

## TRADITIONAL CHINESE MEDICINE

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Before my recent tour of China to study the traditional Chinese medicine and acupuncture, I had the impression that their medical system was as ancient and orthodox as our non-allopathic systems of Unani and Ayurvedic medicine. As China recognised and adopted her traditional system, our non-allopathic practitioners including homoeopaths, were encouraged to demand recognition of and patronage for their systems which they claimed as indigenous and superior to Western and Government backed allopathic system. My Chinese tour, however, convinced me that there is nothing common between our indigenous systems and the traditional Chinese system of medicine. The Chinese system, which is practised in all hospitals and institutions under Government control, is modern, advanced and as scientific as the Western system.

Before liberation in 1949 China was extremely short of medical and public health facilities. Poverty and disease were the rule. Four million people died every year from infectious and parasitic diseases and sixty million required facilities for daily treatment. As against the availability of 12,000 trained doctors and 71,000 hospital beds, the country needed 466,000 doctors and 3,500,000 beds. The rural population—84 percent of the total Chinese population—could not pay for private medical care. To make for this colossal shortage, new China adopted the system of traditional medicine mainly for economic reasons. Due to the peculiar conditions, they emphasised quantity rather than quality. In the beginning thousands of traditional Chinese doctors and secondary and middle doctors in addition to graduates were produced. The courses in colleges varied from 2-3 to 8 years. Middle and secondary doctors, like our old licentiate class of doctors, could do the advanced academic courses after service in rural areas. This was the best way to extend medical facilities to remote villages where masses of China's population live. Medicines and drugs were in extremely short supply in 1949. They had no foreign exchange to buy or import expensive medicines and drugs from abroad. Nor had they capital or technology to develop their own pharmaceutical industry. But with their policy of self-reliance and non dependence on foreign aid, the Chinese evolved a sound "National Drug Policy". They realised that pharmaceutical products are among the costliest commodities and in a developing country as China then was, the expenditure on drugs could be 50 percent of the total health budget.

Although Chinese medical literature spreads over 2,000 years it, like our non-allopathic system, scarcely offers any knowledge of such basic sciences as bacteriology, microbiology, parasitology, epidemiology, endocrinology, veneriology and advanced biochemistry. It had a very primitive concept of asepsis. Like Hikmat and homoeopathy, the ancient Chinese medicine cannot prevent small-pox, typhoid, T.B., cholera, malaria and other preventable communicable diseases. Although the Chinese sacrificed quality for quantity in the beginning they realised the importance and value of advancement in the knowledge of modern medical science in the prophylactic and curative fields. Therefore, they trained majority of their doctors on Western lines. Now they are trying to integrate their old system with the modern system in all their hospitals and colleges.

The modern traditional Chinese medicine is very much like the Western system with only one major difference, i.e. in the use and knowledge of their own herbal pharmaceutical preparations. This herbal or indigenous pharmaceutical industry is founded on scientific lines. It is because of its scientific methodology that the Chinese have been able to integrate their own herbal system with that of the West so easily and are practising it with such remarkable success in their hospitals. The basic training and education of all qualified doctors in China is on Western lines. They are trained in basic sciences like anatomy, physiology, pharmacology and pathology, bacteriology and preventive medicine, as is being done in our own medical colleges. The only variation is the teaching of Chinese herbs and pharmacology in the traditional and Western type of medical colleges.

There are two broad types of medical colleges in China, the Chinese traditional medical colleges and hospitals and the Western medical colleges and hospitals. All the hospitals and medical colleges are under the general administration of the Academy of Medical Sciences, which itself is a part of the National Academy of Sciences in Peking. There is an Academy of Traditional Chinese Medicine as a branch of the Academy of Medical Sciences, which is responsible for supervising and implementing the Government policy of integrating the traditional Chinese medicine with the Western medicine in all hospitals and medical colleges. There is no line of demarcation or watertight compartments between the two systems. Rather they overlap.

In both types of institutions, basic subjects are taught to all students. They are required to learn modern preventive medicine, surgery, pathology and bacteriology with X-Ray, E.C.G. etc. It is in the applied medicine and therapeutics that the syllabus is divided. In a Western type of medical college it is 70 percent Western

medicine while 30 percent is traditional Chinese medicine. Reverse is the case in a traditional medical college. Basically and for all practical purposes, the education is of Western type except for the practice of medicinal therapy.

