IFMSA was founded in May 1951 and is run by medical students, for medical students, on a non-profit basis. IFMSA is officially recognised as a non-governmental organisation within the United Nations’ system and has official relations with the World Health Organisation. It is the international forum for medical students, and one of the largest student organisations in the world.

The mission of IFMSA

is to offer future physicians a comprehensive introduction to global health issues. Through our programs and opportunities, we develop culturally sensitive students of medicine, intent on influencing the transnational inequalities that shape the health of our planet.
Dear reader,

**MSI** is focusing on the broad field of Complementary and Alternative Medicine (CAM), a subject that medical professionals can not ignore. The public interest in CAM is consistently confirmed by population prevalence surveys.\(^1\)\(^2\) In the UK, for example, about \(\frac{1}{5}\) patients has used CAM in the last 12 month.\(^1\) Central tenets of medical student training include lateral thinking, consideration of all options, and treatment of the patient as a whole, rather than the sum of their parts.

After reading the submissions for this thought-provoking edition of **MSI**, it has become apparent that the foundations and intentions of CAM are broadly similar to those of Conventional Medicine (CM). For example, beneficence, non maleficience and consideration of the whole patient, rather than the sum of their parts, are foundations of both CM and CAM. If this is the case, one must ask why the popularity of CAM is rising so quickly, and what attracts patients so seek new therapies, which may be unproven or unregulated.

**MSI** is created by medical students for medical students, therefore the articles have been written by students and practitioners of CAM. In this issue you will find personal reflections on the pros and cons of CAM, first experiences with CAM as well as informative, provocative and thought-provoking stories. The last article on page 24 we owe **Global Medicine**, the official IFMSA-NL magazine on global health.

Enjoy reading!

Alexander Werni, Editor in Chief

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**References**


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Complementary and Alternative Medicine

Message from the IFMSA President

Silva Rukavina, IFMSA President 2009-2010

Dear IFMSA members and friends,

Ever since the creation of IFMSA in 1951, medical students have shown great interest in cooperation and sharing when it comes to medical education and student exchanges. Since then we have evolved and adapted our structure, and have grown to represent medical students from over ninety national member organizations across the globe. We also found new ways to better respond to the needs of medical students and have built new partnerships. Still, very little has changed in our attitude to look after medical students’ best interests; to open new horizons in medical education and to explore the world.

The concepts of complementary and alternative medicine are viewed very differently, depending on the cultural background, type of medical school we are enrolled into and the health system within which we are educated. It is a field of medicine with a lot of unanswered questions and is also rather intriguing. Since the 51st General Assembly held in 2002, medical students opened the door to explore the concepts of the alternative and traditional medicine. A lot has changed in the last 8 years, particularly with the emerging new concepts of integrative or collaborative medicine, building on the original definitions of complementary and alternative medicine. This is particularly seen though our exchange program, which offers medical students a lot of possibilities to explore these particular fields.

When undergoing a clinical or research exchange, medical students learn through direct interaction about the health care system and culture that is very different from their own. This can truly be a life-changing experience. The experience can function as a solid base for better understanding on how the world functions, sensitising the student and posing as an added motive to invest into personal skills and knowledge to become a better physician.

Nowadays, however, the world is becoming increasingly globalised and there are many opportunities to share ideas and learn from each other, we have to be aware that there are still some communities in which, what we define as alternative and traditional medicine, is the most accepted (and also the more common) form of medicine available. Patients have more opportunities to seek information on their care and treatment, establishing a better partnership with their physician in decision making. This may also include the option for alternative therapy.

Complementary medicine is very often present in our every-day practice and education, while some methods are an integral part of health promoting lifestyles and included in the prevention of the complications of chronic diseases. Unfortunately, the burden of chronic diseases and cancer in the world is truly alarming – both in developed and developing countries. There are a number of medical conditions for which conventional medicine cannot provide an answer or treatment for; thus we should be aware of the alternatives and limitations of conventional medicine. It is essential that we invest our time in address, share and learn about the concepts and different methodologies. It is important to always keep an open mind and trying to not lose sight of our future patients’ best interests in the process.

