

Challenges and opportunities to integrating traditional healing into counselling and psychotherapy

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This paper discusses limitations of Western psychological practice and the calls for integrating traditional healing practices into counselling and psychotherapy. It also explores challenges to and opportunities in integrated psychological practice systems which revolve around issues related to different paradigmatic perspectives about health and ill-health, practice issues and negative characterization of traditional healing and traditional healers, research into traditional healing and uses of herbal medicines. The paper concludes with discussions on educational and training opportunities, for traditional healers, counsellors and psychotherapists, for addressing challenges to integration and ensuring effective services delivery.

Keywords: traditional healing; counselling; psychotherapy; cultural knowledge systems; integrated healthcare systems; Western healthcare model; education and training opportunities; herbal medicines

Introduction

Every human society has its own culture and knowledge systems for dealing with or responding to environmental conditions. Each culture has its own knowledge systems for responding to diseases and restoring health to individuals who are ill (Maraich, 2003). All cultures have their own unique explanatory models of health and illness that can be understood within their respective worldviews (So, 2005). Along with explanatory models about health and ill-health or diseases, each culture also recognizes certain of its members as competent healthcare providers because of the latter's abilities to use culturally appropriate substances and methods to bring health and well-being to members of the community. Such talented individuals are believed to possess awareness or knowledge, skills, values and attitudes acquired through timeless experiences and wisdom for helping people solve problems and make decisions (Lee & Armstrong, 1995).

With passage of time, however, and as cultures coalesce, certain cultures assumed supremacy over others. The culture regarded as superior became the dominant culture, held as “standard” for other cultures with its ideologies and hegemonic practices superimposed on other cultures. This is the situation with Western cultures whose healthcare models have been imposed on other cultures and have been allowed to occupy the centre stage and are regarded as standard mainstream

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healthcare systems in many countries of the world. For instance, Gene (2004) reports that counselling services in Canada and United States of America are based almost exclusively on Western paradigm of health that contrasts with those of Indigenous peoples' worldviews. Sima and West (2005) also note that, with colonization, various aspects of Western cultures, including education, healing practices and religion, have been imposed on African countries.

We first explore the limitations associated with relying on a single cultural model of healthcare before discussing the calls for integrating different cultural models or hybrid healthcare systems. The challenges and opportunities associated with such integrated systems are also discussed.

Limitations of relying on a single (Western) cultural view of healthcare

Western-oriented healthcare (including practices of conventional counselling and psychotherapy) has spread beyond frontiers of Western cultures influencing the ways mental health (including emotional disturbances and abnormal behaviours) and other health conditions are viewed and treated. However, despite its technological sophistication, Western psychological and associated healthcare models have been found ineffective when applied to many health conditions and needs of non-Western peoples (Roan, 2000). Major factors responsible for difficulties with applications of Western healthcare systems in non-Western cultures are discussed below.

One important factor cited as responsible for difficulty with application of Western clinical consultative psychological practice is that it is based on middle-class Western values with strong American and European influences in its theories and practice (Atherton, 2007; Dessent, 1992; Mpofu, 2000; Stobie, Gemmell, Moran & Randall, 2002; Vogelmann, 1990). Western-oriented psychological practice is insensitive to or does not value non-Western clients' worldviews or the cultural realities which clients understand and or have been brought up to believe in (Bojuwoye, 2001; Trimble & Thurman, 2002; Swartz, 2008; Sodi, 2009). Western psychological practice relies heavily on natural science whilst ignoring the role that social conditions, power relations and societal institutional arrangements play in shaping peoples' conceptualizations of illness and associated help-seeking behaviours (Angelique & Kyle, 2001; van de Vijver, Fons, & Leung, 2000).

Another criticism levelled against Western models of counselling and psychotherapeutic practice is the tendency to compartmentalize human experience and to treat a patient as an assembly line of body parts, each to be managed with great expertise by an appropriate specialist (Chan, 2008). Non-Western traditional healing models do not segment patients into physical, psychological, social and spiritual parts in order to treat each separately (Vontress, 2005). Non-Western healing models are holistic and treat the "whole" person employing interventions targeted at all forces responsible for ill-health with both symptoms and causes of ill-health addressed in order to ensure health or well-being and harmony or ideal human functioning (Comas-Diaz, 2006; Edwards, 2004; Holdstock, 2000; So, 2005).

