

Editorial

Evidence-based Traditional Medicine for Transforming Global Health and Well-being

In the current Anthropocene epoch, characterized by intensified, human-induced environmental crises, and natural disasters the interconnectedness of human health and the health of the planet has become more evident with the resulting responsibility to promote healthy living conditions.¹ In our interconnected world, health challenges transcend borders, and addressing them necessitates comprehensive solutions that consider the complex interplay of factors influencing health outcomes. The Covid-19 pandemic has shown that current healthcare systems have limitations and vulnerabilities. This highlights the importance of adopting preventive and health-promoting strategies that go beyond national boundaries. Concepts such as planetary health and One Health are emerging as integrated, unifying strategies to optimize the health of people, animals, plants, and the planetary ecosystem.

To address the complex global challenges of the 21st century including geopolitical conflicts, economic crises, environmental disasters, and pandemics, it is crucial to rethink healthcare. This reimagining is essential for successfully reaching the Sustainable Development Goals (SDGs) and creating a better and more sustainable future for everyone. It is critical to carefully address the social and environmental determinants of health beyond conventional notions of healthcare limited to sick care. Agreeably, healthcare must prioritize explicitly the well-being and prosperity of individuals and communities looking more broadly at social policies impacting health such as agriculture and food, transportation, city planning, housing, racism, sexism, gun safety, criminal justice, war and peace. Embracing principles such as universal health coverage (UHC), preventive healthcare, multisectoral collaborations, social justice, environmental responsibility, and digital technology innovations can pave the way for more equitable and resilient societies.

Governments and agencies worldwide recognize the need for transformative reforms through conducive policies and declarations. The Declaration of Astana 2018, the Helsinki Declaration 2020, and the Geneva Charter for Well-being 2021, developed by the WHO, advocate a well-being economy with a primary focus on primary healthcare to achieve equity, social justice and community empowerment. Moreover, the Shanghai Declaration 2016 and WHO Traditional Medicine Strategy acknowledge the growing importance of indigenous knowledge (IK) and traditional medicine (TM) in advancing health goals. There is a growing consensus to decolonize the restrictive idea of IK/TM and expand its vision to include traditional, complementary and integrative medicine and health systems.

For centuries, TM has been an integral resource for health in households and communities. The WHO recognizes the value and diversity of the cultures of indigenous peoples and local communities, along with their traditional knowledge. To attain the health-related SDGs and WHO's triple billion targets, which aim to ensure UHC, protection from health emergencies, and improved well-being for over one billion people, concerted efforts are being made. The WHO is committed to exploring ways to integrate evidence-based traditional and complementary medicine services, particularly for primary healthcare, to achieve UHC and ensure healthy lives and well-being for all. The WHO global report on Traditional and Complementary Medicine 2019 and the WHO Traditional Medicine Strategy: 2014–2023 remain valuable resources for governments, system planners and health practitioners.² In this editorial, we use the broader concept involving IK and Traditional, Complementary, and Integrative Medicine (hereinafter referred to as TCIM) as a holistic system for planetary health and well-being.

Numerous health-seeking behaviour studies indicate that over 80% of people from both low- and high-income countries want to use TCIM for their health-related problems. The WHO has received requests from Member States to integrate TCIM with conventional healthcare and provide evidence and data to inform policies, standards and regulations for its safe, equitable and cost-effective use. Consequently, the 76th World Health Assembly in May 2023 resolved to develop a new WHO Global Strategy for Traditional Medicine 2025–2034, recognizing the benefits TCIM showed in managing various health conditions including the Covid-19 pandemic.

TCIM for global health

In the present healthcare scenario, the experiential wisdom of IK/TCIM systems can be a valuable ally in providing a holistic and culturally sensitive approach to healthcare. Integrating TCIM into conventional healthcare systems has the potential to promote universal well-being, affordability, access and equity in line with the principles of planetary health. TCIM systems encompass a diverse range of traditional healing practices, including Indian Ayurveda, Yoga, Unani, Siddha, Sowa Rigpa, Naturopathy, Homoeopathy and herbal medicine; and various other indigenous healing systems worldwide such as African, European, American aboriginal, Australian Bush, Indonesian Jamu, Malay, Māori, Persian, Tibetan, Thai and Traditional Medicine of East Asia (Japanese Kampo, Korean and Traditional Chinese Medicine) just to mention a few. By embracing the diversity of traditional healing practices, we can create a more inclusive and equitable healthcare system that values the experiential wisdom and knowledge of different cultures and societies.

