

Chapter 1 : Hmong & American Culture: Medicine - Upward Bound - LibGuides at CSU, Chico

Family Medicine Umina Beach is the successor to Berith Street Medical Practice in Umina Beach started by Dr Ray Martin in the s. In , Dr Jayaguhan Chelladurai (also know as Dr Jay) took over and commenced a continuing modernisation and expansion of the practice while retaining the traditional family medical practice.

Messenger When most of us think about the medical approach that dominates in Western countries, we tend to view it as scientific and therefore as neutral, not influenced by social or cultural processes. Yet research undertaken by anthropologists and sociologists has revealed the influence that social and cultural assumptions play in the western biomedical tradition. It highlights the importance of doctors and other health professionals understanding that their patients from another culture that may hold different beliefs about illness and may experience poorer quality health care as a result of communication breakdowns. Medical anthropologists have identified several such cultural belief systems among non-western cultures. It is seen as an illness by Spanish speakers in the Caribbean and Latin America. Another consideration As important as these acknowledgements of culture are, it should be recognised that culture, more broadly, can also be understood as the meanings, technologies and practices that gather around medicine within western societies. Despite the objectivity implied by the scientific principles underlying western medicine, it is still underpinned by a host of assumptions and beliefs developed through living in western culture. The white coat worn by doctors is a potent symbol of efficiency and hygiene, for instance, and the bleeping medical machines found in the hospital setting convey their own meanings of high technological prowess. They may even delay seeking medical treatment because of the stigma that clings to the disease. In the case of lay people, this term refers to the understandings, concepts and beliefs they bring to the medical encounter. These are shaped not only by their encounters with doctors and other health-care professionals but also by such factors as personal experiences, interactions with others, information derived from the mass media and the internet, and membership of social class, gender or generational groups as well as racial or ethnic groups. Same, same but different Even within the western world, there are significant national differences in how scientific medicine is understood and practised. These differences can be particularly evident in controversies over medical innovation, such as human embryonic stem cell research. Major differences between western countries are also apparent in health-care spending and statistics of drug prescriptions and medical techniques. A comparative study showed that the French tend to be less obsessed with germs and hygiene but are more focused on the health of their livers “ and their doctors treat them accordingly. And US health-care costs are the highest in the world partly as a result of this. It may not offer many luxuries but at least provides care for all. A detailed study has yet to be undertaken of our health beliefs and practices. It would be fascinating to do such research taking into account the increasing cultural diversity within the Australian population. As these comparisons show, culture-bound syndromes are not confined to non-western cultures. This is generated not only by their scientific training but also by other aspects of their own lifeworlds. Deborah Lupton is the author of *Medicine as Culture: Illness, Disease and the Body* 3rd revised edition, Sage,

Chapter 2 : Modern Medicine and Jewish Values

In Sickness and in Health: Reflections on the Medical Profession, by Earle P. Scarlett (Charles G. Roland, ed), pp, \$10, McClelland & Stewart, Dr. Middleton, now 82, has had an.

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Abstract The essence of the traditional Chinese medicine has always been the most advanced and experienced therapeutic approach in the world. It has knowledge that can impact the direction of future modern medical development; still, it is easy to find simple knowledge with mark of times and special cultures. The basic structure of traditional Chinese medicine is composed of three parts: The part that is consistent with modern medicine includes consensus on several theories and concepts of traditional Chinese medicine, and usage of several treatments and prescriptions of traditional Chinese medicine including commonly used Chinese herbs. The part that is involuntarily beyond modern medicine contains several advanced theories and important concepts of traditional Chinese medicine, relatively advanced treatments, formula and modern prescriptions, leading herbs, acupuncture treatment and acupuncture anesthesia of traditional Chinese medicine that affect modern medicine and incorporates massage treatment that has been gradually acknowledged by modern therapy. The part that needs to be further evaluated consists not only the knowledge of pulse diagnosis, prescription, and herbs, but also many other aspects of traditional Chinese medicine.

Introduction The essence of traditional Chinese medicine has always been the most advanced and experienced medicine in the world. Its vast system is full of practical medical technology and proven experiences that have been gradually incorporated into modern medicine; it has knowledge that can impact the direction of future medical development, yet its knowledge is simple enough to fit changing times and varied cultures. The basic structure of traditional Chinese medicine is composed of the following three parts: Therefore, prior to that event, traditional Chinese medicine was always the leading force of medical care in China. The key to successful medicine lies in its efficacy. With the founding of a new China in , western medicine in the region also began to play a large role in medical care. Theories, therapeutic principles, technologies, and understanding of the life sciences were elaborated, and the basic structure of traditional Chinese medicine also became clearer. Most importantly, traditional Chinese medicine began to reach a common point with modern medicine.

Studies by Chen et al. Consensus on Inspection, Auscultation-Olfaction, Inquiry, and Palpation Method There are four main components of traditional Chinese medicine diagnosis [7 , 8]. Inspection is a method to determine the medical status by visually examining the changes in appearance and the movement of the whole body or part of the body. For example, a pale lip can indicate anemia in modern medicine. The use of auscultation-olfaction, including listening to the sounds and smelling for odors, is also consistent with modern medicine. If a patient speaks loudly and powerfully, the physician can determine that the patient is full of energy. If a patient has a rotten apple like odor, it is likely diabetic ketoacidosis. Inquiry refers to the gathering of a thorough history and reviewing the systems. These include physical and mental feelings, life history, family history, past medical history, onset time, and the present symptoms, which are widely used both in traditional medicine and modern medicine.

Consensus on Several Treatments of Traditional Chinese Medicine Therapeutic studies show that Chinese medicine and modern medicine have reached a consensus on the methods of diaphoresis, purging, vomiting, warming, clearing, neutralizing, eliminating, and reinforcing eight commonly used treatments in traditional Chinese medicine. Diaphoresis is able to promote perspiration and defervescence as well as play a role in reducing inflammation among other methods adopted by modern medicine.

