

**Developing TM/CAM (\*) in I. R. Iran**  
**A New Method and Approach for Integrated Medicine**  
**Another Successful Joint Educational Project between BUCM (\*\*) and MUMS (\*\*\*)**  
**A 4-Year Clinical PhD Program on TCM for Iranian MDs**

\*: Traditional Medicine / Complementary and Alternative Medicine

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## **Introduction**

During last decades, Traditional Medicine (TM), and Complementary and Alternative Medicines (CAM) have been increasingly used by both developing and developed countries. In some countries it is used by up to 80% of the population to fulfill primary health care needs, while in some others, such as Germany and Canada in the last two decades, about 70% to 90% of the population uses CAM. <sup>(1)</sup>

It is stated by the WHO that *the traditional medicines serve the health needs of about 80 percent of the world's population and the goal of "Health for All" cannot be achieved without traditional medicines.*

This increasing number of people around the world, who are looking for health care answers in complementary, alternative and traditional approaches, do not deny the modern medicine, but they know about its limitations and side effects, especially for chronic and life-threatening illnesses. They want to find out the ways that would complement modern medicine, but usually there is not enough valid scientific information to guide them.

Over one-third of the population in developing countries lack access to essential medicines. The provision of safe and effective TM/CAM therapies could become a critical tool to increase access to health care.<sup>(2)</sup>

TM/CAM have a wide acceptance among people in developing countries, so these kinds of therapies have undeniable effects on the society health state, which can not be unseen by the health policy makers of the governments.

Despite the many positive features of TM/CAM such as diversity and flexibility, and being accessible and affordable especially in low income societies, there are lots of controversies about them. There is lack of definite scientific proofs for the efficacy of many of these methods. Moreover the lack of legitimacy for practicing TM/CAM causes many legal problems for the patients and practitioners as well as the governments.

In order to meet the growing needs and challenges that has arisen due to widespread use of TM/CAM, WHO developed the WHO Traditional Medicine Strategy (2002-2005). The Strategy has four main objectives;

1. *Policy*: Integrate relevant TM/CAM with national health care systems by developing and implementing national TM/CAM policies and programs.
2. *Safety, efficacy and quality*: Promote the safety, efficacy and quality of TM/CAM therapy by providing guidance on regulatory and quality assurance standards.

3. *Access*: Increase availability and affordability of TM/CAM.
4. *Rational use*: Promote sound use of TM/CAM by providers and consumers.

In Iran, which TM called “Traditional Iranian Medicine”, is quite popular, it is about a decade that along with the world wide movement toward supporting and promoting TM/CAM, the high officials in the Ministry of Health and Medical Education and other relevant departments has done great efforts to meet the above mentioned four strategic objectives.

## **Background**

Traditional medicine dates back more than 3000 years in Iran. Iranians were the first people to establish the first empire (The Persian Empire) in the world. They also established the university called Gondi-Shapoor. With arrival of Islam in Iran and the great motive of Muslims to gain knowledge, medical knowledge in particular, Gondi-Shapoor University served as a link between the Islamic medicine and medical science in other communities. Medical knowledge of Iranians and the countless pieces of advice in Islam for learning, prompted Muslim scientists, such as Razei (865–925 AD) and Avicenna (Ibn Sina) (981–1037), to theorize medical knowledge in Iran. Works of those scientists were translated into different languages. Some of these books such as “Canon in Medicine” written by Avicenna were used in European scientific centers for more than 600 years. <sup>(3)</sup>

As many aspects of TM in Iran, are parts of Iranian culture, although the official medical system of the country has been based on modern medicine for about half a century, and despite a great pressure from that side, there are still lots of traditional practitioners which receive increasing number of patients.

## **Developing TM/CAM in Iran**

Fortunately State officials, in 2000, along with the world wide movement toward supporting and promoting TM/CAM, and within “The 3rd 5-year National Development Program”, assigned a commission on traditional and complementary medicine to do the followings:

1. Situational Analysis on the current use of TM/CAM
2. Relationship setting with the Scientific Supporters
3. Primary Advocating and Publicizing
4. Developing the National Policy on TM/CAM
5. Developing the Strategic Plan

According to the strategic plan for developing TM/CAM in Iran, which was finalized in 2002, “The National Educational and Research Council of Traditional and Complementary Medicine” (NERC-TCM) was established in the Ministry of Health. This council has initiated many activities to be certain that the education and training TM/CAM to practitioners are designed to ensure public safety, improve health, and increase the availability of qualified and knowledgeable TM/CAM and conventional practitioners and enhance the collaboration among them.

