



WORLD HEALTH ORGANIZATION  
ORGANISATION MONDIALE DE LA SANTÉ

*Medicine, Chinese traditional*  
*Primary Health Care*  
*China*

8134

TRM/86.2  
ENGLISH ONLY  
Distr.: GENERAL



# THE ROLE OF TRADITIONAL MEDICINE IN PRIMARY HEALTH CARE IN CHINA

BASED ON AN INTER-REGIONAL SEMINAR  
SPONSORED BY THE WORLD HEALTH ORGANIZATION  
IN ASSOCIATION WITH  
THE MINISTRY OF PUBLIC HEALTH OF THE  
PEOPLE'S REPUBLIC OF CHINA

9-21 October 1985

Editors - O. AKERELE  
G. STOTT  
LU WEIBO



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PREFACE

In matters of health it has often been found easier to break with the past than try to live with it. And yet, for a large section of the world's population, what is needed is to build on what they have already and bring it up to date.

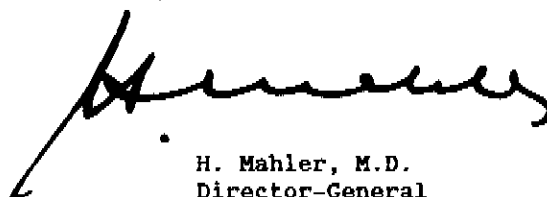
This is the reason why the World Health Organization initiated the Traditional Medicine Programme some years ago, to help Member States to make a critical examination of their traditional medicine systems and practices and to see what should be retained and adapted to today's needs and what should be discarded, as useless or patently harmful.

One country, the People's Republic of China, has done precisely this in combining traditional and modern medicine in the health services. The Inter-Regional Seminar, which is the subject of this report, was the first of its kind. It provided an opportunity for the countries represented to share China's experience in this endeavour.

Such exchanges can only be beneficial, in that they bring this subject to the discerning but critical attention of those responsible for developing policies for primary health care in their countries. They may also encourage those whose health services are almost entirely based on modern Western medicine to explore the advantages that certain traditional treatments may offer.

The scientific advances of recent years have certainly widened the gap between modern and traditional medicine but, paradoxically, they have triggered off a counter-reaction where the human approach of the latter is often preferred to the cold impersonality of modern medicine.

That traditional medicine has a useful and important part to play in primary health care in many countries is no longer in doubt. But the exact nature and scope of this rôle will have to be defined within the socio-cultural context of the countries where these practices continue to flourish. This is but one of the many challenges that face us in our quest for Health for All, but one which will need to be addressed.



H. Mahler, M.D.  
Director-General

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## INTRODUCTION

The WHO Inter-Regional Seminar on the Role of Traditional Medicine in Primary Health Care in China was held in the People's Republic of China from 9 to 21 October 1985.

The purpose of the Seminar was to give those responsible for health policy at national level an opportunity of studying the utilization of traditional medicine in primary health care in the People's Republic and of discussing and examining the possibility of adopting comparable approaches in the provision of health services in their own countries.

The main emphasis, therefore, was on learning from the Chinese experience in combining two vastly different systems of medicine to obtain comprehensive coverage of the population by the health services. In the course of doing this, participants were able to see for themselves something of traditional Chinese medicine in practical use.

The Seminar was attended by 20 participants, representing 19 countries of the African, Eastern Mediterranean, South-East Asia and Western Pacific Regions of the World Health Organization. In addition, there was a representative of the World Council of Churches and a number of observers, 10 Chinese temporary advisers and members of the WHO Secretariat (Annex 1).

The programme included three main types of activity. Firstly, there were a number of formal presentations by distinguished Chinese physicians and health administrators, followed by discussions on points of special interest.

Then, there were field visits to selected health centres, hospitals, medical colleges and other institutions to demonstrate the range of rural and urban health facilities available to the people and the part that traditional Chinese medicine plays in them. In choosing the places and institutions to be visited, the Chinese authorities wished to give the participants a representative picture of the situation, showing neither the best nor, indeed, the other extreme.

Finally, to ensure that the process of exchange should be mutual, participants, who were all senior health administrators, were asked to bring with them brief accounts of the situation with regard to traditional forms of medicine in their own parts of the world and to use this material for a joint presentation and, at the end of the Seminar, there was a round table discussion on traditional medicine as a health resource, which provided an opportunity for an exchange of views on the applicability in other countries of the Chinese approach to utilizing traditional practitioners in the health services.

The Seminar was held partly in Guangdong Province, in Conghua County and in Guangzhou, the provincial capital, and partly in Nanning, the capital of Guangxi Autonomous Region. The working language was English, with translation from and into Chinese. The programme is shown in Annex 2.

At the opening ceremony, the speakers were introduced by Dr Tian Jingfu, Director of the Department of Traditional Chinese Medicine of the Ministry of Public Health, who played an important role in the initiation, planning and realization of the Seminar.

The first speaker, Dr Huang Guanghua, Director of the Bureau of Public Health of Guangdong Province, welcomed the participants, expressing the conviction that the holding of the Seminar would certainly provide a stimulus to the further growth and progress of traditional Chinese medicine in the area. He explained that Conghua County came somewhat below the average for the province in its economic status and health work. However, considerable strides in the health field had been made since the designation in 1980 of the Conghua Department of Public Health as a WHO Collaborating Centre for Primary Health Care.