Furthermore, traditional healing is comprehensive and concerned with illness prevention, health promotion and/or cure (Gumede, 1990; Sodi, 2009; Staugard, 1986). Equal importance is placed on both prevention and cure, thus giving credence to Marks' (1994) assertion that health is not just about taking pills, but it is also about making decisions and taking steps to ensure that changes occur in

socio-economic conditions, habits, behaviours and lifestyles of people. Moreover, by acknowledging the multidimensional nature of health traditional healing incorporates many approaches including medication therapies (utilizing herbal medicines, animal parts and minerals) and non-medication therapies (such as acupuncture, manual therapies, gigong, tai ji, thermal therapy, yoga and other physical, mental, spiritual and mind-body therapies) (World Health Organization, 2002).

The high cost of procuring Western healthcare services has also been advanced as a major factor for the failure of Western healthcare model. This has made it practically impossible for most non-Western peoples (who are geographically and economically inaccessible) to have access to healthcare and to receive treatment when ill or injured if they are not to go bankrupt (Chan, 2008). Affordability and accessibility apart, traditional healing is increasingly being seen in the Western world as natural, personalized and intrinsically good and safe – characteristics which have made traditional healing primary choice of healthcare for majority of rural dwellers in non-Western countries of Africa, Asia and Latin America (Chan, 2008).

Calls for integration of traditional healing into counselling and psychotherapy

The limitations of Western psychological and associated healthcare practices, as discussed above, have led many non-Western writers, researchers and healthcare providers to advocate the broadening of conceptualization and methods by ensuring that psychology, both as a science and as a profession, have inputs from outside Europe and North America (Kagiticbasi & Portinga, 2000). Thus calls were made for the integration of other world's cultural traditional psychotherapeutic practices, medicines and/or remedies into the Western healthcare system (Vogelman, Perkel, & Strebel, 1992). The earlier calls were in the form of what is now accepted and recognized as cross-cultural counselling which Vontress described as being due to an emerging trend towards recognition of culture as an important factor in the counselling relationship (Jackson, 1987). A number of forces, interests and personalities were responsible for this trend including several articles written by researchers and professionals such as Rosen and Frank (1962) and Landes (1963) and Vontress (1966, 1967, 1969a,b,c) which helped to focus on the influence of culture on psychotherapeutic enterprises and thus contributed to the growth of cross-cultural counselling. Vontress (in Jackson, 1987) noted that by the 1970s cross-cultural counselling had come of age with better understanding of how culture affects therapeutic helping. A client's culture is seen as the healing instrument in a therapeutic relationship (NGOMA, 2003) while the most effective therapeutic agents are those who embody the culture of their clients (Vontress, 2005).

The calls for integration of non-Western traditional healing practices into Western healing models continue to grow in different parts of the world. For example, the Director-General of the World Health Organization (WHO) echoed these calls recently in the remark that:

Traditional medicine is generally available, affordable and commonly used in large parts of Africa, Asia and Latin America.....For millions living in rural areas of developing countries, herbal medicines, traditional treatments and traditional practitioners are the main – sometimes the only – sources of healthcare.....This is a [health]care close to homes, accessible and affordable.....has strong historical and cultural roots, practitioners are usually well-known members of the community who command respect and are supported by public confidence in their abilities and

remedies This is the reality and this form of [health]care unquestionably soothes, treats many ailments, reduces suffering and relieves pain” (Chan, 2008)

Similar sentiments have been expressed in previous meetings of WHO. For instance, the World Health Assembly passed a resolution on closer cooperation between traditional and Western healthcare systems, with a statement that:

Member States were urged by the Health Assembly to encourage collaboration among universities, health services, training institutions and relevant international organisations in the scientific appraisal of traditional forms of medical treatment and their application, when indicated, in modern health care. (World Health Forum, 1989, p. 281).

