

Developing Traditional Thai Medicine, Folk Medicine and Alternative Medicine as the Country's Major Health System Parallel to Conventional Medicine

1. Significance

1.1 Pursuant to the 2008 International Forum on Integration of TM/CAM into Health System, the Beijing Declaration identified six essential components for integration: 1) promoting traditional medicine knowledge for treatment and practices; 2) formulating policies, regulations and standards for traditional medicine, positioning it as part of the health system; 3) integrating traditional medicine into national health systems; 4) using research and innovation to promote and develop traditional medicine in line with the "Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property" adopted at the 61st session of the World Health Assembly in 2008; 5) establishing accreditation as well as knowledge, skill and experience enhancement systems for traditional medicine practitioners by governments; and 6) establishing training and communication between conventional and traditional medicines.

1.2 According to Chapter 7, Section 53 of the Statute on National Health System 2007, advocacy for the application and development of local wisdom in health, traditional Thai medicine, folk medicine and other alternative medicine should be based on the following principles: 1) having harmony with the community's way of life, culture, traditions, beliefs and religion, making way for self reliance in health; 2) providing equal advocacy for all medicine formats to strengthen the health system; and 3) allowing the people an equal choice to use and have access to different medicine formats in caring for their health and their family's health, to be fully informed and protected as consumers by a health information system that is accurate, neutral and accessible.

1.3 The objective of the National Strategy on Developing Thai Wisdom; the Thai Way of Health¹ (2007-2011) is to: 1) make Folk Medicine, Traditional Thai Medicine and Alternative Medicine the country's major health systems; 2) create self-reliance for the national health system; 3) empower local communities and Thai society to conserve, develop and protect Thai wisdom; and 4) increase the value of using traditional Thai and herbal medicine.

1.4 Developing Folk Medicine, Traditional Thai Medicine and Alternative Medicine into major health systems for the country, parallel to Conventional Medicine means the development and improvement of management in budget, resource allocation, production and

¹ Thai Wisdom refers to knowledge, technology, practice and biodiversity in Thailand, covering the context of Traditional Thai Medicine, Thai Folk Medicine and Alternative Medicine.

Thai Way of Health refers to methods meant to foster good health and free the people from all sickness, sorrow and strain.

staffing management. It also refers to managing the drug system and the service system to work parallel to conventional medicine, resulting in wide-spread usage in the health system where the people enjoy equal access to various medicine formats.

2. Situation

2.1 According to the Thailand Health Profile 2005-2007 report, it was found that during the past decade, there was a rapidly increasing trend for overall health expenses, from 25.315 bn. Baht in 1980 to 434.974 bn. Baht in 2005 or an increase of 17.2 times. It was also found that health expenses increased approximately 7.7 percent yearly, most expenses being for healthcare as can be seen from rising drug expenses climbing up to 42.8 percent of overall health expenditure. While health expenses were rising, it was also found that the disease situation had also shifted to more occurrence of chronic diseases or diseases that cannot be cured as can be seen from the people's illness survey 1991-2006 conducted by the National Statistical Office, which found that the number one illness affecting people was respiratory diseases, followed by diseases of the muscles, tendons, bones and joints and diseases of the digestive system, respectively. When considering illness trends, it was found that cardiovascular, endocrinal, allergy and neural psychiatric diseases were on the increase, undoubtedly adding up to the already high health expenses.

2.2 Situation of Folk Medicine, Traditional Thai Medicine and Alternative Medicine

2.2.1 Folk healers make up the health workforce for the community², having the skill and expertise (implicit knowledge) in caring for community health. Folk healers are active in the people's sector healthcare but, to date, there has been no development of knowledge management systems or mechanisms to make use of their wisdom in healthcare or develop a systematic conceptual framework and research methodology. From monitoring the progress of folk medicine centers in 77 communities, it was found that local health wisdom was used in the people's healthcare for the treatment of palsy, paralysis or for patients with musculo-skeletal conditions, broken bones as well as for the treatment of illnesses with herbal medicine and rituals. Learning centers are located in health stations, communities, monasteries and at the homes of folk healers. They provide for the people an alternative in curing diseases and self dependency while functioning as a source of learning for local wisdom in health and creating a referral network linking to the primary healthcare system and providing valid access to community health services for patients with immediate problems. However, they still need to be connected to the community health fund system.