Consensus on Several Prescriptions of Traditional Chinese Medicine and Commonly Used Chinese Herbs Illnesses cured by many ancient Chinese compounds are similar to certain diseases or conditions also seen in modern medicine and are summarized in Table 1. Several ancient herbal formulas that form consensus with modern medicine. There are many Chinese herbs either given as single drugs or as formulations that have been effective treatments for particular illnesses for thousands of years. With the development of modern medicine, the pharmacology and mechanism of action of many of these Chinese herbs have been determined,

so that traditional Chinese medicine has gradually formed a consensus with modern medicine Table 2. Consensus of several commonly used herbs. Several Advanced Theories and Important Conceptions of Traditional Chinese Medicine In terms of medical theories and ways of thinking, traditional Chinese medicine has a significant contribution to modern medicine. Although these views are emphasized in modern life science, both approaches differ from traditional Chinese medicine because traditional Chinese medicine always considers these views as its guiding ideology and as fundamental law. Therefore, the cognitive degrees of Chinese medicine and western medicine in these views are of difference. However, the practice of traditional Chinese medicine precedes modern medicine by thousands of years. Many diseases, such as airway inflammatory diseases, with long-term recurrence, often exacerbate the pathological changes in the anti-inflammatory system and HPA axis. Advances in traditional Chinese medicine that are ahead of modern medicine. And therefore, the same therapeutic principles can be applied to diseases. Studies have shown that different diseases with similar syndrome often have common pathological and physiological changes. It is easier to achieve better effects by using the same prescription because different diseases may have comparable changes at the cellular, molecular, and genetic levels, and drug targets or the target groups may be similar across various diseases. In the s, a famous Chinese medical expert in China, Doctor Shi-lin Huang, designed a Realgar-Indigo naturalis formula RIF , in which, realgar, a mined ore, is the principal element and Indigo naturalis, *Salvia miltiorrhiza*, and *Radix psudostellariae* are adjuvant components to assist the effects of realgar. The main components of RIF are realgar, Indigo naturalis, and *Salvia miltiorrhiza*, with tetraarsenic tetrasulfide A , indirubin I , and tanshinone IIA T as major active ingredients, respectively [12 â€” 14]. Multicenter clinical trials showed that a complete remission rate of The results show that As₄S₄ induces degradation of the cancer protein, thus reversing the increase in cancer cells and making them differentiate and mature. Tanshinone and indirubin promote the ubiquitination of the oncoprotein and accelerate its degradation, further promoting the differentiation and maturation of the leukemia cells and inhibiting cell cycle and proliferation of cancer cells. Animal studies also showed that the use of natural indigo after realgar substantially reduced toxicity. Tanshinone and indirubin increase the production of channel proteins that deliver As₄S₄, which significantly increase the concentration of As₄S₄ in leukemia cells, improving its efficacy. The compound Huangdai has a synergistic effect with the other components greater than its three individual components by the joint application of each component Figure 1. It is effective in the clinical treatment of bronchial asthma and variability of cough. The various components and the basis for its efficacy are rooted in traditional Chinese medical theory, and the composition of the drug may be the main material basis for its efficacy Table 4. Components and ingredients of the airway stabilizer solution. Several Leading Herbs The study of Chinese medicine is driven in part by the development of modern pharmacology. Modern research has shown that it has an antimalarial active ingredient the peroxide group of sesquiterpene lactone consisting of only 3 elements, carbon, hydrogen, and oxygen. It is a completely different novel compound compared to known antimalarial drug structures. This finding overturned the judgment of experts who insisted that the structure of the antimalarial drugs must have a nitrogen-containing heterocyclic ring [18 , 19]. It helps provide a direction for the design and synthesis of new drugs. In addition, ginseng, skullcap, astragalus, epimedium, and other herbs were also each shown to have a unique effect Table 5. Several advanced commonly used herbs. Acupuncture Treatment and Acupuncture Anesthesia That Affect Modern Medicine Those who practice acupuncture approach the treatment by looking at pathology in the whole body. According to different body conditions, varied acupoints and manipulations are selected. The selection influences multiple targets and many diseases and stimulates the body to treat diseases, affecting the pathological process and improving physique. This adjustment is accomplished by the integration of the central nervous system, including cortex recombination, neural plasticity, and release of various neurotransmitters and hormones [20 , 21]. The basis of acupuncture may be in changes in gene expression. Acupuncture anesthesia is a method used to prevent surgical pain and relieve physiological dysfunction. It is suitable for those who are allergic to narcotic drugs. Since , Shanghai No. Since then, acupuncture anesthesia has been passed from general usage to selected application. According to its clinical effect and scientific evaluation, acupuncture anesthesia is effectively used in thyroid surgery, surgery of posterior cranial fossa, craniocerebral operation, anterior

cervical surgery, pulmonary resection, caesarean section, tubal ligation, and tooth extraction. It is also used in some surgeries with uncertain results like hysterectomy, caldwell-luc operation, subtotal gastrectomy, and strabismus surgery. It has not proved to provide effective anesthesia in limb surgery and perineal surgery. The basis of acupuncture anesthesia is the adjustment to inhibit large pain pathways by the negative reflection of spinal pain [22 – 24]. The acupuncture signal and the pain signal from the pain region transmit impulses into the brain. Acupuncture stimulates the antipain material to reduce the pain. Endogenous opioids participate in this process due to the increased release of opioids. Several neurotransmitters are related to acupuncture anesthesia, and some relatively central cerebral nuclei were found. CCK-8 has the negative-reflection-to-opioid effect, which is the vital factor of acupuncture and morphine. The effect of electric acupuncture depends on the balance of central opioid and CCK. The acupuncture signals can be reflected on some regional area of the brain to deal with the injury stimulations, which might be the physical basis of acupuncture anesthesia. Different frequencies of electric acupuncture differentiate the pain-relieving effects, which may be related to the specific expression of central genes. Two Hz electric acupuncture is widely used in the brain treatment, while Hz has a narrow extension in the brain treatment. Psychological factors are not the deciding factors for success, but they are also quite important. *Massage Treatment That Is Gradually Acknowledged by Modern Medicines* Massage treatment utilizes the particular skills with hands or limbs to practice manipulation on the surface of the body. Therefore, it has the direct effect of activating blood and dispersing stagnation, smoothing tendons, and improving malformation. On the other hand, massage reflectively influences the neuro and body fluid by acupoint-meridian-viscera network. Clinical researches show that appropriate manipulations can result in improvement of outcomes [25]. Modern research studies show that massage can promote blood and lymph circulation, increase metabolism, and assist the repair of soft tissue injury [26]. The diastolic function of the heart improves, and arteriole function improves as well after massage. The total cell count increases, while lung function improves. The content of catecholamines in plasma decreases so that the autonomic nervous system is inhibited, which can cause a reduction in pain [27]. Massage can effectively increase digestion in the stomach, adjust the secretion of stomach fluid, and release the spasm of smooth muscle [28]. Rubbing manipulation, embrocation, and kneading manipulation could increase the elasticity and glossiness of skin. In short, skilled massage manipulation can effectively prevent diseases by the combination of static strength and motive force in a localized point or throughout the entire body. *Some Parts That Need to Be Newly Recognized or Abandoned* In the system of human science, including medical science, concepts change from new to old, and ideas become theories and facts. All the concepts and rules indicate the stability. However, this kind of stability is conditional, partial, and relative, while instability is absolute and unconditional. Any scientific systems should confess their demerits and rectify them so as to generate new concepts, methods, and theory. Meanwhile, the initial phase of modern medicine and traditional Chinese medicine were founded in specific cultures and eras. So TCM theory should be divided into two parts, one of which needs to be promoted, the other of which need to be abandoned. Integrative medicine is an important way to achieve this [29].