Comas-Diaz (2006) in an article on cultural adaptation of mainstream psychotherapy in South America advocates integrating Latino populations’ ethnic psychologies into conventional Western psychotherapy. Since there is enough evidence to substantiate that Canadian Indigenous conceptualizations of mental health differ from dominant North American society’s notions of mental health, Waldram (2004) and Vicary and Bishop (2005) call for negotiations between Western and Native worlds. This call led to a trend in psychotherapeutic practice that employs a “hybrid approach” (Swartz, 2008) or the complementing of aspects of Western counselling with Canadian Indigenous peoples’ concepts and elements (Duran, 2006) in order to successfully promote mental health for Native Canadian peoples. A successful counselling approach with British Columbia Aboriginals is seen as one that is culturally-based in local tradition including native rules of behaviour such as respect, non-interference, and inputs of elders (McCormick, 1996). In Europe many practitioners are also reported to be adopting different therapeutic approaches without imposing Western psychotherapeutic paradigm on people socialized in non-Western cultures (Torrey, 1986). Vontress (2005) reports attempts by Nathan (1993, 1994) and his colleagues at integrating traditional and Western healing methodologies while working with non-Western immigrants in France. A book edited by Moodley and West (2005) features articles by academics and researchers from different parts of the world advocating for integration of traditional healing into counselling and psychotherapy. The general contention is that blending together different cultural healthcare initiatives in a beneficial harmony and pooling different cultural resources would make for utilization of the best features of each cultural system and compensate for certain weaknesses in each (Chan, 2008). Thus with increasing awareness of cultural knowledge and giving consideration to clients’ cultural values (in terms of their ecological, historical and cultural contexts) in order to render appropriate services made the need for integrating traditional healing practices into counselling and psychotherapy more apparent.

Challenges to and opportunities in integrating traditional healing into counselling and psychotherapy

While operating hybrid healthcare systems, comprising Western and non-Western models with their different practitioners working together side-by-side, may be the most ideal there are, however, challenges to such arrangement. This article discusses some challenges to and opportunities in integrating traditional healing practices into conventional counselling and psychotherapy. Major challenges discussed revolved around epistemological issues, attitudinal and practice-based issues and challenges

due to poor research infrastructural facilities and indiscriminate uses of herbal medicines. Each identified challenge is first explored, then the opportunities in working together of traditional healers and Western-oriented practitioners are discussed.

Epistemological challenges and opportunities

Each culture has its own conceptual model of explaining illness (So, 2005). This point is also clearly made by White and Marsella (1982) by stating that:

[Even]... the very notion of 'mental illness' as a domain of behavioural and medical experience is a product of specific cultural and historical traditions which regard certain forms of behavioural dysfunction as essentially psychological and medical in nature... As incorrigible as these basic suppositions seem in the context of modern medicine and psychiatry, they are predicated on assumptions about the nature of persons and social behaviour which are symbolic constructions and which contrast with symbolic constructions of other cultures. (p. 5)

Thus, while Western cultures use individuated psychological types or scientific explanatory models of materialistic, disease-based framework to explain human behaviour or make meaning of human experiences, most non-Western cultures tend to conceptualize reality holistically and dynamically in terms of materials, religious and spiritual dimensions (Holdstock, 2000; Myers, 1988). Any effort to integrate traditional healing into counselling and psychotherapy is likely to meet with challenges given the different paradigmatic perspectives or divergent epistemological origins of Western and traditional healing systems. For example, one area of challenge, in this regard, relates to constructive and open-ended communication among practitioners of different models. Pelzer and Mngundaniso's (2008) report on South African experience is that what is supposed to be the integration of two different healthcare systems is being fuelled by mutual suspicion and lack of communication between Western-oriented practitioners and traditional healers. Sima and West (2005) also report on Tanzanian experience revealing challenges associated with cooperation, consultation, sharing of information and referrals of patients among traditional healers and counsellors. While Tanzanian traditional healers know biomedical doctors' role in healthcare delivery and are prepared to make referrals to the latter, they, however, do not know or understand what counsellors or psychotherapists are or how therapy works (Sima & West, 2005). Many non-Western countries do not have the equivalent of counsellors and psychologists in their healthcare systems and therefore do not understand their roles. Moreover very few non-Western traditional people would seek services of counsellors or psychologists since the latter use techniques at variance with traditional cultural values and expectations. For instance, Hawkey (2009) asserts that counselling would be considered taboo by many Africans since it is against their tradition to talk about their family problems to strangers like counsellors or psychologists. Ades, Do, Keoprasedth, Rath and Bui (1984) also stated that South East Asian people are unlikely to consider counselling since they do not talk about personal feelings and needs with those outside of the family because mistrust of strangers, "saving face" and maintaining integrity of the family are all critical traditional values of South East Asians. An integrated psychological practice, where

counsellors and traditional healers are to work together would, therefore, have challenges associated with consultation, sharing of information and making referrals.