2.2.2 From the study conducted on the situation of Traditional Thai Medicine usage in the country's public health centers, it was found that patients were being treated mostly for illnesses relating to the muscular and bone systems - 59.3%, the digestive system - 7.2%, brain and nervous systems - 5.4%, nutrition and endocrine systems - 4.7%, the

² At present, there are 42,469 folk healers experienced in community healthcare and registered with the Department for Development of Thai Traditional and Alternative Medicine. (Office of Traditional Thai Medicine and Herbal Wisdom Protection: 25 February, 2009)

respiratory system - 3.1%, the urinary system - 0.1%, the genital system - 0.05% and mixed conditions - 19.7%. These figures illustrate the potential of traditional Thai medicine, which has a service scope extending to more than just Thai massage as indicated in the criteria set by the National Health Security Office, the agency that allocated budget to support only therapeutic and rehabilitative Thai massage. Results from a study on the situation of Alternative Medicine usage in Thai people's healthcare show behavior in using Alternative Medicine to be: 70% know or have heard about the use of herbal remedies, massage, exercise and consumption of natural products; 60% know about fruit and vegetable juice therapy, acupuncture and acupressure; and 40% know about aromatherapy, art and vitamin therapy. It was also found that 34.9% use Alternative Medicine for disease prevention and an almost equal number use it for treatment while 47.8% use it in conjunction with conservative medicine. In 2008, the Department for Development of Thai Traditional and Alternative Medicine, in conjunction with the Thai Holistic Health Foundation, implemented a project to support the use of Thai medication in pioneering areas of 5 lower central region provinces: Pathum Thani, Phra Nakhon Si Ayutthaya, Suphanburi, Sing Buri and Ang Thong and found that between March-September, 2007, state health service centers used 10,120,038 Baht's worth of Thai medication and 187,918,081 Baht's worth of conventional drugs or 5.38% usage of Thai medication to conventional drugs. Between the months of October 2007-February 2008, the value of Thai medication used by state health service centers was 5,169,613 Baht while the value of conventional drugs used by state health service centers was 87,210,928 Baht or 5.79% usage of Thai medication to conventional drugs. Many problems persist in the development of Thai medication and herbal remedy even though they are beneficial to Thai society. These problems relate to the people's values, understanding, way of thinking and the usage method of the Thai drug and herbal remedy system. Issues are existent in the educational system with respect to including Thai drug and herbal knowledge to all levels of study and integrating Traditional Thai Medicine to the service system. At least 3 agencies have planned and implemented the setting up of a prototype Traditional Thai Medicine hospital: the Chiangrai Rajabhat University, the Rajamangala University of Technology Isan and the Department for Development of Thai Traditional and Alternative Medicine. The outstanding characteristic for the Rajamangala University of Technology Isan is that it has received budgetary support for the hospital construction from the provincial administration organization and that it focuses on using the northeastern folk medicine wisdom in its service provision. Both the Chiangrai Rajabhat University and the Rajamangala University of Technology Isan have a college of Traditional Thai Medicine; therefore, their hospitals will provide service and train traditional Thai medical students at the same time. The Department for Development of Thai Traditional and Alternative Medicine is more geared toward serving as a study and research center than providing services or training. Nevertheless, all 3 agencies are still unclear about their plans for a prototype Traditional Thai Medicine hospital.

2.2.3 Data to June 2009 shows that Thailand has 1,001 manufacturing plants for traditional and herbal medicines (287 in Bangkok and 714 in other provinces). Among these, there are only 14 plants certified with ASEAN Good Manufacturing Practice for Herbal Medicinal Products (GMP) and 19 plants certified with standard GMP. Market share for traditional and herbal medicines (both for human and animals) is 2.5473 billion Baht (account for 6% of modern medicines, which have a market share at 104.15862 Baht (<http://wwwapp.fda.moph.go.th/drug/>))

There are only 19 items of traditional and herbal medicines listed in the National Essential Drug list (2006) (11 items for Thai traditional medicines and 8 items for herbal medicines).

