

Committee: World Health Organisation

Issue: Tribal superstitions, traditions and shamanism regarding medical practice

Student Officer: Filippos Koutsodimitropoulos

Position: Deputy President

PERSONAL INTRODUCTION

Dear delegates,

My name is Filippos Koutsodimitropoulos and I am an 11th grade student (B' Lykeion) at Moraitis School in Athens, Greece. I am really looking forward to the 2nd ACGMUN, since it is going to be my 7th MUN conference and 2nd chairing experience. Chairing at the 1st ACGMUN last year taught me a lot; not only did I learn more about MUN, I also tapped into a part of me that I had ignored up until then and got something personal out of the conference.

This year, however, I hope that the experience will be even better, more enjoyable, and more satisfying. You, dear delegates, should get excited for the 2nd ACGMUN, because it is going to be absolutely amazing. I always try to maintain a cheerful attitude- even in the face of stress and work, thus often surprising people- making the most out of every situation, both in terms of productivity and in terms of enjoyment.

Apart from that, however, I feel that a Student Officer's priority is to assist the delegates in anything they may need. I will certainly be open to any questions from you. I would also recommend reading all study guides, since they offer insights into the various topics, by examining them in great detail, thus enabling you to draft effective resolutions.

It is also worth mentioning, that the WHO is going to be a particularly interesting committee for me, given that I am interested in studying medicine. Examining the issue was especially exciting for me and showed me (partly) what I hope to face in two years. I should not ramble on, however, dear delegates. Always remember that MUN is not just about learning, but primarily about living the experience! Should you want to contact me, my e-mail is filippos.koutsodimitropoulos@gmail.com.

I look forward to meeting you all in March!

Filippos Koutsodimitropoulos
Deputy President

TOPIC INTRODUCTION

The dominant idea amidst all of the articles in the Universal Declaration of Human Rights (UDHR) is the value of human life. The 3rd article of the UDHR states: “Everyone has the right to life [...]”¹. As such, any attempt to preserve the health and life of people through medicine is of utmost importance and ranks high amidst the UN’s priorities.

The continual progress of science allowed mankind to develop modern medicine, saving millions of lives by finding ways to combat diseases and injuries that were previously thought to be incurable. We can, as of today, vaccinate against common but fatal diseases, actively restrict the devastating effect of cancer through chemo-, radio- and gene-therapy and even conduct research to study the neural structure of the brain and prevent its deterioration. Thus, the average human lifespan only continues to grow (throughout the course of the 20th century it has even grown by 30 full years in certain regions of the world)², allowing the right of life to be preserved in the best way possible.

Since modern medicine has provided all these significant benefits to mankind, it goes without saying that anything that jeopardises its effort is a threat to the human society. As such, it is of crucial importance that traditional medicine, shamanism and medical superstitions are taken into serious consideration. If any of the above endangers trust in the medical system or prevents patients from getting the necessary treatment, it harms lives. There are of course significant benefits to be reaped from understanding their function and some of these methods have some degree of scientific background, potentially dating all the way back to Antiquity. However, there needs to be some sort of evaluation, in order to assess which ones could be integrated into the current medical system and benefit the patient; not all of them are useful and some of them are actually harmful.

DEFINITION OF KEY TERMS

Tribal Superstition

Superstition in general is defined by the Oxford Dictionary as: “*idea or practice founded on unreasoning belief in magic, witchcraft etc;*”³ When talking specifically about medicine, it becomes apparent the term refers to certain practices that people believe will automatically cure forms of illness, despite the fact that there is no proof of them having any such effect.

¹ (United Nations, 1948)

² (Roser, 2017)

³ (Hornby, 1974)

Traditional Medicine (TM)

The WHO defines TM as: *“the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness”*.⁴

Shamanism

The Merriam-Webster Dictionary defines shamanism as: *“a religion [...] that is characterised by belief in an unseen world of gods, demons and ancestral spirits, responsive only to the shamans”*.⁵ Shamanism has a direct link to the aforementioned tribal superstitions, providing a religious background for them.

BACKGROUND INFORMATION

The World Health Organisation’s (WHO) mission statement is to *“improve [global] health, particularly among disadvantaged populations”*.⁶ Among the several ways in which it tries to achieve this, is by using all available tools in the fight against diseases and illnesses, including Traditional Medicine (TM) and other practices from shamans or tribes that could provide significant advantages.

The aim of the United Nations’ World Health Organisation is, as proposed by the Traditional Medicine Strategy in 2013, to integrate TM and other forms of Complementary Medicine (CM), without deteriorating the health of the populations involved.⁷ This requires some assessment of the available forms of TM.

