

# Traditional Medicine(s): Definitions and Terminology

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*Definitions of traditional medicine(s) may vary from a State to another. This first contribution provides a compilation of definitions as developed in the WHO framework, in South Africa and in Switzerland. Although not exhaustive, it should be considered as a basis for the understanding of other contributions contained in this publication.*

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According to the World Health Organization (WHO), countries in Africa, Asia and Latin America use traditional medicine to meet many of their primary health care needs. In Africa, up to 80% of the population uses traditional medicine for primary health care and recourse to complementary and alternative medicine (CAM) is becoming increasingly popular in industrialized countries. WHO estimates that the percentage of the world population that has had recourse to CAM at least once, is 48% in Australia, 70% in Canada, 42% in USA, 38% in Belgium and 75% in France<sup>1</sup>.

However, it is no easy task to define traditional medicine. What is considered as traditional in one region may be new to another, or may not be regularly used in the traditional sense.

Different words are used in different countries to describe the same products or procedures, taking into account the realities of local culture. The current contribution provides a compilation of definitions using the WHO framework and within the context of a developing and a developed country, namely South Africa and Switzerland. It is by no means meant to be exhaustive, but should rather be considered as a basis for the understanding of numerous other contributions contained in this publication.

## **A. World Health Organization definitions**

The WHO specifies that traditional medicine may on one hand be codified, regulated, taught openly and practised widely and systematically, and benefit from thousands of years of experience. Yet on the other hand, traditional medicine may also be highly secretive, mystical and very localized, with knowledge of its practices passed on orally. While there is no precise definition of traditional medicine at the international level, the WHO recognizes the diverse and sometimes conflicting characteristics and viewpoints surrounding traditional medicine. Nevertheless, the WHO considers a working definition, which is comprehensive and inclusive, as useful; we would add that it is a necessity.

The WHO defines traditional medicine in several of its official documents. Traditional medicine is broadly described as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”. It incorporates plant, animal, and/or mineral based medicines, spiritual therapies,

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1 WHO Traditional Medicine Strategy 2002-2005, p.2, available at [http://whqlibdoc.who.int/hq/2002/WHO\\_EDM\\_TRM\\_2002.1.pdf](http://whqlibdoc.who.int/hq/2002/WHO_EDM_TRM_2002.1.pdf)

manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness<sup>2</sup>.

One of the definitions given for 'African Traditional Medicine' by the WHO Centre for Health Development is the following:

*“The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing.”*

Traditional medicine systems are manifold; they may include e.g. traditional Chinese medicine, Indian ayurvedic and Arabic unani medicine. A variety of indigenous traditional medicine systems have also been developed throughout history by Asian, African, Native American, Oceanic, Central and South American and other cultures. Influenced by factors such as history, customs, traditions and philosophy, the practice may vary greatly from country to country and from region to region<sup>3</sup>.

Traditional medicines therapies include *medication therapies* – if they involve use of herbal medicines, animal parts and/or minerals – and *non-medication therapies* – if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies. In countries where the dominant health care system is based on allopathic medicine, or where traditional medicines has not been incorporated into the national health care system, traditional medicines is often termed “*complementary*”, “*alternative*” or “*non-conventional*” medicine<sup>4</sup>. Biomedical literature refers to the use of traditional medicines as *phytotherapy*. Traditional medicine and traditional healers form part of a broader field of study classified by medical anthropologists as *ethnomedicine*.

## **1. Traditional use of herbal medicines**

Traditional use of herbal medicines refers to long established use of these medicines. Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products. These contain active ingredients from plant materials.

## **2. Traditional procedure-based therapies**

Traditional medicine also involves types of traditional procedure-based therapies. These therapeutic methods are used to provide health care using various techniques

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2 Ibidem, pp. 2ff; see also WHO Executive Board Decision of 24 January 2003, doc. EB:111.R12, available at [http://www.who.int/gb/ebwha/pdf\\_files/EB111/eeb111r12.pdf](http://www.who.int/gb/ebwha/pdf_files/EB111/eeb111r12.pdf).

3 WHO Traditional Medicine Strategy 2002-2005, p.7.

4 Ibidem, p. 11.

primarily without the application of medication. They include, for example, acupuncture and related techniques, chiropractic, osteopathy, manual therapies, qigong, tai ji, yoga, naturopathy, thermal medicine, and other physical, mental, spiritual and mind-body therapies<sup>5</sup>.

### **3. The Commission on Intellectual Property Rights, Innovation and Public Health definition**

The Commission on Intellectual Property, Innovation and Health (CIPIH) also examined the issue of traditional medicine to determine in which way traditional medicine might best contribute to the process of discovery, development and delivery of pharmaceutical products.

In its report the Commission identified four components in which traditional medicine could be applied.

