



Traditional Medicine and Healthcare in the 21st Century

Emiliano T. Hudtohan
Dan Zhang

Jose Rizal University, Philippines

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Representative e-Mail: emiliano.hudtohan@jru.edu

ABSTRACT

This narrative situates the Traditional Medicine in the context of Health Care. It highlights the importance of health care as a basic human need, especially during this period of COVID 19 pandemic. Its importance is recognized by Ralph Waldo Emerson who said that the First Wealth is Health, by Abraham Maslow who in his hierarchy of needs puts physical dimension of every human as the most basic, by Brian Hall whose four phases cites Phase I as human survival, and Dyck and Neubert whose multistream management cites the physical condition of all business stakeholders as one of the nine elements of Wellbeing. The World Health Organization (WHO) has also cited the importance of health in relations with achieving global sustainable development; the Association of South East Asian Nations (ASEAN) likewise has focused on health care and it sponsored the training of ASEAN members on Consumer Rights and Health Care. The Western practice of health care has been anchored in scientific, empirical studies and pharmaceutical medicines in health care management. The Eastern countries, like China, Indonesia, Cambodia, Myanmar, Korea, India, and Japan have a history of Traditional Medicine. In the 21st century, there is a need to revisit Traditional Medicine as a complimentary/alternative medicine, so that eventually it can become mainstream in Western countries.

Keywords: Health, Health Care, Wellbeing, Pharmaceutical Medicine, Traditional Medicine, And Western Medicine

I. INTRODUCTION

With the continuing spread of COVID 19 pandemic and its Delta and Omicron variants that is creating havoc on global wellbeing, we truly realize Ralph Waldo Emerson (1943) that health is our first wealth, with Abraham Maslow 1940 that survival is a primary concern in the hierarchy of needs, with Dyck and Neubert 2012) that wellbeing is more critical than materiality or profit and business management, and with Bryan Hall (c.1991) whose values development in Stage 1 is safety and security. Western pharmaceutical medicine has been dominating healthcare management. There is global acceptance on protocols and medicines to control and eradicate COVID 19. There is little minimal and even negligible information on the role of traditional medicine in combating COVID 19. Literature in fighting this pandemic is sporadic and it is not considered standard and acceptable approach to healthcare. If ever, those accept it are using it as supplement to Western medical intervention. This paper presents traditional medicine with a view to increase one's knowledge and appreciation of this approach to healthcare with the hope that it can serve as an alternative or supplement to pharmaceutical medical intervention to promote personal health and wellbeing.

II. METHODOLOGY

This discourse is a qualitative narrative (Marshall & Rossman, 2011) on traditional medicine; the narrative is based on key documents that provide an understanding of the practice of traditional medicine vis-à-vis the popular Western pharmaceutical approach to healthcare in the 21st century. It is heuristic (Moustakas, 1990) because it provides the audience and readers the opportunity to discover for themselves to understand traditional medicine in a world predominantly disposed to accept Western medicine as a scientific and therefore reliable and safe mode of managing one's wellbeing. It makes sense of the past experiences of traditional medicine experts and practitioners (Smith, 2015; Sela-Smith, 2002) to understand traditional medicine (Hudtohan, 2005; Gonzalez, Luz, & Tirol, 1984) as an alternative or supplement to Western medicine. The methodology of this study is multi-valuate (Richardson, 2015) because it deals with various disciplines related to economic, social, cultural and political dimensions of healthcare. This is an exploratory discourse (Stebbins, 2011) to study, examine, analyze and investigate the need the value of traditional medicine for human welfare in the 21st century.

III. DISCUSSION

3.1 What Is Healthcare?

The United Nation General Assembly (2012) resolved that “health is a precondition for, an outcome and indicator of all three dimensions of sustainable development; economic, social and environmental.” The resolution state that the goals of sustainable development, local and global, can only be achieved in the absence of a high prevalence of debilitating communicable and non-communicable diseases, and where populations can reach a state of physical, mental and social well-being. Thus, health is of prime and critical importance today in the midst of our experience with COVID 19 pandemic.