Chapter 3 : The Relationship between Traditional Chinese Medicine and Modern Medicine

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Perception - Values, Beliefs and Attitudes According to Samovar et al, perception is defined as the following: We select for evaluating purposes only what is considered relevant or interesting. Information must be given structure before it can be interpreted. Information is processed and assigned meaning. Perception is an important aspect of intercultural communication because people from dissimilar cultures frequently perceive the world differently. It is important to be aware of relevant socio-cultural elements that have a significant and direct influence on the meanings assigned to stimuli. These elements represent the beliefs, values, attitude systems and worldviews of a culture. Definition and Examples "Values represent those things held important in life, such as morality, ethics and aesthetics; values are used to distinguish between the desirable and undesirable. Each person has a set of unique, personal values and a set of cultural values. Cultural values are a motivating force behind behavior. The National Ethics Council of Germany on Stem cell research Stem cells are cells that can renew themselves over long periods by division and have the capacity to develop into individual or different cell types with specific characteristics differentiation. Under suitable conditions all kinds of tissue can potentially be developed from stem cells. For this reason it is hoped that research on stem cells, coupled with a better understanding of the processes of development and how they may be controlled, may make it possible, by means of cell replacement, to cure diseases due to tissue defects. Examples of such diseases are neurodegenerative conditions, injuries to the spinal cord, diabetes mellitus, the sequelae of cardiac infarction and various forms of pathology affecting the haematopoietic blood-producing system. Stem cells may be derived either from embryos in the first few days of their development embryonic stem cells or from certain tissues taken even from adult subjects adult stem cells. It is not yet clear whether embryonic and adult stem cells are equally suitable, in terms of their potential capacity for development and multiplication, for cell and tissue replacement. Particular ethical problems arise in connection with the derivation of embryonic stem cells because the technique results in the destruction of the embryos. The production of human embryonic stem cells is prohibited in the Federal Republic of Germany by the Embryo Protection Law. The permissibility of using embryos for research purposes is a matter of political and social controversy. Although everyone agrees that the protection of human life is a primordial moral and constitutional concern, opinions differ on the protection to which human life is entitled during its early embryonic development. The stem cells themselves are not embryos within the meaning of the Embryo Protection Law, as the general scientific presupposition today is that these cells are not totipotent but pluripotent - that is, they do not possess the capacity to develop into a human being. The import and use of embryonic stem cells for research purposes are to be regulated by a Stem Cell Law. The National Ethics Council issued its first Opinion, on the import of embryonic stem cells, in December However, the possibility of the medical treatment of disease, the reduction of suffering and the prolongation of life may become a burden if the full panoply of high-technology intensive care is deployed in such a way that measures to prolong life are taken even at the cost of pointless drawing out of the process of dying and the imposition of suffering. Many people manifestly fear that such a fate might await them at the end of their lives and would prefer a non-lingering death without dependence on technical apparatus. It is precisely this ambivalence that makes the subject-matter of this Opinion so important. After all, now that conscious intervention in the process of dying is possible and indeed unavoidable, matters such as the taking of difficult and conflictual decisions in borderline situations at the end of life cannot be eschewed. At the same time, however, it involves a range of different ethical obligations, legal demands and religious expectations, which call for thorough discussion and evaluation in all their aspects. The National Ethics Council has intensively discussed the issues involved in dealing responsibly with dying. The outcome is enshrined in the Opinion now presented. The Opinion "Self-determination and care at the end of life" continues the examination of the themes addressed in the Opinion "The advance directive" published in June The present

analysis, in conjunction with the clarification of terminology here proposed, may facilitate interpretation of the recommendations set out in that Opinion. Definition and Examples "Beliefs can be defined as individually held subjective ideas about the nature of an object or event. These subjective ideas are a product of culture and directly influence the behavior of individuals. Germany was the homeland of the Protestant Reformation, but, in the politically fragmented Holy Roman Empire of the sixteenth century, many territories remained faithful to Roman Catholicism or reverted back to it, depending of the policy of the ruling house. Today, 34 percent of the population belongs to the Evangelical Protestant Church and a further 34 percent belongs to the Catholic Church. Many Germans have no religious affiliation. This is especially true of former East Germany, where, in , the Evangelical Church had 4 million members out of a total population of . Since , the Evangelical Church has lost even more members in the new federal states. Reformed Protestants adhere to a form of Calvinism, while United Protestants combine aspects of Lutheranism and Calvinism. Other Protestant denominations make up only a small fraction of the population. Most German Catholics live in the Rhineland or in southern Germany, whereas Protestants dominate in northern and central parts of the country. In , there were over , people of Jewish faith or Jewish heritage living within the boundaries of the German Reich. Between and , German Jews, together with members of the far more numerous Jewish populations of eastern Europe, fell victim to the anti-Semitic and genocidal policies of the National Socialists. In , there are an estimated sixty-seven thousand people of Jewish faith or heritage living in Germany. The largest Jewish congregations are in Frankfurt am Main and Berlin. In the postwar era, migratory workers or immigrants from North Africa and western Asia established Islamic communities upon arriving in Germany. In , there were an estimated 1. Religious practitioners in Germany include especially the Protestant or Catholic pfarrer minister or priest. In local communities, the minister or priest belongs to the publicly acknowledged group of local notables, which also includes local governmental officials, school officials, and business leaders. Roman Catholic priests are, of course, local representatives of the international church hierarchy, which is centered in Rome. Protestant ministers represent Lutheran, Reformed, or United churches, which are organized at the level of the regional states. These state-level organizations belong, in turn, to the Evangelical Church of Germany. Rituals and Holy Places. From the smallest village to the largest city, the local church dominates the central area of nearly every German settlement. German churches are often impressive architectural structures, which bear witness to centuries of growth and renovation. The processions to these shrines, which were common until the late nineteenth and early twentieth centuries, have now been largely discontinued. Despite processes of secularization, which had become intensive by the early nineteenth century, churches retained their importance in public life. Beginning in the s, there was a popular movement to complete the Cologne cathedral, which was begun in the Middle Ages but which remained a construction site for years. With the support of the residents of Cologne, the Catholic Church, and the King of Prussia who was a Protestant , work on the cathedral was begun in and completed in . The character of the ceremonies and festivals that accompanied this process indicate that the Cologne Cathedral served not only as a church but also as a national monument. Similarly, the national assembly of , in which elected representatives met to draft a constitution for a united Germany, took place in St. The national and constitutional movement failed when the Prussian king refused the imperial crown, which was offered to him by the representatives of the national assembly. One of the centers of the popular movement that led to the fall of the GDR in " was the Nikolaikirche St. Nicolas Church in Leipzig. Since the late nineteenth century, churches and other historical buildings in Germany have become the objects of Denkmalpflege cultural preservation , which may be understood as one aspect of a broader culture of historical commemoration. Together with museums, historical monuments constitute a new set of special sites, which may be approached only with a correspondingly respectful attitude. Graveyards and war memorials occupy a kind of middle ground between holy sites and historical monuments. All settlements in Germany have graveyards, which surviving family members visit on special holidays or on private anniversaries. War memorials from World War I are also ubiquitous. Monuments to World War II often have a very different character. For example, the concentration camp Buchenwald, near Weimar, has, since the early s, served as a commemorative site, which is dedicated to the victims of the National Socialist regime. Death and the Afterlife. Many other Germans describe themselves as agnostics or atheists, in which case they