Medical students should be active contributors and initiators of change when it comes to their medical curricula. They should demand and work towards a curriculum that will provide them with the knowledge and skills to better respond to the needs of their future patients. This publication gives a comprehensive overview of interests of medical students in this field, as well as raising some of the controversial issues. In conclusion, I hope that IFMSA will continue to provide a platform for sharing and learning for many years to come, as it has for the past 59 years.
What is Integrative Medicine?

An overview about the differences between orthodox and integrative medicine

Omar H Safa

Definition

Integrative medicine is the holistic practice of medicine in which the patient, not the disease, is placed at the centre of the healing process; the disease is defined by both the patient and the doctor; the patient is assessed as a spiritual, emotional, mental, and physical being; and all modalities of healing are appropriately integrated to produce, not just a medical cure, but a deeper healing of the patient on his or her own terms.

Ralph Snyderman and Andrew Weil state that “integrative medicine is not synonymous with complementary and alternative medicine. It has a far larger meaning and mission in that it calls for restoration of the focus of medicine on health and healing and emphasizes the centrality of the patient-physician relationship.”[3]

The Washington Post reports that a growing number of traditionally trained physicians practice integrative medicine, which it defines as “conventional medical care that incorporates strategies such as acupuncture, reiki and herbal remedies.”[2]

To sum up, we can say that Integrative Medicine couples the latest scientific advances with the most profound insights of ancient healing systems, giving you the best ways to preserve health, increase longevity and speed recovery from illness. It is an approach to healing people, not just treating diseases, using the unique tool called person centered diagnosis.

Basic Concepts

We are all products of our social and family backgrounds and environments. The way we see ourselves and others, including our patients, is governed largely by these early learned perceptions of reality. We are not drawn to an examination of our relationship to the cosmos or anything larger than our immediate surroundings until we are faced with a traumatic life event, such as a personal illness or the death of a friend or loved one. It is during these times of induced introspection, usually on the meaning of life in general or even our own lives, that we first face the dilemma of the meaning of our existence and our place in the universe. We can define holistic biological medicine in terms of the relationships between the outer, revealed symptoms and the inner, internalized causes of disease.

David Bohm, Professor of Theoretical Physics at Birkbeck College in London, has, through the medium of theoretical physics, defined his concept of wholeness as an unfolding flow of our manifested and hidden realities. He introduced the notion in which any element (the explicate order or symptomatic manifestation) contains within itself the totality of the universe, which includes both matter and consciousness (the implicate order or causes of disease).[3] This is also true of the human condition. The macrocosm and microcosm of man are but reflections of each other. Both the external and internal milieus need to be assessed as the cause of disease and in the search for wellness.

Holism

In the context of disease and healing, the definition of holism can be taken to encompass all levels: the person as an integrated biological whole, not just a collection of organ systems encased in skin and connected by nerves and vessels; the person as body-mind and soul, an extended, more mystical, and metaphysical concept of the whole; the person as a integral part of his or her environment and surroundings including the universe. However, the meaning of holism in medicine relates to the interrelatedness, dependence, and connectedness between all parts of the human being: separate cells, organ systems, mind and body, and body and soul. The human whole is more than the sum of his or her parts and cannot be meaningfully dissected to understand the whole.

Regular medicine is based on reductionistic thought and a physicochemical paradigm of linear cause and effect. While there is nothing inherently wrong with taking this approach to understand the pathophysiology of the body, biology does not operate under these stylized steady-state, linear (cause-
and-effect) objective conditions. So, although medicine as we know it is able to explain in minute detail, chromosomal deletions or inborn errors of metabolism, it has not been able to adequately define life, health, or healing, when looking at the total biology of the patient. These concepts belong to the paradigms of thermodynamically open, non-linear, and chaotic systems that respond to energy, consciousness, and emotions. What is even more surprising is that recent advances that have started to explain the interrelationship between body and mind, such as psychoneuroimmunology, even if proven and published in acceptable journals, are rarely accepted and integrated into the philosophy and practice of medicine.