However, integrating traditional healing into counselling and psychotherapy also provides opportunities which cannot be overlooked. An integrated system would help traditional healers learn about who counsellors or psychologists are and their roles in healthcare delivery. In a hybrid healthcare system with counsellors or psychologists and traditional healers working side by side, the latter have the opportunity to acquire cultural knowledge about diseases and develop empathic understanding of patients' cultural worldviews which are likely to enhance their therapeutic practices or services delivery.

Practice issues and attitudinal challenges and opportunities

Common criticisms against traditional healing revolve around excesses and abuses of patients' human rights by traditional healers. For instance, Peltzer (1987) reported that African traditional healers physically restrained their aggressive mental patients by ropes tied to their legs, that medications are forced on patients and that patients are raped as part of treatment procedures. Atherton (2007) describes African traditional healing practices as poor in hygiene standard, incorrect in diagnosis, use imprecise dosage and wild claims. Consistent with the poor hygiene standard of traditional healing, So (2005) also claims that Chinese traditional healing sessions are conducted in "cramped facilities". Other challenges associated with traditional healing include not keeping a patient's history and record of assessment (Conserveafrica, 2006). Traditional healers have also been criticized as poorly educated, magicians, quacks, charlatans and human rights abusers by Western-oriented healthcare practitioners. For instance, a Western-trained biomedical practitioner, during a public hearing on traditional medicines at a provincial legislature in South Africa expressed strong views about traditional healers that:

There are many people who would want us to continue to believe in mumbo jumbo while the West moves into CAT scans and advanced sonars for diagnosis. They want us to believe that the dried-up bones of a monkey's ankle can provide us with a diagnosis. (*The Sunday Times*, 8 June 1997).

Similar sentiments have also been expressed by Western-oriented healthcare practitioners who describe indigenous healing as exotic, primitive, demonic, sorcery, magic and witchcraft (Chevez, 2005; Marshall, 2005; Moodley, 2007; Praglin, 2005).

These criticisms are due largely to ignorance and misinformation or complete lack of information about traditional healing and traditional healers. Moreover, there is the tendency of Western critics to over-concentrate on risk and worst case scenarios or worst outcomes of certain traditional healing practices. Excesses and abuses claimed to characterize traditional healing practices are also not uncommon with Western-oriented healthcare practices and practitioners. Most traditional healers are reported to practice with distinction and highest ethical standards and are as effective in bringing health to people as are Western-trained biomedical doctors and psychologists (Epp, 1998). Non-Western traditional healers are skilled and experienced in biomedical and psychotherapeutic practices using procedures and materials surprisingly resembling contemporary psychotherapies including establishing trusting relationships with patients, diagnosis of problems, uses of imagery, dream interpretation, self-regulation and group support (Edwards, 2004).

Therefore, with these virtues, integrating traditional healing with Western counselling and psychotherapy should offer the opportunity for Western healthcare practitioners to be educated or to learn about many cultural perspectives on health and ill-health (apart from Western) including cultural explanatory models of diseases or the realm of meanings of ailments which makes sense to patients, significance and responsibility associated with elements and events in nature, the language or communication process employed to convey meanings of people's experiences and cultural practices and tools for preventing ill-health and or promoting health. Awareness of or knowledge of these traditional perspectives on health and ill-health should assist in modifying Western healthcare practitioners' attitude of disrespect towards that of respect for traditional healers. Moreover, in an integrated healthcare system, with Western practitioners and traditional healers working together, negative characterization of traditional healing practices and traditional healers would dissipate as, in such a system, the latter has the opportunity to learn ethical procedures and consider respect for patients' rights, basic hygiene procedures and maintaining records of patients' histories and assessment of important aspects of effective healthcare delivery. An integrated healthcare system certainly offers tremendous opportunity for Western practitioners to be educated in principles of traditional assessment and interactions, cultural norms, mores, taboos, religious and spiritual formulations, the importance of family and issues with and within the family including where and when it is appropriate to actively involve family in therapeutic process (Kumar, Bhugra, & Singh, 2005). Issues related to excesses and abuses in traditional healing practices also have the opportunity to be eradicated in an integrated healthcare system where government or state authorities encourage traditional healers to form professional associations, have guidelines for promotion of acceptable standards of care, proper practice or healing procedures through regulation of practice and maintenance of ethical standards.