This unit will examine the possible negative effects of superstitions on populations, then go on to talk about the benefits one hopes to see by integrating traditional medicine and finally discuss ways to assess which forms of TM can be useful for medical use.



1. The WHO logo is a testament to its mission. A snake around a staff is the symbol of Hippocrates and is associated with medicine, whereas the globe suggests that the mission is carried out globally.

⁴ (World Health Organisation, 2013)

⁵ (Merriam-Webster)

⁶ (World Health Organisation)

⁷ (World Health Organisation, 2013)

Tribal Superstitions, Shamanism and the Deterioration of Health

Shamanism is usually associated with isolated tribes; there is, however, also a significant number of people following these superstitions, despite their not belonging to such a tribe.

The shamans in the modern world can be seen as an alternative to psychologists and therapists, drawing from a variety of ancient shamanist traditions to provide their services to people.⁸ People most commonly find them to relieve the stress they gain from a breakneck pace of life. It is not bad that people find ways to let off steam. Negative effects may come, however, when certain people decide to replace their scientific practices with shamanism and superstitions, or when they show too much zeal in dealing with the shamans. A notable case would be one of a young man, who travelled all the way to the Amazon jungle in search of a psychedelic drug he thought would give him a higher state of mind. This resulted in a tragedy as he died by overdosing on the drug, thinking it would be the only way to connect with his spirits.⁹



#2 Artistic rendition of a shaman

Other deaths may come from resorting to shamans¹⁰ and superstitions rather than seeking a modern treatment or from delaying getting treatment and instead seeking spiritual and supernatural causes. It is easy for people to fall prey to a superstition even if they have a high level of education. Studies conducted in Taiwan show that people from various demographic groups seek alternative treatment.¹¹ As such, there is the risk of misattributing the cause of the illness due to their recently acquired beliefs in shamanism.

The isolated tribes and their totems should not, however, be ruled out entirely, since shamans often rely on imagery to produce healing effects in various parts of the world. Imagery plays a surprisingly important role in medicine, and the shamans and tribal superstitions exist because of the health benefits people associate with them. The benefits certainly exist; belief itself can often help people feel better, since bodily health is largely affected by the psychology that the person is in. This is known as the placebo effect and it is most commonly associated with

⁸ (Armstrong, 2017)

⁹ (Escobedo, 2014)

¹⁰ Image source (Personal Tao)

¹¹ (Chun-Chuan, et al., 2017)

medical studies.¹² The opposite effect also exists (sometimes dubbed the “nocebo effect”), where a negative belief can cause real physical harm.¹³

These psychosomatic effects, while enough to keep people believing in shamanist practices, do not suffice for them to be considered a safe healing option. When people show too much trust in shamanism and use it as a medical multi-tool, the goal to safeguard global health is seriously hampered. Especially because of its prevalence in Less Economically Developed Countries (LEDCs), in regions where diseases can escalate into epidemics (such as the Ebola epidemic in 2014), due to the large population and poor sanitary conditions, shamanism can actively hinder the progress that is made in these regions by organisations such as the WHO. Superstitions need to be partly set aside, and modern medicine needs to be used.

Benefits of Traditional Medicine as Complementary Medicine

In the ancient times, people mostly had two methods to deal with illnesses. The first one is shamanism and religious superstitions, whose benefits can only be psychosomatic. The second one is various herbs, foods, and drinks (or even practices) that were found to have some sort of healing effect either on the body or the mind. These are today classified as Traditional Medicine (TM).

A notable example of a TM practice is acupuncture. Despite its existence for over 2000 years in China, it was introduced to the “western world” as recently as the 1970s, where it has since boomed into a whole industry of Complementary Medicine (CM). The reason for its success was its effectiveness at curing certain pains near the surface of the skin.¹⁴ Other forms of traditional practices-and even some shamanist practices- have acted in a similar way. As WHO statistics suggests, currently acupuncture is recognized as a medical practice by 80% of the United Nations’ (UN) member states.¹⁵

The CM market also includes various other forms of alternative medicine, such as chiropractic, naturopathy or homeopathy, each with their own supporters and underlying industry. All in all, it is estimated a rather significant number of people all over the world use these forms of medicine regularly, including 100 million people in Europe alone.¹⁶ The market for these products keeps expanding; in the Republic of Korea, the WHO tracked a rise of 3 billion US dollars in the TM expenditures.¹⁷ And to these figures one has to add the millions of people living in countries where TM and tribal medicine is the primary source of healthcare, such as

¹² (Ratini, 2016)

¹³ (CGP Grey, 2013)

¹⁴ (Avrom, 2016)

¹⁵ (World Health Organisation, 2013)

¹⁶ (World Health Organisation, 2013)

¹⁷ (World Health Organisation, 2013)

African countries. The WHO estimates that the ratio of traditional healers per capita in Africa is 1:500, compared to 1:40,000 for medical practitioners.