view beliefs in an afterlife as either potentially misleading or false. Funerary rites involve either a church service or a civil ceremony, depending on the beliefs of the deceased and his or her survivors. Following World War II, German national identity became problematic, since the national movement seemed to have culminated in the Third Reich and found its most extreme expression in the murder of millions of people, including six million Jews. All further reflection on the German nation had to come to grips with this issue in one way or another. There have been many different attempts to explain Nazism and its crimes. Some see Adolf Hitler and his cronies as villains who misled the German people. Others blame Nazism on a flaw in the German national character. Marxist scholars see Nazism as a form of fascism, which they describe as the form that capitalism takes under certain historical conditions. Finally, some cite the failure of the bourgeois revolution in the nineteenth century and the lingering power of feudal elites as the main cause. Since the fall of the GDR, West German traditions of coming to terms with the past have been extended to the period of socialist rule in East Germany. Some Germans emphasize the similarities between the two forms of dictatorship, National Socialist and communist, while others, especially many East Germans, view the Third Reich and the GDR as being essentially dissimilar. In recent years, German nationalism has been reexamined in accordance with views of the nation as an "imagined community" which is based on "invented traditions. In addition, there is a growing body of literature that examines understandings of the nation and the politics of nationhood in the eighteenth century. There is much disagreement on the political implications of the critical history of nationalism in Germany. Some scholars seem to want to exorcize the deviant aspects of modern German nationalism, while retaining those aspects, with which, in their view, German citizens should identify. Others see nationalism as an especially dangerous stage in a developmental process, which Germans, in their journey toward a postnational society, should leave behind. Definition and Examples "Attitudes are learned tendencies to act or respond in a specific way to events, objects, people or orientations. Culturally instilled beliefs and values exert a strong influence on attitudes. People tend to embrace what is liked and avoid what is disliked. From different people you get to hear different things. While from some you can get updated on the criticism on the fashion models from Germany, double the amount of reviews and referrals swear otherwise. Rave reviews and praise are baggage deals for the fashion models from Germany. Many of the supermodels of the world have standards that are practically impossible to meet. The fact remains that many of the top German fashion models have set these impossible standards, not only in the past, but in the present as well and will continue to do so in the future. German models are well known for their envious looks, physique and flawless skin. Not only do the men, but even women are known to drool in response when they get to view many of the best looking supermodels from this part of the world.

Chapter 4 : Medical ethics - Wikipedia

*Values in Modern Medicine [William S Middleton] on www.nxgvision.com *FREE* shipping on qualifying offers. Essays by the prestigious doctor, second Dean of the UW medical school, military doctor & VA Medical Director.*

Culturally Appropriate Geriatric Care: Fund of Knowledge Disclaimer These pages are intended to be informational and not meant to be directly cited. Please use the articles, books, and websites listed. What is Hmong Medicine? Hmong Medicine is a combination of herbal medicine and shamanism. Herbalists in Hmong communities play a big role in healing people. Their knowledge is valued and most of the time they are the first thing a Hmong person would turn to for a remedy. A Hmong herbalist would be the equivalent of an American pharmacist. Health On the Net Foundation. Hmong Shamanism itself is not the first religion Hmongs followed, but it is the main practiced religion today. Shamanism is a widely practiced religion dating back thousands of years. Hmongs are not nomads, but they do follow some of the same traditions such as gathering and hunting. This lead to villagers using the jungles as a resource for remedies, therefore most Hmong women become herbalists supporting their family, friends, and community. Clinical and ethical case stories of Hmong families and Western providers. Minnesota Historical Society Press, Hmong Shamanism Zamora, Eric. In " Hmong-American youths struggle to maintain their heritage. Hmong Shamanism is ancestor worship, which involves spirits, ghosts, and animism. The animals are sacrificed to replace the souls of the suffering. Hmong History of People. Eastern Washington University Press, The Importance of Hmong Medicine Hmong Medicine is important because it has a deep relationship with religion and culture. Much of it has to do with spiritual beliefs that revolve around shamanism. For example, within Hmong Culture, the secret to perfect health is the balance between the body and spirit. As a healer, a shaman is required to either perform a long, tiring ceremony or a quick, easy ritual to heal the sick. Stanford School of Medicine. An article states that there is a new medical policy requiring medical doctors to go through a training program to learn more about shamanism. This is becoming a nationwide movement, with more and more medical institutions adopting this new policy in order to remove the mistrust Hmongs have with Western medicine and teach medical doctors how to communicate and understand the needs of Hmong patients. This included the fact that they visited operation rooms and looked through microscopes for the first time. John Paik-Tesch, director of the Merced Family Medicine Residency Program, says that these programs are designed to defuse the mistrust Hmongs have of Western medicine. Youtube, 20 January

Chapter 5 : Formats and Editions of Values in modern medicine [www.nxgvision.com]

The Village Doctor is a concierge medicine practice that's helped families in the San Francisco Bay Area for the past 15 years. Values. Modern Medicine.

The neutrality of this section is disputed. Relevant discussion may be found on the talk page. Please do not remove this message until conditions to do so are met. February Learn how and when to remove this template message There is disagreement among American physicians as to whether the non-maleficence principle excludes the practice of euthanasia. Around the world, there are different organizations that campaign to change legislation about the issue of physician-assisted death , or PAD. This argument is disputed in other parts of the world. In state courts, this crime is comparable to manslaughter. The same laws apply in the states of Mississippi and Nebraska. Informed consent Informed consent in ethics usually refers to the idea that a person must be fully informed about and understand the potential benefits and risks of their choice of treatment. A correlate to "informed consent" is the concept of informed refusal. An uninformed person is at risk of mistakenly making a choice not reflective of his or her values or wishes. It does not specifically mean the process of obtaining consent, or the specific legal requirements, which vary from place to place, for capacity to consent. Patients can elect to make their own medical decisions or can delegate decision-making authority to another party. If the patient is incapacitated, laws around the world designate different processes for obtaining informed consent, typically by having a person appointed by the patient or their next of kin make decisions for them. The value of informed consent is closely related to the values of autonomy and truth telling. Confidentiality Confidentiality is commonly applied to conversations between doctors and patients. This concept is commonly known as patient-physician privilege. Legal protections prevent physicians from revealing their discussions with patients, even under oath in court. However, numerous exceptions to the rules have been carved out over the years. For example, many states require physicians to report gunshot wounds to the police and impaired drivers to the Department of Motor Vehicles. Many states in the U. More recently, critics like Jacob Appel have argued for a more nuanced approach to the duty that acknowledges the need for flexibility in many cases. Importance of communication[edit] Many so-called "ethical conflicts" in medical ethics are traceable back to a lack of communication. Communication breakdowns between patients and their healthcare team, between family members, or between members of the medical community, can all lead to disagreements and strong feelings. These breakdowns should be remedied, and many apparently insurmountable "ethics" problems can be solved with open lines of communication. Guidelines[edit] There is much documentation of the history and necessity of the Declaration of Helsinki. The first code of conduct for research including medical ethics was the Nuremberg Code. This issue called for the creation of the Declaration. There are some stark differences between the Nuremberg Code and the Declaration of Helsinki, including the way it is written. Nuremberg was written in a very concise manner, with a simple explanation. The Declaration of Helsinki is written with a thorough explanation in mind and including many specific commentaries. Ethics committees[edit] Often, simple communication is not enough to resolve a conflict, and a hospital ethics committee must convene to decide a complex matter. These bodies are composed primarily of healthcare professionals, but may also include philosophers , lay people, and clergy – indeed, in many parts of the world their presence is considered mandatory in order to provide balance. With respect to the expected composition of such bodies in the USA, Europe and Australia, the following applies. The REB should include people knowledgeable in the law and standards of practice and professional conduct. Special memberships are advocated for handicapped or disabled concerns, if required by the protocol under review. The European Forum for Good Clinical Practice EFGCP suggests that REBs include two practicing physicians who share experience in biomedical research and are independent from the institution where the research is conducted; one lay person; one lawyer; and one paramedical professional, e. They recommend that a quorum include both sexes from a wide age range and reflect the cultural make-up of the local community. They suggest a chairperson be preferably someone not employed or otherwise connected with the institution. Members should include a person with knowledge and experience in professional care, counseling or treatment of humans; a

