

# Evidence-based traditional medicine for transforming global health and well-being

## Background

In the current Anthropocene epoch, characterized by intensified, human-induced environmental crises, natural disasters the interconnectedness of human health and the health of the planet has become more evident with the resulting responsibility to promote healthy living conditions.<sup>[1]</sup> In our interconnected world, health challenges transcend borders, and addressing them necessitates comprehensive solutions that consider the complex interplay of factors influencing health outcomes. The COVID-19 pandemic has shown that current health-care systems have limitations and vulnerabilities. This highlights the importance of adopting preventive and health-promoting strategies that go beyond national boundaries. Concepts such as planetary health and One Health are emerging as integrated, unifying strategies to optimize the health of people, animals, plants, and the planetary ecosystem.

To address the complex global challenges of the 21<sup>st</sup> century including geopolitical conflicts, economic crises, environmental disasters, and pandemics, it is crucial to rethink health care. This reimagining is essential for successfully reaching the Sustainable Development Goals (SDGs) and creating a better and more sustainable future for everyone. It is critical to carefully address the social and environmental determinants of health beyond conventional notions of health care limited to sick care is critical. Agreeably, health care must prioritize explicitly the well-being and prosperity of individuals and communities looking more broadly at social policies impacting health such as agriculture and food, transportation, city planning, housing, racism, sexism, gun safety, criminal justice, war, and peace. Embracing principles such as Universal Health Coverage (UHC), preventive healthcare, multi-sectoral collaborations, social justice, environmental responsibility, and digital technology innovations can pave the way for more equitable and resilient societies.

Governments and agencies worldwide recognize the need for transformative reforms through conducive policies and declarations. The Declaration of Astana 2018, the Helsinki Declaration 2020, and the Geneva Charter for Well-being 2021,

developed by the World Health Organization (WHO), advocate a well-being economy with a primary focus on primary health care to achieve equity, social justice, and community empowerment. Moreover, the Shanghai Declaration 2016 and WHO Traditional Medicine (TM) Strategy acknowledge the growing importance of indigenous knowledge (IK) and TM in advancing health goals. There is a growing consensus to decolonize the restrictive idea of IK/TM and expand its vision to include traditional, complementary, and integrative medicine (TCIM), and health systems.

For centuries, TM has been an integral resource for health in households and communities. The WHO recognizes the value and diversity of the cultures of indigenous peoples and local communities, along with their traditional knowledge. To attain the health-related SDGs and the WHO's Triple Billion Targets, which aim to ensure UHC, protection from health emergencies, and improved well-being for over 1 billion people, concerted efforts are being made. The WHO is committed to exploring ways to integrate evidence-based traditional and complementary medicine services, particularly for primary health care, to achieve UHC, and ensure healthy lives and well-being for all. The WHO Global Report on Traditional and Complementary Medicine 2019 and the WHO TM Strategy: 2014–2023 remain valuable resources for governments, system planners, and health practitioners.<sup>[2]</sup> In this editorial, we use the broader concept involving IK and hereinafter referred to as TCIM as a holistic system for planetary health and well-being.

Numerous health-seeking behavior studies indicate that over 80% of people from both low- and high-income countries want to use TCIM for their health-related problems. The WHO has received requests from member states to integrate TCIM with conventional health care and provide evidence and data to inform policies, standards, and regulations for its safe, equitable, and cost-effective use. Consequently, the 76<sup>th</sup> World Health Assembly in May 2023 resolved to develop a new WHO Global Strategy for TM 2025–2034, recognizing the benefits of TCIM demonstrated in managing various health conditions including the COVID-19 pandemic.

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## Traditional, Complementary, and Integrative Medicine for Global Health

In the current health-care scenario, the experiential wisdom of IK/TCIM systems can be a valuable ally in providing a holistic and culturally sensitive approach to health care. Integrating TCIM into conventional health-care systems has the potential to promote universal well-being, affordability, access, and equity in line with the principles of planetary health. TCIM systems encompass a diverse range of traditional healing practices including Indian Ayurveda, Yoga, Unani, Siddha, Sowa Rigpa, Naturopathy, Homeopathy, and herbal medicine; and various other indigenous healing systems worldwide such as African, European, American aboriginal, Australian Bush, Indonesian Jamu, Malay, Māori, Persian, Tibetan, Thai, and TM of East Asia (Japanese Kampo, Korean, and Traditional Chinese Medicine) just to mention a few. By embracing the diversity of traditional healing practices, we can create a more inclusive and equitable health-care system that values the experiential wisdom and knowledge of different cultures and societies.