Research challenges and opportunities

Research challenges associated with traditional healing are often more emphasized than most other challenges. This is probably because non-Western traditional healing, unlike Western healing, has little scientific or empirical evidence, especially on safety. Non-Western traditional healing practices have no research data, no powerful methodologies for proving efficacy, ensuring quality, standardizing good manufacturing practices, testing for safety and conducting post-marketing surveillance for adverse effects (Chan, 2008). According to the World Health Organization (WHO, 2002, 2008), research challenges in traditional medicines also include the need for appropriate research strategies to provide scientific evidence or data through test results.

A major factor contributing to the difficulty in research into traditional healing is the absence of major infrastructural facilities – literature or recorded texts. Traditional healing practices rely mostly on oral history and folklores, known only to initiated traditional healers, and taught to others by healers themselves or spiritual agents. Chamberlain (2003) used the term “performed knowledge” to describe healing power or indigenous ways of healing also referred to as “living texts”. Researching and documenting traditional healing practices would meet with challenges because indigenous ways of healing (including songs, dances, ceremonies,

sacred medicines and traditional language serving as vehicles and tools of traditional healers) are living texts, in orality, believed to lose their power or become ineffective, if recorded (Solomon & Wane, 2005). Major challenges, therefore, would be getting traditional healers to cooperate, to disclose and share information relevant to their highly protected healing knowledge.

In an integrated system, however, researchers and Western practitioners have the opportunity to work closely with traditional healers thus offering opportunity to network, negotiate and develop trust in the traditional healers in order for the latter to cooperate in research and share information relevant to their healing secrets. An integrated healthcare system particularly offers tremendous opportunity for researchers and Western practitioners, while working closely with traditional healers, to employ research strategies of qualitative and or interpretive paradigms (observation, interview) which would enable them to gain insight into traditional healers' behaviour tendencies and their healing practices including the latter's views, perceptions, opinions, feelings and beliefs in natural settings and to discover meanings traditional healers attach to experiences, how they interpret events and traditional perspectives on health or ill-health as well as associated contextual forces. Research challenge in traditional healing associated with traditional healers' low-level of education can also be addressed, in an integrated healthcare system, where traditional healers are offered the opportunity to be mentored, by Western practitioners, on issues related to their practices as well as on research skills and ethics.

As to challenges associated with which aspects of traditional healing to research into, the working together of traditional healers and Western practitioners, in an integrated healthcare system, would provide the opportunity to be familiar with many aspects of traditional healing and to know which to study more deeply. The suggestion, however, is that these should not be limited to just empirical evidence relevant to dominant models of interpretation regarding etiologies of illness but should also include the symbolic ways of constructing reality especially as these are strongly linked to emotive sphere and relational world (Garzon, 2005; Kumar et al., 2005; Poonwassie & Charter, 2005; Sima & West, 2005; So, 2005; Solomon & Wane, 2005). Certainly an integrated system would provide opportunity for research into discovering appropriate strategies for identification of safe and effective therapies, for critical assessment of what should be integrated and what not to integrate, for assuring intellectual property right protection, proper guidelines or regulatory and legal mechanisms for the promotion and maintenance of good practice and for defining the role of traditional healers in the mainstream healthcare system (Chan, 2008, WHO, 2002, 2008). Furthermore, an integrated system should create appropriate opportunity for the training of Western practitioners in grass root research methodologies that would help to better understand living conditions of indigenous peoples relevant to their health.

Challenges and opportunities related to uses of herbal remedies

Traditional medicine has now been adopted all over the world and by populations outside its traditional territories – non-Western indigenous cultures. Herbal treatments, comprising herbs, herbal materials, herbal preparations or finished herbal products (which may also include animal extracts and minerals), are popular

forms of traditional medicines, otherwise referred to as alternative or complementary medicines, which have become highly lucrative on the international market. A number of challenges associated with the high demands of traditional medicines and or remedies which according to WHO (2008) revolve around patients' safety and effectiveness of many traditional medicine products and practices. There is also the challenge of differing definitions and categorizations of traditional therapies as a single herbal product can be defined as either food, a dietary supplement or herbal medicine depending on the country. The ever growing herbal market and the great commercial benefits of herbal medicines also pose very serious risk to biodiversity as these can lead to over-harvesting of plants. If there are no regulations on sales and uses of traditional medicine these could mean the extinction of endangered species and destruction of natural habitats and resources. Unregulated, inappropriate uses of herbal medicines could also lead to harmful adverse reactions (especially when taken inappropriately or in conjunction with other medicines) (WHO, 2008).

