

## The Overview on the Traditional Medicine in the Western Pacific Region

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### Abstract

This paper reviews the current situation on traditional medicine in the western pacific region. It mainly include government, scientific community and industry interests, national policies, practices and education, public financing systems and self-regulatory associations.

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**Key words** : traditional medicine, western pacific region, national policies, practices

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### I. Introduction

In the Western Pacific Region, traditional medicine is practised in many countries, but it is not always included as part of the health systems recognized by the respective governments. It is one of many types of non-standard health care services, and involves varying levels on national policy, legislation, administration, public financing, education and practice.<sup>1)</sup>

After the introduction of allopathic medicine into the countries of the region, traditional medicine was in most cases rejected by formal health care service systems. Nevertheless, traditional medicine still exists in all countries and areas in the region. It provides an alternative option for people living in developed countries, while for a large proportion of the population in many developing countries it is the only available, affordable and accessible health service.

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Interest in traditional medicine has increased over the last decade and seems likely to continue in the future.<sup>2)</sup> People now are more prepared to look for alternative approaches to maintain and promote their health.

## II. Government, Scientific Community and Industry Interests

The public demand for traditional medicine has recently been increasing, and governments have begun to pay more attention to traditional medicine. The governments of most countries and areas in the region have shown a willingness to promote the proper use of traditional medicine, and tried to integrate it into formal health care systems.<sup>2)</sup> The integration of traditional medicine into the mainstream health care delivery system is a challenge for countries and areas where allopathic health care predominates.

Many allopathic medical doctors have begun to use traditional remedies and techniques in their daily practice. Universities and medical schools in several countries offer full-time degree courses or short courses on traditional medicine. Scientists are trying to reevaluate the safety and efficacy of traditional medicine, and some are involved in research to make new drugs and other products derived from plants used in traditional medicine.<sup>3)</sup>

## III. Traditional Medicines of the Region

Some traditional medicine systems are highly developed and well documented. They are based on systematized knowledge, a comprehensive methodology and rich clinical experience. Traditional Chinese medicine falls into this category. It was originated in China and later introduced into neighbouring countries such as Japan, the Republic of Korea, Viet Nam and others, which then developed their own variations. Traditional Indian medicine is another well-developed traditional system of medicine that is practised in parts of the region, for example, Malaysia.<sup>1)</sup>

The region contains a large number of simpler traditional practices that have been developed within small and isolated ethnic groups. Such practices are based largely on empirical experiences of treatment. Most of the knowledge has never been written down, and is transmitted orally from generation to generation. Most practitioners in this case do not obtain knowledge through an organized training process. The therapies used by healers from different communities and islands can be quite different. In these communities, psychological therapies tend to predominate, and often merge with magical and religious practices. Diversity of the people in the region means that traditional medical practices differ widely from one country or area to another.

#### IV. National Policies

Eighteen countries and territories in the region have already developed national policies in traditional and/or complementary medicine. Two are currently developing national policies.<sup>3)</sup>

The Australian Commonwealth Government has recently made funds available to traditional medicine practitioners to assist them in formalizing accreditation standards and developing appropriate participation. The Government of the State of Victoria has passed legislation and implemented a regulatory system for practitioners of traditional Chinese medicine.<sup>4)</sup>

In China, there has been strong support for traditional medicine. The constitution of the People's Republic of China makes specific reference to the need to develop both allopathic medicine and traditional Chinese medicine. In China, Hong Kong Special Administrative Region(SAR), article 138 of the Basic Law of the Hong Kong Special Administrative Region provides that the Government shall formulate policies to develop allopathic and traditional medicine and provide medical and health services in both branches of medicine. The Chinese Medicine Ordinance enacted by the legislative Council in 1999 makes provisions for the registration of practitioners in Chinese medicine, licensing of traders in Chinese medicine, the registration of proprietary Chinese medicine and other related matters.