TCIM focuses on prevention and lifestyle interventions aligning with the targets of the SDGs on health promotion and disease prevention. Herbal medicine, fasting, forest and nature-based therapies, and practices such as Yoga, Tai Chi, Qigong, and mindfulness meditation have been used for centuries to strengthen the body's resistance and enhance resilience. Prioritizing prevention empowers healthy living, good nutrition, coping with stress reducing chronic diseases and enhancing well-being. In contrast to the typically reductionist approach of conventional medicine, TM emphasizes the interconnectedness of mind, body and spirit, taking into consideration the relationship between the planetary environment and the social and political systems in which we live.

Mainstreaming TCIM into primary healthcare systems can bridge access gaps, making healthcare more inclusive, culturally sensitive and equitable. This, in turn, can foster sustainable development by empowering local communities, supporting traditional healers and promoting eco-friendly healing practices. TCIM also supports local herbal medicine industries, traditional healing centres and wellness tourism, thus stimulating economic growth in rural and marginalized areas, and contributing to sustainable development and poverty reduction.

Evidence-based integration

Evidence-based integration is vital in bridging the gaps in conventional healthcare, which is more about symptomatic care based on the diagnose–dispense–refer model. More attention should be given to patient education and addressing the root causes of illness, which might have historical, social, nutritional and environmental origins. TCIM approaches can facilitate the shift from a reactive sick-care approach to proactive preventive measures, leading to better health outcomes in the long run. Conventional medicine has proficiency in areas such as diagnostics, emergency care, surgeries, infection management and symptomatic relief through powerful pharmaceutical drugs. On the other hand, TCIM distinguishes itself with its person-centred approach, emphasizing a holistic view that considers the interplay of mind, body and environment. It focuses on building natural resilience, adaptability, and managing non-communicable and psychosomatic chronic conditions. Combining the strengths of both systems enables a more comprehensive and personalized approach to healthcare.

TCIM integration supports cultural preservation, acknowledging the importance of traditional knowledge and wisdom. TCIM systems also offer additional tools to address emerging health challenges, including antimicrobial resistance and emerging infectious diseases. Building global partnerships and sharing best practices in TCIM can foster cross-cultural understanding and collaboration, leading to a more inclusive and culturally sensitive approach to healthcare. It is possible that by embracing the principles of TCIM and integrating them into mainstream healthcare, we can promote

affordability, accessibility, and better health outcomes for all. It is time for a paradigm shift from a disease-oriented approach to a holistic healthcare model that respects the diversity of healing traditions and empowers individuals and communities to take charge of their health and well-being. With evidence-based integration and collaborative efforts, TCIM can lead to a healthy and sustainable future for the next generations.

Undoubtedly, the TCIM systems play a crucial role in global public health, planetary health, holistic well-being and equitable healthcare. To ensure successful integration, research using appropriate methods is imperative. Equally important are fair mechanisms for protecting intellectual property rights, benefit-sharing and promoting equitable access to TCIM. Initiatives such as Traditional Knowledge Digital Library (TKDL) from the Government of India remain useful in this direction.

Collaborations between TCIM practitioners, conventional medical professionals and researchers can pave the way for evidence-based integration. While the integration of TCIM holds immense promise, it also presents challenges that need to be addressed. Along with evidence of efficacy, assurance of safety, quality, standardization of practices, products, training of practitioners, pharmacovigilance, regulatory controls and ethical considerations are key areas requiring attention among others. Collaboration and dialogue between governments, healthcare professionals and local communities on policy frameworks for integration of TCIM is necessary.

WHO Global Centre for Traditional Medicine

We commend the WHO leadership, particularly Director-General Dr Tedros Adhanom Ghebreyesus, for his unwavering commitment to engaging all stakeholders, including governments, experts and civil society organizations (CSOs) in meaningful consultations. Dr Tedros' acknowledgment of TM's deep-rooted knowledge and resources in communities reinforces TCIM's integral role within health systems worldwide, providing vital support to millions of people. Recognizing the growing global interest in TCIM, the WHO, with the generous support of the Government of India, has established the Global Centre for Traditional Medicine (GCTM) in Jamnagar, Gujarat, India. Aligned with the Indian philosophy of *Vasudhaiva Kutumbakam* (One World–One Family–One Future), the GCTM aims to be a beacon of knowledge, combining ancient wisdom with modern science to catalyse transformative progress for the health and prosperity of humanity and the planet.³ Its multidimensional approach focuses on evidence and learning, data and analytics, sustainability and equity, and innovation and technology to underpin global health and sustainable development.

