

## PERSONAL COMMENTARY

# Reflections on Traditional Medicine

STANLEY MILLET, Ph.D.

These reflections are based on a presentation for the Third International Congress on Traditional Medicine held in Oaxtepec, Mexico in December, 1996. It was written from a Mexican perspective, reflecting conditions very different from those in the United States. However, in both countries, there is a similar basic problem: how to make sense of the confused and confusing vocabulary that has developed to deal with the many kinds of therapies and treatment systems that now exist. The Mexican situation may help to clarify understanding of this confusion in the United States as well.

The first task is to understand what we mean when we talk about "traditional medicine"? Different people invoke this term in very different ways. In Mexico, for some groups who live far from the centers of modern culture and who have managed to conserve a good part of their original culture, traditional medicine refers to the ancient medicine of indigenous people. For others, traditional medicine includes what many call "popular medicine," the medicine of local practitioners who have not been to medical school. Most recently, just to add to the confusion, there are those who, following recent trends in the United States, speak of scientific biomedicine as "traditional medicine." To compound the issue, we have added yet another term—alternative medicine. That begs the question, what is it alternative to? Then there is homeopathy—difficult to classify in this growing scheme of "medicines."

Recent interest in and reevaluation of pre-

scientific medical systems has prompted efforts to produce a clear working definition of "traditional medicine." Arguably the most authoritative was drafted by a distinguished committee of the World Health Organization during a meeting on the Promotion and Development of Traditional Medicine in Brazzaville, Africa in 1976. It says that traditional medicine consists of:

... the sum of theoretical knowledge and practices, explicable or no, utilized for the diagnosis, prevention, and suppression of physical, mental, or social damages, based exclusively in experience and observation, and transmitted verbally or in writing from one generation to another.

Traditional medicine might also be considered as a solid amalgam of active practice and ancestral experience.

This is a broad definition that, at first glance, seems to satisfy most of the characteristics of traditional medicine. However, a little reflection shows that this definition is so broad and so general that it does not resolve the ambiguity with which we began. More importantly, the definition does not account for different systems of medicine; scientific medicine sits with ease within it.

The definition speaks of "... theoretical knowledge and practices, explicable or not, used for the diagnosis, etc." Biomedicine can be defined in these terms. We can use it com-

fortably to define homeopathy as well. There are many of us who, even with the best will in the world, find much of scientific medicine inexplicable; there are perhaps even more who find the conceptions and practices of homeopathy inexplicable. Practitioners of traditional medicine, on the other hand, especially those who still work within traditional cultures, can provide explanations of most of their conceptions and practices—as can practitioners of biomedicine and homeopaths working within their cultural paradigm.

But the complications created by our definition compound. It continues to say that traditional medicine is characterized by practices and methods “based exclusively on experience and observation.” At this point, I find myself completely confused—knowledge, practice, methods based on experience and observation has consistently been the claim of science in its revolt against the traditional. It was the cry of Hippocrates, the father of our modern medicine in his rebellion against the dominant medicine of his time. In all the ancient medicines, rather than empirically founded practices, medicine was thought to be the gift of the Gods or of a legendary founding figure, Prometheus, for example, or Quetzalcoatl, Aesculapius, or the Yellow Emperor.

How can so authoritative a definition engender so much confusion? Definitions are frequently made by members of a dominant group who can superimpose their views on totally different ways of seeing and understanding things. What we call traditional medicines may be seen as ancient medicines, belonging to a prescientific world and an unscientific way of thinking. This process can work the other way. I suspect that the criteria, experience and observation, were introduced into the definition by supporters of traditional medicine who wanted to make these ancient systems as acceptable and respectable as possible to the World Health Organization committee. Until recently, the nonempirical material in traditional medicine—so important in antiquity—was considered, at best, superstition, and at worst, witchcraft. In many circles, it still is.

These reflections begin to shed some light on the terminological difficulties. We are not dealing with terms that have been agreed on

through a search for precision and clarity. We are, rather, confronted with a terminology made, at different historical moments, from culturally bound ways of seeing things, in response to different needs and interests, and almost always reflecting the currently dominant views. The problems of vocabulary and confusion turn out to be problems of history, sociology, and power.