The old Chinese system of medicine and acupuncture has now been built up on modern lines and reinforced with the advantage of the ancient science. Through research and scientific study the Chinese have identified the therapeutic effects of all the herbs/leaves/roots used by ancient Chinese doctors and given them new scientific names. They have a complete pharmacopoeia of their own listing about 5,000 traditional medicines. These medicines are described in detail with their botanical names, active alkaloid, formulate, chemical names, absorption in the body, toxic and other effects on various organs of the body and their therapeutic doses. All these herbs/plants are displayed in their colleges and hospital museums, for reference and teaching. Their research institutes are staffed by very highly qualified doctors and scientists who use most modern and sophisticated equipment and technology to develop their own pharmaceutical industry. This use of their natively produced medicines and drugs rather than that of imported and costly Western ones is the difference in Chinese hospitals. The diagnostic and investigation techniques are the same as those used in the Western hospitals. They use all the laboratory methods and equipment likely to be found in any modern medical clinic—the X-Ray, E.C.G. monitors, ultrasonic, isotopes and other up-to-date equipment and instruments for diagnosing a disease. But when it comes to treatment, they prescribe own medicines which are very cheap. Most of their traditional medicines and drugs have been tested and used for centuries by ancient Chinese doctors, but these have undergone a thorough, scientific and clinical evaluation in the research institutes and hospitals of new China. All their medical products come from within the country and they have prepared complete clinical data on indigenous drugs.

However, they are not allergic or indifferent to the advantages or superiority of medicines produced in the West. They are fully aware of their uses and of the advancement of pharmaceutical preparations of the West and freely prescribe them to their patients where necessary. These medicines are taught in their medical colleges as part of syllabus.

A visit to the Institute of Traditional Materia Medica in Peking will impress anybody that the traditional Chinese medicine has no similarity with the indigenous systems of our country. This institute has a staff of 700 and 400 research workers. They are trained in

Western countries and most of them speak fluent English. They have most sophisticated and up-to-date laboratories and equipment for research. I am not aware of any such institute in our country. Chinese doctors of the Institute give scholarly lectures with the help of slides, pictures, statistics, graphs and complicated formulae of indigenous drugs under research. They have produced in their laboratories drugs from Chinese herbs/plants for murine leukemia, myocardial infarctions, hypertension, chronic bronchitis and chronic hepatitis. We were told that they were experimenting to produce contraceptive drugs of their own. They claimed great success with their antitumour drug "Harigotnin" which is an alkaloid of the Chinese herb "Cephalotoxin". They had treated 66 cases of blood cancer and claimed a high percentage of success. We saw some of these patients of cancer and coronary vessels diseases being treated with them in hospitals. The other drug "Tanshinone" was derived from Chinese herb, "Dan-shen" which belongs to the species "salvia Mitiorrhiza". This is claimed to be effective in the coronary vessels diseases and angina. It is also found to be bacteriostatic for gram positive organisms, i.e. streptococci and staphylococci aureus, specially those which have become antibiotic (a Western medicine) resistant.

Another conspicuous feature of the traditional Chinese medicine is that pharmacy departments in all hospitals and medical institutions produce their own drugs, pills, injections and infusions. This was the most interesting and educative feature of traditional Chinese medicine. All hospitals and health centres can provide medicines to their patients from herbs and plants grown in their own communes and brigade areas. All the hospitals have botanical gardens and specially earmarked farms where medicinal plants and herbs are regularly grown. There are trained herbalists, botanists and pharmacists whose number and training varies with the size of the hospital. This is the major factor which has helped the Chinese people to attain self-sufficiency in medicine and lower the cost of treatment. In certain cases, these botanical firms produce surplus preparations, which are sold to the Government, bringing extra income to the communes and lowering the cost of treatment still further.

One could learn quite a few lessons from the Chinese example for Pakistan. The shortage of doctors and paramedicals could be overcome by producing middle or secondary type of doctors like the old licentiate class of doctors. Cheap medicines could be produced on the basis of a crash programme through scientific research and work on local herbs and plants the way ephedrine and Rauwolfia Serpentina were discovered in this subcontinent. The information, experience, training and knowledge

of really qualified and keen hakims and unani practitioners could be utilised to implement the "National Drug Policy" as was done in China, so that dependence on costly foreign imported drugs/medicines were reduced and effective standard pharmaceutical products manufactured from indigenous raw material. This should be ensured without compromising the quality.