

FROM COMPETITION TO COLLABORATION

The World Health Organisation (WHO) defines traditional medicine as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”

A WHO workshop presentation by Dr Wolfgang Henckert, Namibia

DIFFERENCES, COMMONALITIES AND SIMILARITIES

	Traditional Medicine	Modern Medicine
Knowledge protection	Open access	Closed, patent-protected
Formulation	Ad hoc during consultation with the patient	Pre-determined, and once tested in clinical trials cannot be changed unless re-tested
Availability	Decentralised and distributed across many home practices	Centralised and often difficult to reach

	Traditional Medicine	Modern Medicine
Research	Limited , lacks funding, but various attempts such as TKDL in India	Highly funded
Regulation	Virtually none	Highly regulated
Approach	Patient-centred , holistic approach	Outcomes-based , standardised treatments
Testing	No formal testing as knowledge is anecdotal and oral, especially in Africa	Rigorous trials that happen in different phases

	Traditional Medicine	Modern Medicine
Dosage	Unfixed: the correct dosing of active ingredient(s) is particularly difficult with plant medicine	Fixed doses that tend to vary only slightly with age or weight, or disease severity
Consultation	Lengthy , and the patient is asked about a wider range of questions than just their symptoms	Consultations tend to be brief and focused , especially as national health systems come under strain
Training	Lengthy training over many years, where practitioners are often born into a family of healers	Often vocational: , but often also lengthy
Applicability	A holistic, lifestyle approach	A good solution for acute afflictions , infection control, surgery, etc.

Adapted from SciDevNet, <https://www.scidev.net/global/features/integrating-modern-and-traditional-medicine-facts-and-figures/>

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**NOW MORE THAN EVER, THE INTERNATIONAL
COMMUNITY MUST REPLACE PUNISHMENT WITH
SUPPORT AND PROMOTE POLICIES THAT RESPECT,
PROTECT AND FULFIL THE RIGHTS OF ALL.**

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OHCHR. (June 2023). <https://www.ohchr.org/en/press-releases/2023/06/un-experts-call-end-global-war-drugs>

**To keep a marriage healthy,
the first thing is to honour the relationship itself.**

KEY MESSAGES

REFLECTIONS ON THE NAMIBIAN EXPERIENCES

A While traditional healing commonly exists alongside conventional health practices, legal definitions seem to remain **work in progress** in Namibia.

B Unless thoughtfully established, compliance monitoring will add **additional cost and burden** to an already stressed system.

C Understanding the TM will continue to exist regardless of efforts to place them in legislative boxes, the proposed draft legislation has considerable shortcomings that make it unworkable, despite best intentions. Keyword: **policy/legislative systemic bias**.

KEY MESSAGES

REFLECTIONS ON THE NAMIBIAN EXPERIENCES

D The COVID pandemic showed clearly that a) public health systems do not even closely know **how ill their populations are**, and that **b) public health establishments across the world lost confidence** of its citizen across the world.

E T&CM is a system of careful relationships with people, grown over generations. **Trust is an essential component that may not be lost.**

F **Protecting biodiversity = protecting cultural diversity = TK community protection = T&CM protection**

KEY MESSAGES

REFLECTIONS ON THE NAMIBIAN EXPERIENCES

C The broad spectrum of approaches to traditional medicine and all attempts to define and classify have revealed **complex** terminology, historical antecedents and diverse cultural meaning.

H The current approach is – '**TM doesn't do damage, but also no good, so no need to regulate**'. Keyword: **paradigm of pluralities**.

I Most medical doctors have **no knowledge about TM**, not even about, say, nutrition – they will refer people to nutritionists, but not to TM practitioners. Keyword: **Integrative Health**

KEY MESSAGES

REFLECTIONS ON THE NAMIBIAN EXPERIENCES

J TM practitioners have **no access to insurance cover, and no access to medical aid cover**, even if the patient preferred the TM treatment route. Keywords: **Segregated markets, monopolistic industry.**

K Most TM practitioners experience marginalisation, stigmatisation, dismissal, racism, and religious dogmatisation. Keyword: **educational bias.**

L TM played and continues to play an important role in mental health matters of the population. Keyword: **preventative healthcare.**

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SPENDING TIME IN A FOREST ACTIVATES THE VAGUS NERVE, WHICH IS RESPONSIBLE FOR INDUCING CALM AND REGENERATION.

AND SPENDING JUST ONE SINGLE DAY IN A WOODED AREA INCREASES THE NUMBER OF NATURAL KILLER CELLS IN THE BLOOD BY ALMOST 40 PERCENT ON AVERAGE.

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Arvay, Clemens: The Biophilia Effect.



ALL TK AND TM SYSTEMS ARE LIVING MYSTERY AND WISDOM SCHOOLS!



THANK YOU

2000 BC Here, eat this root.
1000 AD That root is heathen!
Here, say this prayer.
1850 AD That prayer is superstition!
Here, drink this potion.
1940 AD That potion is snake oil.
Here, swallow this pill.
1985 AD That pill is ineffective!
Here, take this antibiotic.
2000 AD That antibiotic is artificial!
Here, eat this root.