

## Review Article

# Alternative Medicine in Primary Health Care

Ping-Chung Leung<sup>1,2</sup> and Eliza Lai-Yi Wong<sup>3\*</sup>

<sup>1</sup>Department of Orthopaedics and Traumatology, Chinese University of Hong Kong, Hong Kong

<sup>2</sup>Centre for Clinical Trials on Chinese Medicine, Chinese University of Hong Kong, Hong Kong

<sup>3</sup>Chinese University of Hong Kong, Hong Kong

**\*Corresponding author:** Eliza Lai-Yi WONG, The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Room 503, 5/F, School of Public Health Building, Prince of Wales Hospital, Shatin, N.T. Hong Kong, Tel: (852) 2252 8772; Fax: (852) 2145 7489; Email: lywong@cuhk.edu.hk

**Received:** August 04, 2014; **Accepted:** August 27, 2014; **Published:** August 28, 2014

## Primary Health Care

Primary Health Care, or in old common language, Family Practice, refers to the clinical service offered to the family units. Family members are vulnerable to ailments which are taken care of by Family Physicians. Special pathologies are detected by the family physicians who give referrals to specialists who are mainly stationed in hospitals or specialist clinics. Indeed the major role of some family physicians is confined to ailments and referrals.

As specialization gets complicated and the need for specialist care is vastly expanding, the role of Primary Health Care needs to be re-organised so that it is not isolated from hospital and specialist care. Ideally, Primary Health Care should form the “interface” between family practice and specialist practice, which means taking part in the maintenance of the wellbeing of specialist patients to lessen the need for special hospital/specialist care [1]. This is considered the healthy development of Primary Health Care, which, however is sustainable only in well-developed affluent cities of today.

The World Health Organisation (WHO) has been advocating and promoting full-scale implementation of the Primary Health Care concept as a practical means to improve Family Practice and to lower the Hospital/Specialist burden. For the same reason, WHO is endorsing the practice of traditional medicine in different regions of the world. Traditional medicine has been offering alternative means of health care: from the relief of ailments, to preventive and rehabilitation activities [2]. Active practices of traditional medicine would therefore lessen hospital admissions and specialist care.

## Traditional/Alternative Medicine

Today’s main stream of medicine is involving scientific or allopathic practice which is becoming more and more dependent on technological support. Objective investigations and data are considered more important than confidence from the clinician or good experience from the recipient patient. Other forms of treatment different from the main stream, e.g. traditional or alternative treatment, is considered inferior, or at most, complementary. When the American Medical Association did a survey in the US to reveal

### Abstract

Primary Health care offers not only basic health care for families on clinical ailments but forms the interface between family practice and specialist practice which requires referrals from family physicians. A well developed Primary Health Care Service would be involved in the prevention of major diseases and the aftercare following hospital admission. While the World Health Organisation and affluent nations are endorsing traditional medicine as a practical supplement to mainline medicine which is becoming over-specialised and more and more expensive, it might be timely to incorporate alternative medicine into Family Practice in order to initiate a more comprehensive service.

the popularity and users of alternative treatment in 1998, 15 items of Tradition/Alternative medicine were found [3]. They are:

### Traditional Medicine:

- Herbal medicine
- Acupuncture
- Massage
- Folk remedies
- Dietaries
- Spiritual healing
- Homeopathy

### Other Modalities:

- Chiropractic
- Relaxation
- Imagery
- Hypnosis
- Biofeedback
- Self-help group
- Mega vitamins
- Energy healing

Of these alternative practices being offered, different levels of maturity are expected. However, herbal medicine and acupunctures could be the most frequently practiced. Both herbal medicine and acupuncture belong to the Traditional Chinese medicine category which has a remarkably long history and is supported by huge volumes of classical records [4]. Herbal medicine is popular for the additional reason that it is also essential for Ayurveda medicine in India and in fact, for all folk practices.

The same survey found that the alternative treatments are used freely by individuals, isolated from the mainline treatments. As a

matter of fact, most if not all, the alternative treatments are offered to chronic problems like pain control, musculo-skeletal disabilities, psycho-social disharmonies, general health maintenance etc. Obviously, they all fall into the Primary Health care category.

## World Situation of Traditional/Alternative Medicine

The World Health Organisation (WHO) has emphasized the value of Traditional/Alternative medicine in different parts of the world. The policy and recommendations have been laid down clearly and the goals included: (i) building the knowledge base; (ii) strengthening the safety, quality and regulations; and (iii) integrating traditional/alternative medicine and self-health care into the national health systems (WHO, 2014). WHO is taking a view that since over 100 million Europeans are using traditional/alternative medicine and 20% of them are regular users, there is sufficient justification to have it integrated into the main health care system [2,5].