This raises yet another question as to how we currently make the distinction between what we think of and determine as medicine, as against that which we call traditional medicine, not to mention all the different ways of treating maladies that we lump together as alternative medicines. When we go back far enough, none of this terminology existed. There was only medicine. The early Spaniards in Mexico in the wake of their conquest, made records of the customs and practices of the conquered peoples. Sahagún, one of the most important and complete compilers of the customs of the indigenous peoples, did not know the term “traditional medicine”; he only knew that there is medicine, and that different peoples have different kinds of medicine. He was content to record the medical practices then indigenous to what is now Mexico. There was, apparently, no technical terminology to distinguish among them. In colonial Mexico, when members of the ruling group spoke of the practices or beliefs of the Indians, they referred to pagan beliefs and practices, of superstitions, or ignorance.

It took a long time for scientific medicine, the medicine of the dominant groups, to make itself synonymous with medicine itself, driving all other varieties of medicines into a limbo from which they are only beginning to return to respectability. This history began in Europe with rise of the universities; it was the medicine of the universities that became the dominant medicine. Other ways of healing continued to exist for a very long time—but only among the uneducated, the poor, and the ignorant. The European pattern of dominance in medicine followed the dominance of Europe throughout the world, supplanting whatever had been the medicine of the conquered peoples into that very limbo of therapeutic practices, not considered medicines at all, least of all “traditional medicine”.

The term, traditional medicine, seems to be of modern coinage, and is associated with the development of an anthropological perspective, late in the 18th century. There was fresh recognition that the cultures conquered by Europeans, armed with a belief system and technology too powerful to be withstood, had their own ways of doing things and understanding the world, and that these ways of doing and understanding had their own value. Consciousness of other, non-European, cultures began to establish itself.

Modern medicine, then, begins as European medicine, the medicine of the universities. For a while, the therapies of the peasantry, reflecting the impact of the Romantic movement, were spoken of as "Folk Medicine"—like folk dancing—a term that found little favor or usage in the United States. The only group then that corresponded to the European peasantry, and that had its own folk practices were black and therefore deemed unworthy of attention. In time, the medicine of the universities became scientific biomedicine as science became the dominant mode of rational thought. Finally, the virtually absolute identification of scientific medicine as medicine both in custom and in law is a very recent development, probably no later than the years after the First World War.

The terminology under consideration here—traditional medicine, alternative medicine—came into usage even more recently. It cannot be more than 50 years old and marks another historical turn, reflecting a crisis in the dominance and credibility of scientific medicine. All those other ways of healing or curing the sick began to make their claim for place and acknowledgment as legitimate practices, **alternatives**, to the dominance of biomedicine. The changing vocabulary captures the sociological realities—the monopoly, institutional as well as legal, which scientific medicine had established for itself, and the need to seek other ways, often felt to be more humane or less dangerous, for dealing with sickness and health. And so the ancient medicines, the medicines outside of the university curriculum, the medicines of the past, come to be known as "traditional" medicines, and other medical possibilities that spring up, as the alternative medicines. It is a rough and ready set of distinctions that are use-

ful enough, given the circumstances of trying to recognize and find place, once again, for "other" medicines.

That the search for a vocabulary to help us deal with realities is difficult and confused is not surprising. The existing situation is complex and chaotic; the essential, underlying problem is not. Humans have devised, invented or hit on countless ways of meeting health problems over the centuries, and continue to be inventive. There are many ways in which health and sickness can be understood and dealt with. Some are simple; some are complex. However, one way of understanding health and sickness and dealing with it has become hypertrophied and has monopolized the name of medicine. That is the real problem with which we deal.

Once the core of the problem is identified, the solution is not so difficult to find. What is needed is to replace monopoly with plurality, and to replace the present exclusive medical system with one that is open and tolerant. We are slowly moving in that direction. In a case decided in 1980 in a Federal District Court in Texas—*Andrews v. Ballard*—concerning the law-fulness of acupuncture, the judge said,

Health care decisions are to an extraordinary degree intrinsically personal. It is the individual making the decision, and no one else, who lives with the pain and disease. It is the individual making the decision, and no one else, who must undergo or forego the treatment. And it is the individual, and no one else who, if he or she survives, must live with the result of that decision.

The judge went on to find that the right to obtain medical treatment was intrinsic to the fundamental right to privacy, guaranteed to all of us by the Constitution. That is not a bad conclusion at which to arrive.

Address reprint requests to:  
Stanley Millet, Ph.D.

*Instituto Mexicano de Medicinas Tradicionales*  
Tlahuilli, A.C.  
Cuernavaca, Morelos, México

E-mail: [tlah@mail.giga.com](mailto:tlah@mail.giga.com)