#### **3.1. Traditional medicine as a system of treatment**

This derives from the Traditional Medicine Strategy, wherein traditional medicine is considered as a system of treatment,

*“sometimes with sophisticated methods of assessing health and diagnosing ill-health. These systems normally take a holistic approach [...] that of viewing man in his totality within a wide ecological spectrum, and of emphasizing the view that ill health or disease is brought about by an imbalance, or disequilibrium, of man in his total ecological system and not only by the causative agent and pathogenic evolution.*

*Systems such as the Indian ayurveda or traditional Chinese medicine have a coherent theoretical foundation, including frameworks for classifying diseases and the medicinal plants used to treat them, and systems for classifying ill health. By contrast, modern medicine is more reductionist and direct. While many traditional remedies rely on mixtures of natural ingredients with complex compositions to cure particular conditions, modern medicine generally seeks one active ingredient to address one condition (although, as we have seen, combinations of drugs are now increasingly common e.g. in malaria, HIV/AIDS and TB).“*

#### **3.2. Traditional medicine as a source of knowledge**

Secondly, and closely related to the above definition, the CIPIH defines traditional medicine as a “source of knowledge about natural remedies that are effective, and

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5 Ibidem, p. 15.

are also remedies based on natural products”. The fact that every Indian mother knows that turmeric has wound healing properties and that this was recorded in ancient times in a Sanskrit text is given as an example.

### **3.3. Traditional medicine as a source for new modern medicines**

Thirdly, the CIPIH recognizes that “natural products are a rich source for discovering and isolating new modern medicines” and that “traditional medical knowledge can provide a shortcut, in that the product may already have a known impact”. The question then is “how the active ingredients might be isolated or synthesized artificially, or how combinations of active ingredients that are effective might be reproduced on a commercial scale.” One must also take into account how the owners of the knowledge obtain fair and equitable benefit from the use of their knowledge.

### **3.4. Traditional medicine as an important factor of health care systems**

Fourthly, traditional medical practitioners are recognized by the CIPIH report as an important part of the health-care system in many developing countries<sup>6</sup>.

## **4. Complementary medicine**

The CIPIH report also specifies that, in some countries, the terms “complementary medicine” or “alternative medicine” are used interchangeably with traditional medicine. These refer to a broad set of health care practices that are not part of that country’s own tradition and are not integrated into the dominant health care systems<sup>7</sup>.

As an example, the report mentions the traditional Chinese medicine of acupuncture therapy. Yet many European countries define it and traditional Chinese medicine in general, as complementary or alternative medicine, because they do not form part of their own health care systems. Similarly, the CIPIH report gives the example of homeopathy and chiropractic systems, developed in Europe as early as the 18th century, after the introduction of allopathic medicine; they were not categorized as traditional medicine systems nor incorporated into the dominant modes of health

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6 For all these four definitions, see Commission on Intellectual Property, Innovation and Health: Public Health, Innovation and Intellectual Property Rights, 2006, pp. 160ff. <http://www.who.int/intellectualproperty/documents/therreport/ENPublicHealthReport.pdf>

7 See, generally, WHO General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine, WHO/EDM/TRM/2000.1, p. 1, available at [http://whqlibdoc.who.int/hq/2000/WHO\\_EDM\\_TRM\\_2000.1.pdf](http://whqlibdoc.who.int/hq/2000/WHO_EDM_TRM_2000.1.pdf)

care in Europe. Instead, they are regarded as a form of complementary or alternative medicine<sup>8</sup>.

## **B. South African definitions**

In South Africa the majority of people associate traditional medicine with herbal remedies (or muti) and advice imparted by *sangomas* or *izinyangas*. Traditional healers are generally divided into two categories:

- The diviner-diagnostician (or diviner-mediums) who provides a diagnosis usually through spiritual means and,
- The herbalist who then chooses and applies relevant remedies by means of herbs.

### **1. Diviners: *Sangomas* – about 90% female**

Diviners are the most important intermediaries between humans and the supernatural. No one can become a diviner by personal choice (unlike herbalists). Diviners (more usually women) believe that their calling originates from their deceased ancestors and they regard themselves as servants of the ancestors. Diviners concentrate on diagnosing the inexplicable.

Diviners analyse the causes of specific events and interpret the messages of the ancestors. They use divination objects and they explain the unknown by means of their particular medium powers. They often also provide medication for the specific case they have diagnosed.

### **2. Herbalists: *Izinyanga* – about 90% male**

Herbalists are ordinary citizens who have acquired an extensive knowledge of herbal remedies and techniques. They are expected to diagnose and prescribe medicines for everyday ailments and illnesses, to prevent and to alleviate misfortune or evil, to provide protection against witchcraft and misfortune, and to bring prosperity and happiness. In the healing practices of herbalists empirical knowledge plays an important role as they are able to diagnose certain illnesses with certainty and to prescribe healing herbs for those illnesses.

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8 WHO Traditional Medicine Strategy 2002-2005, p.8

### **3. Prophets/faith healers: *Umthandazi***

In their diagnosis and treatment of a patient, prophets/faith healers use prayer, candlelight or water. Occasionally, upon a cure, a patient automatically becomes a member of the church to which the faith healer who cured him/her belongs.

