

Reshaping of Eastern Medicine in Pakistan

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Pakistan is facing the crisis of Eastern Medicine and subject that falls under its domain like the traditional medicine (WHO), herbal medicine (general term), alternative and complementary medicine, Unani medicine, Ayurvedic medicine, Chinese traditional medicine (TCM) and herbal supplements. Higher Education Commission (HEC) Islamabad approved the Courses and curriculum of Eastern Medicine for the degree (BEMS) and post graduate degree (PhD and MPhil) in 2004 and again revised in 2015. It is to record that that WHO took a laudable decision, The Alma Ata Declaration at Kazakhstan in 2002. It was also noted that about 70-80 % of people especially in the world make use of traditional remedies when they are ill. World Health Organization (WHO) formally launched primary health care in Alma Ata in 1978. The Primary Health Care strategy advised the integration of Traditional Medicine into the health care delivery system so as to improve the coverage and accessibility of primary Health Care. According to Ordinance of Higher Education Commission Provisional Constitutional Order No. 1, 1999 and Higher Education Commission 2002, under section 2g, Definition specifically mentioned that higher education means education at Bachelors and higher level degree courses including post graduate, certificates, diploma, research and development activities. Further in 2h, means institutions means any university, or any other degree awarding institutions that offer higher education or involved in research and development

activities. As such there is no Council for graduates of Eastern Medicine framed by the Law for regulations in Pakistan. Only there is only one Council, National Council for Tibb (NCT), but it caters for Matric pass diploma holder certificate, so it is required to be replaced for Pakistan Eastern Medical Council. In the National Health Vision Pakistan 2016, it is stated that, "national body will have the responsibility of oversight of the implementation of the national health vision. As such it is understood that HEC is now entrusted with the task to develop and institute Council in the subjects as required under law and regulations of HEC Islamabad. HEC has already formulated five councils as follows. The Accreditation Councils are to ensure quality of the programs offered at institutional level. There are nine independent professional councils while five councils have been established under HEC. According to the Powers and Functions of the Commission as stated in Ordinance No. LIII of 2002, Para 10, Clause e "the Higher Education Commission may set up national or regional evaluation councils or authorize any existing council or similar body to carry out accreditation of Institutions including their departments, facilities and disciplines by giving them appropriate ratings". The Commission shall help build capacity of existing councils or bodies in order to enhance the reliability of the evaluation carried out by them. Similarly, HEC evaluated all the pros and cons, and decided to institute and establish the

Pakistan Eastern Medical Council under the HEC ordinance as per rules and regulations.

According to WHO 67% of populace of Pakistan prefers treatment with Eastern Medicine system of medicine. The disease pattern in Pakistan mostly fall under infections and resistance to antibiotics appears as health concern and medicine adverse drug reaction are on increase, it is for this reason many antibiotics and life conserving drugs have become counterproductive. It is need rather than desire to induct Eastern Medicine and practice in public hospitals in Pakistan. Pakistan Eastern Medical Council will play a positive role to integrate Eastern Medicine in hospitals for curative and health promotive functions. As highly educated graduates in Eastern Medicine are earning MPhil and PhD degrees from Universities in Pakistan as well obtaining degrees from China and Japan. The candidates are very good human resources to develop new dosage form design to evolve new Eastern Medicine evidence based medicine. There are currently more than 800 companies producing medicinal plant products with annual revenues in excess of \$4.5 billion. These statistics are indicative of the rapid growth in the marketplace for plant-based health products, the increased variety of available medicinal plant preparations, and broadening of the consumer base motivated by the increasing perception of plant preparations as safe alternatives to conventional medicines. Pakistan Eastern Medical Council will evolve clinical trials strategy and subcommittee as well as ethical committee to cooperate with the universities and intuitions for basic building block research and development for Eastern Medicine evidence based therapies.

There are approximately over 4000 manufacturers of herbal marketable products in Pakistan. Although there are referred 277 registered firms or industrial units with Pakistan Eastern Pharmaceutical Manufacturing Association (PTPMA).

The phytopharmaceuticals industrial set up can be classified either as of industrial or dawakhana

category. There are round about 1300 or more raw material herbal supplier (trader, shops, whole seller) which serve the market as well as the industry, however these cannot be enumerated being not registered with any agency or having any association to further their interest. The data on the national health grid or statistics i.e. the number of industrial facilities, manufacturers, importers and exporters, product types, price structure, sales and distribution of herbal products or natural medicine is not available or organized. Although these sectors of herbal medicine are now to be qualified both in quantitative and qualitative terms of reference. Pakistan Eastern Medical Council will cooperate and assist herbal medicine industry by arranging workshop, seminars, conferences and interactive discussion groups in subjects of quality control and assurance, validation of Eastern Medicine, good manufacturing practices in industry etc.

The burgeoning market and spurt of sales of Eastern herbal medicine, dietary supplements in the developed and economically viable countries are very much evident in the affluent societies. As a result of which the industry has already started provision of clinically documented herbal medicine. The global market for herbal medication will be 120 billion US \$ as enunciated by Euro Market Report 2016. Eastern Medical Council will be instrumental in the expansion of the industry and it will be link between the government functionary and industrial liaison. The herbal medicine market according to EuroMonitro will grow up to 3 trillion dollar market in 2030. For these purpose linkages between universities and industry is required in the research capacity building where Eastern Medicine should have to have a center of excellence in any given university that will be one of the pivotal option that will exert its influence as the cementing bond of high class researches between industry, universities. Jinnah University for Women, credited to start the Department of Eastern Medicine, is the only teaching and research for women of its nature and kind in the country.

It is about understanding that, in the complex world of the twenty-first century, no single therapeutic strategy, and no one approach to knowledge, can have a monopoly on effective diagnosis and treatment for all conditions. An integrated approach with Eastern Medicine in public sector hospitals offers different therapeutic options, supporting patient choice, and with the additional benefit of delivering huge potential cost savings in the management of chronic long-term sickness. The research in Eastern Medicine

in universities and over and above will stimulate innovation in the ways to provide healthcare practice, so that patients can benefit for the maintenance and enhancement of their health and well-being.