INTERVIEW

Integrating Western and Asian Medicine in Community Health: An Interview with Dr. Jaime Galvez Tan

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Dr. Jaime Galvez Tan obtained his Bachelor of Science in Preparatory Medicine at the University of the Philippines (UP) Diliman (1970), Doctor of Medicine, with honors in clinical clerkship, at the UP Manila College of Medicine (1974) and internship at the Philippine General Hospital (1975). He was Student Regent of the U.P. Board of Regents (1972-1973). In 1984, he earned his Master's degree in Public Health, with a Letter of Excellence, at the Prince Leopold Institute of Tropical Medicine in Antwerp, Belgium.

From January to July 1995, he served as Secretary of the Department of Health (DOH) after serving as DOH undersecretary and chief of staff from 1992 to 1994. He was a consultant of the World Health Organization (WHO), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Bank, Asian Development Bank, USAID and UNICEF where he held senior positions both at the national and the regional levels.

Dr. Tan was Vice Chancellor for Research, Executive Director of the National Institute of Health and Professor of the University of the Philippines (UP) College of Medicine. He has co-written ***Our Health, Our Lives*** *(1982) and* ***Fruits and Vegetables with Medicinal Properties*** *(1981) and has 40 papers published internationally and nationally on primary health care, community medicine,*

health sciences education, traditional medicine health and development, and the environment.

*He was the formulator of **First Vita Plus**, a natural health drink which won the Global Brand Award (2007), Consumers Choice and Achievers Award (2007) and Consumers Quality Award (2008).*

Question (Q): You've worked for the rural communities from the time you graduated. What influenced your choice?

Answer (A): Well, first of all, I am a UP graduate. When I was in Diliman, in the College of Medicine, it was the so-called height of student activism and Philippine nationalism. And then, I think I was a product of my time. So walking the talk, I was committed already to stay in the Philippines even in my pre-med years because of my experience in the rural areas in Palawan. And then when we were in medical school, we had an organization that continuously went to the slum areas on weekends and to rural areas during summer.

Q Where did you first do rural work?

A I went to Leyte and Samar for three years, then I went to the Cordilleras and Negros, and my last three years were in Mindanao—Agusan, Surigao, Cotabato, Davao, Basilan, Marawi, and Sulu, this time with my wife. We were there for for the first years of our marriage, even postponing having children because we knew we were committed to the far-flung, doctor-less, nurse-less communities.

Q What made you interested in Asian and Filipino traditional medicine?

A When I was in pre-med, I already took an extra subject in anthropology. And for me it was quite interesting to see that there was another side to anthropology, particularly since my professor, Celia Antonio, knew I was in pre-med and she really shaped my study of medical anthropology. When I came to the College of Medicine, there [were] already some seeds planted with regard to respecting traditional cultures. I was very, very North American-trained with the UP curriculum. But then, going to the rural areas, there was [another] reality. When you go to these doctor-less communities, you have this arrogance because you are from UP, that you are there, that you're a doctor.

But when you get there, they ask: "Who are you? We've lived here for hundreds of years without a doctor, just traditional healers." Since I have some background in traditional medicine which I learned from anthropology, I saw that the people would believe me more if I learned their culture and applied this to them. I decided to do that because since I was in a far-flung area, I'd usually run out of medicines. So what would you do? I had to listen to the local healers—the *albularyo* and the *manghihilot*.

I was fascinated by traditional medicine since I had previously studied medical anthropology. So I used them, too, since I would run out of medicine in my clinic. Then I found out that—wow!—the people there were so happy when a doctor used their medicinal plants. Suddenly, everybody was sharing what they I was doing, not just the *albularyo* but even the ordinary man, even public school teachers, when they found out that I was open to their culture. Later on, after Samar and Leyte, it so happened that there were Chinese and Filipinos teaching acupuncture and my father had gone to China to also study acupuncture. I said, why not? I needed the training because you could accomplish a lot with so little.

Q Did you know anything about acupuncture before you went to the rural areas?

A No, I didn't know anything about it then. I went from herbal medicine to massage and then to acupuncture. I found out that acupuncture was an alternative if you didn't have medicine. So during that time, I felt committed to doing rural work for the rest of my life and if the places I went to did not have doctors and medicines, I might as well adapt. I also felt that a combination of local and North American medicines was needed because one could not deny that indeed, there are still some tablets and capsules that are effective because there is still a lack of research on medicinal plants.

