

Traditional medicine abroad A.A.
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A characteristic feature of recent years for the legislations of many foreign countries in the field of health protection is the increased attention to the problems of legal regulation of activities in the field of traditional medicine (TM). With all the differences in approaches, researchers note the fact of a huge increase in interest from the population to its methods [1]. At the same time, speaking about the reasons prompting the movement of people towards traditional medicine, they are noted as certain negative aspects of official medicine: its not completely exhaustive resolution, not always high quality, high cost, dictate of technology over a person and much more, which causes dissatisfaction of the population.
- and a fairly high efficiency of TM methods and tools.

In recent WHO documents, the term "traditional medicine" is gradually being replaced or coexisted, apparently under the influence of European and American researchers with the terms "alternative" and / or "complementary medicine" (TM / CAM). We will express our attitude to the new terminology in subsequent articles, in the same article the terms used in the respective countries will be used.

To date, largely due to the constructive and purposeful position of WHO in the world, at least four approaches to the development of TM have developed.

The first is typical for most developing countries in Africa and South America and consists in the official recognition and involvement in the medical care system of the so-called traditional medicine practitioners who use in their activities for centuries the means and methods of treatment, including spiritual ones. At the same time, an important task is to familiarize at least some of these persons with basic medical knowledge.

The second approach forms the basis for the development of TM in the countries of Southeast and South Asia (China, North and South Korea, Vietnam, India). Here TM is fully integrated into the healthcare system, enjoys the unconditional support of governments and is developing rapidly. In the PRC, for example, TM has its own administrative body (State Administration of Chinese Traditional Medicine and Pharmacology of the PRC), its own training system, a network of clinics, research institutions, pharmacies. The Department of Indian Systems of Medicine and Homeopathy has been established within the Ministry of Health and Family Welfare of India.

A different situation is observed in the countries of Europe and the USA, where they are not ready to include TM methods in the health care system without their preliminary scientific verification and standardization. In addition, in most countries, the activities and professions of only those persons who have a medical education, confirmed by a diploma of graduation from a licensed university (institute) of the state system of official medical education, are recognized as legal in medical practice. Activities outside this professional system are considered hazardous to the patient's health or, at best, useless. Therefore, in the first place comes the need for professional education of TM / CAM specialists within the framework of this educational system. At the same time, in a number of countries, persons who are

Let us illustrate the approaches to TM / CAM from the health systems of some developed countries with a few examples.

USA

The US health care system has its own characteristics. Each state has its own legislation and system of executive power. Accordingly, the regulation of this area can differ dramatically. Most of the TM methods are recognized as legitimate by the laws of many US states, however, the freedom of choice of traditional medical care is not regulated by law in all states [2]. This process continues continuously, although not without serious criticism from some representatives of orthodox medicine [3].

Traditional or complementary and alternative (CAM) medicine is becoming more and more popular in the United States. According to official data, over the past 30 years, the number of Americans who have turned to KAM specialists, and the number of the latter, has increased significantly [4]. In recent years, according to some data, 43 to 69% or more of Americans have turned to CAM practices, 64% of US medical schools offer CAM courses, 70% of family doctors and 80% of medical students study CAM therapy, 67% of medical organizations offer CAM courses. at least one form of KAM therapy. The KAM market is currently estimated at \$ 24 billion [1; 5].

In 1991, the Office of Alternative Medicine (CAM) was established at the National Institute of Health (NIH), the main task of which was to coordinate scientific research in this area in order to determine the effectiveness and safety of CAM means and methods and integrate the most promising of them into practical health care [6 ; 7]. From 1991 to 2002, the NIH research budget for AMC increased from \$ 2 million to \$ 247.6 million [4]. By the decision of the US Congress, the AMU in 1998 was transformed into the National Center for Complementary and Alternative Medicine (NCCAM). The tasks of the Center have been significantly expanded. The main ones were:

- implementation of fundamental and applied clinical research of means and methods of TM systems;
- development of unified methodological approaches to carrying out and evaluation criteria for research work in the field of TM;
- dissemination of information and related research programs [eight]. An additional \$ 161 million was allocated for HM research to other NCD institutes and centers in 2000. Unlike other NIH institutes, where the main emphasis is on basic research, NCCAM gives priority to clinical work.