minister of religion or equivalent, e. Aboriginal elder; a layman; a laywoman; a lawyer and, in the case of a hospital-based ethics committee, a nurse. The assignment of philosophers or religious clerics will reflect the importance attached by the society to the basic values involved. Medical ethics in an online world[edit] In increasing frequency, medical researchers are researching activities in online environments such as discussion boards and bulletin boards, and there is concern that the requirements of informed consent and privacy are not applied, although some guidelines do exist. While researchers wish to quote from the original source in order to argue a point, this can have repercussions when the identity of the patient is not kept confidential. Some cultures have spiritual or magical theories about the origins and cause of disease, for example, and reconciling these beliefs with the tenets of Western medicine can be very difficult. Truth-telling[edit] Some cultures do not place a great emphasis on informing the patient of the diagnosis, especially when the diagnosis is serious. American doctors rarely used truth-telling especially in medical cases, up until the s. In vice versa, a physician might be hesitant to report an incident because of personal friendship he or she may have with his or her colleague. The delivery of diagnosis online leads patients to believe that doctors in some parts of the country are at the direct service of drug companies, finding diagnosis as convenient as what drug still has patent rights on it. The American Medical Association AMA states that medical websites have the responsibility to ensure the health care privacy of online visitors and protect patient records from being marketed and monetized into the hands of insurance companies, employers, and marketers. One such example being how political forces may control how foreign humanitarian aid can be utilized in the region it is meant to be provided in. This would be congruous in situations where political strife could lead such aid being used in favor of one group over another. Another example of how foreign humanitarian aid can be misused in its intended community includes the possibility of dissonance forming between a foreign humanitarian aid group and the community being served. In some cases, conflicts are hard to avoid, and doctors have a responsibility to avoid entering such situations. Research has shown that conflicts of interests are very common among both academic physicians [43] and physicians in practice. Other academic institutions that have banned pharmaceutical industry-sponsored gifts and food include the Johns Hopkins Medical Institutions, University of Michigan, University of Pennsylvania, and Yale University. Studies from multiple health organizations have illustrated that physician-family member relationships may cause an increase in diagnostic testing and costs. Doctors who do so must be vigilant not to create conflicts of interest or treat inappropriately. Out of the many disciplines in current medicine, there are studies that have been conducted in order to ascertain the occurrence of Doctor-Patient sexual misconduct. Results from those studies appear to indicate that certain disciplines are more likely to be offenders than others. Psychiatrists and Obstetrician-Gynecologists for example, are two disciplines noted for having a higher rate of sexual misconduct. Male physicians aged 40–49 and 50–59 years are two groups that have been found to be more likely to have been reported for sexual misconduct, while women aged 20–39 have been found to make up a significant portion of reported victims of sexual misconduct. Futile medical care The concept of medical futility has been an important topic in discussions of medical ethics. What should be done if there is no chance that a patient will survive but the family members insist on advanced care? Previously, some articles defined futility as the patient having less than a one percent chance of surviving. Some of these cases are examined in court. Advance directives include living wills and durable powers of attorney for health care. See also Do Not Resuscitate and cardiopulmonary resuscitation In many cases, the "expressed wishes" of the patient are documented in these directives, and this provides a framework to guide family members and health care professionals in the decision-making process when the patient is incapacitated. Undocumented expressed wishes can also help guide decisions in the absence of advance directives, as in the Quinlan case in Missouri. The key question for the decision-making surrogate is not, "What would you like to do? In some hospitals, medical futility is referred to as "non-beneficial care.

Chapter 6 : Concierge and Family Medicine Practice Woodside CA - The Village Doctor

Values in modern medicine: Published for the Wisconsin Medical Alumni Association. 1. Values in modern medicine: Published for the Wisconsin Medical Alumni Association.