In the USA, Chinese medicine as an alternative treatment option started in the 19th Century during the “gold rush” era. It became more popular about 40 years ago. In 1993, the first survey on the use of alternative medicine showed that one third of Americans was users [6]. In 1997 a consensus conference was held to evaluate the use of acuapunctures at the National Institutes of Health during which the value of acuapuncture for pain control and nausea was endorsed. In 1998, US congress established a special National Center for Complementary and Alternative Medicine (NCCAM) responsible for the promotion of the alternative specialties.

Just in the area of acuapuncture, there are around 20,000 acuapuncturists practicing in the USA, 5000 of them are qualified registered physicians. With regard to the use of Medicinal plant material, new Regulations for “Botanical Drug Products” for the control of a new category of medicinal material equivalent to pharmaceuticals are started in 2000 [7].

In Japan, Chinese medicine is called Kampo which is directly transferred from China and adapted to the Japanese culture. Although Kampo encompasses acuapuncture and other components of Chinese Medicine it relies primarily on prescriptions of herbal formulae. The Japanese Ministry of Health approved of 210 herbal formulae for hospital practice and reimbursements. It has been estimated that over 50% of registered medical practitioners and specialists in Japan are actually using Kampo [8].

Korea is another Asian country under the heavy influence of Chinese Culture including the area of traditional medicine which is called “Oriental medicine”. Oriental medicine consists of its own system of education, practice and research which are well integrated into the National Health Services. Over 15% of all medical practitioners in Korea are making good uses of oriental medicine [9].

Singapore has a large Chinese Community which naturally would have a strong tradition of using Chinese medicine, very much resembling the situation in Hong Kong. However the colonial era of British rule has endorsed the European System of medical service as the mainline. In the turn of the last century, the Health Ministry in Singapore realized the need to better use the tradition and the result was a proper realization of the educational as well as the service side of Chinese medicine [10].

Lastly when we take a look at Australia and European countries, one confirms the apparent world trend of better recognition being given to traditional/alternative medicine, and realistic arrangements on educational and regulatory areas are common establishments [11-13].

## Integration of Alternative Medicine with Family Practice

Experts in Traditional/Alternative medicine are happy working in their unique area as specialists and remain so. But their practice is seldom targeting against specific pathologies or pathological changes. Rather, they are more concerned with symptom or syndrome control. Their practice fits well into the primary health care service which deals with clinical ailments, prepares for and continues with specialists’ treatment, helps to prevent major illnesses, sustains physiological harmony, rehabilitates and promotes self-health care.

Acupuncture has been widely used in US and Europe and of course in China. Ever since the NIH in the US acknowledged its effects on pain control and nausea, many hospitals in US provide regular services. The services and research have expanded into sleep disorder, neurological damages, addiction, mental conditions and even infertility. One wishes that family physicians would freely liaise with the acupuncture experts when their patients are not satisfied with standard, main-stream clinic or hospital management.

When patients come to family clinics for the treatment of ailments, they are well served with analgesics, antipyretics, decongestants, laxatives, antacids, antispasmodics etc. When they do not get the expected effects, they could look for herbal alternatives in the “off-the-counter” category.

The patients, who are not fully recovered after orthopedic operations and physiotherapies, could look to massage, chiropractic and relaxation for further relief. Those suffering psychosocially could look to spiritual healing, hypnosis and self-help groups.

The traditional wisdom of dietary supplements could be fully utilized in diet related pathologies, notably for diabetics and those suffering from metabolic syndromes. The philosophy of traditional Chinese medicine stresses that the choice of food could be as important as drugs which are considered inferior because, presumably by the time a drug is required to remove certain symptoms, it is already too late (as disease has developed) [14].

The importance of self-health care has been stressed by the WHO. Indeed traditional and alternative medicine provides a variety of self-health care methodologies in the direction of rehabilitation, alleviation of chronic symptoms and prevention of aging. The ancient oriental practice of physical training using Chinese Taichi/Qigong or Indian Yoga has stood up to the test of time as being efficient ways to maintain not only physical strength but physiological harmony of the cardiovascular, respiratory, immunological and neuro-psychological systems [15].

China is the only country in the world where allopathic medicine in the mainline is being practiced in equal standings with alternative i.e. Chinese medicine. The two streams are still short of intensive integration, but patients are well experienced to make full use of the two different streams of services. One believes that this pragmatic

approach would have quite positive effects on the development of general medical services which is becoming so expensive.

A recent study done in Europe about the combination of alternative medicine into Family Practice showed that general practitioners who have additional alternative medicine training have lower health care costs and lower mortality rates than those who do not [16]. A randomized controlled trial including an economic evaluation of physiotherapy, manual therapy and general practitioner care for neck pain showed that the manual therapy (alternative medicine) group improved faster than the other groups and that the total costs were only about one third [17].

