

Feature

Health

Merits of Traditional Medicines not Realised

by Mahbubur Rahman Saki

DISEASE, decay and death are as old as mankind and alleviation of disease and preservation of health from decay have been considered to be a noble duty from antiquity. Diet and drugs have been treated as a remedy for the disruptive events in the life process. The prehistoric man derived the therapeutic agents from nature nearer to his environment. The plant kingdom served as the best natural source of medicine from the very start of human civilization. The medicinal plants used for therapeutic purpose are widely termed as traditional medicine.

Necessarily, for wide coverage of disease pattern and enhancement of therapeutic action, mineral and animal constituents have been incorporated in the plant medicine. Thus the use of natural sources based on beliefs for diagnosis, prevention and elimination of physical, mental or social imbalance, relying exclusively on practical experience forms the practice of traditional medicine. Traditional medicine is considered as a solid amalgamation of dynamic medical know-how and ancestral experience. Active constituents isolated in pure forms from medicinal plants for use as therapeutic agents, are also excluded from the authoritative testimony of traditional medicine.

Traditional medicine varies in different countries and exists in different names depending on one's socio-cultural heritage, religion-political aspects, economic conditions, trends and traditions. In Bangladesh Unani and Ayurvedic systems of medicine are in vogue as traditional medicine, chiefly based on remedial agents from plants. Though Homeopathic system of medicine plays a vital role in our health care and uses, a huge number of medicinal plants are excluded legitimately from the definition of traditional medicine.

Traditional systems of medicine take a holistic approach of man in relation to his surroundings. That health is not considered merely an absence of disease rather a perfect state of physical, mental, spiritual and social well-being is a common and positive feature of almost all the traditional systems of medicine.

Naturally, in such a theme, the individual, his environment, his temperament, constitution, predispositions, immunities, etc play an important role in health status. On the other hand,

diet regimen, food compatibilities, living habits and mental composure are considered significant in falling ill and cure of diseases.

The use of natural products in crude forms in traditional medicine has its own philosophy and benefits. A crude herb contains chemical constituents besides active principles. The built-in anti-dote mechanism provided by nature protects the healthy tissue from the ill effects of the drugs. The prolong use of such drugs within medicinal doses does not inflict any harm. As a consequence of synergistic effects of all the chemical constituents present, the total effect of traditional medicine is more wide and more beneficial. It is now an established fact that in many cases, medicinal plants as well as poly-pharmaceutical traditional medicine, have a more complete action than the isolated principle.

Traditional systems of medicine take a holistic approach of man in relation to his surroundings. That health is not considered merely an absence of disease rather a perfect state of physical, mental, spiritual and social well-being is a common and positive feature of almost all the traditional systems of medicine.

The efficacy and utility of age-old traditional medicines are often questioned whether they are scientific and if, how far they are scientific? Some are only ready to accept them after extensive and profound research. To some, traditional medicines are scientifically baseless, useless and bogus. The-se type of ready-made comments are rather preposterous. In these days of scientific development and rigorous experimental methodology, the basic concepts, generalised formulas, principles, procedures and practices of traditional medicines stand vindicated by modern scientific standards and norms.

Traditional medicines have the same scientific basis of drug action as that of modern medicine. Moreover, synergistic action made them more effective and relatively safe. The multi-disciplinary studies of pharmacologically active chemicals isolated from medicinal plants in most cases validated the traditional claims.

Reserpine isolated from *Rauwolfia serpentina* Linn., (Sarpagonda) is found antihypertensive; digitoxin isolated from *digitalis purpurea*, (Ban alu) is found cardiotonic; guggulipid isolated from *Gum guggul* is found hypoliphaemic; Rutin derived from *Ruta*

graveolens is found useful in capillary fragility and so on. Needless to say these are examples of validation of claims made earlier by traditional medicine. Thus, in the context of modern scientific and technological evaluation, one can easily argue that traditional medicines are equally proved scientific, based, no doubt, on sound scientific bases.

