

Integrating Chinese and Eastern Medicine for Reforms

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The Chinese state system of medical education has been undergoing reform since the turn of the millennium. Unlike the Unani/Eastern system of medicine system in Pakistan, Traditional Chinese Medicine (TCM) is a required instead of a discretionary part of a medicinal instruction in China. The undergrad medical colleges are stipulated by the Ministry of Health to give TCM courses in the institutions. The TCM is now inserted inside state social insurance administrations; most clinicians are instructed with various kinds of TCM therapeutics, including home grown prescriptions and current allopathic solution. Current TCM education is a mandatory part of medical education in China. It is better that integration of theory and practice in both systems is a better option in the clinical setting, where more experiential/practical training along with problem-based learning in medical education is the case forward in China. The change in TCM education as well as clinical rotation in TCM go to gather as a broad implementation at different stages of medical training in China to reflect knowledge based clinical applications.

Medical education in China has already taken a new turn to integrate conventional and Chinese medical education through bridging the differences of these two systems historically developed apart. It should be understood that Chinese system of Medical Education has been continuously in reforms but traditional system has always been the part of medical education. Traditional Chinese Medicine is the part of five years curriculum of all medical courses in China.

It very well may be said that therapeutic instruction in China is amidst foundational change. Starting at 2015, every one of the 5-year restorative graduates must experience 3 years of residency preparing in the alleged "5+3" standard to meet the base necessity to rehearse as doctors (NHFPC 2014). This state-drove

exertion to grow clinical preparing combines with therapeutic schools seeking after changes in bringing multi-forte clinical instruction into prior phases of biomedical preparing. However, regardless of China's one of a kind double track arrangement of "TCM" and "Western prescription", little exertion has been made in evaluating how biomedical doctors have gotten their obligation for preparing in TCM. This examination demonstrates that a sizable level of clinicians at an extensive multidisciplinary Chinese training doctor's facility routinely utilize TCM for their patients. It is inherent fact that allopath Doctors in Pakistan are prescribing herbal medicine in their clinical practice. Be that as it may, half of clinicians and therapeutic understudies reviewed consider their required coursework to have been not as much as accommodating. Information of how to apply TCM has shaped unsystematically, in light of regular presumptions, without separation between medication fixings and classes, and frequently without counseling TCM doctors. Given that TCM will keep on assuming an essential job in most Chinese clinicians' remedial munitions stockpiles, more focused on clinical preparing in TCM is justified later on. Incorporating Chinese restorative and biomedical instruction at the bedside, in any case, harbors various difficulties that will require more noteworthy coordinated effort among TCM and Western prescription doctors to survive. This snapshot of clinical training change is a critical time to survey as far as possible and future headings of applying customary Chinese drug at the bedside.

The pull to China, as opposed to other countries like Pakistan, Eastern Medicine training is available, has its roots in two directions, the MBBS bad BEMS (Bachelor of Eastern Medicine & Surgery) courses are regulated by Higher Education Commission Pakistan with different education courses and curriculum. But the subject of biomedical and medical

subjects is identical, only the difference lies in the mode of treatment with modern medicine and eastern medicine. However, the dosage form design in both the cases medical and eastern medical appears as to be similar an identical. The difference lies in surgery course where modern medical education has an adequate and in-depth knowledge practice of surgery. But in eastern medicine program the surgery course consists of minor surgery.

The demand for qualified Eastern Medicine and TCM practitioners is on the rise and acceptance of herbal and natural medicine by the populace of Pakistan is embedded with social and cultural milieu. The upshot of these entire social and cultural factors seems to be an increase in the professional opportunities available to license of eastern medicine by the National Council for Tibb practitioners. The same stands true in case of Pakistan where Pakistan is following the footsteps of China to provide better options of treatment strategies. China has 42 mono-particular TCM schools/colleges and 238 colleges that offer TCM programs. Forty-six specific colleges offer ace level projects and 17 offer projects at the doctoral level. But in Pakistan the eastern medicine only is imparted 10 universities, 6 in private sector and 4 in public sector universities. Whereas ten Universities and colleges are offering BEMS, MPhil and PhD Eastern Medicine & Surgery courses in Pakistan such as The Islamia University, Bahawalpur, Government College University, Faisalabad, University of Balochistan, Quetta, The University of Poonch, Rawalakot AJK, Hamdard University, Karachi, Jinnah University for Women, Karachi, Dewan University, Karachi, Qarshi University, Lahore, Benazir Bhutto Shaheed University, Lyari Karachi and University of Karachi, Karachi.

