

Therapeutic claims and the abuse of medical pluralism

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A recent advertisement marketed a novel herbal preparation as “a nutraceutical with anti-cancer properties”. The researchers state that the “product is crafted to target and control cancer stem cells, and the activity is proven in in-vitro conditions.” They further state that it is for “those aiming to enhance resilience against negative cell growth” and that “two capsules should be taken twice a day, before meals.” The product is registered with the Department of Ayurveda which allowed it to be marketed to the public. It was also ‘endorsed’ by an academic institution of repute.

The advertisement resulted in an outrageous protest by professional medical associations of allopathic (Western) medicine. There were two reasons for their outrage.

Firstly, the marketed product had no ‘clinical evidence’ to back its claim as an anticancer medicine, even data from animal testing was not available in the public domain. No trials involving humans had been conducted and there was no evidence to back its therapeutic claim of being “effective to control cancer stem cells.” The physicians were concerned that if patients took this disregarding their regular medicines which have proven benefits, it could cause more harm than good. An important consideration, especially as the allopathic system relies heavily on scientific evidence and any product in this system must undergo rigorous clinical testing to provide evidence for safety and efficacy^{1,2} before registration. Secondly, it was ‘endorsed’ by an academic institute of repute, a seat of excellence. A product ‘endorsed’ by such an organization would give the public an assurance that the product’s claim is authentic and therefore is safe to take. Both these concerns become very important in circumstances where a product is promoted as a remedy for a significant and challenging health issue.

Medical pluralism is described as the availability of different medical approaches, treatments, and institutions that people can use while pursuing health.³

Sri Lanka is not only a multicultural, multi-ethnic, and multi-religious society but is also a classic example of a state with medical pluralism. A long-standing history of coexistence of several medical systems like Ayurveda, Siddha, Unani and an Indigenous medical system referred to as *Deshiya chikithsa* and *Hela vedamaka*, together with some cultural practices embedded with religious and ritualistic acts in healing makes health-seeking behaviour in Sri Lanka complex. The in-built beliefs in supernatural powers to heal and the popular belief that herbal products are harmless make it easier for people to accept unproven scientific therapies masked by a claim of “traditional medical products” over well-proven ones. Despite a proclaimed ‘high literacy rate’ among its people, the country saw an unprecedented turn towards unproven, even ‘shaman-type’ therapies during the Covid-19 pandemic casting doubts on the ability of its populace to critically analyse health-related information and accept what is correct.

This outrage by professional associations in the allopathic system in no way disregards the health benefits of traditional and Ayurveda medicines enjoyed by the people which are time-tested and proven. It is well appreciated that allopathic medicine and traditional medicines belong to different paradigms and the proof of effectiveness for therapies in traditional medical systems are derived through different ways in keeping with their fundamental principles and not always through the “scientific process” that we in the allopathic system are familiar with. Medical syncretism which is practiced by some allopathic medical doctors in Sri Lanka, and in most countries with medical pluralism, is based on this understanding.

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Syncretism is the attempt to combine opposing doctrines and practices, especially in reference to philosophical and religious systems.⁴ Medical Syncretism involves activities of mixing and blending treatments and therapeutic strategies belonging to different medical systems in delivering health care. The use of different supplements with plant extracts or advice to take coriander water during a febrile illness with allopathic treatments can be viewed as medical syncretism in the background of medical pluralism that exist in Sri Lanka. Use of modalities like acupuncture for pain relief within conventional medical care facilities seen in some countries is also a form of medical syncretism.

However, the above incident shows a novel form of medical syncretism evolving to bring out products claiming to be traditional medical products but with therapeutic claims befitting the modern scientific approach. It seems obvious that the incommensurability of the modern scientific approach of allopathic medicine with that of the traditional medical approach of evaluating a drug for its action and potency had been purposely overlooked in the process and the two had been used discretely as needed for registering the product and advertising its benefits.

Testing the effects of any medicine scientifically ensures that the claims they make are authentic. The allopathic system has a well-established and somewhat rigid approach to testing therapeutic claims and no product can be marketed with therapeutic claims unless they have been proven in a scientifically acceptable manner. It is different for the traditional systems where continued use is accepted as proof of evidence for their effectiveness. Alternatively, it is assessed based on the knowledge of *Materia medica* and agreeability with basic principles in its application and intended outcomes. However, this concept is acceptable only if the traditional product that is marketed is identical to what has been used within the traditional system or when raw materials, preparation methods and the final product form are fully compatible with its fundamentals. Any change in raw materials, composition, concentration of ingredients and preparatory methods mandates a proper evaluation before a therapeutic claim can be made.

While the regulatory systems for allopathic medicines prevent the marketing of any product without evidence for its therapeutic benefits, the situation is different for ayurvedic or herbal products. In many instances, such as the one under consideration, the product is registered and allowed to be marketed as a

'supplement or nutraceutical' thus making it widely available for the gullible public to use as they wish. Many use this pathway to register and market products with unsubstantiated claims as they will then not be regulated by the allopathic system. It is well understood that the Ayurveda formulary committee does not have the necessary expertise to evaluate the scientific validity of therapeutic claims made in accordance with the concepts of the allopathic medicine paradigm, even if these are declared at the time of application for registration.

While it is important to tighten the regulatory processes of the Ayurvedic system, it is also beneficial to continue to explore the therapeutic benefits of Ayurvedic, traditional and herbal preparations in a scientific manner. Sri Lanka has both the capacity and the expertise to do so, and collaborative research on such should be encouraged. While medical syncretism can be useful for providing better care for the populace in a society with medical pluralism, preventing its abuse is imperative. Marketing products with unproven claims with the endorsement of academic institutions of repute will only harm such collaborative efforts while undermining the confidence the public has in either system.

This case can be viewed as a classic example of how medical pluralism can be abused to develop a product and market it with state approval, with unsubstantiated therapeutic claims. It is also an example of a novel form of medical syncretism that can emerge to produce novel preparations with unsubstantiated therapeutic claims. Unless these are addressed urgently by the relevant statutory bodies to assure patient safety, it will ultimately become a menace causing much harm to the people that the system is expected to protect.

References

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