Traditional medicines, not only as a scientific and dynamic medicare system, but because of some special advantageous features, made a headway all over the world. In recent years, the use of traditional medicine in popular, official and commercial in-creased. Traditional medicine, in spite of phenomenal progress in the area of synthetic drug, is still the only form of medical care that is readily available to the majority of the world's population. Some of the traditional

medicines are highly beneficial, very much cheap and the surest means of treatment.

In the field of applied therapy, traditional medicines hold an important lead over other systems. Western or so called modern medicine lacks in effective cures for certain diseases such as cancer, arthritis, asthma, diabetes, filariasis, herpes zoster, dermatological disorders, sexual malfunctioning etc. Traditional medicine claims their cures and some claims have already been proved in modern scientific line.

A herbal preparation of *phyllanthus amarus* is proved effective in 60 per cent cases of liver cirrhosis and hepato-cellular carcinoma where interferon of Western medicine is effective in only 10 per cent cases. Simple eczema, still unconquered by allopathic medicine is 90% curable by traditional medicine. Encouraging results were observed with Traditional Chinese Herbal Therapy (TCHT) in atopic dermatitis, in quick destruction due to cancer and in so many chronic cases. Traditional medicine can be utilized very successfully in metabolic disorders and chronic diseases.

The practices of injections, blood transfusion, surgical operation are not in

part of alternative medicine in UK, France, Germany, Japan, Malaysia, CIS, Spain, Italy, and Switzerland. Traditional medicine has also been successfully used in U.S.A, Brazil, Panama, and other Latin American countries. The WHO Traditional Medicine Programme promises and supports the formulation and implementation of relevant policies and legislation on traditional medicine in health and manpower development and incorporation of traditional medicine into general health system through operational research, utilization of traditional health practitioners, creation of herbal consciousness etc. Collaborative research centres like INCAP, IMEPLAM, NAPALET etc. made a good contribution to integration, development, research and promotion of traditional medicine.

For Bangladesh per capita medicine expenditure is Tk 20.00, access to health services 45 per cent, with 86 per cent population below absolute level of poverty, 80 per cent population suffering from anaemia, hospital bed to population ratio 1:3311 and physician to population ratio 1:5338.

From the above scary health scene of Bangladesh, it is now obvious that we can not achieve Health For All

(HFA) goal without vigorous participation of traditional medicine. About 80 per cent of our population live in rural areas. Our existing western medicine based on expensive, highly complex and almost unmanageable health delivery system is not affordable to our poor rural mass. Though physical infrastructures and modern health care facilities were geared up, sophisticated and specialized departments were declared to widen health care formalities, requisite medical equipment, medicines, and medical men are not available adequately. In the name of modern clinics and modernized hospitals, we find recent trend to localize 'health business' in the capital for the elites and riches.

This should be stopped for the sake of the humanity and justice. Existing gap in the health of the people in rural and urban areas, between elites and the poor should be bridged up as well as the disparity between the traditional and modern medicine should be rectified. Traditional medicine deep-rooted in our civilization, imperceptibly merged with our way of life, offers high potential for providing full-proof, readily available means and methods at comparatively low cost for combating almost all the common and chronic ailments.

The inclusion of traditional medicine in the Drug Ordinance '82 was a positive approach towards development of traditional medicine vis-a-vis achievement of HFA. Beneficial and desirable aspects of traditional medicine should be incorporated into national health care system. There are reactionaries, there are bureaucracies and vested quarters to oppose utilization and development of traditional medicine in the name of science, research, modernization etc. Mere allocation of Taka 20,00,000 in traditional Unani-Ayurvedic sub-sector is much too insufficient. This type of disparity should not be continued any more.

In this perspective, concerted efforts should be made to pave the way for an integrated, affordable and more effective, more horizontally organized smaller professional core system through equal opportunities and facilities for multi-pronged development and fullest utilization of the potentialities of all health care systems — be it traditional or modern. — Public Health Dialogue/VHSS.