The most damaging medical concept propagated by reductionistic thinking is the separation of the mind from the body. In one fell swoop the body–mind was removed from contention and the dismembered and decorticate human could now conveniently be dealt with piecemeal. The body was further dissected into organ systems and the mind was only of therapeutic importance in mental illness. This very dilemma of what constitutes psychiatry and mental disease was eloquently argued by Dr. George Engel of the University of Rochester School of Medicine in his landmark paper in April 1977, “The Need for a New Medical Model: A Challenge for Biomedicine.”[4] In this wonderful and insightful discussion he contrasts two schools of thought as to what represents psychiatry: the “Medical Model” limits psychiatry’s field to behavioral disorders consequent to brain dysfunction, and the “Behavioral Model” of psychiatry is concerned with behavioral disorders consequent on psychosocial issues and the problems of living, social adjustment reactions, character disorders, dependency syndromes, existential depressions, and various social deviancy syndromes.

It turns out, on pure clinical observation, that the mind is the cause and biological projection of the majority of bodily ills. So, combining the observable biological truths from medicine, psychology, psychoneuropharmacology, and bioenergetics into an integrated whole will help us dealing better with them.

### Table 1: Differences between Orthodox and Integrative Medicine

<table>
<thead>
<tr>
<th>Category</th>
<th>Orthodox Medicine</th>
<th>Integrative Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy</td>
<td>Reductionistic; linear cause and effect; specialisation; cure as end</td>
<td>Holistic; multicausal and dimensional; interrelational</td>
</tr>
<tr>
<td>Disease</td>
<td>Organ and pathology specific; external causation</td>
<td>Patient-centred; functional; pattern of dysfunction</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Based on clinicopathological parameters; often lab dependent</td>
<td>Based on patient pattern of imbalance; multidimensional</td>
</tr>
<tr>
<td>Treatment</td>
<td>Based on diagnosis; little individualization; drug based; material; either suppressive or ablative; treats symptom not cause</td>
<td>Based on patient picture, no diagnosis necessary; individualized; works with biology; treats cause; all modalities</td>
</tr>
<tr>
<td>Patient</td>
<td>Passive and dependent; a victim of circumstance; compliant</td>
<td>Active participant; responsible for outcomes; informed</td>
</tr>
<tr>
<td>Doctor</td>
<td>Authoritarian and detached; responsible only for the elements of the disease presented</td>
<td>Nonjudgmental; connected yet not enabling; responsible for the entire patient presented</td>
</tr>
<tr>
<td>Life-style</td>
<td>Of secondary importance to primary treatment</td>
<td>Of primary importance to disease modification</td>
</tr>
<tr>
<td>Emotional–Mental Issues</td>
<td>Of secondary importance, especially if not drug amenable</td>
<td>The primary event in disease causation</td>
</tr>
</tbody>
</table>

References

CAM has been a basis for controversy in the clinical parlance, all because of the lack of evidence of most of the therapy. But anecdotal evidence exist that they do work. But does that suffice in the light of the value of one human life that could be adversely affected?

The Man, Edward Jenner

I love Jenner. He was brilliant and smart. Let’s drop the argument whether he was really a physician or not, but he was intelligent and that earned him the appellation “father of smallpox vaccination”.

It all started with an idea and the field of immunology was born. He noticed that individuals who had contracted cowpox rarely caught the deadly smallpox and he tried it out on the 8 year old James Phipps. His hypothesis worked and that became the saving grace for humanity.

What still amuses me is Jenner’s audacity. He “tested” his theory on just one patient, and then immediately claimed that he had “immunized” the patient against smallpox for life. Jenner also claimed that the vaccine would work universally. That’s it! No controlled clinical trials, no years of research, nothing! All from just one patient! And one trial! With no proof whatsoever, and a sample size of one, Jenner outsmarted the scientific procedure at that time and sold the idea that his vaccine was the cure.

But it actually was the cure! Except that there is utter lack of science underlying Jenner’s original claim of immunity from vaccines and the number of deaths and disfiguring cases his experiments brought to those unsuspecting patients who were unfortunate enough to be talked into trying Jenner’s injections during those early years. We might as well say that Jenner and his proponents relied purely on anecdotal evidence. This is similar to what we have today in complementary and alternative medicine. They do work. At least there are anecdotal evidences to substantiate the claims.