Moreover, higher requirements are imposed on the quality of these works. Typically, funding is in the form of grants and contracts, in particular 2 grants, each worth \$ 7.8 million, allocated for research in the field of oncology. About 8% of the budget is spent on research coordination.

In March 2000, the White House Commission on Complementary and Alternative Medicine Policy was formed to provide legislative and administrative guidance to the President to ensure maximum benefit from CAM [7].

In September 2000, NTSKAM adopted a Five-Year Strategic Research Plan for 2001-2005 [8] in the following main areas.

1. Alternative medical systems.

These include traditional oriental medical systems, which include a group of methods, including acupuncture, the use of medicinal plants, oriental

massage, traditional medical systems of India - Ayurveda (application of diet, exercise, meditation, medicinal plants, massage, acupuncture and controlled breathing); traditional medical systems used by the peoples of Africa, the Middle East, Tibet, Central and South America. Alternative medical systems also include homeopathy and naturopathy.

2. Psychosomatics.

The study of psychosomatic relationships includes the study of various techniques aimed at facilitating the ability of consciousness to influence the functions of the body, in particular meditation, hypnosis, dance, music and art therapy.

3. Biotherapy.

Biotherapy includes the use of natural procedures and biologically active drugs, such as food additives, plants, chemical compounds (magnesia, melatonin, megadoses of vitamins). Biotherapy, for example, for cancer includes the use of letril and shark cartilage, and for autoimmune inflammatory diseases, bee pollen.

4. Manipulation methods of influence.

These include massage, osteopathy, and chiropractic care.

5. Energy therapy.

Energy therapy is based on biofield effects on the human body (su-jok, reiki, therapeutic touch) or on exposure to other energy sources, such as electromagnetic, magnetic and electric fields.

Currently, more than 30 types of CAM-therapies are used in the United States [9], some of them are given in the table developed by the specialists of the NTSCAM [4].

A number of these therapies, especially chiropractic, osteopathy, acupuncture, are now covered by most insurance companies, while other therapies such as traditional Chinese medicine and reflexology are recognized by only a few small insurance companies [9; ten; eleven].

KAM systems, therapies or products

The main KAM directions	Examples from each direction
Alternative systems	Ayurvedic medicine Chiropractic Homeopathic Medicine Traditional American Medicine Naturopathic Medicine Traditional Chinese Medicine
Psychosomatic impact	Meditation Hypnosis Managed images Dance therapy Music therapy Art therapy Spiritual and mental healing
Biologically justified therapy	Phytotherapy Special diets (for example, macrobiotics, exceptionally low-fat or high-carb diets) Orthomolecular medicine (e.g. megavitamin)

	therapy) Individualized biological therapy (eg, use of shark cartilage, bee pollen)
Therapeutic massage, bodywork and somatic therapy movement	Massage Feldenkrais method Alexander method
Energy therapy	Qigong Reiki Healing touch
Bioelectromagnetism	Magnetotherapy

UNITED KINGDOM

In 1993, the British Medical Association (BMA) published a serious study in the field of the so-called complementary and alternative medicine (CAM) [13], which implied the use of a wide range of therapeutic methods and procedures, complementary or alternative to the mainstream medicine. These included acupuncture, hypnotherapy, herbal medicine, the use of nutritional supplements, chiropractic, massage, osteopathy, the Alexander technique, crystal therapy, iridology, aromatherapy, radionics (energy therapy, including biomagnetism), reflexology (massage of points on the hands and feet), shiatsu, healing (laying on of hands) and homeopathy. In 1981, the number of non-conventional therapists was about 4,000, and the total number of practitioners of traditional methods was about 30,000. of which 11,164 worked in professional organizations. In 1987 in Great Britain, according to some data, there were 1900 specialists practicing acupuncture, chiropractic medicine, homeopathy, naturopathy and osteopathy, according to others, the number of specialists in the field of acupuncture and osteopathy alone can reach 3000. And still the relationship between CAM and official medicine in Great Britain remains a little studied and not completely solved problem [14-16].