Seeing these figures-and given the variety of reasons people use TM&CM, the benefits that could be reaped from its integration in the medical system become obvious. Not only can they provide key services at a relatively low cost compared to private healthcare, but they can also help in regions where TM&CM are dominant forms of medicine, by helping the medical system have a bigger outreach, and by cementing people's trust in modern medicine. The integration of TM&CM could help utilise the most effective treatment for each circumstance, while mending trust in modern medicine through limiting any superstitions about medicine.

For this combination to work, however, the use of TM&CM needs to be limited, so as to not be detrimental to people's health by offering extreme risks. TM&CM can be really helpful if used under certain premises.

Assessment of Traditional and Alternative Medicine Methods

Although there are certain TM and CM methods that function well and provide solutions to numerous diseases, this is not always the case. A relatively important number can be ineffective and cause issues in the conduction of medicine.

One of the most dominant forms of TM are herbs with healing properties. Many herbs-such as chamomile, St John's Wart etc-are now recognized for their healing factors. The rise of healing herbs has had many people fabricate some of them. The widespread use of the internet has helped these 'fake healing herbs' spread like wildfire, often tricking unsuspecting victims to spend money on them. "Cancer-curing" aloes¹⁸ are prevalent in many questionable online forums, hoping, for example, to get someone desperate enough to consider them a real TM product and to purchase them.¹⁹



#3 While the Aloe Vera plant has many healing properties, it cannot cure cancer

Fake TM is, unfortunately, not the only problem associated with traditions in medicine. The use of poor quality products or practices carried out by unqualified practitioners is also extremely worrying. Not everyone can carry out a surgery or

¹⁸Image source (Leech, 2017)

¹⁹ (Dr Mercola, 2016)

administer medication to a patient; in much the same way, not everyone should be able to administer TM&CM products or carry out TM&CM procedures.

The ultimate goal is to safeguard people's health. In order to be effective and safe, the integration of TM&CM has to be combined with safety policies in UN member states regarding TM&CM use. This policy should accurately reflect the use of TM&CM within that particular country and should be monitored by local or international bodies. India, for example, recognizes six different forms of TM within its borders. All these forms of TM are regulated by the government and the professionals in these fields have to finish one of the institutionalised colleges of that particular field.²⁰ In this way a high quality of TM practitioners is ensured. The European Union (EU) also has a goal to adopt uniform legislations regarding TM&CM products.²¹ While these regulations may seem difficult for LEDCs, they are important in order to ensure quality of medical assistance.

Other relevant problems may include misleading information, or unwanted side effects. The most concerning issue though, is failure to use conventional medicine where it is necessary.²² While TM&CM can certainly be of assistance for everyday health issues, there are issues where only conventional medicine can provide aid. There is little a CM practitioner can do for a patient with Acquired Immunodeficiency Syndrome (AIDS), for example. When dealing with complex diseases, where the patient's life is on the line, even a slight delay by TM&CM could make the difference. As such, it is imperative that TM&CM be regulated and only used under specific circumstances.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

China

Chinese herbal medicine is among the most prevalent of its kind in the world. Exports of those herbal products have a global outreach and their proven medical benefits, have made them particularly popular with many Europeans and Americans.²³ Traditional Chinese Medicine includes various forms of TM and practices such as acupuncture, which-as stated previously- is recognised by the vast majority of countries in the world.²⁴

²⁰ (World Health Organisation, 2013)

²¹ (World Health Organisation, 2013)

²² (World Health Organisation, 2013)

²³ (Register of Chinese Herbal Medicine)

²⁴ (NCCIH, 2017)

The WHO includes Traditional Chinese Medicine within its forms of TM that should be integrated into medical systems worldwide. If certain precautions that ensure a high quality of service are taken, Traditional Chinese Medicine can certainly be beneficial to the patient's health.²⁵ It is obvious that China has the largest interest in Traditional Chinese Medicine.

South Africa²⁶

South Africa is home to the indigenous San people. The San people, as expected, use various forms of TM for their everyday treatments.