The joint educational program between BUCM and MUMS is also one of the basic projects being run by this council, which is according to the strategic plan, concerning the move toward integration and train some highly qualified practitioners and faculties for running the “Traditional and Complementary Medicine Faculty” in the near future.

Following is the elaboration on the processes, before beginning of the program.

### **Study Stage**

In this stage NERC-TCM conducted a comprehensive survey on the different possible TM/CAM courses in different countries and in major universities. An information request form was sent to all Iranian embassies around the world, and also to all foreign embassies in Iran, asking about TM/CAM situation in their

relevant country, including the policies, popularity, regulations and academic courses and programs.

Several delegations from MOH and medical universities traveled to some major countries and while visiting several universities, discussed Iran's policy to support TM/CAM through academic activities.

Following is some reasons that the "Clinical PhD course on TCM for MDs in BUCM" was the first approved governmental project.

- *Why Traditional Chinese Medicine?*

Traditional Chinese medicine (TCM) has a long history of over several thousands years. As an important component of the Chinese cultural heritage, the TCM summarizes the experience of the Chinese people in their long battle against diseases. It has evolved as a unique system of medical theory through the accumulation, verification and replenishment of long-term clinical practice and the mutual infiltration of other disciplines, under the influence and guidance of ancient philosophic thoughts.

Over the human being history, many counties and districts have developed their own traditional medicine, but it is very difficult to improve because of certain defects of the theories. TCM is the one of its kind that has a complete theoretical system and is verified by the long medical practice. The Chinese professionals in TM develop the traditional Chinese medicine by applying various advanced knowledge and techniques, leading to a new age of TCM.

Nowadays TCM is considered to be the most academic TM in the world.

- *Why China?*

Chinese government always supports the development of TCM. The Chinese Prime Minister Wen Jiabao points the policy; "developing the traditional medicine and conducting integrated medicine".

Traditional Chinese medicine is highly accepted by Chinese people and widely used. During the last decade, the Chinese government has been promoting to

combine TCM and WM and to adopt modern scientific approaches to understand TCM.

Much progress has been made in understanding the theoretical aspects of TCM. Currently researches have been on going in China continuously and many achievements have been gained.

Since the TCM is closely related with the traditional Chinese culture, studying TCM in the native China will help the trainees have better and deeper understanding of TCM.

- *Why Beijing University of Chinese Medicine?*

Beijing University of Chinese Medicine (BUCM) founded in 1956, is one of the earliest established institutions of higher learning of TCM in China, and it is the only one that is incorporated into the “211 Project” among the universities and colleges of TCM, with a key role in higher education directly under the supervision of the Education Ministry of China.

The university offers 9 undergraduate programs, 16 master degree programs and 15 doctoral degree programs and 3 postdoctoral stations.

Overseas students have been trained in the university from 1957. In 2006, 1,381 foreign students studied in the university. BUCM has a strong and qualified teaching faculty. Since its establishment, the university has trained more than 300,000 domestic professionals of TCM, and 13,000 overseas professionals from 87 countries and regions.

It ranks a leading place among the TCM schools in China in the following aspects: educational level, scientific research, medical treatment level, social effect and international cooperation, etc. It consists of teaching, research, medical treatment and industry, forming a famous institution of higher learning of Chinese medicine in China and the world.

- *Why a Clinical PhD course?*

After several meetings and reviewing the different available academic courses and the wide variety of degrees, NERC-TCM decided to talk with BUCM officials to design a clinical PhD program for this project.

The main reasons for this decision lie in the needs of Iranian society for the development of TM/CAM which some of them are as follow:

1

The need to train expert Chinese Medicine Clinicians who understand the TCM philosophy and can judge the patient's situation according to this ancient medical system. It will also enable them to have a bright idea about the ways of thinking in unconventional medicines.

Here, it is worth mentioning that short courses on TCM, can only train very brief and superficial ideas and methods to the trainees. They can not apply the deep and complex theory of TCM in clinic, so they would not be able to conduct clinical researches as well, and they would not be able to teach it to others and help to spread this knowledge. Many Chinese Medicine concepts are coming from the Chinese culture, which understanding them needs some years in China.

2

The need to train some scholars who are familiar how to approach clinical researches on TM/CAM, as they are required to be involved in such investigations during their PhD course.

Clinical studies represent the key step in proving safety and efficacy for herbal medicine products or TM/CAM therapies among different types of research. However, because of complicated political and technical issues, the clinical studies are still far from meeting requirements to ensure effective use of TM/CAM worldwide.

They will fulfill the need to develop scientific instructions to help the academics for doing clinical researches.

3

A 4-year clinical PhD on TCM will let the western medical doctors to gain a clear idea about how to integrate TM/CAM into modern medicine. This topic has always been a challenging topic around the world and according to WHO, China has the most advanced integrated medicine health care system.