…And Talking About CAM

Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, practices, and products that are not generally considered to be part of conventional medicine. Though grouped together, complementary and alternative therapies are slightly different. While the former incorporates itself into conventional medicine, the latter utterly replaces it. Still, there remains as arm that encompasses or embraces all, or so it seems – Integrative medicine. It combines treatments from conventional medicine and CAM for which there is evidence of safety and effectiveness. A yoruba proverb, literarily translated, goes thus: he who is privileged to have a firsthand experience of sango* striking down anyone would never join people in denigrating the god of thunder. Let’s bring this home. If you’ve ever been told by a doctor, “We’re tried everything there is. There’s nothing more we can do. Your sister is going to die”, and by a stroke of luck, you regained her from the pangs of death just by a herbal treatment, regardless of who prescribed such, believe me, you’ll forever sing the praise of that therapy. But if the converse happened, a slight illness ending fatal all because of that herbal therapy, you’ll forever be weary of the colour green.

* sango is regarded in Yoruba mythology as god of thunder.

Further reading: en.wikipedia.org/wiki/Shango
Here lies my opinion on CAM – if CAM at one point in time worked for you, congratulations. If the mere mention of the word brings ill memories, accept my sympathies. But whether for good or evil, as long as there is no scientific basis for any therapy, whatever name it is called, it should not be acknowledged as such. In fact, a 1998 editorial in the Journal of the American Medical Association titled “Alternative medicine meets science” said that “there is no alternative medicine. There is only scientifically proven, evidence-based medicine supported by solid data or unproven medicine, for which scientific evidence is lacking.” Interestingly, some therapies grouped under CAM have some form of scientific evidence but a whole lot rely mostly on tales.

No Gray Areas
CAM has raised so many controversies in the recent past and all the disagreements are directly (or indirectly) related to its evidence. In justifying the lack of scientific data, it has been said that most researches are supported by profit-oriented organizations like pharmaceutical and medical device manufacturers. Even research conducted in nonprofit organizations like universities and academic medical centres are mostly being conducted through grants and foundations developed by for-profit companies. Also there isn’t as much money to be made if the evidence for CAM therapies is shown to exist. I agree to all the claims but these allegations still cannot validate its usage. They, in no way, take the place of scientifically proven evidence of their functionality.

I believe it is wrong for doctors and other health professionals to rely on anecdotal evidence. Let’s take, for example, the issue of Aloe Vera. Truly, people (doctors inclusive) grow Aloe Vera plants to provide burn relief but as long as there are no evidence showing that there are no adverse effect (at least), doctors should not advocate or prescribe such. On the contrary, I am aware of the use of honey in the treatment of burns and there are facts to validate its usage. The problem that doctors could face here is drawing the line between idiosyncrasy and facts as well as explaining their choice of decision to the patients that insist on the use of CAM.

Patients have the right to make their decision whether or not they want to use CAM. In fact, most use CAM without the knowledge of the doctors and are not honest enough to own up. It’s not wrong for a patient to have faith in any chosen CAM therapy. But, please tell your doctor. That, I believe, is fair enough. The doctor also must respect the patient’s opinion but must be candid enough to state the effect of such action.

And let’s not forget one major loophole of anecdotal evidence – quackery. It’s not fun to be sick, debilitated or on a dying list. These people can do anything to be well. Charlatans know this and they thrive well on this weakness.

Let’s Wrap This Up
In life, 2+2 isn’t always 4. It may be less or more. This is because of the subjective nature of man and life as a whole. But the answer lies in mathematics. In the world of math, 2+2 is always 4. If it’s not 4, then the values are different.

What’s my point? Doctors live in a subjective world but must be objective in their decisions. Gone are the days of Jenner, where personal opinion and superstition take the lead ahead of scientific facts and data. Sentiments fail but not calculated procedures. Yes, I love to take chances and be whimsical in some platforms but not with people’s lives. My 2+2 must be 4. It better be because a life lost to death cannot be restored back.

…maybe alternative therapy can! But even at that, what’s the evidence!

References
Being Medical students we all are “children” that have been “grown up” with the views of classical eastern medicine. And sometimes it seems to us that alternative and complementary medicine makes no sense. Sometimes it looks like this type of medicine is very primitive historical past. We are very skeptical about possibilities of Alternative medicine. But is everything so simple and easy? Why through all these centuries of classical medicine existence alternative medicine is still here? And what if we are mistaken?