For example, the anti-tuberculosis medicines. Tuberculosis is so prevalent in the Philippines. I still give the usual three synthetic drugs. But I know deep in my heart that there is research showing that garlic and ginger are really anti-tuberculosis. Unfortunately, no further research is being done to determine the exact dose. Why? Because garlic and ginger are so common. Pharmaceutical companies are not interested because what will

you patent? I think that pharmaceutical companies should look into this and that will make more money for them.

How do I do my combination? For example, I tell my patients to take these three medicines and also to drink ginger tea every day. And since I knew how to massage, I'd also massage their backs in an upward motion so they could expectorate the phlegm. And then I combine this with something that I learned from my wife—steam inhalation. Of course, there is that basic knowledge of drinking plenty of fluids, etc. So the approach becomes more holistic. The patient complies. Filipinos have problems with synthetic medicines because there are too many side effects. But if the patient knows he could drink ginger tea, have a massage, inhale steam, and it is the doctor who tells him to do these and he sees his traditional beliefs being respected, he complies. I found that the compliance level was higher than those of other doctors who were just giving patients the synthetic brands. It affirmed my belief that to truly be a Filipino doctor, you have to know your culture and integrate the best of Filipino traditional medicine into your practice. This makes the health service more acceptable and much, much more utilized by the public, by the ordinary people, particularly the poorest.

Q **Was it not difficult to get their compliance?**

A It was quite difficult when I was giving only synthetic medicine but when I started integrating, particularly in the 10 years I was in doctor-less, nurse-less, electricity-less communities, the people preferred the natural ways. I mean, they would get some form of tablet and capsule but there wasn't enough supply. Even at that time, drugs were in short supply as it is now in the rural areas. After coming back from a scholarship abroad, I had the opportunity to work in urban poor communities for seven years. Even in the urban areas, there were traditional healers who were accepted by the people.

Q **How is North American and European medicine different from Asian and Filipino traditional medicine?**

A First, traditional medicine gives a very individualized treatment in contrast to North American and European medicine. You see the commercials on television that say, "Drink three of these tablets," whether the patient is old or

young. Traditional medicine, on the other hand, looks at the characteristics and condition of the patient and it is only then that you adjust the dosage.

And then I noticed that among the *albularyo*, they have a way of diagnosing a person's condition by observing him and that is how he determines which medicinal plant to give, how much of it should be taken, and in combination with what other herbs. You don't see these in the North American/European framework. But some of it still exists in Europe, I think. In between my rural practice, I was invited for a speaking enganggement in Europe and US and therefore had the chance to look at the various educational institutions. I found Europeans more responsive. They have a long history which includes the use of herbal medicine, whereas in the US, they rejected Native American medicine. That's why I chose Europe, specifically Belgium and Holland, to study my masteral degree. When it comes to European courses, there are students coming from three to four different countries. And if you're a European, you must have served at least five years in a developing country or in a poor country before you can be admitted. That's why that training suited me well when I went back to Manila or anywhere in the Philippines. I could use whatever I have learned, not like in the US where there is so much money and resources that when you come back to the Philippines, you get confused. So you go back to America.

Q Did you also study in China?

A I studied under a Chinese master and then I studied Japanese and Korean along the way. When I was in Mindanao, a group of Japanese stayed with us for a month and they were all acupuncturists. I learned more from them. In fact, I have now adopted Japanese acupuncture more than the Chinese because it is less painful, it is more humane, and uses less needles. So it's also cheaper.

Q Do you have a preference or does it depend on the patient?

A When you look at my practice whether in the Philippine General Hospital (PGH) or here (his clinic, Living Life Well at SM Megamall), I have more patients who prefer the natural method. I practice 70% natural and 30% synthetic. Most of them are tired of taking medicines, they no longer believe in synthetic medicines because there are many side-effects. So they come to me and ask: Is there an alternative?

In public and private training, they look for the same thing. Even my colleagues used to laugh at me. It's true. When I was in the Department of Health, I used that as a platform. I was with Juan Flavier who really was my idol and we were allied in our belief in herbal medicine for the barrios. We were both doctors to the barrios.