While the San people were mostly left to their own devices concerning their medicine, some plants were found to have certain healing and rejuvenating properties. The patent for the use of each plant was sold by South Africa to various pharmaceutical companies around the world. Initially, the San people received nothing; recently, however, things have changed, with the San people striking a benefit-sharing agreement with both the HG&H pharmaceutical company and the Republic of South Africa in 2012 and 2014 respectively. The example of the San people is a testament to how herbs can be justly extracted, without infringing upon the rights of local peoples.

Peru

A famous shamanist method comes from the Amazon basin parts of Peru. This arrives in the form of the ayahuasca drug²⁷, a psychedelic substance used by many shamans since it is believed to elevate the drinker's state of mind. Though it can be dangerous if it is consumed in large quantities and unchecked, ayahuasca has gained a large number of followers.



#4 Ayahuasca being prepared

Given its psychedelic nature, without many attributes that are usually associated with recreational drugs it is sometimes believed that it could be used in small quantities to help cure or at least slightly decrease the influence of Post-Traumatic Stress Disorder (PTSD). While there is little evidence to support this claim, studies have been planned for the near future that may give conclusive results.

²⁵ (Chan, 2016)

²⁶ The entire section is presented in (Rinaldi & Shetty, 2015)

²⁷ Image source (Kingsland, 2017)

Research suggests that ayahuasca can be used to treat addictions related to cocaine, heroin, alcohol and tobacco. Test on such effects are just starting to get conducted and they are yet to arrive to a final conclusion.²⁸ Ayahuasca is still being researched and could be found to be either of significant benefit, or not beneficial at all. It serves to show us how modern medicine can learn from shamanist practices.

TIMELINE OF EVENTS

Date	Description of event
April 7, 1948	The first WHO Constitution comes into effect, creating the organization
December 10, 1948	The UDHR is drafted by the General Assembly
July 26, 1971	United States president Richard Nixon makes an official trip to Beijing, with one journalist of the US press team trying out acupuncture and introducing it to the western world
January, 2002	The very first Traditional Medicine Strategy is passed by the WHO
March, 2003	A benefit-sharing agreement is reached between the San people and the CSIR pharmaceutical, the first of its kind
March 31, 2004	A directive of the European Parliament and European Council puts certain restrictions regarding TM use in the EU
February 21, 2008	Yet another benefit-sharing agreement between the San people and a pharmaceutical company is made; this time HG&H
August 2012	One of the first stories of death from ayahuasca overdose is discovered by Peruvian police officers
December, 2013	The WHO Traditional Medicine Strategy 2014-2022 is published in response to the World Health Assembly's relevant resolution

²⁸ (Kingsland, 2017)

RELEVANT RESOLUTIONS, TREATIES AND EVENTS

The issue of the conflict between traditional practices, superstitions and modern medicine is one assigned primarily to the World Health Organisation. As such, the UN has not produced many resolutions relevant to the issue. The World Health Assembly (WHA), however, has dealt with the issue in the past and has produced the following resolutions.

WHA54.11 – WHO Medicines Strategy (21/05/2001)

The oldest of the three resolutions, this was the first time the WHA decided to take action, leading to the first of many WHO strategies concerning TM&CM. Essentially it calls for assessment and monitoring of TM drug use all over the world.

WHA62.13 – Traditional Medicine (22/05/2009)

In this resolution, the WHA requested all member states to adopt the existing legislations regarding TM&CM use and called for the creation of a new strategy on TM, which became the WHO Traditional Medicine Strategy (2014-2022).

WHA67.18 – Traditional Medicine (24/05/2014)

In this resolution, the WHA took note of the WHO strategy and urged all member states to follow its strategies and rules. It also requested that frequent reports be sent to the WHA and the WHO regarding the progress made in the sector of TM.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

The WHO and the WHA have tried to tackle the issue of TM&CM use all over the world several times, with the most notable one being the WHO Traditional Medicine Strategy (2014-2022). The latest strategy can be summarised into four key objectives. Policy, safety, access and rational use. Policy means that member states should try to integrate TM into their national health care systems, where it is possible, by “developing and implementing national TM policies and programmes”. Safety, efficacy and quality mean that there should be an expansion of the knowledge base on TM, as well as guidance on quality standards, so as to ensure they remain helpful. Access means that TM should be relatively cheap compared to conventional medicine, so that everyone, including disadvantaged populations can have access to it. Finally, rational use includes promoting the use of TM only when it

is reasonable and not replacing conventional medicine in cases where it is necessary.²⁹