Dr Hiroshi Nakajima, Regional Director of the World Health Organization, delivered the inaugural speech and formally opened the Seminar. He was followed by Dr Hu Ximing, Vice Minister of Public Health of the People's Republic of China. Their speeches, which were complementary and set the tone for the whole Seminar, are given in full below.

The sections which follow these opening addresses deal with different aspects of traditional Chinese medicine, its past and recent history, and its place in the health care system of modern China. They are followed by a short account of the situation regarding traditional medicine in the participants' countries and a condensed version of the round table discussion on the theme - traditional medicine as a health resource. Brief notes on the institutions visited in the course of the Seminar are included.

#### ACKNOWLEDGEMENT

It is a great pleasure to acknowledge the excellence of the arrangements made by the Chinese authorities for this Seminar and to express the deep appreciation of the Organization and the participants to all who contributed to its success.

INAUGURAL ADDRESS

Dr Hiroshi Nakajima<sup>1</sup>

Dr Hu Ximing, Vice Minister of Public Health, Dr Huang Guanghua, Director of Bureau of Public Health of Guangdong Province, Dr Tian Jingfu, Director of the Department of Traditional Medicine, ladies and gentlemen:

It gives me great pleasure to take the floor at the opening of this Inter-Regional Seminar on the Role of Traditional Medicine in Primary Health Care in China. I should like to express my sincere thanks to our hosts, for their kind cooperation in making it possible to hold this Seminar.

When the People's Republic was created in 1949, the leaders of the new China were faced with the almost impossible task of expanding health services to cover the population. One of the measures adopted was the integration of traditional medicine into the health care system, at all levels but particularly with regard to primary health care.

Now, thirty-five years later, it seems appropriate to take stock and to see what lessons have been learnt and what conclusions may be drawn from this unique experience, this great public health experiment, and to consider to what extent comparable approaches might be beneficial in other countries.

During the last decade, many groups have visited China to study various aspects of health care. One consequence of these visits and of the exchanges and improved communication that have followed has been the arousal of widespread interest abroad in traditional Chinese medicine, its philosophy and the methods it employs, notably acupuncture and herbal medicines, and the results obtained from their use. Much has been written on the subject in recent years and attitudes range from the unduly critical to the over-enthusiastic.

The appraisal of the place of traditional Chinese medicine in modern health care is now one of the major topics of discussion in the western medical world, as it was at the Satellite Symposium on Traditional Medicine held in conjunction with the XVIIth International Congress of Internal Medicine, held in Kyoto in October 1984.

And this is the reason why the World Health Organization is holding this Inter-Regional Seminar in association with the Ministry of Public Health of the People's Republic of China. There are two main questions to be addressed:

What has been the result of incorporating or integrating traditional Chinese medicine into the health services?

To what extent may the Chinese approach be applied by other countries?

The first question can, of course, only be answered by the Chinese health authorities, the second only by the participants representing their national health administrations.

In the discussions and visits of the next few days, our Chinese hosts and colleagues are going to give us a broad overview of the place of traditional

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<sup>1</sup> Director, World Health Organization, Western Pacific Regional Office, Manila, Philippines.

medicine in primary health care in this country and, in the course of doing so, will help us acquire some insight into the benefits and risks of mixing traditional and Western medicine.

It seems that the policy of integration has been in operation long enough to permit a reasonably detached and objective assessment of the use of traditional medicine in modern health care. It would be of value to know what difficulties were encountered in the process of integration, how they were overcome and what are the particular strengths and weaknesses of each system.

Perhaps the time has also come to draw some conclusions on what these different systems have brought to each other. Do doctors trained in Western medicine find it difficult to accept the traditional Chinese concepts of disease and its causation? Are traditional and modern Western medicine really integrated or have they remained essentially separate systems? Is traditional medicine gaining in strength and professional and popular support or is it gradually being replaced by the extension of Western medicine?

These are some of the subsidiary questions that will, no doubt, be asked and answered during the Seminar. Such questions, it should be stressed, carry no hint of criticism but are inherent in our attempt to understand China's experience in this field and its relevance for other parts of the world.

In any assessment of the role of traditional medicine in primary health care one has, of course, to consider the place of each component part of the system. What, for example, is the relative importance today of acupuncture, moxa, exercise, massage and herbal medicines in treatment? For which types of condition are these methods considered to be specially indicated and for which are they regarded as inferior to modern Western medicine? Presumably, after many years of using both systems, it has been possible to establish what are the limitations of the various traditional forms of therapy.

At this point, I should like to mention briefly some examples of the traditional medicine activities carried out by the Western Pacific Regional Office of the World Health Organization, which continues to promote the use of traditional medicine through the organization of regional working groups, national workshops, study tours, and the provision of consultancy services to countries. In the field of herbal medicine, seminars have been held, support given for research activities, and fellowships awarded. Three meetings on the standardization of acupuncture nomenclature have been held and national and international courses conducted in the various training centres for traditional medicine.

The thirty-sixth session of the Regional Committee in Manila in September this year adopted a resolution which calls for the further development of traditional medicine in the countries of the Region.

Obviously, within the space of a few days, no one could hope to obtain more

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