Japan provides a good example of the

integration of traditional medicine in mainstream health services in an industrial country. Many herbal medicines are covered by the national health insurance system, and a large number of physicians use herbal medicine or acupuncture to supplement their practice of allopathic medicine.<sup>1)</sup>

Mongolian traditional medicine has been developed over centuries, according to Mongolia's geographical and climatic conditions and the lifestyles of her people. However, Mongolian traditional medicine was largely ignored from the 1930s until the end of the 1980s. In 1990, the Government made development of Mongolian traditional medicine a priority, and in 1996 it announced Government support for incorporation of traditional remedies into the mainstream health care system.<sup>3)</sup>

In New Zealand, standards for traditional Maori healing were released by the Ministry of Health in June 1999. The standards emphasize the role of Rongoa Maori in New Zealand's health sector, and provide national standards of practice for traditional Maori healing. Recent legislation established an expert committee to evaluate and provide information and advice on complementary health care.<sup>4)</sup>

In the Philippines, a Traditional and Alternative Medicine Act was passed in 1997. It states that it is the policy of the state to improve the quality and delivery of health care services to the people in the Philippines through the development of traditional and alternative health care and its integration into the national health care delivery system. The Act also created the

Philippine Institute of Traditional and Alternative Health Care to accelerate the development of traditional and alternative health care in the Philippines<sup>1)</sup>.

In the Republic of Korea, the National Medical Law was passed in 1952 and traditional medicine was formally recognized. Since 1987, the National Health Insurance has included traditional medicine. The Traditional Medicine Bureau was established in 1996 as one of the major bureaus of the Ministry of Health and Welfare.<sup>6)</sup>

In Singapore, the Ministry of Health has appointed a committee headed by the Senior Minister of State for Health and Education to review the practice of traditional medicine, and to recommend measures to safeguard patients' interest and safety. The committee's report, published in 1995, recommended that traditional medicine practice in Singapore be regulated and training standards be upgraded. The Ministry of Health established a Traditional Medicine Unit in November 1995 to coordinate implementation of the committee's recommendations. A Traditional Medicine Practitioners Act was passed in 2000.<sup>1)</sup>

In Viet Nam, Government policy on traditional medicine is based on a statement by President Ho Chi Minh in 1995 that Viet Nam should inherit valuable experiences from traditional medicine and at the same time study the possibility of integrated medicine. The Constitution of 1980 calls for the integration of traditional and allopathic medicine. Traditional medicine is extensively integrated into secondary health care as well as primary health care.<sup>1)</sup>

## V. Current Systems and Practices of Traditional Medicine

There may be great differences in approaches to traditional medicine and health care between countries, and even within a country. In many countries, there are several types of traditional health practitioners. The vast spectrum of traditional medicine practitioners includes at one extreme, traditional birth attendants and traditional folk healers, with spiritualists, diviners and numerous others, occupying different places between these two extremes. In the majority of cases, these people have no clear legal status, and there is a very limited amount of systematic information available about them and their practices.<sup>7)</sup>

## VI. Education

Generally speaking, there are four main categories of traditional health practitioners. The first are those who have received training in both allopathic and traditional systems of medicine. The second are those trained mainly in traditional medicine, although they often have elementary knowledge of allopathic medicine.

They practise in both urban and rural areas but many of them practise extensively in rural areas. The third group practises only traditional medicine. They have no formal training, but possess diplomas in

some traditional system. The fourth category includes those practitioners with neither institutional training nor qualifications, e.g. traditional birth attendants and herbalists. They practice after several years' apprenticeship with an established traditional health practitioner. The countries in the region which have formal education systems are Australia, China (including Hong Kong SAR and Macao SAR), Japan, Malaysia, Mongolia, the Republic of Korea, Singapore and Viet Nam.<sup>2)</sup>

## VII. Public Financing Systems and Self-regulatory Associations

In some countries, such as China and Viet Nam, traditional medical treatments and drugs are covered by the national health system. In some other countries, such as Japan and the Republic of Korea, some of the traditional medical practices are covered in part by public insurance systems. Generally speaking, insurance systems are different from country to country. Many countries in this region do not have any health insurance system for traditional medicine.

