

GUEST EDITORIAL

ROLE OF TRADITIONAL AND COMPLEMENTARY MEDICINE IN UNIVERSAL COVERAGE

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INTRODUCTION

Traditional and Complementary Medicine (T&CM) has been gaining acknowledgement and acceptance all over the world. It is the most invaluable treasure and has been developed over the course of thousands of years in the quest for human wellbeing.

Definition and term of T&CM is still a controversial issue in the world. T&CM is called by different names such as traditional medicine, complementary and alternative medicine (CAM), complementary medicine, alternative medicine and unconventional medicine, or sometimes it is called by its specific name for example: in India Ayurveda, Unani and Siddha; in China it is also called Chinese, Uyghur, Tibetan and Mongolian medicine.

T&CM is also called by its specific name in Malaysia. T&CM is a term generally used to describe the practice of medicine which is not of the conventional scientific medicine. T&CM means a form of health-related practice designed to prevent, treat, and/or manage illness and/or preserve the mental and physical wellbeing of individuals and include such practices as traditional Malay medicine, traditional Chinese medicine, traditional Indian medicine, homeopathy and complementary therapies, and excludes medical or dental practices by registered medical or dental practitioners¹. T&CM is divided into the body-mind medicine, biological based medicine, manipulative and body based practices, and whole medical system in Malaysia.

Traditional and complementary medicine in Malaysia

Nowadays, there are high levels of public interest available in different kinds of traditional and complementary therapies in Malaysia. In view of the potential growth and demand of T&CM in Malaysia, the government of Malaysia had set up the TCM Division in the Ministry of Health in 2004¹, which led to the decision to establish integrated hospitals in 2006¹.

There are six programmes available in T&CM instilled among the five universities and colleges such as; College of Complementary Medicine Melaka, INTI international University College Nilai, Cyberjaya University College of Medical Science (CUCMS) Cyberjaya, Management and Science University (MSU) Shah Alam and the International Medical University (IMU) Bukit Jalil. There are nine integrated public hospitals which are practicing T&CM in Malaysia. They are Kepala Batas Hospital in Pulau Pinang, Putrajaya Hospital in W.P. Putrajaya, Sultan Ismail Hospital in Johor Bharu, Duchess of Kent in Sabah, Sultanah Nur Zahirah Hospital in Kuala Terengganu, Sarawak General Hospital, Port Dickson Hospital in Seremban, Sultanah Bahiyah Hospital in Alor Setar Kedah and Hospital Cameron Highlands.

These hospitals practice traditional Malay massage, acupuncture, herbal oncology and postnatal massage¹. Traditional Malay massage and acupuncture are used for chronic pain and stroke; herbal oncology is used for complement treatment with allopathy therapy; postnatal massage is used to relieve muscle cramps and fatigue after labour. Tung Shin Hospital in Kuala Lumpur is the first and only private hospital in Malaysia to offer T&CM. Malay massage, acupuncture, herbal medicine for cancer and Malay postnatal care are most commonly practiced in Malaysia. Herbal preparation, acupuncture and traditional massage are the three elements which would be introduced in the hospitals conducting the pilot projects².

More than 7,000 traditional and complementary medicine practitioners were registered with their respective bodies in 2006². Now, the number of T&CM practitioners totalled to 11,691; which include voluntary registration by local practitioners and application for professional visa by foreign practitioners. The profession: population ration is currently at 1:2421³. Traditional and Complementary Medicine division (T&CMD) received RM2,179,635.00 budget which is much higher than in 2006 and 2007 for operational and development expenditure and 75.1% of the budget was spent on management

services such as payment to T&CM practitioners and acquisition of supplies for T&CM integrated hospitals. In the 10th Malaysia Plan (10-MP), T&CMD targets to establish at least two T&CM branch office each year⁴. According to a survey in 2004, around 69.4% Malaysian population used T&CM in their whole life and 55.6% of them used T&CM in each year⁵. According to a survey done in primary care clinics in Kuching, Sarawak; from January to April 2004, approximately 51.4% patients used CAM and 47.8% of those patients used more than one type of CAM⁶.