The four pillars of well-being are: 1. Sustainable and equitable socio-economic development, 2. Good and responsible governance, 3. Environment sustainability and community and cultural participation. Another scope of wellbeing includes the following:

1. Aesthetic: beauty, art, poetry.
2. Ecological: natural environment, minimal pollution.
3. Emotional: satisfaction, positive feelings, hope, joy.
4. Individual: personal convenience, one's own interests.
5. Intellectual: ideas, clear rationale, theory, concepts.
6. Material: Finances, productivity, tangible goods, efficiency.
7. Physical: health, safety, security.
8. Social: community-mindedness, justice, helping others.
9. Spiritual: meaning, interconnectedness, transcendent. (Dyck & Neubert, 2012).

Health refers to a state of complete physical, mental and social well-being (WHO). Healthcare services refers to any medical or remedial care or service, including supplies delivered in connection with the care or service, that is recognized under state law. Service delivery systems should provide health services to patients, persons, families, communities and populations.

World Health Organization says that service delivery systems include: patient-centered care that is focused on individual care of the patient and it should be people-centered care attention to the health of the communities and their crucial role in shaping health policy and health services. There is an emerging public governance view on new public management which uses a business or market model as standard for measuring government success. It is values centered to promote common good; emphasis is in creating government processes to facilitate the generation of implementable agreements among a wide-ranging stakeholder. For example, the ASEAN Economic Community Blueprint cites the need for training to: promote and protect consumer rights and understand how goods and service promote health competition

3.2 What Is Traditional Medicine

Traditional medicine has a long history. It is the sum total of the knowledge, skill, 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. Traditional medicine refers to indigenous or folk medicine comprises of medical aspects of traditional knowledge within various societies. The World Health Organization (WHO) says, “It is the sum of the knowledge, skills, and practices base 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.”

Traditional medicine has many attractive features due to its accessibility, cultural acceptance in low- and middle-income societies, comparatively low cost and there is less technology involved in the practice. Many use herbal products to treat themselves, often without a health practitioner's knowledge or advise because of the availability and relatively informed about adverse effects, drug interactions, and how to use herbal medicine safely. Herbal medicines include herbs, herbal materials, herbal preparations and finished herbal products, that contain as active ingredients parts of plants, or other plant materials, or combinations.

Traditional medicine therapies are commonly used in developing countries because they are often more widely available and more affordable than conventional pharmaceutical-based therapies. However, it is connected with cultural and religious belief systems. Traditional healers, like the herbalist (arbolaryo in the Philippines) are trusted by members of the community.

3.3 Health and GDP

The following is a report from Bloom, Canning, and Jennison (2004) aver that health effects and influences GDP per capita. Healthy workers are more productive than workers who are not healthy. One supporting evidence comes from studies on individuals that link investments in health and nutrition of the young to adult wages. Better health also raises per capita income through a number of other channels. One way is by altering decisions about expenditures and savings over the life cycle. The idea of planning for retirement occurs only when mortality rates become low enough for retirement to be a realistic prospect. Rising longevity in developing countries has opened a new incentive for the current generation to save; this has dramatic effects on national saving rates. While this saving boom lasts for only one generation and is offset by the needs of the elderly once population aging occurs, it can substantially boost investment and economic growth rates while it lasts.

Another channel is by encouraging foreign direct investment because investors shun environments where the labor force suffers a heavy disease burden. Endemic diseases can also deny humans access to land. Today, in the Philippines, and elsewhere I suppose, COVID 19 has brought havoc to employment and not all organizations can do

home-based work. Manufacturing and industrial plants require physical presence. Yet another channel is through boosting education.