Comment on Visiting an Amish community November 2nd, at There are a few I would not suggest visiting. If you are interested, I will give you the names of the communities. One way to make contact is to drive through an Amish community and stop to buy anything they might be selling along the road, like produce during the summer. Several Amish communities have produce auctions during the summer, and that would be a good way to mingle with the Amish. They are very similar to the Amish in many ways, but are easier to relate to than the Old Order Amish. Why would you suggest not to visit some over others? Also, we are completely mixed races light brown skin, long dark curly hair. Would any of the Amish groups be opposed to meeting with mixed raced people. August 17th, at What I do not understand is this: You seem to be only curious as to the way they live and you would ask too many questions knowing they would not be able to call police to get you out of their home. Let the Amish be with the Amish. They are not on display for people to look at or to take pictures of. Every person who lives in the Amish home has a daily job to do and each contributes to the workload to lighten for the older ones or the ones in school.. They are very busy which is why they just get a basic education and then learn all the work that goes on in the farm. November 27th, at I believe the medical industry and health care standards would be different if it were not so worldly and ruled by economics. I have discovered that our modern health care industry is more about creating and practicing medicine than the study of human immunity and healing. The natural industry of medicine is no more effective at actual healing. I wonder how open the Amish would be to real natural science that actually leads to actual healing and cures which requires no medicine or products? I find that mainstream society is not very receptive to actual cures that cut out medicine or hinder the industry of medicine. My research shows that man has the capacity for complete immunity just as the bible suggest but my research also shows that mainstream society is not receptive to something so destructive to the economy. Also there is the problem of over population with using natural science to prevent or cure diseases believed to be incurable by mainstream society. My fascination comes from wondering if the Amish would be more open minded to actual science that leads to immunity? A science that can severely damage mainstream science and medicine? Reply to Comment Comment on Do Amish visit doctors? October 29th, at After all they go to a Holistic Cancer Clinic which is about 30 miles from San Diego for holistic cancer treatment were boosting thier immune system is part of the treatment. Does anyone out there know the name location, phone numbers of this holistic Cancer Clinic? Amish are just like everyone else some are afraid to stay home and some like to have their babies in the hospital. Some people may have the erroneous idea that Amish choose a midwife because they want a woman to attend them in Birth. The reality is the same as it is for the Englisher, as they call us, some feel safer at home and some choose home birth or a birth center because it is cheaper. They shop around which ever Midwife is the cheapest regardless or education or experience. At least that is what my experience is. I have seen whole communities that use the hospital for their births. They do appreciate a natural approach to health care. It saddened me to see the Amish are no wiser or closer to God than anyone else. Humans are the most superior life form on earth yet we have devolved to be the most inferior and fragile species when it comes to health. Science is at best a guess not a reality or truth and because man has come to rely on such false reality man is paying a dear price. Whether you believe in God or not, man has the complete capacity to be immune and disease free just as the bible says. It could be just a coincidence but the fact remains. We as superior beings are intended to be in control of our immunity, the problem is there is no profit or patents in human immunity. In all my years of research I have never found a society that would put health or even God before profit and that is why humans are devolving at a rate that will surely end humanity as we know it. October 24th, at I am interested in knowing what the Amish think about believe about mental health and counseling. I am in my masters program for mental health counseling and I am researching Amish beliefs and I am having trouble finding information. I am using traditional couples counseling, with Christian emphasis, but just curious how

Amish communities address mental health, marriage and family problems. I saw that one therapist helps teenage Amish children during Rumspringer, but nothing for adults. Can anyone confirm this and provide the clinics contact details. December 29th, at It is not difficult to find plenty of information about it by searching Google. You can call one clinic and they can direct you to another, more appropriate one. Cures for cancer relies on awareness, not clinics of natural medicine or western medicine. Your immune system is designed to cure any disease or keep you disease free. The trouble is, man relies lies, beliefs, opinions and hypotheses instead of truths and facts. I came to this forum to investigate whether or not the Amish have an inside track to the immune system as I do but was disappointed to learn that they too are equally ignorant of how the good Lord created them. I founded the very unpopular True Cures Foundation and you would be seriously surprised to know that cures will never be popular. Cures destroy the whole industry of medicine and that includes natural medicine. Natural medicine relies solely on placebo and rightly so, sugar pills have cured more diseases than any other pill and I took it upon myself to study why and I learned how to reproduce the effect with complete consistency but the problem is, people are too brainwashed to respect a cure that does not employ some form of gimmick medicine. People have been raised and molded to completely discount their God given ability to heal. Shame on us all.

Chapter 7 : Traditional Culture and Modern Culture: Man's Fall from Grace | HuffPost

Modern medicine has developed powerful methods for proving effectiveness, testing for safety and standardising good manufacturing practices. In contrast, few scientific tests are done to evaluate traditional medicine products and practices.

Any culture is a system of learned and shared meanings. People learn and share things over the course of generations, and so we say they are a culture. Traditional and modern culture function similarly because both are ways of thinking, ways of relating to people and to the universe. The beginning of culture was language. The first word was culture. Someone looked up from whatever else was going on and said something, and that first word was the building block of all human culture. You could pass it around. You could imitate it or change it. Its meaning could be shared among people. Maybe the word was "food" or "love" or "God. And the word constituted culture, because the word carried meaning. If there were only one concept to be considered in the discussion of culture, it is this: How do we know whether the group of letters a-p-p-l-e represents that sweet-tart yellow or red fruit, or a brand name of computer? How do we know whether the group of letters l-e-a-d represents that blue-gray metallic chemical element, or the verb that signifies "to show the way? It is because we have learned to share the meanings of words. Of course meanings are not limited to written words but began with thought words and spoken words, signed words, gestured words, pictured words. All these kinds of words carry meaning. And it is in the meanings of things that culture resides, regardless of whether it is traditional or modern culture. So we can commence with the idea that our traditional ancestors, like their modern descendants, learned and shared meanings. Traditional and modern culture are alike in another way. Both developed to accommodate their surroundings. Both traditional and modern culture work for people because they are suited to local environmental conditions. A farming culture would not work as well in Antarctica. Inuit Eskimo culture would not survive as well in the Sahara. Bedouin culture would not function as well in Manhattan. Culture of any kind works best and longest if it is well adapted to local conditions. It should perhaps be noted that there is apparently nothing genetic about the presence or absence of traditional culture; traditional culture is not the sole province of any one ethnic group. For example, in ancient Europe the Celts and Teutons lived traditional culture. In ancient North America the Anishinabe and Lakota lived traditional culture. In ancient Africa the Bantu and Yoruba lived traditional culture. At some point back in history all human beings -- regardless of what continent they occupied and which ethnic group they constituted -- all lived in a traditional tribal culture. Modern culture developed in some areas of the planet as human societies grew larger. Mass organization in some form -- first the development of large work forces and armies, and later the development of mechanized means of production -- was an important force in changing traditional culture into modern culture. The shift from rural life to urban life is at the core of the development of modern culture. While traditional and modern culture may be similar in some ways, in some very significant ways they are clearly different from each other. Traditional culture, such as our human ancestors enjoyed, is held together by relationships among people -- immediate family, extended family, clan and tribe. Everyone knows how he or she fits into the mix because relationships, and the behaviors that go along with them, are clearly defined. If I violate what is expected, everyone will know. Perhaps there will be severe consequences. But this does not rob the humans who live traditional culture of their individuality. Some brothers act differently from other brothers. But in general, well-defined family and clan relationships, and the kinship terms that signal them, make daily operations in traditional society take a workable course. If you have the proper relationship with someone, you can get just about anything accomplished. You learn that kinship terms are key phrases in getting along. In traditional culture, relationships and people seem to be what matters. In the modern culture of mainstream America, most people live in nuclear families: Mom and Dad and 2. Many have only occasional contact with family members outside the immediate household. Young people quickly learn that their importance depends on how many and what kind of things they can control. Eventually they learn that power -- personal, economic, social, political, religious, whatever -- gets things done. Modern culture has a tendency to spread out, to build empires, to capitalize on as many resources as possible. Modern