### **4. Traditional birth attendants: *Ababelithisi***

Traditional birth attendants (TBAs) often serve communities located in isolated and remote areas where they are consulted as a matter of necessity, due to the unavailability of “Western” health care services. However, they also render their services in urban/semi-urban communities that often still prefer TBAs.

Although information on the status of TBAs in South Africa is not readily available, they form a significant and very extensive human resource component in the traditional sector.

## **C. Swiss definitions**

In Switzerland no standard definition of traditional medicine exists. In general, the term is used for different modalities of health care activities. The curative role of herbal remedies, mineral waters, or natural food diets is part of the Swiss culture, and has often been associated with traditional medicine. Besides this natural oriented approach the term is also employed in the country’s culture to describe “newer” therapies, such as yoga, chiropractic, acupuncture or anthroposophical medicine and other methods, which are usually referred to as complementary medicine. Common ground for the diversity of understanding of traditional medicine in Switzerland is its independence from modern scientific medicine. However, this pluralism in terminology received a more concentrated direction through recent debate to integrate complementary medicine into the country’s health care delivery system. A People’s Initiative, launched in 2005, seeks to amend the Constitution in order to institutionalize complementary medicine into all areas of the Swiss health system, including education, research and, in particular, the social security schemes.

The following summarizes both the Swiss Federal Council’s and the People’s Initiative’s definition of traditional or complementary medicine respectively.

## 1. The Swiss Federal Council definition

According to the Swiss Federal Council, complementary medicine is a collective term to describe therapies that are used to either complement biomedicine or to provide an alternative to the evidence-based conventional medicinal practices. CM refers to a wide variety of treatment modalities, including diagnosis, therapy and preventive methods. In Switzerland more than 200 different therapy forms are offered under this term<sup>9</sup>.

Complementary medicine can be broadly divided into four major categories:

1. Whole medical systems: e.g. Homeopathy, Traditional Chinese Medicine, Ayurveda;
2. Biologically based therapies: herbal therapies, vitamins, minerals and others used as medicinal products or as dietary supplements;
3. Manipulative or body based therapies: e.g. Shiatsu, Cranial Osteopathy, Alexander technique, Feldenkrais;
4. Energy therapies: e.g. biofield therapies (Reiki, Qigong); bioelectromagnetic-based therapies.

Physicians practising forms of complementary medicine are organised under the umbrella of the Union of Associations of Swiss Physicians for complementary medicine. Therapies accepted and performed by members of the Union are for example<sup>10</sup>: acupuncture, antroposophic medicine, bioelectromagnetics, chiropractic, nutrition therapy, homeopathy, music therapy, neural therapy, phytotherapy, Traditional Chinese Medicine.

## 2. The People's Initiative for the Integration of Complementary Medicine into the dominant Swiss health care system

The Initiative's Committee provides a more comprehensive description of complementary medicines: complementary medicine comprises a broad range of treatment and diagnostic methods and products that have evolved from long cultural tradition

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9 Message of the Swiss Federal Council to the People's Initiative on Complementary Medicine, August 2006, p. 7601, available at: <http://www.bag.admin.ch/themen/krankenversicherung/00305/02363/index.html?lang=de>

10 Message of the Swiss Federal Council to the People's Initiative on Complementary Medicine, August 2006, pp. 7603 ff, available at: <http://www.bag.admin.ch/themen/krankenversicherung/00305/02363/index.html?lang=de>

or, occasionally, in more recent times, in Western or non-Western cultures. They are provided by qualified medical doctors or other allied health care providers.

The term “complementary” implies that complementary medicine and biomedicine complement one another. However, when referred to as “alternative medicine” complementary methods may also be used instead of the conventional forms of medical care available.

The fundamental difference between biomedicine and complementary medicine is the philosophical approach. Conventional medicine tends to focus on the body itself, dividing it into systems and sections, measures functions and body interactions. Illnesses are diagnosed and treated as individual entities apart from the patient. The focus of conventional medicine is on the abnormalities, and therefore, to provide a cure for a specific complaint. In contrast, complementary medicine also considers energetic phenomena, not only the body’s regulative processes. The healing approach of complementary medicine concentrates on the “whole person” and the treatment of the “whole” patient, incorporating physical, mental and spiritual aspects into diagnosis and treatment. This includes the body’s inherent healing ability and self regulatory powers as well as life style and the environment of the patient. The conceptual basis of complementary medicine is, in particular, the prevention of illnesses and health promotion and well-being<sup>11</sup>.

## D. Conclusion

The above short compilation of definitions shows the differences of terminology that may be found between developing and industrialized countries, or, rather, between countries with a strong *local* history of traditional medicine and those that are more *importers* of such medicine. A unified definition from an international organization such as the World Health Organization would certainly be welcome in the future.

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