The Thai traditional and herbal pharmaceutical industry is facing problems both inside the country itself and in the world trading arena. ASEAN free trade agreement with ASEAN GMP will be effective within 3 to 5 years, therefore all traditional and herbal medicines manufacturers have to adjust to be able to compete on both product quality and technical information with higher-technology pharmaceutical industries from other countries. Therefore, it is possible that more than 700 traditional and herbal medicines manufacturers will be closed down.

3. Relevant Policies and Laws

- 3.1 According to target no. 60, Chapter 3 of the National Health Statute 2009, Thailand is to have at least one prototype traditional Thai medicine hospital per region, which provides standard services, education, research and training for personnel. Measure no. 64 instructs that the state promote the use and development of traditional Thai medicine and make it achieve quality and standard by implementing the plans set out for target no. 60.
- 3.2 The Action Plan 2009-2011 to Drive the National Strategy on Developing the Thai Wisdom and Thai Way of Health (2007-2011) indicates in Strategy 2: Developing a Health System of Folk Medicine and Traditional Thai Medicine, that plans be made for the setting up of prototype traditional Thai medicine hospitals providing comprehensive services at all levels in 4 regions.
- 3.3 Section 18(8) of the National Health Security Act, B.E. 2545 (2002) prescribes that the government support and co-ordinate with local administration bodies to implement and manage the local health security system or area health security system according to the preparedness, suitability and needs of the locality. Involved agencies are to promote the use of the participatory process for health security among persons within each locality, as stipulated in Section 47.
- 3.4 The plan to develop *Tambon* health promotion hospitals was drafted according to government policy, under the leadership of Prime Minister Abhisit Vejjajiva, to address limitations in management capacity and mechanisms relating to developing primary health care systems. According to this plan, emphasis will be placed on forging co-operation with the community and local administration bodies by making home visits,

strengthening the capacity of families and patients to care for their own health, providing on-going care and using home beds instead of hospital beds (home ward).

3.5 Section 33(1) (c) of the Practice of the Art of Healing Act, B.E. 2542 (1999) prescribes that persons wishing to register and receive a license in traditional Thai medicine must be certified by the government and pass an assessment according to the conditions set by the Traditional Thai Medicine Professional Committee.

3.6 At the meeting held on February 17, 2009, the Sub-committee on the Development of a System and Format for a Prototype Traditional Thai Medicine Hospital appointed by the National Committee for the Development of Local Wisdom in Health, under the Office of the National Health Commission, drafted a framework and guidelines for setting up prototype traditional Thai medicine hospitals. The sub-committee also proposed that in the advocacy move, support should be given to the setting up of prototype traditional Thai medicine hospitals which are independent, to the provision of primary services and to the setting up of a system and service format. Most importantly, the philosophy of prototype traditional Thai medicine hospitals must be based on the kindness caring culture in medicine that provides assistance to fellow human beings.

4. The Reason Why Folk Medicine, Traditional Thai Medicine and Alternative Medicine Do Not Operate in Parallel to Conventional Medicine

4.1 The basis of knowledge in folk medicine, traditional Thai medicine and alternative medicine derives from cultures, societies, beliefs and a knowledge system harboring a different definition of truth and having a different access to knowledge. Methodology used in one system may not be effective in proving knowledge taken from other systems. For these reasons, the format of services provided and the work systems differ from mainstream health services but a different set of measures needed for the assessment of these non-conventional types of medicine has not been adequately developed.

4.2 There is still a lack of institutional support, especially from academic and medical institutions working in research and development. A small number of academics and researchers are interested in conducting studies for developing folk medicine and traditional Thai medicine. The scenario here is different from China, where the study and development of knowledge and technology in non-conventional medicine is accepted parallel to conventional medicine, both within the country and abroad.

4.3 While the health system has evolved into the health security system according to government policy and according to the project to provide healthcare services to all people, providing protection for civil servants under the welfare scheme and to private sector workers under the Social Security System, there is yet to be a system which institutes folk medicine, traditional Thai medicine and alternative medicine services as part of the umbrella scheme.