culture seems to be held together by power and things, not by people and relationships. In modern culture people learn that business life is separate from personal life, for example that church and state can be kept apart. We learn to compartmentalize our lives. During the week we can be shrewd business-makers in a competitive marketplace where there are happy winners and tragic losers. On the weekend we can go to church or temple and ask forgiveness for our transgressions, and then go back on Monday and start all over again. We learn in some form two key phrases: Similarly, the principles and values that guide spiritual and ceremonial life are the same principles and values that guide political life. Thus in traditional culture, the compartmentalizing or separating of business and personal life, of religious and political life, would not work. You cannot separate how you treat your trade partners from how you treat your cousins if they are the same people. You cannot separate your spiritual values from your political values if they are the same values. Another way in which the two differ is that traditional culture tends to stay relatively the same for long periods of time. It is basically a conservative system. Does this mean that new ideas are not incorporated from time to time, that traditional culture is static? The traditional culture of our ancestors changed in response to the same kinds of forces that produce biological change. The invention of new things in traditional culture for example, new technologies such as ceramics or the bow and arrow work in the same way as genetic mutations: Preferences for especially useful things and ideas in traditional culture work in the same way as natural selection: Ways of thinking and doing things in traditional cultures flow from one culture to another just like genes flow from one biological population to another: Isolation of a small, unusual sample of people in a traditional culture causes whatever that thing is that makes them unusual to become more common in future generations for example, if a small group of people sets off to start a new village, and they all just happen to like to wear their hair a certain way, then their offspring would tend to wear their hair that way too -- in just the same way that genetic drift operates. Ancient traditional culture did change. But it was such a conservative system that it tended to resist change whenever it could. In contrast, modern culture thrives on change. It creates new goods and services, and teaches us to want them. It adds new technologies, things and ideas at an increasingly rapid rate, such that the amount of cultural change experienced in America between and is far greater than the amount of change experienced in the entire eighteenth and nineteenth centuries in America. Change in modern culture is propelled by all the same forces that cause change in traditional culture, only in modern culture the changes happen more quickly. Modern culture is a more mutable system that tends to change often. Another way in which traditional culture and modern culture differ is in their relationship to environment. Traditional cultures lived in close contact with their local environment. This taught that nature must be respected, cooperated with, in certain ritualized ways. One did not make huge changes in the environment, beyond clearing fields for agriculture and villages. Society saw itself as part of nature; its spiritual beliefs and values held humans as the kinsmen of plants and animals. In contrast, modern culture creates its own environment, exports that cultural environment to colonies in far away places. It builds cities and massive structures. It teaches that nature is meant to be manipulated, to be the source of jobs and wealth for its human masters. It sees itself as being above nature. Its religions commonly cast humans as the pinnacle of nature: These differences in the way traditional and modern culture perceive and interact with the environment have various consequences for the humans in those cultures. Not the least of these is the difference in sustainability. A culture that lives in relative harmony with its environment has a greater likelihood of sustaining itself than does a culture that destroys its environment. The culture of our human ancestors existed for thousands of years without doing any substantive damage to the ecosystem. In a very few centuries modern culture has eliminated or endangered numerous plant and animal species, degraded many waterways and negatively impacted the health of many of its citizens: A closely related comparison between traditional and modern culture concerns ways of thinking. Modern culture is built upon knowledge. The more bits of knowledge one controls -- a larger database, a larger computer memory -- the more power one has. Modern culture produces new bits of knowledge so rapidly that sometimes our computers tell us "Memory is Full! Modern culture is long in knowledge. The traditional culture had a broad base of knowledge, as well. All plants and animals in the local environment were known by name and by their potential usefulness to humans. Weather, geology, astronomy, medicine, politics, history, language and so on were all parts of a complex

integrated body of knowledge.

Chapter 8 : Integrating modern and traditional medicine: Facts and figures - www.nxgvision.com

Ethical challenges are prevalent in modern-day medicine. Whether arising in the daily practice of medicine, in the conduct of research, or in our educational practices, physicians need to understand the relevance ethics plays in our professional lives. This paper examines the ethical foundations of.

That is a similar condition in India. Taijin kyofusho Japan Pathologic fear of offending others by awkward behavior or an imagined physical problem such as body odor Social phobia Fear of wind or cold exposure with subsequent loss of yang energy Often treated with coining in Asian folk medicine Figure 2 Information from reference Within this culture, however, vast differences exist regarding education and health care. Unfortunately, black Americans have a 5. Some of this mistrust may be justified. For example, in the Tuskegee syphilis study, 21 black men with syphilis went untreated for decades so that researchers could observe the natural history of the disease. Sodium-sensitive hypertension is common in blacks. In one study, 22 patients who had this alternative understanding of hypertension i. Physicians also may encounter pica or earth-eating i. Although also found in other cultures, pica is common among black women in the southern United States. Religious healing is often the first resort for devout black Christians, and church involvement is associated with improved health and social well-being. Exceptions can be made for pregnant women, small children, and persons who are ill. Conspiracy theories may be common in some black communities. For example, some blacks are reluctant to donate organs because they believe that they will receive less aggressive care. One controversy with African immigrants is how physicians should respond to female circumcision also termed female genital mutilation , a traditional African procedure that may have severe health consequences. Female circumcision is illegal in the United States but is still practiced. This procedure is performed on preadolescent girls. It includes the milder sunna form, in which part of the clitoris is removed; and the much more extreme infibulation form, in which the labia are excised and most of the vaginal opening is sewn together. Subsequent damage to the vaginal mucosa may increase susceptibility to sexually transmitted infections, including human immunodeficiency virus. Get immediate access, anytime, anywhere. Choose a single article, issue, or full-access subscription. Earn up to 6 CME credits per issue.

Chapter 9 : All Pets Veterinary Centre | Modern Medicine, Traditional Values

In some ways, traditional culture and modern culture are alike. Any culture is a system of learned and shared meanings. People learn and share things over the course of generations, and so we say.