It was an opportunity for me to focus on traditional medicine. We became known for introducing the 10 medicinal herbs and I signed the agreement with China that for the next 10 years, even if I'm no longer with the DOH, Chinese doctors will be coming here, and Filipino doctors will go there to learn traditional Chinese medicine. When Flavier became senator, the Philippine Institute for Traditional and Alternative Health Care (PITAHC) was established.

After DOH, I did two years of international work. When I came back, I am now in the University, trying to introduce it to PGH and in almost all medical schools. I'm happy that students now are more exposed because that is the new trend. For me, as a Filipino doctor, we must know our own culture. This is my advocacy. For example, when somebody tells me, "Doc, I was hexed *(kinulam)*." What should I say? Or if I see a patient in the emergency room with a poultice of leaves, do I scold the patient? Or would I understand him because both of us are Filipinos and we've learned that it is not contrary to the dextrose or injection that I will give him? Maybe if it had happened in the past, I'd scold the patient, but the perspective now is different.

Q How do you diagnose your patients?

A I do it in two ways. I still do North American/European diagnosis, but I also do pulse reading, and examination of the tongue and then ask plenty of questions. But I respect our healers as I was able to interview hundreds to nearly thousands of healers across the country. I also know gifted healers who will know more about you when they see or touch you. I have also studied yoga meditation in India. I have had an Indian guru for the last 25 years.

Q Do you refer your patients to healers?

A Yes. Sometimes I call it "group therapy." I have gotten used to indigenous methods of diagnosing, whether Asian, Indian, Chinese or Filipino.

When I talk to healers, they say: "Health is the harmony of people with the universe, nature and each other. It is also the harmony of their mind, emotions and body." It is profound, yet they have not had much education.

They say: What is the universe? God the Almighty, nature, the air, earth, ocean. And what is it when a person is sick? When there is no harmony with space, nature and fellowmen, you will have sickness, loneliness and death. Those were their replies to me. So when you combine the physical, mental, and social with the spiritual and environment or nature—which is right, you know—we change it. You recognize that you should not cut down trees or pollute the waters because we must respect nature.

North American doctors are still in the biophysical realm. If a person has cancer, you kill the cancer cells. If there are bacteria, kill the bacteria. But if you consider the Filipino or Asian framework, one looks for harmony with the universe and nature. It's a sense of balance, synergy, harmony—harmony with the universe, harmony with earth and nature, harmony with people.

But these days, even in modern medicine, there is the idea of balance. Now, we have bad cholesterol and good cholesterol. There are good bacteria and bad bacteria. There is antibiotic and probiotic. So it seems that the 21st century affirms what Asians and Filipinos have been saying all along—that it is a synergy, a balance of yin-yang or elements of nature which even North American medicine is recognizing

In the past, when there was a cholera epidemic or tuberculosis, everything came under the Germ Theory, everything became disease-oriented. But now, what are the ailments? Hypertension, obesity, diabetes. There is no bacterium there. Antibiotics will not work. But, of course, in the whole biophysical framework of the US, you'd take medicines for hypertension, cholesterol, diabetes, but deep within, you know it is due to stress or wrong diet. So now, why are Americans attracted to yoga, meditation, or taichi? Because those are the answers to lowering hypertension, to stress. Relaxation is the answer.

Q Is there evidence?

A Yes, with medicines like analgesic, for instance, you could get ulcer, you could bleed. With acupuncture, there is no side effect. It took the US another 20 years or so to realize that acupuncture was working, that meditation was working. Now when you look at the universities and colleges, all states in the US have an accreditation for acupuncture and chiropathy. That is what puzzles me about the Philippines. Now that the Americans are going for acupuncture and natural medicine—and we used to follow the Americans—it seems our doctors are not yet convinced.

Q You have worked in government. What do you think are the Filipino cultural beliefs or practices that hinder government efforts in health delivery? How were these addressed in your projects and policies when you were health secretary?

A I would not consider them a bother or even a hindrance. Doctors still do not recognize the spiritual aspect. Doctors here are amusing, given that the North American/European framework is said to be very scientific. Initially, the doctors shut off God in the whole healing process but deep within, now that we're faced with catastrophic illnesses, with impossible diseases, how many doctors pray to God to guide them? Because for a while, it was completely biophysical, and the doctor was God. Especially in surgery, a doctor would say, "If I don't operate, you'll die."