According to existing legislation, a patient in the UK has the right to contact any specialist in the field of CAM, and the law protects his interests (Trades Description Act, 1968; Health and Safety at Work, etc, Act, 1974; National Health Service Act, 1977; Control of Substances Hazardous to Health Regulations, 1988, etc.). On March 1, 1988, the EU Directive of 1985 (85/374 / EEC) came into force, allowing the use of homeopathic remedies and preparations from medicinal plants. However, non-medical professionals are not allowed to practice "unconventional" traditional medicine in the UK (Medical Act, 1984). The 1939 Cancer Act (1939) prohibits the practice of non-conventional medicine from using officially unapproved drugs and methods for the treatment of cancer, tuberculosis, diabetes,

In 2001, the University of Sheffield Medical Center published the results of a survey of 5010 people about referring to KAM specialists during the 12 months of 1998 [14]. According to this study, about 60% of the respondents turned to such specialists during this period. The main methods used for treatment were osteopathy, homeopathy, herbal medicine, hypnotherapy, reflexology and aromatherapy. A few patients consulted specialists in the field of shiatsu, massage, reiki, kinesiology, tai chi, traditional Chinese medicine, etc. or six main methods of KAM, increased from 8.5 to 10.6% of the adult population. In the recent period, the most popular methods have become

reflexology and aromatherapy.

In 1999, the BBC undertook its research into the use of QAM in the UK based on 1204 interviews. Most of the patients sought help from specialists in the field of acupuncture (2.8%), osteopathy and chiropractic (0.8 and 0.5%, respectively) [16].

FEDERATIVE REPUBLIC OF GERMANY

In Germany, as in other countries, the use of TM methods has increased significantly in the last decade. A 1939 law gives a patient the right to choose any form of treatment, including homeopathy, acupuncture, naturopathy, hydrotherapy, and manual therapy, as long as the patient can pay for them. The costs of some types of treatment procedures are fully or partially reimbursed by insurance companies. Medical schools in the Federal Republic of Germany are obliged to examine students for knowledge of non-conventional methods of therapy.

Approximately 70% of the country's population uses natural remedies: medicinal plants, mineral waters and natural dietary products. About 60% of medical practitioners regularly prescribe natural medications to patients. The proportion of phytopreparations on the pharmaceutical market of Germany is constantly kept at the level of 20-30% of the total amount of drugs.

The German government supports a research program in the field of traditional medicine. Five directions have been selected for further study: acupuncture, anthroposophic medicine, homeopathy, physiotherapy and herbal medicine [17].

AUSTRIA

In Austria, only legally qualified and licensed medical professionals can practice KAM. Austrian law only allows the provision of medical services that are recognized by science. In particular, acupuncture, neurotherapy, chiropractic, bioresonance, holistic medicine are recognized. However, while there is no specific statutory or other binding regulation regarding the use of CAM, physicians are implicitly allowed to use any medical method they deem appropriate, subject to the consent of their patients. Those who use methods that have no scientific basis, such as: measures such as treatment with "mystical water" are accused of quackery [18].

SPAIN

In addition to homeopathy, popular CAM therapies in Spain include acupuncture, auriculotherapy, neurotherapy and biomedicine. Medical practice is the exclusive right of licensed physicians [18].

ITALY

In Italy, the most popular complementary / alternative medicine therapies are (in descending order) homeopathy, acupuncture, herbal medicine, pranotherapy, anthroposophic medicine and chiropractic. Only registered physicians can practice KAM methods. Paramedical specialties are excluded from the practice of KAM. To practice as a KAM doctor, you must have a diploma in medicine or surgery, pass the appropriate state exam and be registered in the professional register [18].