I think this question has many answers. In my opinion, the biggest reason of why it still exists is the fact that Classical Medicine has roots in Alternative and Complementary Medicine. And it is still using its best knowledge and achievements to improve itself. Phytotherapy, physiotherapy, acupuncture, massage and many others were incorporated into classical medicine from “folk” medicine. So should we be, classical doctors, so negative and inflexible about Complementary and Alternative Medicine?

I think there’s no simple answer as “no” or “yes”. And I think there’s no single right solution of this problem. Let me write my pros and cons for you and let me leave the decision of what position to take and what opinion to have to you my dear reader.

**Cons**

- There are diseases that can’t be treated in alternative ways. No ways to treat them in other ways than classical medical ways. And I’m talking not only about surgical diseases, though those are the most important ones. I do believe that alternative doctors should be realistic about their possibilities. I can tell this from my country example: In Kyrgyzstan Ministry of Health Care has allowed “folk” medicine practice. But now we are facing the problem that patients are loosing precious time by being treated by “folk” doctors and come to normal hospitals at the last stages of their diseases, when it’s really hard to save their lives. That mostly happens because some “bad folk” doctors are trying to earn money, no matter what. So that’s why classical doctors make such aggressive statements on alternative medicine.
- Alternative and Complementary medicine has higher risks, mostly due to lack of evidence and research base under it. Well, I think it is matter of what is commonly believed: research is not the tool that is used in alternative medicine. If we invest more money and resources into it, I think we will get an impressive database with evidence, proving effects and benefits of it.
- “Folk” doctors don’t have institutions where they are educated. That means no standards in education and no control in quality and professionalism, which for me means there’s no real way to distinguish real “folk doctor” from a fraud.
- Sometimes possibilities of alternative and complementary medicine are overestimated; people give some mystic power to treatment methods of it, which sometimes gives empty hopes to people with hopeless cases. So I find it very important to be realistic with possibilities of alternative and not to let people simply earn money with their “pseudo treatment”.

**Pros**

- There’s a very important characteristic of alternative medicine, which classical Medicine is usually lacking. Every disease in “folk” medicine is accepted as a disease of body, mind and soul, so named holism. It’s not a secret that many classical doctors accept their patients as a “sick gall-bladder” or “sick heart”, for example. Patients are not considered in a holistic way as they are accepted in “folk” medicine. “Folk” doctors consider their patients as whole and treat them in that unity of three (body, mind and soul), they use tools of psychology and effects of it sometimes overcome effects of classical medicine. Alternative medicine had used
this tool of treating with words and used holistic approach to diseases long before psychology and principles of holism were invented. So, isn’t that a proof that alternative medicine has so much to give to classical one?

- Alternative medicine uses natural and organic resources as drugs. I think this fact solves two very acute problems we face nowadays. Firstly, organic resources are usually cheap and easy-to-get, so it solves problem of lack of money and poor access to drugs in distant places first of all. Secondly, it prevents the problem of hyper prescription, complications and side effects of chemical substances used now as drugs. There are lots of diseases that might be treated with tools like physiotherapy, massage, phytotherapy and others. Let’s take patients with liver or kidney failure for example: usually when they get associated diseases, it is very hard to prescribe drugs as it may cause serious complications. So why not to use those low-risk treatment methods? I think that’s why it is called alternative medicine.

- In most cultures, complementary and alternative medicine is tightly connected with philosophy or religion. And I think it’s a very good connection. It is very helpful as knowledge in complementary medicine is gained through centuries of history of these people and it fits certain cultural norms, beliefs and religion\(^1\). As a part of religion it is usually accepted as something more valuable and helps people to achieve harmony of body and soul.

**Conclusion**

So this is what I find most important and biggest issues in terms of alternative and complementary medicine. In my opinion, there shouldn’t be competition between classical and “folk” medicine. I really think that they supplement each other. It would be great if we – “classical” doctors – change our vision of alternative medicine and will widen our knowledge about it. Taking the best from each kind of medicine and combining it for the best of patient – this is how an image of a true and professional doctor seems to me.

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\(^{1}\) Kerimlekova A. Annual Medical Students Journal. Medical Faculty of Kyrgyz-Russian Slavic University. Bishkek, Kyrgyzstan. 1995, 112-114
The rapid acceleration and fast pace of the 21st century has created the “24-hours-a-day, 7-days-a-week” human being. The global changes in social and economic structures, the growth and phenomenon of new technologies and individuals working longer hours than ever before, appears to have had an impact not only on the boundaries and personal values of our lives, but also, as a nation the quality of our health.