A Novelty in Acupuncture

ACUPUNCTURE (Latin acus a needle, punctura prick), an old healing method known in China for several thousand years, is now applied worldwide.

In the classical method, thin metal needles are pricked into particular points of the skin, known as acupuncture points, where the mechanical stimulus has a therapeutic effect.

A comparable effect can also be achieved by exposing the respective points to electric (electropuncture) or radiant energy (laser puncture and other methods). These alternative methods offer a number of advantages and are therefore increasingly employed.

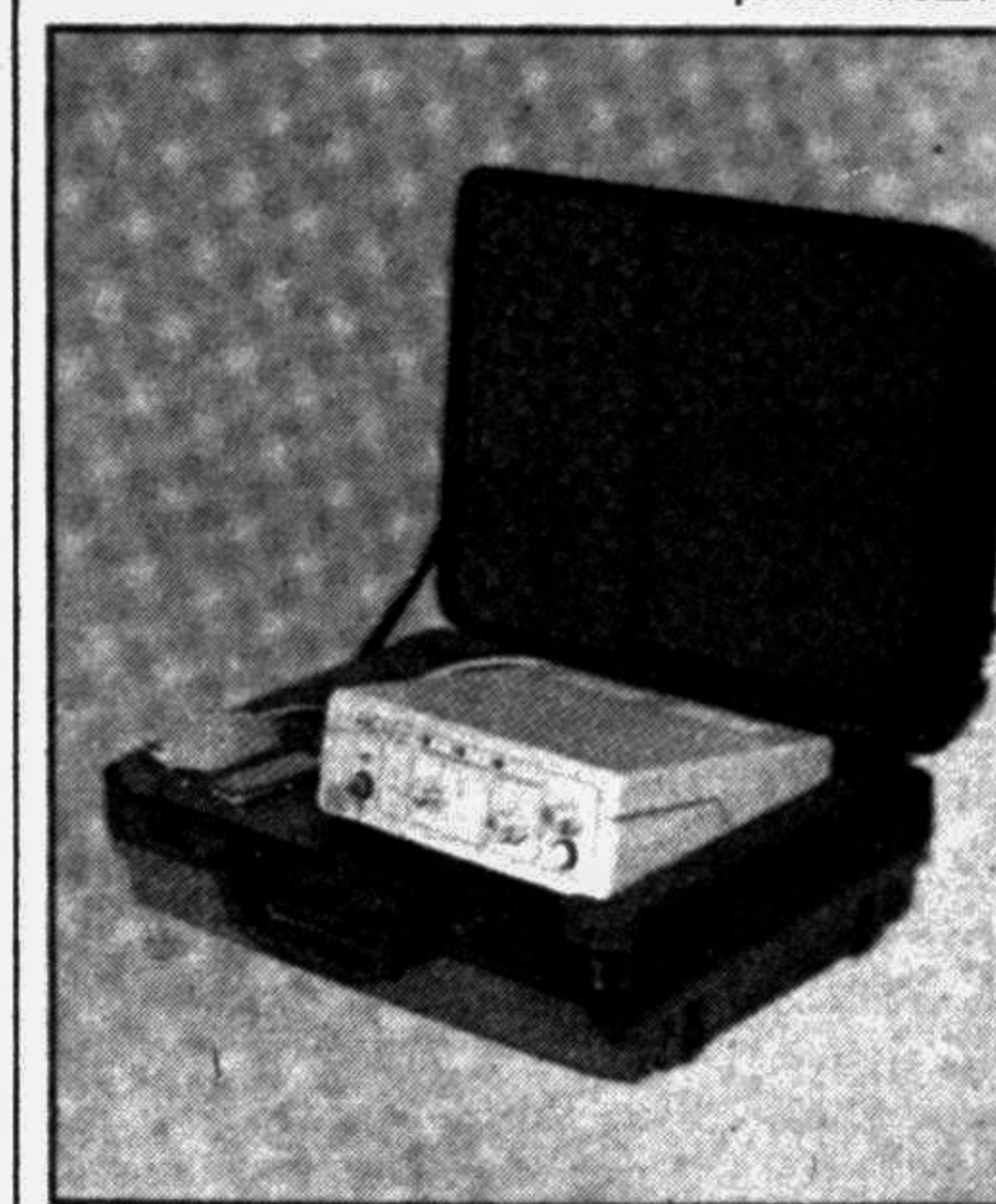
The curative effect of acupuncture, especially of methods without needle, essentially depends on the closest possible location of the points to be stimulated. The problem of point location there fore was a major concern in the design concept of a new Jena product, the ACU uni 4 Laser and Electro-Stimulator for