There are many professional bodies for traditional medicine. Some are highly professional associations. In Australia, there are many associations, but in the Republic of Korea, there is only one association whose members are exclusively traditional medicine practitioners.<sup>5,6)</sup>

## VIII. Discussion

Some member states adopted the regional strategy for traditional medicine in the western pacific region. One of the strategies is political support. There are eighteen countries and areas in the region that have developed official government documents which recognized traditional medicine and its practice. There has always been strong support for traditional medicine in China. The constitution of the people's republic of China makes specific reference to the need to develop both modern and traditional Chinese medicine. In 1997, the government reiterated that it attached equal importance to both medicines.

In the Republic of Korea, the national medical law passed in 1952 recognized both modern and traditional medicine. The national health insurance system has included traditional medicine since 1987. Traditional medicine bureau was established in the ministry of health and welfare in order to regulate traditional medical affairs.<sup>6)</sup>

In Japan traditional medicine is integrated into health care delivery system. Over 140 kinds of health medicine are covered by national health insurance scheme and a large number of physicians use herbal medicine or acupuncture to supplement their medical practice.<sup>1)</sup>

Many member states have not established solid national policies, while some members states have adopted advanced national policies. Some countries like China, and

Korea have traditional medicine practitioners fully recognized by the law, and some other countries like Japan, Malaysia, and Singapore recognize only some traditional medical arts such as acupuncture, and herbal medicine. In many South Pacific areas, many kinds of traditional medical arts are practiced but most of them are not legally recognized.

Some member countries have formal higher education systems for traditional medical practitioners, meanwhile many other member states do not have formal education system for them and the art of traditional medicine is passed down to the next generation by mouth.<sup>8)</sup> The western pacific regional office held a meeting in Melbourne Australia in November 2003 and the experts of education of traditional medicine drafted guideline of traditional medicine education for the member states in this region.

Medical cost has been increasing in this region and some member states adopted national health insurance to help the people who need medical services. Health insurance system in some member states cover traditional medical therapies. Self-regulatory associations are organized in some member countries but many member states do not have organizations in this region. Some countries like Mongolia recently organized traditional medical association. In south pacific area voluntary associations have been organized.

Only limited number of studies on the use of traditional medicine have been conducted and few studies have been published in international journals. It is very difficult to estimate cost-effectiveness and economic

impact of traditional medicine. It is recommended that well planned studies be conducted in those areas, and the results be published in international journals. Few studies were carried on the mechanisms of traditional medicine for treatment.<sup>3)</sup>

At the working group meeting of the regional office of western pacific, WHO, which was held in Kyongju, Korea, in September 2003, the advisors discussed the ways how to improve traditional medicine by evidence. Herbal medicine and acupuncture were the major areas for discussion.

The western pacific regional office of WHO published many literatures such as medicinal plants in China, Korea, South Pacific and Vietnam, and standard acupuncture nomenclature, research guidelines for evaluating the safety and efficacy of herbal medicine, clinical research on acupuncture, appropriate use of herbal medicines, training package for practitioners of traditional medicine, development of national policy on traditional medicine, traditional medicine and modern medicine : harmonizing the two approaches, and APIA action plan on traditional medicine in the pacific islands. It is believed that these publications are very helpful for research and development of traditional medicine in this region.<sup>1)</sup>

## IX. Conclusion

1) Eighteen countries and territories have already developed national policies on traditional medicine but some member states

are not ready to adopt national policies.

2) Some member states have government bodies to take care of traditional medical affairs. Traditional medicine is not standardized in this region. The funds for research and development are limited.

3) Only few countries have self-regulatory associations to regulate traditional medical affairs. Public finance system for traditional medicine are available in only few countries.

4) Surveys on the use of traditional medicine are limited in only few member states. The results of only few studies were published in international journals. Many studies were not well planned in advance and it is difficult to estimate the use of traditional medicine by the people.

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