Just now, I have a patient with cancer. She is also a neighbor and is at PGH. Imagine, the doctor told her, "Mother, you have only six months to live." What is that? I was very angry. I said I was going to confront that doctor. Who is he to say that? How do you know that there might be a five percent chance she will live? Of course, the patient and relatives got very depressed. Where is the respect? Who knows, God might design a miracle? Suppose the spirituality of that person heals her or you have encouraged her to be healed? There have been many cases of spontaneous healing. Even if I say 99 percent will die, who knows if she might be the one percent? Who are we to say to this person that there will not be no spontaneous healing? This is the hindrance for those trained in the North American framework.

On the other hand, Filipinos also believe in the spirits of the earth, spirits of the sea, spirits of the water, spirits of the forest. The traditional

thinking is that every living being has a spirit. When you translate that into the Philippine context, this is the life force. Some people call it the "soul" as if the soul were just human. But the plant has a life force; the tree has a life force; the sea has a life force. The physical explanation is, aren't there atoms, molecules, and electrons that are always in motion? Everything is moving, so if it is moving even in the molecular level, isn't it that there is also life?

The dynamics of life force and energy—energy of the earth, energy of the sun, energy of the trees—can also have an influence on us. We know that when it is cold, let's say in the US during winter, many commit suicide. It's because of the darkness. There is no sunlight, it rains for one week and it affects you. There are now more doctors who believe in that life force, especially because of climate change. For me, the power of nature is felt more greatly now. It is said that this is the spiritual revenge or punishment for the disrespect toward the Supreme Being. There is also disrespect for nature. It comes back to you. Why were there floods when typhoon Ondoy hit us?

Q Were those included in your policies when you were health secretary?

A Yes. That's why we were pushing for a Filipino medicinal framework. But we only had three years.

Q Let's dicuss health and media. What is your assessment of media's coverage of health issues?

A Severely lacking. Of course I am happy that there is now the health page weekly, the wellness page weekly. But if we assess the front pages, where is the health coverage?

Q In what ways can media help in promoting health?

A Like I always say, if an airplane crashes, two persons die, a warehouse is set on fire—they land on the front page. But every day, 11 Filipino mothers die because of child birth and pregnancy, and it never makes it to the headlines. Nothing. Two-hundred-fifty children die everyday, 25% are below a year old, of which 75 % are one month old. That's every day, isn't it?

When I was invited by the ***Philippine Daily Inquirer***, I asked: What stories make it to the front page? Look at that: "11 die in bus crash." But why

doesn't a story that says there are only 11 doctors for every 200 children land on the front page?

Q What are your comments on medical tourism?

A For me, medical tourism is good, but I demand equity. And even if the Department of Health says we should promote medical tourism, at least 10 to 20% of what you will pay should go to the poor. There should be cross-subsidy.

Let's say medical tourism is practiced in Cebu. The money coming from that should be used to adopt a particular municipality in the affected tourist area to improve the people's health. I have no objection to medical tourism but we have to get our act together. When I did that study three to four years ago, Thailand already had one million medical tourists out of 20 million regular tourists.

There are 10 hospitals in Metro Manila, all of them superstars—from Asian Hospital to St. Luke's, Medical City, UST. I said, please, you are all superstars but we cannot have crab mentality. If we get to have 100,000 medical tourists, we might be overwhelmed. Those 10 hospitals will not be enough. We have to look at it as a cooperative venture, not as a competition. I believe in medical tourism. We can earn money. Doctors can earn dollars. Nurses can earn dollars. I already gave some examples like St. Luke's which practices medical tourism. That is where it gets money for the promotion of its staff. On top of that, it is able to train Indonesian doctors, surgeons, and pediatricians. That is a good example. Even students from China go to St. Luke's.

I can't stop migration. As for me, I walk the talk. I stayed in the Philppines, worked in the farthest areas, lived with the poor, etc. But I cannot impose that on my own countrymen, even on my classmates. What I'm saying is, I am for medical tourism as long as there will be equity. I want even the last village to earn money from medical tourism.

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