addition to providing a high certainty in point location, the instrument is easy to manipulate. Its automatic measuring range adoption makes skin resistance measurement independent of the skin type.

As a first for such an instrument, a memory circuit stores the lowest resistance value found in the respective search area and displays it, together with the instantaneous skin resistance sensed by the treatment pen, via an LED light bar, the length of the bar being proportional to the difference of the two resistances.

This feature considerably facilitates fast point location and retrieval. In parallel with the visual display, an acoustic searching aid (a 'click' generator) can be employed, which is particularly useful for locating acupuncture points in body areas not easily accessible.

The large-area counter-electrode required for point location is not of the usual cylindrical shape but has a pin cushion form so that it can easily and securely be fastened to the patient's body (e. g. with a Velcro strip).



The ACU uni 4 Laser and Electro-Stimulator for Acupuncture, with integrated automatic point location, shown in carrying case

Acupuncture. Supported by many years of practical experience gained at the Internal Diseases Department of the Dresden-Neustadt Hospital we have developed a universal acupuncture instrument that sets new standards with regard to point locating precision, method flexibility and operating convenience.

The ACU 4 uni combines four functions in a compact unit, viz.

- point location,
- Electropuncture for transcutaneous electrical nerve stimulation (TENS) or punctal TENS (PUTENS),
- laser puncture and
- Electric & needle stimulation, which is a considerable budget advantage over purchasing individual instruments for these functions. In addition, this instrument concept offers the enormous practical advantage that the user can, immediately after point location, perform either laser or electropuncture by push-button selection.

Design and function
The ACU uni 4 therapy system consists of a compact con-

Laser puncture
The radiation source for laser puncture is a semiconductor laser which emits a wavelength between 800 and 850 nm and has an output of at least 3 mW. The beam diameter at the tip of the treatment pen is 0.5 mm.

The laser can be operated in a cw mode or modulated at 10 Hz (alpha frequency). A sensor built into the control unit allows the output power and the modulation frequency to be checked at any time. Thanks to a safety interlock circuit, lasing does not start before the pen has been applied, so that eye hazards are excluded.

Electropuncture
The therapeutic current can be continuously varied on the control unit up to a maximum of 2 mA. It consists of current pulses of 0.3 ms width and a frequency of 100 Hz, which are delivered in groups of 100ms duration at a repetition rate of 2 Hz. The peak current is monitored by a safety interlock circuit; at a value above 3 mA, the therapy current is switched off automatically, and an error signal appears at the control unit.

Comprehensive tests and a thorough clinical testing of prototypes have proved that the ACU uni 4 permits the fast and reliable location of acupuncture points without thereby exerting any influence on them, and that the therapeutic success of its application is equivalent to that achieved with classical needle puncture.

Moreover, it avoids the disadvantages of the latter method (infection hazard, pricking pain) and is thus especially appropriate for patients rejecting needle treatment for these reasons.

Typical treatment times per point are about 20s for laser puncture, and about 30 to 60s for electropuncture.