With the recognition of traditional medicine as an important part of an overall people's healthcare system and with its integration into Western-oriented mainstream healthcare system challenges associated with uses of traditional medicines and demands are likely to be overcome as opportunity would be offered for state funded research into traditional healing so that the safe and effective ones are identified and made available for use while the ones considered unsafe can be withdrawn. In addition to research opportunities to ensure patients' safety, an integrated healthcare system would also give the opportunity for government or states to formulate national policy and regulation for proper use and distribution of traditional medicines. Furthermore, apart from regulatory mechanisms for the control of safety and quality of the traditional medicine products, integration should also create educational opportunity on safe usage and effectiveness of traditional medicine products and therapies, among consumers and the general public. Bringing traditional healing into the mainstream healthcare system would provide the opportunity for regulations to be put in place by government and professional association or other regulatory body to reduce quackery and charlatans and to ensure appropriate quality of source materials and how elements of traditional medicines are handled, through production, to ensure safety, effectiveness and quality of finished products. Integrated healthcare systems would also provide the opportunity for training, collaboration and communication among providers of traditional and other medicines.

Concluding remarks

This paper has discussed issues related to integrating traditional healing into counselling and psychotherapy. While the paper highlights the many benefits deriving from blending different cultural healthcare initiatives, challenges and opportunities to the integration of different cultural healthcare systems are also discussed. Challenges identified include those associated with different paradigmatic perspectives regarding explanatory models of health and illness, practice issues and negative characterization of traditional healing, research challenges and those associated with misuse of traditional healing practices. However, integration would bring opportunities for a comprehensive context sensitive to service delivery. The working together of Western practitioners and traditional healers in an integrated

healthcare system would create many opportunities for training and education as well as for research and regulatory guidelines for traditional healing practices and for uses of traditional medicines. Perhaps the greatest benefit of an integrated healthcare system would be the educational or training opportunities for both Western and traditional healthcare providers. Such education and training opportunities would make for the awareness, understanding and appreciation of the complementarity of their different healthcare systems. Educational opportunities would help traditional healers develop appropriate attitudes and values for breaking old habits and creating new characters in order to reduce patients' abuses and excesses often associated with their practices. Training and or educational opportunities provided in an integrated healthcare system should also help traditional healers acquire knowledge, attitudes, values and skills relevant to effective health promotion and the importance of maintenance of practice records. The major training goal for traditional healers would be capacity building and expansion of their roles in health promotion and illness prevention in order to enhance their leadership roles and legitimate voices as trusted cultural health authorities of their people.

An integrated healthcare system would also provide educational or training opportunities for Western-oriented healthcare practitioners for appropriate knowledge and understanding about traditional healing to enable them to change their attitudes of disrespect and suspicion, for traditional healing and traditional healers, towards attitudes of respect and appreciation for the skills of traditional healers and to see traditional healers as equal participants and not as competitors in healthcare delivery. Appropriate training opportunities in communication, negotiation, teamwork and networking skills should help Western-oriented practitioners to work with traditional healers, to develop trust in one another and to share information for effective services delivery. Training opportunities provided in an integrated healthcare system should also enable Western-oriented practitioners to acquire culturally relevant skills for the identification, understanding and utilization of appropriate indigenous knowledge systems, cultural practices and materials which could be used along with those of Western psychotherapeutic practices. In addition, learning to understand and acquire culturally appropriate knowledge and to accurately interpret and apply cultural healthcare strategies are essential for Western-oriented practitioners who also need training in abilities to engage in community work, to identify relevant community-based organizations, to network with and serve as strong multiplier effects in grass-root mobilization and advocacy as well as to identify and develop local leadership roles in promoting health within the community. Integrated healthcare system should offer opportunity for training in grass root research and to develop initiatives for generating demand for and utilization of research results among policy makers, healthcare workers, community groups and other stakeholders and for ensuring closer links between traditional community, local health services and policy makers. Lastly an integrated system would provide opportunity for international research collaboration and strengthening of local institutions and health services as well as provision of research benefits to the local communities where herbal medicines come from.

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