WHO has given clear recommendations on the merits of integrating alternative medicine into mainline medicine and suggestions on how member states, partners and stakeholders should respond [18].

## Conclusion

WHO has advocated the promotion of traditional medicine as a practical and in-expensive move towards better Health. WHO earlier has given instructions for the development of Primary Health Care so that it serves as a proper interface between hospital and specialist practice as well as additional means of preventive and after-care. It seems ideal that if the self care philosophy and practice of traditional medicine could be part of Family Practice, the Primary Health Care System could achieve a brighter future.

Alternative medicine does not have a history of modern scientific development. Knowledge and expertise accumulation have relied on observations and experience. Now that we are trying to make use of this traditional stream of medicine in a scientific world, we need to explain why it works in our area of concern. Very often, these areas are not well served by scientific medicine. This makes the scientific explanations even more important. These areas include chronic diseases, aging, viral infections, autoimmune diseases etc. The way to go about giving scientific explanations of the healing processes involves the application of methodologies that are well known and accepted by all clinical scientists. The standard way to begin a scientific approach to clinical trials using traditional Chinese medicine would be just an application of the same methodologies. However, we are barred from a smooth application of the scientific methodology, basically because of the different philosophy behind the traditional Chinese practice of healing. Moreover, the lack of knowledge of the exact chemistry for the active components in the herbal remedy when herbal drug trials are being done further jeopardizes the validity of the clinical trials being carried out.

In spite of the essential difficulties, efficacy-driven trials can still be carried out, utilizing the principles of evidence-based medicine. As long as the scientific gap is successfully narrowed, the practical use of alternative medicine will become safer, more logical and deserves wider application. Once family practice involves alternative

medicine, the large volumes of clinical observations in the past would contribute greatly to give more scientific evidences to the traditional practice.

## Acknowledgement

The authors are indebted to the Ming Lai Foundation support given to the Institute of Chinese Medicine at The Chinese University of Hong Kong.

## References

1. WHO. WHO Medicines Strategy, 2004-2007 Geneva, WHO/EDM/2004.
2. WHO. Traditional Medicine Strategy, 2002-2005 Geneva, WHO/EDM/TRM/2002.
3. Kaptchuk TJ, Eisenberg DM. The persuasive appeal of alternative medicine. *Ann Intern Med.* 1998; 129: 1061-1065.
4. Leung PC. Traditional Chinese medicine in China. Seminar on Health Care in Modern China, Yale-China Ass. 2001.
5. WHO. National policy on traditional medicine and regulation of herbal medicine: report of a WHO global survey. WHO. 2005.
6. Eisenberg DM, Davis RB, Ettner SL, Appel S, Wilkey S, Van Rompay M, et al. Trends in alternative medicine use in the United States, 1990-1997: results of a follow-up national survey. *JAMA.* 1998; 280: 1569-1575.
7. Barnes PM. Complementary and alternative medicine use among adults and children: United States. 2008; 1-23.
8. Moschik EC, Mercado C, Yoshino T, Matsuura K, Watanabe K. Usage and attitudes of physicians in Japan concerning traditional Japanese medicine (Kampomedicine): A descriptive evaluation of a representative questionnaire-based survey. *Evidence-based Compl & Alt Med.* 2012.
9. WHO. The regional strategy for traditional medicine in Western Pacific (2011-2020). WHO Regional Office for Western Pacific, Manila. 2012.
10. Government of Singapore. Traditional Chinese medicine practitioners Act, Regulations. Ministry of Health, Singapore. 2001.
11. European Information Centre. Complementary and alternative medicine. 2001.
12. Rössignol M, Begaud B, Avouac B. Who seeks primary care for musculoskeletal disorders (MSDs) with physicians prescribing homeopathic and other complementary medicine? Results from the EPI3-LASER survey in France. *Musculo-skeletal Disorder.* 2011; 12: 21-26.
13. Australian Social Trends. Complementary therapies, Sydney. Australian Bureau of Statistics. 2008.
14. Leung PC. Traditional Chinese medicine in China. *Hong Kong J. of Orth. Surg.* 2001; 6: 1-5.
15. Department of Ayurveda, Yoga and Naturopathy. AYUSH in India. 2010.
16. Kooreman P, Baars EW. Patients whose GP knows complementary medicine tend to have lower costs and live longer. *Eur J Health Econ.* 2012; 13: 769-776.
17. Korthalsde Bos. Cost effectiveness of physiotherapy, manual therapy, and general practitioner care for neck pain: economic evaluation alongside a randomised controlled trial. *Commentary: Bootstrapping simplifies appreciation of statistical inferences.* *Brit Med J.* 2003; 326: 911-916.
18. WHO. Guidelines on development consumer information on proper use of traditional complementary medicine. WHO, Geneva. 2004.