasingly attractive to individuals from cultures all over the world. “I think in the aftermath of COVID-19, people have been looking for approaches to their health which are in harmony with society and the environment”, said Kuruvilla. But coming up with methods with which to assess holistic systems is no easy matter. “We do have to ask whether our scientific methods are up to the task of understanding the complexities of traditional medicine”, conceded Kuruvilla.

“Scientific medicine is focused on what you can measure easily, and in oncology, for example, the results of molecular research are

groundbreaking. Research of this precision should also be developed and applied to traditional medicine”, added Seifert. He underscored the need for innovative methodological approaches for a genuinely sustainable approach to health at the global level. At Charité–Universitätsmedizin Berlin, cutting-edge interventions such as chimeric antigen receptor T-cell therapy and personalised targeted therapies are available. But the hospital also acknowledges the desire of most Germans for integrative medicine.

“We are taking a holistic approach, with the individual patient at the centre, by building clinical programmes with high-end medicine in combination with nutrition medicine, mindfulness, and mind-body approaches. Scientific evaluation and comparison of results remains important and a focus has to be on prevention”, said Seifert. The nature-based interventions have proved particularly beneficial. “They have an immediate effect on blood pressure, quality of life and anxiety levels”, said Seifert.

Ghods’s vision is for a health-care system which combines the best of traditional and conventional medicine, without prejudice. “Our goal for the future should be to provide personalised, patient-centred care that addresses the whole person: mind, body, and spirit”, she said. Ghod encourages policy makers to work out the most responsible way to integrate traditional and conventional medicine and to ensure providers are knowledgeable about different treatment options and how they might interact with or complement each other. “Our ultimate aim should be to have a comprehensive health-care system focused on the patient’s needs and preferences, not proving the superiority of one medical discipline over the other”, she concluded.

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