The instrument is easy to operate and can be readily used by a therapist familiar with the principles of acupuncture. Nevertheless, there is a possibility to learn the proper use of the ACU uni 4 in a training course (details see right column). — Jena Review

Predicting Visual Outcome of Head Injuries

by G S Mudur

VICTIME of head injuries resulting from traffic accidents, falls or assaults form a majority of entrants wheeled daily into neurosurgical wards around the country. Some head injuries can lead to blindness in one or both eyes — a consequence of damage to the optic nerve that carries signals to centers in the brain that process visual signals.

Until recently doctors could only wait for eyesight to return or attempt a surgical procedure that was not always useful.

Now a team of neurosurgeons at the All India Institute of Medical Sciences in New Delhi have refined a little-investigated technique to avoid unnecessary surgery and even predict whether patients rendered blind by head injury will ever regain vision.

Optic nerve damage occurs in less than five per cent of head injury cases, but doctors estimate that some 15,000 people in India annually lose their eyesight either partially or fully from head injuries.

A severe head injury can sometimes result in tearing of the optic nerve or bleeding into the nerve. But such conditions would result in an almost immediate loss of vision after the injury.

The mechanism of gradual loss of vision following the injury is believed to be the result of a swelling of the optic nerve that could block blood flow to it as a segment of the swollen nerve pushes against the sheath of bone that encircles it. Doctors tend to treat this condition by applying a surgical technique called optic nerve decompression.

About five years ago, a team of neurosurgeons at the All India Institute of Medical Sciences in New Delhi began using a technique involving what is known as visual evoked potentials (VEP) to determine the extent of damage to the optic nerve. The technique has since been shown to be useful in both diagnosis and prediction of visual recovery following a head injury.

Now a team of neurosurgeons at the All India Institute of Medical Sciences in New Delhi have refined a little-investigated technique to avoid unnecessary surgery and even predict whether patients rendered blind by head injury will ever regain vision.

lights into the eyes of patients and use electrodes to determine whether the signals are being received by the occipital area in the brain that processes visual signals. A positive VEP would indicate that the optic nerve is capable of carrying signals from the eye to the brain.

Both a positive and negative VEP result would help in diagnosis and prediction of the outcome. Says Dr AK Mahapatra, an Institute neurosurgeon. The VEP test can also be performed on an unconscious patient.

According to AIIMS doctors, the test has also helped rationalise the use of the surgical optic nerve decompression procedure, allowing doctors to try out conservative treatment first. This involves the use of a class of drugs called corticosteroids to reduce the swelling.

A major benefit of the use of VEP is that it can help identify those patients who will not benefit from optical nerve decompression. This will help avoid unnecessary surgery on such patients, says Dr Mahapatra.

