

Letters to the editor

Promotion of Traditional Persian Medicine; A Neglected Necessity*

Dear Editor,

I read with interest the article published in your prestigious journal by Dr. Nayernouri.¹ As I'm neither a physicist nor an astronomer, let's talk about some considerable medical points briefly:

1) The respected author talks about the ineffectiveness of CAM modalities and placebo effect. As I know, there are numerous well-conducted surveys to endorse the efficacy of such practices.²⁻⁷

2) The curriculum of traditional medicine students is totally different from what Dr. Nayernouri mentioned in his essay. Due to considerations some of which were referenced by the author¹, policy makers deliberated to establish traditional medicine training in the form of PhD course in order to strengthen the research foundations and to avoid malpractice in this field. They recruited general physicians for this course to guarantee the safety and to make well-designed methodological researches able to distinguish right from invalid.

3) The first step in criticism is to be familiar with the subject deeply. It is a superficial thought to suppose that our brilliant scholars were thinking that the universe is composed of four elements. Is it acceptable that when Ibn Sina detected the layers of bladder without microscopic instruments,⁸ he was not able to recognize the widely used elements like iron or copper?! The four elements in traditional Persian medicine (TPM) are unique terminologies for interpretation of holistic medicine.

Furthermore, Dr. Nayernouri mentions a sentence about cardiovascular system. There is no doubt that some beliefs of our elites are false or misunderstood but it is unfair to bold these parts and connive the sentences lying before and after this challenging section which are innovative and prominent.⁹⁻¹²

4) Dr. Nayernouri refers to an article to prove that some UK and North American universities discarded CAM from their syllabus (Ref. 2). Forgetting examples from some high-ranking universities worldwide, we, as inhabitants of a developing country, should pay attention to WHO recommendations on promotion of traditional medicine in health systems not only in historical aspects but also in practicing and training phases.¹³

5) The bitterest part of Dr. Nayernouri's essay is where he indicates that practice of traditional medicine is tragic and retrogressive! I don't get the reason behind this comment. Are all our modern medicine practices evidence-based and completely safe? If so, who could explain the exact mechanism of functional dyspepsia? Who would accept recurrent side effects of ordinary synthetic drugs? What about our previous malpractices originating from lack of modern medical knowledge in the past? Who is so brave to claim that we won't mistake in our future practice based on today's medical science? Are life style recommendations about food and beverage, sleep and awakening, rest and exercise and, psychological considerations, the fundamental parts of TPM, disastrous and move backward?

Dr. Nayernouri has some valuable historical papers in TPM field and finally specifies that "Traditional medicine must demonstrate its utility in order to have a place in our medical practice".¹⁴ He knows well that this duty is accessible when all talented special-

ists and researchers like him not only support but also participate in this demonstration through well-designed surveys.

***During the last edition of the current letter, the supreme Leader of I.R. Iran imparted the health policies and remarked "Promotion of TPM" in the 12th clause; so, the title was changed as above.**

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Dear Editor;

I was amazed by Dr. Pasalar's letter and I must admit that I had great difficulty understanding his reasoning and his English.

I will, however, attempt to answer his remarks one by one.

1) My reference to astronomy and physics as examples of the changing vision in the history of scientific thinking did not require

any expertise in these fields. They only required a basic knowledge of science and I regret that a medical practitioner with two doctorates to his credit had difficulty following my examples. Perhaps this lack of general knowledge is a sad reflection on our educational system.

2) Dr. Pasalar cites six references (his ref: 2-7) as “endorsements of the efficacy” of alternative medical treatments. I feel obliged to offer some comments on his references. His reference 2; Freeman MP *et al* in *J. Clin. Psychiatry* 2010 concludes that “more rigorous and larger studies are recommended... and must be evaluated in controlled trials.” The same author in a 2009 article in the same journal states “...evidence-based information is limited...and CAM treatments... are currently of equivocal evidence in major depressive disorders... and CAM therapies should not take the place of diagnostic assessment and evaluation for MDD and consideration of standard treatment use.” If these article endorse the “the efficacy of such practices” then I am at a loss. Dr. Pasalar’s own two articles given in his six references are fraught with methodological inadequacies which I will be happy to discuss with him elsewhere.

3) As for the curriculum of the Traditional Iranian Medicine which Dr. Pasalar mentions, I must refer him to a letter written by Dr. Ali Firouzabadi (Deputy for Research, School of Traditional Medicine, dated April 8, 2014) to Dr. Imanieh, the director of the University in Shiraz (where Dr. Pasalar is a health policy researcher) wherein he complains of the inadequacy of the research program of Traditional Iranian Medicine and the abuses by these medical practitioners in their profession. I am sure that Dr. Pasalar is aware of this letter as it has been circulated to all professors of medicine, traditional or otherwise, in Shiraz University.

4) Although as a critic I “may not be familiar with the subject deeply”, as Dr. Pasalar accuses me, it seems that neither is Dr. Pasalar. The four elements, the *Arkan*, of Traditional Iranian Medicine, Earth, Water, Air and Fire, were inherited from Aristotelian physics and repeated by early Greek physicians including Hippocrates and Galen and then faithfully accepted by all Iranian physicians including Razi and Ibn Sina. This concept, however, is very different from the principles of ‘Holistic Medicine’ to which Dr. Pasalar refers. I must also admit that I was totally baffled by

Dr. Pasalar’s reasoning to link Ibn Sina’s description of the clinical function of the urinary bladder to his knowledge of the metals copper and iron, which were known to alchemists centuries before Ibn Sina and are well described by Razi in his chemical writings. In Traditional Iranian Medicine today, the *Arkan*, or the four elements, are considered as cornerstones of the *Mezaj* and *Akhlal*. I must further admit that I could not grasp the meaning of Dr. Pasalar’s “...it is inequitable to hold these sentences and connive the before and after parts which are innovative and prominent.”!!

5) I have stated clearly in my article that “It is true that modern pharmaceutical medications are not free of side effects or serious complications, but at least there are governing bodies, including the American FDA, exercising checks and balances to assess the side effects of new medications compared with their therapeutic benefits.” There are, however, no such regulations controlling what are sold as ‘dietary compliments’ or ‘Traditional’ medications or practices. What I have recommended is that such traditional therapies should be assessed according to similar standards and oversight which at present are lacking. Most of what has been claimed as ‘randomized double blind, placebo controlled clinical trials’ in CAM lack the evidence based rigor required of such studies which should be emplaced in order to standardize treatment rather than blind acceptance of ill placed mythology.

6) And finally I reach Dr. Pasalar’s last sentence and the title of his letter “Promotion of Traditional *Persian* Medicine; A Neglected Necessity” which he attributes to the 12th clause of the ‘General policies for health’ as ordained by the supreme leader, Ayatollah Khameneii. The 12th clause of the health policies to which he refers includes the following: 7) 2-12: To standardize and update the diagnostic and treatment methods of Traditional Medicine and its related products. 8) 5-12: The establishment of logical interaction and cooperation between traditional and *modern* medicine in order to complement their experimental and treatment methodologies. 9) I was however, unable to find the phrase neither “a neglected necessity” nor the word “Persian” in the Policy document.

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