TCIM focuses on prevention and lifestyle interventions aligning with the SDGs' targets on health promotion and disease prevention. Herbal medicine, fasting, forest and nature-based therapies, and practices such as Yoga, Tai Chi, Qigong, and mindfulness meditation have been used for centuries to strengthen the body's resistance and enhance resilience. Prioritizing prevention empowers healthy living, good nutrition, coping with stress-reducing chronic diseases, and enhancing well-being. In contrast to the typically reductionist approach of conventional medicine, TM emphasizes the interconnectedness of mind, body, and spirit, taking into consideration the relationship between the planetary environment and the social and political systems, in which we live.

Mainstreaming TCIM into primary health-care systems can bridge access gaps, making health care more inclusive, culturally sensitive, and equitable. This, in turn, can foster sustainable development by empowering local communities, supporting traditional healers, and promoting eco-friendly healing practices. TCIM also supports local herbal medicine industries, traditional healing centers, and wellness tourism, thus stimulating economic growth in rural and marginalized areas, and contributing to sustainable development and poverty reduction.

## Evidence-based Integration

Evidence-based integration is vital in bridging the gaps in conventional health care which is more about symptomatic care based on the diagnose-dispense-refer model. More attention should be given to patient education and addressing the root causes of illness which might have historical, social, nutritional, and environmental origins. TCIM approaches can facilitate the shift from a reactive sick-care approach

to proactive preventive measures, leading to better health outcomes in the long run. Conventional medicine demonstrates proficiency in areas such as diagnostics, emergency care, surgeries, infection management, and symptomatic relief through powerful pharmaceutical drugs. On the other hand, TCIM distinguishes itself with its person-centered approach, emphasizing a holistic view that considers the interplay of mind, body, and environment. It focuses on building natural resilience and adaptability and managing noncommunicable and psychosomatic chronic conditions. Combining the strengths of both systems enables a more comprehensive and personalized approach to health care.

TCIM integration supports cultural preservation, acknowledging the importance of traditional knowledge and wisdom. TCIM systems also offer additional tools to address emerging health challenges, including antimicrobial resistance and emerging infectious diseases. Building global partnerships and sharing best practices in TCIM can foster cross-cultural understanding and collaboration, leading to a more inclusive and culturally sensitive approach to health care. It is possible that by embracing the principles of TCIM and integrating them into mainstream health care, we can promote affordability, accessibility, and better health outcomes for all. It is time for a paradigm shift from a disease-oriented approach to a holistic health-care model that respects the diversity of healing traditions and empowers individuals and communities to take charge of their health and well-being. With evidence-based integration and collaborative efforts, TCIM can lead to a healthy and sustainable future for the next generations.

Undoubtedly, the TCIM systems play a crucial role in global public health, planetary health, holistic well-being, and equitable health care. To ensure successful integration, research using appropriate methods is imperative. Equally important are fair mechanisms for protecting intellectual property rights, benefit sharing, and promoting equitable access to TCIM. Initiatives such as the Traditional Knowledge Digital Library from the Government of India remain useful in this direction.

Collaborations between TCIM practitioners, conventional medical professionals, and researchers can pave the way for evidence-based integration. While the integration of TCIM holds immense promise, it also presents challenges that need to be addressed. Along with evidence of efficacy, assurance of safety, quality, standardization of practices, products, training of practitioners, pharmacovigilance, regulatory controls, and ethical considerations are key areas requiring attention among others. Collaboration and dialogue between governments, health-care professionals, and local communities on policy frameworks for the integration of TCIM is necessary.

## World Health Organization Global Center for Traditional Medicine

In this context, we commend the WHO leadership, particularly Director-General Dr. Tedros Adhanom Ghebreyesus, for

his unwavering commitment to engaging all stakeholders, including governments, experts, and civil society organizations in meaningful consultations. Dr. Tedros' acknowledgment of TM's deep-rooted knowledge and resources in communities reinforces TCIM's integral role within health systems worldwide, providing vital support to millions of people. Recognizing the growing global interest in TCIM, the WHO, with the generous support of the Government of India, has established the Global Centre for TM (GCTM) in Jamnagar, Gujarat, India. Aligned with the Indian philosophy of Vasudhaiva Kutumbakam (One World-One Family-One Future), the GCTM aims to be a beacon of knowledge, combining ancient wisdom with modern science to catalyze transformative progress for the health and prosperity of humanity and the planet.<sup>[3]</sup> Its multidimensional approach focuses on evidence and learning, data and analytics, sustainability and equity, and innovation and technology to underpin global health and sustainable development.