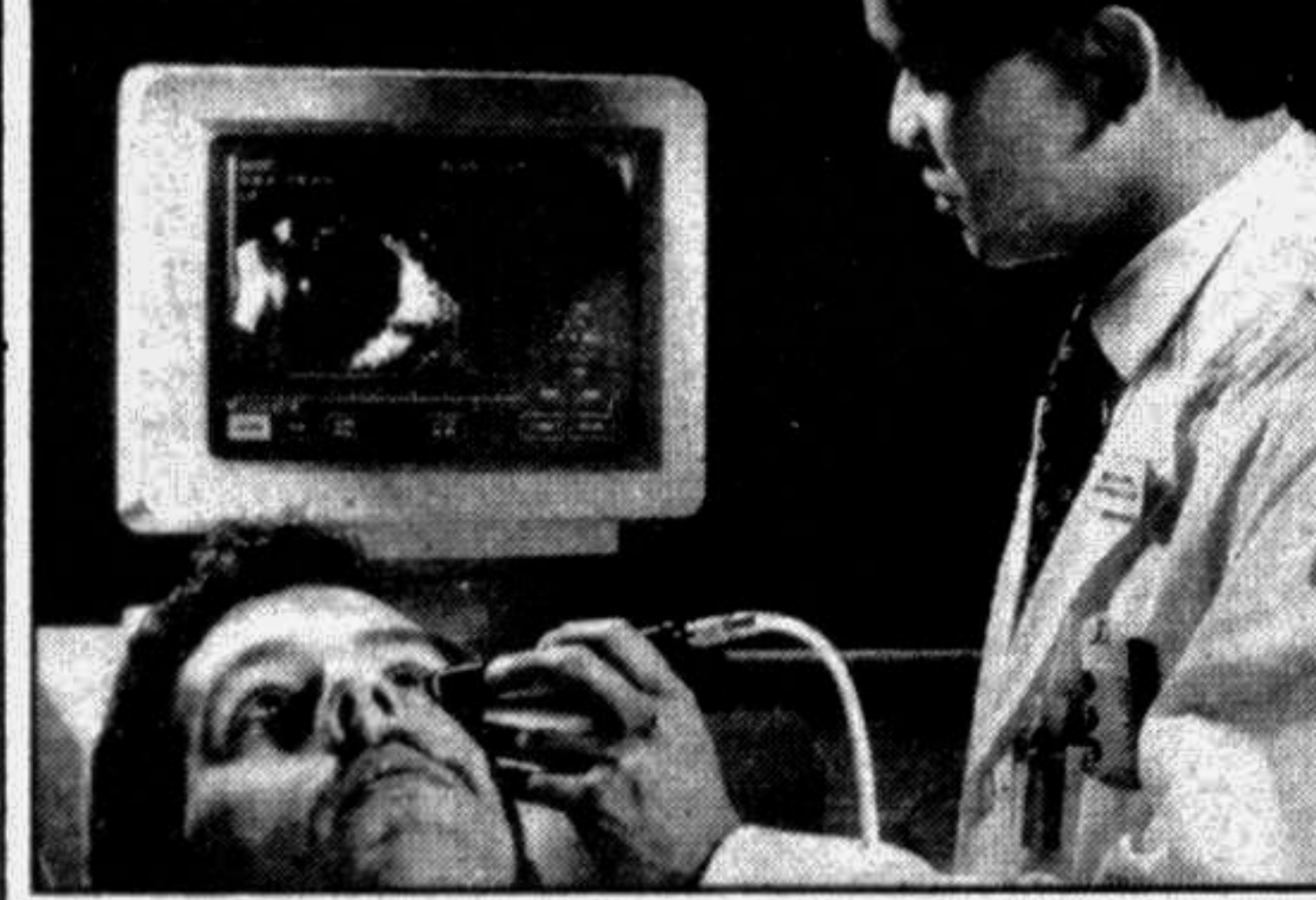
The AIIMS group has so far applied the VEP technique on nearly 350 patients. The studies have shown that natural and spontaneous recovery of vision might occur in many patients. Natural recovery almost always starts within three weeks, and vision continues to improve over the next six to nine months, the studies have shown.

In one case an 8-year old boy who had fallen from the first floor of a building was brought in with loss of vision in both eyes. The VEP was initially negative, but turned positive in a few days. That indicated a certain improvement in the optic nerve functioning,

and vision returned in one eye on the 12th day and in the other eye on the 17th day.

The VEP technique is repeated once every three to four days during the first three-week period following the in-

jury. Over 90 per cent of patients with positive VEPs showed visual recovery. But patients who have undergone the conservative corticosteroid treatment, but continue to have a repeatedly negative VEP



SCIENTISTS at Aberdeen University Medical School have developed new non-invasive methods for examining and obtaining images of the inside of the eye with ultrasound. The advance comes from pioneering work at an international centre established 15 years ago for research into ocular inflammatory disease.

Investigators steered by Professor John Forrester have led to improved treatments of eye disease. Other major discoveries have had a profound impact on the development of more effective drugs prescribed for other disorders, but which may otherwise have side-effects affecting vision.