Out of pocket T&CM expenditure is rapidly growing. It is estimated that in 2007, Malaysia spends an estimated RM\$500 million⁷. From 2000 to 2005, annual sales for traditional medicines increased from US\$ 385 million (RM 1 billion) to US\$ 1.29 billion (RM 4.5 billion) in Malaysia⁸ indicating that approximately 3.4 times increase within five years.

Use of traditional and complementary medicine

In many developing countries the majority of the population is dependent upon traditional medicine to meet its primary health care needs. For example in Africa it reached 80%, India 67%, China 40%, Chile 71%, and Colombia 40%⁷. In contrast to this, almost half of the population in many developed countries regularly use some form of T&CM such as United States, Australia, France and Canada; 42%, 48%, 49% and 70% respectively⁹.

In Germany, 80% of physicians prescribed phytomedicines, which accounts for 27% of all over the counter medicines and as high as 52% of adults first turn to natural remedies for treatment of illness¹⁰. The reasons of using T&CM are different. For example, higher income and higher education are guiding factors of patient preference for traditional medicine in developed countries. Around 65% of population traditional medicine is the only available source of healthcare in some countries such as India¹¹. Although, usage of traditional and complementary medicine is higher, western medical doctors do not seem to be aware about its' significance and importance. These results in many interactions between western medicine and T&CM. A nationwide survey done in the USA showed that 72% of the respondents who used unconventional therapy did not inform their medical doctor that they had done so¹² resulting in many unintended side effects and interactions.

Around 70% of the population in India relies on traditional medicine for primary health care usage. The proportion of plants usage in the different Indian systems of medicine are; among

the Ayurveda 2000, Siddha 1300, Unani 1000, Homeopathy 800, Tibetan 500, Modern 200 and folk 4500 types¹³.

T&CM was the suggested therapy in 75% of all chronic illness and for 99% of all psychiatric illness by doctors in Shenyang, China¹⁴. In Singapore, paediatric oncology patients commonly rely on their traditional indigenous medicines¹⁵. Studies showed that 9-64% of patients with cancer used T&CM in Taiwan¹⁶. From 1990 to 1997 usage of herbal medicine itself increased to 380% in United States in 7 years¹⁷. Another factor that exacerbated the use is the cheaper cost of T&CM. For example, in acupuncture for musculoskeletal conditions, it costs around 60%, chiropractic medicine costs 24 percent less than Western medicine. Expenditures for Ayurveda are 50 % lower per person than conventional medicine¹⁸. These cheaper cost structures exacerbated the wide use among population who believe in its disease curative and preventive properties.

T&CM has been used among both communicable and non communicable diseases. Especially, it is used extensively among the chronic and ongoing diseases sufferers such as for treatment of rheumatoid arthritis, osteoarthritis, depression, diabetes, stroke, chronic kidney disease, gastrointestinal, liver disease, cancer asthma, eczema, premenstrual syndrome, migraine, menopausal symptoms, chronic fatigue, and irritable bowel syndrome etc. There are many cases on how T&CM therapies have been found to successfully relieve the symptoms.

Evidence of effectiveness of T&CM

Although, great numbers of people use T&CM recently, many people are not aware of the side effects of T&CM. Some people hesitate in using T&CM concurrently with conventional medicine or as alternatives therapies. More research has been done in effectiveness of T&CM but still it needs more research in this area.

T&CM has been proved to be successful in treating numerous diseases and conditions with less side effects. For example HIV/AIDS, certain kind of cancer, malaria, SARS, hepatitis B, insomnia, anxiety, depression and some chronic diseases and conditions.