In WHO Traditional Medicine Strategy, 2002-2005, the first objective is developing policies to “Integrate relevant TM/CAM with national health care systems by developing and implementing national TM/CAM policies and programs”. This project is an absolute example of the above mentioned objective.

4

The need to train needed faculties for the “Faculty of Traditional and Complementary Medicine”, which is supposed to be established at the end of the 5-year strategic plan of NERC-CAM, in Mashhad University of Medical Sciences.

Concerning the above mentioned needs, a clinical PhD program on TCM, can provide the Iranian society some practitioners who can bring a new method of treatment for improving the health and primary care level, also can be the policy makers for developing an improving integrated medicine in Iran.

- *Why Medical Doctors?*

Among all different types of research, clinical studies are the key step necessary to prove the safety and efficacy of a product and/or therapy. In conventional medical science, the randomized, double blind placebo controlled trial is considered the "gold standard" for clinical studies. However, there are some instances that it may not be possible for TM/CAM clinical studies to meet this "gold standard" <sup>(4)</sup>. It's clear that conducting this gold standard would be best done by medical doctors.

Also it is very difficult for health authorities and health professionals trained in conventional medicine to understand TM/CAM or to include TM/CAM into the mainstream healthcare systems. But if these professionals are trained in TM as

well, it would be much easier for them to make the policies and put large amount of support through funding or appropriate research structures.

Another point is that nowadays TM/CAM research is hardly conducted in hospitals and this is like a barrier to both the quantity and quality of research in TM/CAM. This point is also supposed to be solved through this project, as for the medical doctors it would be easier to manage the projects in hospitals.

### **Implementation Stage**

In 2003, the delegation of BUCM composed by Prof. Zheng Shouzeng, the president of BUCM, Prof. Fu Yanling, the director of the Department of International Exchange and Cooperation, and Dr. Sun Yijun from the International School visited MUMS.

Both sides agreed to promote the integrated medicine by conducting a 4-year clinical PhD program on TCM for Iranian medical doctors in BUCM. A contract was signed by both sides.

In order to start the project as earlier as possible, BUCM did numerous preparation works. In 2004, the Postgraduate Department of BUCM organized the experts in different TCM disciplines to discuss the educational proposal of this program. After several meetings, the discussed training program has achieved. Simultaneously, the Ministry of Education and the State Administration of TCM of China attach great importance to the cooperation between BUCM and MUMS.

In the opening ceremony of the program in August of 2005, the officers from both organizations highly appraised this project and pointed that the project is a milestone in the history of TCM education in the whole world.

### **Curriculum Development**

The curriculum of 4-year clinical PhD program in TCM for Iranian medical doctors is determined according to the educational principles for postgraduate

candidates in BUCM, as well as the special requirements of Iranian medical doctors.

The curriculum includes 14 main subjects of TCM, such as Basic Theory of TCM, TCM Diagnostics, Acupuncture and Moxibustion, various clinical disciplines of TCM, and 6-month clinical observations in the different departments.

At the beginning of the 3rd year, each student should choose his/her supervisor and develop a thesis proposal, which should be approved by the postgraduate department and has 2 years to complete it according the rules.

### **A Dynamic Schedule according to the needs of the group**

Although the two universities and ministries did their best efforts to make the most perfect possible schedule and curriculum, but as it is the first experience of the both sides, it requires constant reconsidering and evaluations.

From the beginning of the course (Sep. 2005), the curriculum, teaching contexts, time tables, teaching methods, facilities and etc were evaluated by both BUCM and the students through different methods. BUCM appointed some certain channels to receive the feedbacks from the students and also the course teachers, which led to several meetings between the officials and the student representatives regarding their educational requirements.

MUMS also keep a close eye on this program. During the three semesters passed from the course, three delegations composed of high officials from MUMS and the Ministry of Health tripped to Beijing to observe the progress. This shows how important the program is for the two sides.

After nearly two years study, all the Iranian MDs had a good progress and past the courses with distinction. In December of 2006, the delegation of MUMS composed by Prof. Abdullah Bahrami, Secretary of the NERC-TCM, Ministry of Health & Medical Education, Prof. Jalil Tavakkoli, Vice President for Research, MUMS, and Prof. Akbar Derakhshan, Vice President for Education Affairs, MUMS, visited BUCM for investigating and evaluating this program. Both sides

put an emphasis on the importance of clinical rotations in the different departments in the last 2 years.

We believe that this program will provide important experience in developing a complete and practical “clinical PhD program on TCM for MDs” to the whole field of TCM education.

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