BELGIUM

In Belgium, medical practice in the field of complementary medicine without

registration of a specialist with the Belgian General Medical Council is prohibited by law. Registered physicians are free to choose the clinical and diagnostic procedures and any treatment they deem necessary. Those who use complementary therapies may still be in conflict with their professional organization, which requires that the treatment of patients is carried out in accordance with the generally accepted current state of scientific medical knowledge.

Approximately a quarter of the Belgian population visit a practicing physician or complementary medicine specialist. The most widely used complementary / alternative medicine treatments in Belgium are homeopathy, which accounts for 81% of visits, osteopathy (27%), herbal medicine (25%) and chiropractic (21%). Although the social security system does not directly reimburse the costs of certain complementary therapies, physicians may indirectly include such reimbursement in their costs [18].

DENMARK

Complementary medicine is accepted by the Danish population as a legal form of treatment, and this is legally enshrined in the recognition of alternative medical practitioners. As in the Federal Republic of Germany, liberal legislation supports the rights of citizens to receive medical care where they can find it according to their own convictions. Expensive alternative treatments are used by at least 18% of the population. Complementary therapy is usually used in addition to formal medical care. The most used methods are acupuncture, naturopathy, homeopathy, manual therapy, anthroposophic medicine, paranormal healing [18].

FINLAND

Finnish law allows only qualified doctors to practice medicine. Alternative methods are not regulated. However, acupuncture is included in medical programs and accepted as part of orthodox medical practice. More than a quarter of Finnish adults use some form of complementary medicine. These are, for example, massage, bone-setting, nature therapy, acupuncture and hypnosis. While modern forms are attractive to younger urban populations, traditional methods are gaining favor with older, less educated rural populations. No compensation is provided for the use of complementary therapies from public or private health insurance funds [19].

FRANCE

In France, the practice of complementary medicine is not prohibited as long as it is performed by a licensed Orthodox practitioner. The physician is free to prescribe any appropriate treatment to the patient, and 75% of the population has used complementary treatment at least once [1]. Medical education includes training in massage and kinesiotherapy. Some medical educational institutions offer training in acupuncture and homeopathy. Homeopathic medicines are used by one-sixth of the population and are prescribed by medical practitioners along with conventional treatments. Chiropractic is not legally permitted, but 13% of the population see a chiropractor and are reimbursed for treatment under health insurance programs. In 1977, courses were established for training and examinations for obtaining the state diploma of a chiropodist. The cost of acupuncture, if performed by a qualified doctor, is reimbursed by the system

social insurance. For the use of homeopathic medicines, along with allopathic medicines, there is a 30-70% state subsidy; the rest is covered by insurance [20].

NETHERLANDS

At the end of 1993, the Dutch parliament passed a law concerning individual health care professions, which replaced the existing legislation [20]. The new law ends the monopoly in professional medicine in the Netherlands. The previous ban on alternative practice in the medical profession has been lifted. Complementary medicine in the Netherlands is now integrated into the healthcare system and actively promoted by the government. The most popular treatments in demand among the population are acupuncture, anthroposophic medicine, homeopathy and bioenergy therapy. As in most other European countries, medical practice is currently limited to university-trained doctors. The social insurance authorities partially reimburse the cost of complementary treatment, if prescribed by a licensed medical practitioner. This reimbursement includes both homeopathic and anthroposophic remedies [18].

AUSTRALIA

The situation is similar in Australia. The most popular methods of therapy are the use of medicinal plants, Chinese traditional medicine, acupuncture, aromatherapy and reflexology [22]. Nothing directly regulates the practice of traditional Chinese medicine, although the practices themselves are partly governed by various rules and principles adopted at the state or federal level. Associations of chiropractors and osteopaths are attempting to gain legal recognition for their professions [23].

The fourth way is the way of TM development in our country. The path, as always, is special. We will talk about him in every issue of our magazine.

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