A study done in Africa; experience after using four to eight months of herbal therapy among HIV patients, they found significant health improvement was achieved and significant increase in CD4+ T cell counts (226%, $p < 0.00001$)¹⁹. Another research conducted in Taiwan among cancer patients showed that T&CM preparations

usage improved liver function during chemotherapy among the patients with cancer receiving chemotherapy by decreasing liver damage, activating the antioxidant, treating hepatitis, alleviating metabolic load and decreasing ALT and AST¹⁶.

In Ghana, Mali, Nigeria and Zambia, herbal medicines were administered at home as first-line treatment for 60% of children with high fever caused by malaria²⁰. WHO showed that 78% of patients living with HIV/AIDS in the USA use CAM medicines²¹. Traditional herbal medicine, Africa Flower, has been used for decades to treat wasting symptoms associated with HIV⁹. In China, traditional herbal medicine played a prominent role in the strategy to contain and treat severe acute respiratory syndrome (SARS)²².

Use of herbal medicine for liver disease has a long tradition and history²³. For example, Uyghur herbal medicine had played very important role in treatment of hepatitis B in Xinjiang, China in 1987. Herbal drugs contain chemically defined component that can protect the liver from oxidative injury, promote virus elimination, and inhibit tumor growth²³. Research shows that some herbs are beneficial for mental illness. Such an example would be the use of Valerian root and kawa-kawa (a herb) are useful for insomnia and anxiety. St. John's wort has been reported effective to treat mild and moderate depression²⁴.

T&CM as a strategy in universal coverage

Universal coverage (UC) is defined as the access to key promotive, preventive, curative and rehabilitative health interventions for all at an affordable cost, thereby achieving equity in healthcare access²⁵. According to WHO Beijing Declaration in 2008, governments have a responsibility for the health of their people and should formulate national policies, regulations and standards, as part of comprehensive national health systems to ensure appropriate, safe and effective use of traditional medicine. This act prompted many governments to date to recognise and integrate traditional medicine into their national health systems and become part of the universal coverage provisions and services²⁶.

Malaysia has two-tiered health care system; a government led and tax funded public sector, and a thriving private sector creating a dichotomous yet synergistic public-private model. There is no unifying system of universal access to healthcare for every citizen²⁷. Universal coverage does cover limited T&CM practices in some countries such as China and Malaysia in a few of its' pilot hospitals with good health

outcome so far, although no extensive clinical trials or interventions studies are done to prove otherwise.

As Malaysia is fast approaching its own national health insurance system with its own benefit packages, T&CM usage and implementation has a role to be incorporated into the UC coverage mooted by the government. This is line with the massive expansion and popularity of T&CM albeit its safety and lack of clinical trials.

The draft Regional Strategy for Traditional Medicine in the Western Pacific (2011-2020) provides guidance for its' member states, WHO, development partners and other stakeholders on approaches to maximize the health potential of traditional medicine and its contribution to universal access to health services for people of the region²⁸. This strategy gave increased emphasis to the values of primary health care and the contribution of traditional medicine to universal health access; the importance of cooperation and the sharing of information to support the quality, safety and efficacy of traditional medicine; and the need to protect and conserve indigenous health resources, including traditional knowledge²⁸. Thus some form of T&CM should be incorporated into the new national health care financing system in this country. This can be made possible through its' benefit packages and sustainable deliveries among the public/private hospitals or clinics, although there might be some form of copayment in place in the future.

CONCLUSION

Practice of T&CM has increased worldwide. T&CM has inherent value and efficacy for health promotion, prevention and treatment. It has an enormous presence in the Malaysian health care system..Patients have the right to seek T&CM access as part of their cultural heritage and belief system. They should have a choice of whether to seek modern medicine or T&CM. Universal coverage should be taken place in Malaysian health care system with some provision of T&CM. Also the costs of modern conventional medicine are becoming expensive for even the developed countries to bear. It is recommended that the future national health insurance should cover T&CM practices and its' future would be brighter if Malaysian government pays more attention to its development and implementation.

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