Ad hoc during consultation with the patient Pre-determined, and once tested in clinical trials cannot be changed unless re-tested Regulation Virtually none, though some countries are trying to introduce rules and standardisation Extremely tight, to the point that bringing drugs to market now costs billions of dollars Testing No formal testing as knowledge of the effectiveness is handed down through generations Rigorous trials that happen in different phases, first testing for safety, then efficacy Dosage Unfixed: Modern medicine, on the other hand, has stringent intellectual property laws and a highly evolved patenting system used to protect knowledge about drugs or medical techniques. As Western researchers realise the wealth of knowledge stored in traditional medicine systems, and the need for new drugs becomes more urgent, many scientists have begun searching indigenous sources for new drugs: In some cases, researchers have sought patent protection for medicinal compounds that had already been used for centuries to treat disease. An example is the patent on an anti-fungal neem derivative commonly used in Indian traditional remedies. Neem is commonly used in Indian traditional medicines Spice photo gallery The Indian government convinced the EPO to revoke the patent on the basis of prior use, but it took five years and millions of dollars. Some regions have tried to tackle the problem by enacting laws to protect indigenous knowledge. For example, Cusco, in Peru, last year outlawed the exploitation of native species for commercial gain, including patenting genes or other resources the trees contain see Peruvian region outlaws biopiracy. In , it launched a traditional knowledge digital library TKDL. From last year, the EPO has been able to consult the 24 million page, multilingual database on traditional remedies and medicinal plants before granting patents see BioMed Analysis: Keep traditional knowledge open but safe. Many other countries have, or are considering establishing, similar databases to protect their local resources, including China, Ghana, Malaysia, Nigeria, South Africa, Tanzania, Thailand and some nations in the Middle East. Regulating remedies Beyond differences in indigenous and Western knowledge systems, efforts to make traditional medicines mainstream also have to cope with significant differences in regulation. Every country has a national drug authority of sorts, responsible for administering and managing modern medicines and setting drug policies. The problem with traditional medicine is that it often means different things to different people. A single medicinal plant may be classified as a food, a dietary supplement or a herbal medicine, depending on where you are. A survey of WHO member states found that 84% of countries around 60 per cent had no national policy, laws or regulations for traditional medicine although more than half of these proposed developing them [5]. These are often the countries where traditional remedies are used the most see Figure 1. Worldwide regulation of traditional medicine [5] And those countries with TM legislation take diverse approaches to licensing, dispensing, manufacturing and trading traditional remedies. The lack of regulation means there are just as many fake remedies and false practitioners as there are genuine treatments. And that can have fatal results. For example, last year, two people died and nine were hospitalised after taking fake anti-diabetic traditional medicine, used to lower blood sugar, in the Xinjiang Uygur Autonomous Region in China. Testing times If regulation of traditional and Western medicines varies, so too do methods for evaluating and testing them. Modern drugs go through a rigorous series of laboratory tests and clinical trials before coming to market. Modern medicine has developed powerful methods for proving effectiveness, testing for safety and standardising good manufacturing practices. In contrast, few scientific tests are done to evaluate traditional medicine products and practices. Quality tests and production standards tend to be less rigorous or controlled and in many cases, practitioners may not be certified or licensed. Of course, some researchers believe that putting a drug that has been tried and tested in thousands of people for decades or centuries through the same hoops as a brand new chemical is not appropriate. But many agree that before a traditional medicine can be imported into a conventional framework of pharmaceuticals, it will require reassessment. In some cases, this means adapting standard methods to cope with ethical issues that do not arise with conventional drug development. US researchers Jon Tilburt and Ted Kaptchuk have, for example, suggested

that clinical trials of traditional medicines must follow different rules for research ethics see Box 2. Justifiable social need for the research The rationale for testing a traditional medicine in a clinical trial cannot simply be that it already exists as a treatment. There must be both a social need and some preliminary evidence that the medicine will not negatively counteract other medicines used to treat the same disease. Different stakeholders will define social need in different ways – for example, a government may want to prevent any other party from commercialising the treatment and health campaigners may want the clinical trial to try to produce better drugs. Appropriate definitions of inclusion and exclusion criteria, and outcome measures Concepts of health and sickness differ between modern and traditional medicine. For example, Western researchers would probably categorise heart failure in patients according to the New York Heart Association classification. But practitioners of traditional Chinese medicine TCM would see heart failure as a heart yang chi deficiency or a kidney yang deficiency, categorising patients based on pulse or tongue examination. Researchers testing a herbal remedy for heart failure would need to take both biomedical and TCM criteria into account for the results to be valid from both perspectives. Innovative protocol design Drugs brought to market by putting traditional medicines through clinical trials must be rigorously tested but researchers will need to think carefully about how best to design their protocol. Standard methodologies may not be appropriate for a medicine that contains a mixture of active ingredients or in treatments that vary between practitioners. But adaptations of standard protocols could accommodate many of these issues. For example, cluster randomised controlled trials could be rigorous while allowing for practitioner variability. Establishing standards for safety and evidence The familiarity of traditional medicines, and their widespread use, could bias some researchers towards a good safety profile. Care is needed early on to determine safety requirements. Many traditional medicines are made by crushing the leaves or bark of plants and trees, and the resulting mixture can contain hundreds of potentially active molecules. Identifying these is hard enough – testing each one for safety and effectiveness is practically impossible. And unlike many modern pharmaceuticals, the quality of source material for traditional medicines varies greatly, even within individual countries. This is true both because of differences in the genetic material used as well as other variable factors such as environmental conditions, harvesting, transport and storage. Dosage is similarly varied. Modern medicine demands standard dosages that tend to vary only with bodyweight or severity of disease. Poor evaluation results may therefore be the result of any number of factors – from the mistaken use of the wrong species of plant to contamination with toxic substances during storage to overdose. They do not necessarily indicate that the medicine is an inappropriate candidate for modern drug development. Homeopathy, for example, seems to work despite hundreds of clinical trials suggesting that it has no biological effect. Many scientists believe this is a placebo effect generated because homeopathy practitioners spend far longer listening to what their patient has to say than do conventional doctors. Then there is the issue of combining traditional medicines and modern drugs. The belief system that accompanies traditional medicine can sometimes interfere with modern treatments. In many of the studies the team reviewed, respondents said that traditional therapies such as herbal remedies were used as a first-line treatment before modern drugs. New techniques for old treatments New scientific techniques are also being applied to traditional medicine in the search for modern drugs. These innovative approaches are developing at breakneck speed see Table 3. Technique Process Reverse pharmacology Researchers start with the end product, a clinically useful compound for example, and work backwards to find out what it contains and how it functions. This can offer clues about how particular medicines work, and where they act in the body. High-throughput screening This advanced screening relies on high-speed data processing and sensitive detectors to conduct millions of biochemical, genetic or pharmacological tests in a few minutes. The process can quickly identify active compounds that affect particular biological pathways. Ethnopharmacology The systematic study of how specific ethnic groups use medicinal plants. Systems biology This holistic approach aims to understanding the way different chemicals and metabolic processes interact within the body. How to create modern drugs from traditional compounds [10] In India, the CSIR has teamed up with several public and private partners to conduct clinical trials on herbal products generated through reverse pharmacology. It says this has resulted in wider acceptance of Ayurvedic traditional medicines and promises cheaper, faster and more effective drugs. The team has had a handful of promising leads, though none has yet been effective

enough to pursue as a candidate drug. Gaining ground Integrating traditional medicine into modern healthcare is certainly being taken seriously by some of the biggest research bodies worldwide. In , 62 countries had national institutes for traditional medicine up from 12 in NCCAM funds research into how acupuncture, herbal supplements, meditation, or osteopathy can help treat conditions such as cancer, cardiovascular disease, and neurological disorders. Developing countries with ancient histories of traditional medicine are also hunting for ways to modernise their own medical heritage. In China, modern and traditional medicine are practiced alongside each other at every level of the healthcare system. In Latin America too, several countries are working to provide modern and traditional health care side-by-side see Modernising traditional medicine must work for locals. African governments, including those of Ghana and Nigeria, are rolling out educational campaigns and launching anti-counterfeiting technologies to better monitor drug procurement. And initiatives such as the African Network for Drugs and Diagnostics and Innovation are encouraging the mining of traditional medicine. So traditional medicine has much to offer global health, especially as new drugs have never been more urgently needed. If both developed and developing countries joined research capacities in equitable collaborations, new scientific techniques could spark a revival in global health research and development. You might also like.