

## Traditional medicine: a global perspective

Steven B Kayne, editor

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The stated purpose of this book is to provide health-care workers with concise information about traditional medicine concepts and practices to help them provide culturally competent care. It is a multi-authored book that contains ten chapters describing health-care traditions throughout the world. The introduction is written by editor Steven Kayne, who is an honorary consultant pharmacist to Glasgow Homeopathic Hospital and an Honorary Lecturer in complementary and alternative medicine at the University of Strathclyde's School of Pharmacy. Kayne served as an advisor to the World Health Organization Collaborating Centre for Traditional Medicine. He has written a book on complementary and alternative medicine.

The strength of the book is its summaries of healing traditions that are not readily available elsewhere. The chapters on the Columbian Amazon tropical forest, Africa and the Pacific provide detailed descriptions of local traditions and practices that reflect the authors' extensive field work. The chapter on European folk medicine is an interesting historical survey of traditional healing practices. The monograph on traditional Jewish medicines traces health-care practices from biblical sources to the present use of chicken noodle soup and matzoh balls. The review of North American medicine (Chapter 3) includes an extensive guide advising conventional practitioners how to approach Native American patients in a culturally sensitive and non-confrontational manner. The reviews of traditional Chinese medicine, Ayurveda and other Asian traditions provide standard information that is readily available elsewhere.

The book's major shortcoming is that it provides a cultural context for caregivers but it ignores the biomedical context. In Chapter 1 it promotes the belief that herbal medicines can be used in a safe and effective manner. The medicinal use of botanical extracts is plausible because they may contain pharmacologically-active chemicals. However, the extracts

are not standardized for biological activity, they may contain toxic quantities of heavy metals and may be adulterated with drugs. Although the adverse effects of folk remedies have not been studied in a systematic manner, data concerning their toxicity is mounting. For example, African folk remedies are a frequent cause of renal and hepatic damage.<sup>1-3</sup> In one study, patients admitted to South African hospitals with acute renal failure following the use of folk remedies had a 41% mortality rate.<sup>3</sup> It has been estimated that one-third of cases of acute renal failure in Africa are caused by folk medicines.

Botanical remedies prepared from *Aristolochia* plants have been used throughout the world for many centuries. In the early 1990s it was reported that herbal remedies made from these plants caused renal failure and malignancies of the urothelial tract. These problems are caused by aristolochic acids, genotoxic mutagens that form covalent adducts with DNA.<sup>4-6</sup> Despite well-publicized warnings, a decade later the Uganda Natural Chemotherapeutic and Research Laboratory announced a programme to evaluate the use of *Aristolochia elegans* for treatment of malaria.<sup>7</sup> Furthermore, in 2009 epidemiologists in China, Taiwan reported a dose-dependent relationship between the consumption of herbal products containing aristolochic acids and urinary tract cancers.<sup>8</sup> Kayne suggests in Chapter 3 that the ban in the United Kingdom of Great Britain and Northern Ireland on the import and sale of plants that may contain aristolochic acids is "another example of the government restricting consumers' choice".

Plants will continue to be a source of new therapeutic agents but, in view of their unregulated status, uncertain efficacy and potential toxicity, the risk/benefit ratio of herbals is unfavourable and their use as medicines should be discouraged.<sup>9</sup> The practices of most herbalists and traditional healers are based on tradition. They have little familiarity with medical literature and they may, understandably, resent the intrusion of conventional medicine into their domain. In recent decades, many publications have emphasized the importance of educating conventional practitioners to interact sensitively with healers and patients from diverse cultures. However, those concerns have not been balanced,

in this book or elsewhere, by recognizing the need to protect patients from the hazards of folk remedies. The World Health Organization should take a more active role in facilitating communication between biomedical scientists, public health authorities and traditional healers.

In summary, the book provides concise accounts of a variety of healing traditions but it presents a misleading account of the benefits and safety of folk remedies. The enduring value of healing traditions is in their emphasis on moderation in lifestyle and the psychological benefits of ritual interactions between healer and patient. However, the risks and benefits of traditional therapies should be evaluated by current scientific standards, and they should not be promoted in the name of cultural competence. Cultural competence requires that caregivers become familiar with the beliefs and values of patients to provide sensitive care. It does not require endorsement of unsound and potentially dangerous therapies. ■

review by Donald M Marcus<sup>a</sup>

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<sup>a</sup> Department of Medicine, Baylor College of Medicine, 1 Baylor Plaza, Houston, TX, 77030, United States of America. Correspondence to Donald M Marcus (e-mail: dmarcus@bcm.tmc.edu).