As a noteworthy stride toward achieving health and well-being for all, the GCTM is organizing the first WHO TM Global Summit (TMGS) on August 17–18, 2023, in Gandhinagar, Gujarat, India. Cohosted by the WHO and the Government of India and cobranded with the G20 ministers meeting this landmark event will serve as a platform for policymakers and stakeholders to share best practices, innovations, data, and scientific evidence on the invaluable contributions of TCIM to global health, well-being, and sustainable development. The summit will set a precedent for international health discourse, fostering cooperation among nations and transcending geographical boundaries. With a focus on advancing TM to the forefront of health-care strategies, the summit will forge new partnerships, ignite innovative ideas, and cultivate a shared commitment to achieving health and well-being for all.

As the GCTM embarks on a mission and strategic plan toward a healthier and more sustainable future, we express gratitude to the WHO and the Government of India, Ministry of Ayush, for their leadership and generous support in establishing this transformative force for global good. Together, as a global family, we honor the legacy of ancient wisdom and acknowledge its impact on our present and a pivotal role in shaping our future. The establishment of the GCTM and the summit is a milestone exhibiting reinforcement of our commitment to scientific development in TCIM systems for global health and well-being.

## Pivotal Recommendations

At this historical juncture, the WHO Expert Advisory Group proposes five pivotal recommendations: First, harness the contribution of TCIM to advancing planetary health and well-being at all ages by ensuring regional and culturally appropriate nutrition and lifestyle for a sustainable environment and promoting a well-being economy framework recognizing the value of IK that stood the test of time.

Second, encourage more transdisciplinary research, develop appropriate methods, and enhance research funding to TCIM for innovation, technology, and translation commensurate with public demand and use. Third, strengthen strategies for information, education, and communication to create more awareness about the importance of scientific evidence, and promote understanding and trust among all stakeholders in multisectoral partnerships to codevelop international standards and accreditation systems for practice, regulation, and to advance knowledge from TCIM. Fourth, redefine laws, policies, and health services to enable holistic, informed, seamless choices with a transformative focus on prevention, primary care, planetary health, and well-being rather than simply distributing integrated cure services and interventions. Fifth, shift political and economic models beyond mere profits to promote equity of access, rights, shared benefits, financial protection, and incentives to make TCIM a driving force in achieving health-related SDGs, planetary health, and well-being for all.

## Toward Planetary Health and Well-being

The evolution in medical systems over the past few decades has led from eminence-based medicine to evidence-based medicine and transmuting to increasingly patient-centered medicine. With more focus on preventive and resource-oriented medicine considering the entirety of humans and the ecosystem in the sense of One Health, planetary health, and well-being, TM offers approaches for the promotion of health and well-being. In several regions, experiences of evidence-based integration of TCIM with conventional health care during the COVID-19 pandemic have been very encouraging.<sup>[4]</sup> This is the time to break “pathy” - based silos to transgress from the EGO system to the ECO system prioritizing mutual respect, public needs, and global good.<sup>[5]</sup> We may envisage the integration of TCIM and conventional medicine as a modern health-care system in the future.

We are confident that the WHO GCTM and the first TMGS will stimulate cross-cultural, transdisciplinary, intellectual dialogue converging into a pathbreaking declaration. The summit can also enable the global community to a resilient health system integrating evidence-based, patient-centered health-care systems for more inclusive, culturally sensitive, and equitable health care. With concerted efforts and a shared vision, we can harness the immense potential of time-honored healing traditions to transform lives and our planet.

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### Author contributions

Bhushan Patwardhan conceptualized and created the first draft. All the Members of the WHO External Advisory Group for TMGS endorsed the idea and the final manuscript. L Susan Wieland, Anchalee Chuthaputti, Roshanak Ghods, Goh Cheng Soon, Georg Seifert, Sione Tu'itahi, Ricardo Ghelman, Shyama Kuruvilla, Kim Sung Chol, and Kathi Kemper critically

reviewed the draft, added content, and offered valuable suggestions for improvement. Participating Editors reviewed, endorsed, and agreed to publish it online/in print.

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### References

- Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, de Souza Dias BF, *et al.* Safeguarding human health in the anthropocene epoch: Report of the Rockefeller foundation-lancet commission on planetary health. *Lancet* 2015;386:1973-2028.
- World Health Organization. Global Report on Traditional and Complementary Medicine. World Health Organization; 2019. Available from: <https://www.who.int/publications/i/item/978924151536>. [Last accessed on 2023 Jul 01].
- World Health Organization. Global Center for Traditional Medicine; 2022. Available from: <https://www.who.int/initiatives/who-global-centre-for-traditional-medicine>. [Last accessed on 2023 Jul 29].
- Kotecha R. The journey with COVID-19: Initiatives by ministry of AYUSH. *J Ayurveda Integr Med* 2021;12:1-3.
- Lele RD, Patwardhan B. Transiting from pathy-based to people-centered holistic healthcare. *J Ayurveda Integr Med* 2020;11:A1-3.

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