Healthier children have higher rates of school attendance and improved cognitive development, and a longer life span can make investment in education more attractive. Face to face schooling has been postponed for health safety. The initial beneficiaries of health improvements are often the most vulnerable group: children. Lower infant mortality initially creates a “baby boom” cohort and often leads to a subsequent reduction in the birth rate as families choose to have fewer children in the new low-mortality regime. A baby-boom cohort is thus unique and affects the economy profoundly as it enters education, then finds jobs, saves for retirement, and, finally, leaves the labor market. The cohorts before and after a baby boom are much smaller. If better health improves an economy’s productive potential, we would expect good health to go hand in hand with higher steady-state output economies adjust gradually to their steady-state output level over time. In this case, we expect countries that have high levels of health but low levels of income to experience relatively faster economic growth as their income adjusts.

How big an overall contribution does better health make to economic growth? Bloom, Canning, and Jenison (2004) assert that there is “Evidence from cross-country growth regressions suggests the contribution is large. Indeed, the initial health of a population has been identified as one of the most robust and potent drivers of economic growth—among such well-established influences as the initial level of income per capita (once countries reach their steady-state level of income, growth slows), geographic location, institutional environment, economic policy, initial level of education, and investments in education.”

3.4 Traditional Medicine in China

The traditional Chinese medicine (TCM) is a broad range of medicine practices sharing common concepts which have been developed in China and are based on a tradition of more than 2,000 years, including various forms of herbal medicine, acupuncture, massage (tui na), exercise (qigong), and dietary therapy. Traditional Chinese medicine is a branch of traditional medicine in China. It has been described by the West as fraught with pseudoscience, and the majority of its treatments as having no logical mechanism of action.

Traditional Chinese medicine (TCM) is thousands of years old and has changed little over the centuries. Its basic concept is that a vital force of life, called Qi, surges through the body. Any imbalance to Qi can cause disease and illness. This imbalance is most commonly thought to be caused by an alteration in the opposite and complementary forces that make up the Qi. These are called yin and yang. Ancient Chinese believed that humans are microcosms of the larger surrounding universe, and are interconnected with nature and subject to its forces. Balance between health and disease is a key concept. TCM treatment seeks to restore this balance through treatment specific to the individual. It is believed that to regain balance, you must achieve the balance between the internal body organs and the external elements of earth, fire, water, wood, and metal. 90. It includes: acupuncture, moxibustion (the burning of herbal leaves on or near the body), cupping (the use of warmed glass jars to create suction on certain points of the body), massage. Herbal remedies, movement and concentration exercises (such as tai chi).

Western medical literature gives this warning: “If you are thinking of using TCM, a certified practitioner is your safest choice. The federally recognized Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) accredits schools that teach acupuncture and TCM. Many of the states that license acupuncture require graduation from an ACAOM-accredited school. The National Certification Commission for Acupuncture and Oriental Medicine offers separate certification programs in acupuncture, Chinese herbology, and Oriental bodywork. TCM should not be used as a replacement for conventional or allopathic treatment, especially for serious conditions, but it may be beneficial when used as complementary therapy. Since some TCM herbal medicines can interfere or be toxic when combined with Western medicines, you should inform your doctor if you are using TCM.” (John Hopkins, n.d.)

IV. CONCLUSIONS

1. Health is the most basic condition of human life, asserted by Emerson, Maslow, Dyck and Neubert, and Hall.
2. The World Health Organization provides a global perspective on Health Care in relation to the Sustainable Development Goals of humanity.
3. The ASEAN has been promoting Health Care Services, which provides views on Western medicine and traditional medicine (TM) or complimentary/alternative medicine (CAM).
4. The citizens are human resource are the primary agents for the Gross National Product of each nation.
5. Western medicine through pharmaceutical interventions are globally accepted in curing and maintaining a healthy population.
6. The protocols of Western medical science is the leader in managing COVID 19 pandemic and its ongoing variants.
7. Traditional Medicine has had a long history of medical practice in China and other countries like Indonesia, Myanmar, Cambodia, Korea, and Japan.
8. Traditional Medicine is readily acceptable in many countries due to its accessibility and it is low cost to avail.
9. Western scientific perspective has posted a number of negative observations on Traditional Medicine, claiming that empirical studies and evidence be established on the practice of this alternative approach to healthcare.

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