In addition to research into inflammation of the eye, a new laboratory at the centre is also concentrating on diabetic retinopathy. Recent studies at Aberdeen have shown that many inflammations of the eye are due to auto-immune diseases in which the cells and tissues of the body are attacked by its own immune cells. Treatments based on this knowledge include modifications of immuno-suppressive drugs employed for preventing tissue rejection in heart and lung transplants. Complications in diabetic retinopathy produce a weakness in small blood vessels of retina. It causes them to bleed, which can lead to a marked loss of sight and risk of a detached retina. Preliminary research indicates that the abnormality may be due to the loss of a substance, an inhibitory growth factor, that regulates normal development of the blood vessels. — Spectrum

are unlikely to regain vision even with surgery. The constant negative VEP is a sign that the optic nerve is damaged beyond repair, says Dr Mahapatra.

The technique has attracted the attention of other neurosurgery centers and patients from several states around India are being referred to the AIIMS for VEP tests and further management.

(PTI Since Service)

Cautiously Confronting AIDS

GULF Arab states are intensifying efforts to fight Acquired Immunity Deficiency Syndrome (AIDS), signaling a new willingness among some Muslim countries to talk more openly about sensitive social topics to combat the spread of the deadly disease.

Gulf states are developing domestic blood banks and increasing awareness in schools about AIDS and how it is transmitted. They are also setting up private clinic and for the first time talking part in international conferences to unify preventive measures.

Six member nations of the Gulf Cooperation Council (GCC) participated in an Eastern Mediterranean region AIDS conference in Cairo in February that recommended stronger domestic AIDS programmes and better AIDS statistics for both nationals and foreigners.

The United Arab Emirates (UAE) Ministry of Health was one of the first Arab countries to launch an anti-AIDS programme in 1986. It also started screen foreigners for the HIV virus that leads to AIDS.

The UAE was the first in the region to stop importing blood. It now spends up to US\$1.35 million annually on AIDS testing and blood screening equipment. Gulf countries like Oman, Qatar and Bahrain are following UAE's lead to maintain local blood supplies for transfusions.

"There is regional cooperation in the AIDS issue," said Dr Abdul Rahim Jaffar, UAE Health Assistant Undersecretary. "Gulf countries are trying to coordinate in all aspects of blood banks and AIDS."

But while more conservative Gulf states like Kuwait and Saudi Arabia acknowledge the existence of AIDS in other countries, they are silent on its incidence among their own populations.

About half of the 10 million people in GCC countries — Saudi Arabia, Kuwait, Qatar,

GCC countries have responded by tightening visa rules and stepping up awareness campaigns. The UAE Minister of Health says 800,000 foreigners have been screened for HIV since 1986. About 1,000 persons are tested for AIDS daily in the Emirates. One out of every 1,500 tested is found to be HIV positive.

Some Gulf countries have issued warnings to beauty salons and barber shops to sterilise manicure and haircutting equipment. A local newspaper

reported that many people were staying away from the salons for fear of contracting AIDS and other diseases through the use of combs, brushes and scissors.

Regional health experts say Islam's social values keep the AIDS rate low among Gulf populations, but agree that private sexual habits must now be addressed more openly.

Said a UAE public health worker: "Some of the public awareness we design have to deal with issues of sex in order to get the message across. It has to be handled very carefully." On World AIDS Day in

December, the UAE Ministry of Health went all out in distributing educational materials in the Emirates.

It also released frank guidelines about AIDS transmission for students. The booklet describes the transmission of the virus by heterosexual and homosexual contact, transfusion with infected blood, sharing infected needles and pre-natal transmission.

"The most important method to prevent the disease is through responsible sexual behaviour," the booklet says. It also carries quotes from US actor Rock Hudson, the first celebrity AIDS case who died in 1985.

In Dubai a clinic and research centre that opened in March will treat patients with immune deficiency diseases using herbal remedies, acupuncture and psychotherapy — the first of its kind in the Gulf.

The Dubai Medical Centre for Treatment and Research will treat its AIDS and cancer patients using vitamins, dates, herbs and bio-feedback, according to the centre's Dr Wael Shaheen.

The treatment will complement available remedies like conventional drugs such as AZT for AIDS or chemotherapy for cancer patients.