As a noteworthy stride towards achieving health and well-being for all, the GCTM organized the first WHO Traditional Medicine Global Summit (TMGS) on 17–18 August 2023, in Gandhinagar, Gujarat, India. Co-hosted by the WHO and the Government of India, and co-branded with the G20 Ministers meeting, this landmark event served as a platform for policy-makers and stakeholders to share best practices, innovations, data, and scientific evidence on the invaluable contributions of TCIM to global health, well-being and sustainable development. The Summit set a precedent for international health discourse, fostering cooperation among nations and transcending geographical boundaries. With a focus on advancing TM to the forefront of healthcare strategies, the Summit forged new partnerships, ignited innovative ideas, and cultivated a shared commitment to achieving health and well-being for all.

As the GCTM embarks on a mission and strategic plan towards a healthier and more sustainable future, we express gratitude to the WHO and the Government of India, Ministry of Ayush for their leadership and generous support in establishing this transformative force for global good. Together, as a global family, we honour the legacy of ancient wisdom and acknowledge its impact on our present and a pivotal role in shaping our future. The establishment of the GCTM and the Summit is a milestone exhibiting reinforcement of our commitment to scientific development in TCIM systems for global health and well-being.

Pivotal recommendations

At this historical juncture, the WHO Expert Advisory Group proposes five pivotal recommendations: First, harness the contribution of TCIM to advancing planetary health and well-being at all ages by ensuring regional and culturally appropriate nutrition and lifestyle for a sustainable environment and promoting a well-being economy framework recognizing the value of IK that stood the test of time. Second, encourage more transdisciplinary research, develop appropriate methods, and enhance

research funding to TCIM for innovation, technology and translation commensurate with public demand and use. Third, strengthen strategies for information, education and communication to create more awareness about the importance of scientific evidence, and promote understanding and trust among all stakeholders in multisectoral partnerships to co-develop international standards and accreditation systems for practice, regulation and to advance knowledge from TCIM. Fourth, redefine laws, policies, and health services to enable holistic, informed, seamless choices with a transformative focus on prevention, primary care, planetary health, and well-being rather than simply distributing integrated cure services and interventions. Fifth, shift political and economic models beyond mere profits to promote equity of access, rights, shared benefits, financial protection and incentives to make TCIM a driving force in achieving health-related SDGs, planetary health and well-being for all.

Towards planetary health and well-being

The evolution in medical systems over the past few decades has led from eminence-based medicine to evidence-based medicine and transmuting to increasingly patient-centred medicine. With more focus on preventive and resource-oriented medicine considering the entirety of humans and the ecosystem in the sense of One Health, planetary health and well-being, TM offers approaches for the promotion of health and well-being. In several regions, experiences of evidence-based integration of TCIM with conventional healthcare during the Covid-19 pandemic have been very encouraging.⁴ This is the time to break 'pathy'-based silos to transgress from the EGO system to the ECO system prioritizing mutual respect, public needs and global good.⁵ We may envisage the integration of TCIM and conventional medicine as a modern healthcare system in the future.

We are confident that the WHO GCTM and the first TMGS will stimulate cross-cultural, transdisciplinary, intellectual dialogue converging into a path-breaking declaration. The Summit can also enable the global community to a resilient health system integrating evidence-based, patient-centred healthcare systems for more inclusive, culturally sensitive and equitable healthcare. With concerted efforts and a shared vision, we can harness the immense potential of time-honoured healing traditions to transform lives and our planet.

Conflicts of interest. None declared

AUTHOR CONTRIBUTIONS

Bhushan Patwardhan conceptualized and created the first draft. All the Members of the WHO External Advisory Group for TMGS endorsed the idea and the final manuscript. L. Susan Wieland, Anchalee Chuthaputti, Roshanak Ghods, Goh Cheng Soon, Georg Seifert, Sione Tu'itahi, Ricardo Ghelman, Shyama Kuruvilla, Kim Sung Chol and Kathi Kemper critically reviewed the draft, added content and offered valuable suggestions for improvement. Participating editors reviewed, endorsed and agreed to publish it online/in print.

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REFERENCES

- Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, de Souza Dias BF, *et al*. Safeguarding human health in the Anthropocene epoch: Report of the Rockefeller Foundation Lancet Commission on planetary health. *Lancet* 2015;**386**:1973–2028.
- WHO. *Global report on traditional and complementary medicine*. WHO; 2019. Available at www.who.int/publications/i/item/978924151536 (accessed on 1 Jul 2023).
- WHO. Global center for traditional medicine. 2022. Available at www.who.int/initiatives/who-global-centre-for-traditional-medicine (accessed on 29 Jul 2023).
- Kotecha R. The journey with COVID-19: Initiatives by Ministry of AYUSH. *J Ayurveda Integr Med* 2021;**12**: 1–3.

5 Lele RD, Patwardhan B. Transiting from pathy-based to people-centered holistic healthcare. *J Ayurveda Integr Med* 2020;**11**:A1–A3.

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