4.4 There has not been sufficient fruitful support given to the actual use of folk medicine, traditional Thai medicine and alternative medicine as can be seen from the situation on the state of traditional Thai medicine services in the government public health service system for

2006: 94.97% of medical centers and general hospitals (96 facilities), 90.51% of community hospitals (719 facilities) and 88.08% of health stations provide traditional Thai massage services. Most health stations provide only herbal medicine services but don't provide any Thai massage or medical services. The herbal medicine available may be only one or two kinds, just so to comply with the Ministry of Public Health policy.

Overall, although service in traditional Thai medicine is available within the country's public health system, it still plays a dependent role to the conventional medicine system. Decision making power, the management of service systems, the selection of traditional Thai and herbal medicine, and the allocation of budgets and the issuing of treatment instructions are all still dependent on physicians of conventional medicine and on the estimates of expenses and disbursement of benefits regulations, which permits payment only according to the entitlement of service users.

5. Development Limitations and Issues

5.1 With regard to the registration of traditional Thai medicine practitioners, according to Section 33(1) (c) of the Practice of the Art of Healing Act, B.E. 2542 (1999), experienced folk healers may register as practitioners without having to report themselves as students or taking a test for registration like in the past. Nevertheless, this scheme has not been able to reach the majority of folk healers and has not paid sufficient attention to differences in the traditional system of knowledge transfer and the variety of knowledge that is unique to each location.

5.2 Although the exception in Section 30 (2) of the Practice of the Art of Healing Act, B.E. 2542 (1999) permits folk healers "to assist and heal patients...according to ethics and without taking compensation", this does not make it possible for them to make a living from being folk healers alone and is part of the reason why their descendants refuse to carry on the profession.

5.3 Limitations regarding the development of standards for the acceptance of effectiveness, efficiency and safety include lack of clear theory development and lack of systematic research. There is also a lack of legal definitions, which create restrictions in professional development; for example, the applied traditional Thai medicine definition "*using medical science instruments in the research and treatment of disease as prescribed by the Ministerial Regulation*". In this respect, the Ministerial Regulation needs to be amended, which is a very difficult task and may receive opposition from people of other relevant professions. Meanwhile, in China, traditional Chinese medicine has made applied use of scientific instruments, creating great progress and the reason why conventional medicine is so advanced today is because it has been able to limitlessly apply the use of instruments and knowledge from all fields.

5.4 Issues relating to the development of traditional Thai medicine personnel include the variety of curricula, the shortage of instructors-both in number and quality, the standard of schools according to standard criteria set by the Professional Committee and the length of training. For these reasons, a lack of quality and standard persists among traditional Thai medicine practitioners produced by the system, which in turn affect the service users.

5.5 Every year, the number of registered medicine practitioners increases. In 2008, the number of all categories of registered traditional Thai medicine practitioners (cumulative number from 1929) was 46,291, which comprised: 23,379 traditional Thai pharmaceutical practitioners, 16,894 traditional Thai medical practitioners, 5,721 traditional Thai midwifery practitioners, 297 Thai massage practitioners and 568 applied traditional Thai medical practitioners. So far, there has been no framework for manpower within public or private health facilities and no controls have been put in place to produce personnel who are qualified to a standard accepted by law. No control exists to supervise the medical practitioners to efficiently perform according to the standards set by law and also no controls exist to prevent those who are not medical practitioners from performing an act of a practitioner. Furthermore, there are problematic drugs and herbal health supplements present in the market.

5.6 The important issue in relation to the present Drug Act is the composition of the Drug Committee. Although there are two qualified persons who are traditional medicine practitioners sitting on the committee, they are a minority of 2 from a total of 19-20 committee members.

5.7 At present, folk healers and traditional Thai medicine practitioners are forming associations or federations but they still lack support and need further development into a folk healer network and professional council on traditional Thai medicine, which will enable traditional medicine practitioners to improve their standards, provide oversight and protect folk medicine and traditional Thai medicine consumers.

Issue for Consideration by the National Health Assembly

The National Health Assembly is requested to consider document: Health Assembly 2/ Draft Resolution 6.