The similarities and differences between Chinese medicine (CM) education in China and Eastern Medicine (EM) Pakistan are considered for comparison of the five-year undergraduate programs offered by the Universities of Chinese Medicine and Bachelor of Eastern Medicine & Surgery in private and public sector universities in Pakistan. The curricula and structure of the programs and the development of graduate capabilities for competent and safe clinical CM/EM practice. The consideration the quality assurance processes and the requirements of external regulatory authorities in case of Pakistan are done by Higher Education Commission Pakistan. The curricula and educational

objectives of them and EM programs are broadly similar. Both institutions of China and Pakistan have established rigorous processes for managing teaching quality and ensuring appropriate graduates to promote evidence-based CM/EM practice. However, there are differences relating to the healthcare systems of China and Pakistan. In China CM practitioners are allowed to practice in Hospitals where as no such provision is facilitated by the Health care provider in Pakistan do not allow either to practice in government hospitals. The resources and clinical training facilities such as CM hospitals, differences present major challenges for the internationalization of EM practice in hospitals.

The Chinese parliament has passed an act of TCM to regularize all TCM Practitioners and enroll them with TCM Practitioners Board in 2000. The enrollment of TCM Practitioners started in 2001 with the enlistment of acupuncturists. In Pakistan, BEMS graduates are registered with National Council for Tibb, under Ministry of Health in 2008.

The Chinese Society of Traditional Chinese Medicine was affirmed by the administration of the State Council on December 18, 2000 to change its name from the Chinese Society of Management of Traditional Chinese Medicine Enterprise following 2 years arrangement since 1999, under the record of No.2, class of NGO and Social Group of the Ministry of Civil Affairs. The Conference to praise the foundation was assembled on May 20, 2001 in the Great Hall of the People. The Chinese Society of Traditional Chinese Medicine is the renowned legitimate individual speaking to the area of conventional Chinese pharmaceutical in China. The Mission of the Society is to serve for the area of conventional Chinese drug, to defend the authentic right of the individuals from the Society, to advance the institutionalization and the improvement, to proliferate the way of life of Chinese pharmaceutical and to all the more likely fulfill the need of the general population. In that capacity no general public for Eastern Medicine affirmed by the Government of Pakistan. The instance of incorporation of Eastern Medicine in the Unani, Ayurvedic and Homeopathic specialists' demonstration 1965 is still under the thought of Ombudsman of Pakistan.

The Chinese Medicine Council is a statutory body built up under the Chinese Medicine Ordinance. The Council is in charge of actualizing administrative measures for Chinese medication. The fundamental

reason for control of Chinese drug is to secure general wellbeing and shoppers' rights and to guarantee the expert standard of Chinese solution rehearse. But in Pakistan, Pakistan Medical and dental Council, does not recognize Eastern Medicine, whereas National council of Tibb (NCT) registers the practitioners under their UAH act 1965, but Eastern Medicine graduates have no role to play in the functions of NCT. Although Eastern Medicine Association BMA-Pakistan have submitted documents and plea for the formation of Pakistan Council for Eastern Medicine, under the Ministry of Health and Coordination, and National Accreditation Council for Eastern Medicine by the Higher Education

Commission Pakistan. Our government functionary should learn a lesson from China to recognize the legitimate rights of eastern medicine for better promise of tomorrow.

Chinese Government has created a horizon for evidence based TCM that is boosting the traditional system of medicine. Traditional Chinese Medicine (TCM) has got much in ways on the face of the world. The academic and community are both benefited by the system. It is the remarkable expression of interest, the great leader Chairman Mao Zedong created the credibility of TCM and promoted it for the nation to facilitate the bridging of medicine, and this process continues apace and unabated.