The WHO identifies many problems related to the completion of these objectives that may be especially prevalent among LEDCs and that the strategy hopes to combat, such as difficulties faced in research and development, in education of TM practitioners or in safety evaluation. In order to reach the goals of the strategy, the WHO proposes three core strategies for these challenges. Primarily, it encourages member states to build a knowledge base, so as to better evaluate TM&CM forms and to manage them effectively, while understanding their potential. Secondly, it requests products, practices and practitioners to be regulated through education, research and various other services to secure the safety and proper use of TM&CM. Thirdly, the WHO hopes that the integration of TM&CM will lead to universal health care, by capitalising on their potential of improving health services and by ensuring people are able to make educated choices about their health.³⁰

This strategy has set the guidelines for all efforts from 2014 and on, by providing with the basic ideas necessary for smooth TM&CM integration. It can, however, be built upon, and it actually encourages national policies to build upon it, taking it one step further and adjusting to each and every circumstance.

POSSIBLE SOLUTIONS

As was stated previously, the WHO Traditional Medicine Strategy (2014-2022) dominates all efforts for TM&CM assessment and integration, by providing basic strategies for member states. There are, however, additional options that can be implemented by member states and by the WHO as an entity.

First and foremost, assessment is a crucial matter. A lot of people, in their search of an ailment and a treatment, may fall victim to frauds (such as the cancer-curing aloe), or they may be pushed towards getting a TM drug of low quality that harms their health. It is imperative that such options be opted out of the market. While organisations such as the EU or the FDA have clear regulations on what qualifies as medicine, their regulations regarding TM&CM are rather lax and they can be sold as food supplements.³¹ It would be good for them to have a category of their own, so they can also be checked for effects on the health and benefits they provide. This would both limit frauds against the consumers and would also present them as what they truly are, rather than a food supplement.

²⁹ (World Health Organisation, 2013)

³⁰ (World Health Organisation, 2013)

³¹ (NCCIH, 2017)

It is also crucial, that people who use TM&CM do not get carried away and make it their priority for all illnesses. The way these are integrated into the medical system should be such, so that their usefulness is promoted without encouraging people to abandon conventional medicine. Herbs and acupuncture are useful only up to the point that we don't have to deal with cancer, Ebola, malaria etc. This could be done by making advertisements for TM&CM products and practices state their intended use, for example by having an end card that discourages people from using them in certain circumstances³², or by restricting their use and making them accessible only after recommendation by a doctor.



#5 Cigarettes offer an example of warnings in advertisements. TM ads could include their warnings in much the same way

As far as countries with a heavy presence of either TM or shamanism are concerned, the integration has to be such, so that their trust in the medical system is cemented rather than broken. It would not be an option to prevent people from believing in shamanist practices. What could be done, however, is to co-operate with the shamans and the various tribes. This could-under the right circumstances-provide an improvement on the status quo. The co-operation of shamans with the modern medical system can help both the system have a larger outreach and the people to find trust in it.

Many tribes that exist to this day reside in lands where rare TM plants, useful sometimes for producing modern medicine, grow. These tribes do have some rights relating to the use of these plants, since they provide both the knowledge and the material. We need to find a way for different governments and international organizations to understand those 'claims' and build a strong cooperation between them. This not only protects the rights of the tribes on the plants, but also helps cement these tribes trust in the medical system, without making them suspicious of pharmaceutical companies.

These solutions can be the starting point for an improvement of the WHO strategy and can take into consideration many aspects it has not already. The integration will be smoother and there will be fewer issues regarding understanding of traditional medicine, tribal superstitions and shamanism.

³² (Admin of CigarettesReviews.com, 2010)

USEFUL LINKS

General links

The CIA World Factbook (a treasure trove of factual information and statistics about 267 countries around the world): <https://www.cia.gov/library/publications/the-world-factbook/>

The Universal Declaration of Human Rights (UDHR):
<http://www.un.org/en/universal-declaration-human-rights/>

A Model UN Glossary for beginner delegates (though not all words will be used in our sessions): <http://www.unausa.org/global-classrooms-model-un/how-to-participate/getting-started/model-un-glossary>

The WHO official website: <http://www.who.int/en/>

Links for this issue

The WHO Traditional Medicine Strategy (2014-2022), a treasure trove of information (regarding both statistics and methods of solving the issue):
http://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

A video made by YouTube channel CGP Grey on the “nocebo” effect (do not expect a headache at the beginning :P): https://www.youtube.com/watch?v=O2hO4_Ue-4&t=2s

The European Union legislations on herbal medicine:
https://ec.europa.eu/health/human-use/herbal-medicines_en

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