Introduction

“Complementary and Alternative Medicine (CAM) is a group of diverse medical and health care systems, therapies, and products that are not presently considered to be part of conventional medicine”.[2]

The philosophy underpinning CAM is rooted in the concept of holism. The aim is to take a long-term view of the disease process individual to each patient.[3] Their approach has been developed through ancient systems of healthcare and used for thousands of years. They originated predominantly from Eastern cultures and traditions viewing the body as a dynamic energy system.[4,5]

The rise of CAM

The 21st century witnessed the dramatic rise of the CAM model of healthcare. More and more individuals were increasingly turning to CAM prior to seeking conventional treatment, despite little knowledge of the benefits and risks of these alternatives.[6]

The reasons for the substantial rise and utilisation of CAM appear to correlate with the downfalls of conventional medicine (CM)[7] and areas of dissatisfaction within the public.[8] Studies have shown these to include failure to get to the root of chronic illnesses,[9] in particular conditions such as depression, insomnia and stress, with patients fearing the long-term use of drugs to control symptoms.[10] Astin[11] also considers that culturally, individuals may use CAM, as they feel it lies congruent with their belief systems including the way they feel
Challenges facing CAM

One of the biggest challenges facing CAM is that it is often ridiculed by conventional scientists for its lack of research and evidenced based practice to show clinical effectiveness. Furthermore there is a disproportionate amount of research compared to CM. Physicians are also aware that individuals may be using CAM without any rigorous scientific testing or clinical evidence to support its use, which in the past has created a cause for concern in biomedicine. Furthermore, a key challenge is the relationship between the CAM practitioner and the CM practitioner which Hui et al believes should start with the introduction of East-West medicine to current medical students.

Although CAM is thought by most to be natural and safe, several cautions should be noted with its usage, particularly for individuals who self-prescribe CAM modalities and purchase over the counter preparations. For instance Valerian is a herb derived from the plant Valeriana officinalis and can be freely obtained as an over the counter remedy commonly used for sleeping disorders. However, it has been reported to have produced the following reactions including gastric distress, blurred vision, excitability, restlessness, and acute hepatitis. Although these side effects are rare, this stresses the importance of making the public aware of the need to seek advice from a qualified CAM practitioner.

The communication between the CAM and CM practitioner’s is critical to the safety of the patient. Although it is unrealistic for a physician to be well informed of the wide range of CAM treatments, but with a modest amount of communication drug-herbal interactions could be avoided.

Research in CAM

CAM as a whole does not sit within the scientific paradigm making it inconsistent in using empirical data, reductionist protocols and testimonies to show clinical evidence. However, the same school of thought can be used for CM as it does not sit within the qualitative, holism approach. Therefore, it is often inconsistent in considering multi-dimensional factors within illness and using a combined therapeutic approach to treatment.

From an Eastern perspective, attempting to fit CAM into the Western research paradigm of controlled trials and quantitative data collection is rather like capturing the effects of a deep tissue massage and developing them into pharmaceutical pill. Alternatively, from a Western perspective CAM studies often use Eastern terminology and procedures that are not explained sufficiently in their studies. This makes them difficult to understand by the western community and hard to relate to, therefore becoming insufficient in their worth to the conventional practitioner. These problems highlight the lack of transferability in conventional research methods for CAM and a need for an approach appropriate for its paradigm. Maybe the answer lies in creating a complementary balance between quantitative and qualitative research approaches.

In light of the above, clinical research in CAM in continuing to grow with a study by Klassen et al concluding that the quality of reporting of Randomised controlled trial’s (RCT) in CAM interventions is as good as that for CM interventions. It could be thought that the problem exists within the methodology rather than in the effectiveness of the CAM therapy being tested. The ‘gold’ standard RCT strictly adheres to and evolved out of the positivist paradigm, therefore, it could be questioned to whether the philosophy and complex nature of CAM using a largely qualitative approach can be transferred into a different paradigm. Richardson states that: "Paradigms in complementary and orthodox medicine are widely different, therefore research methods developed in one paradigm are not transferable to the other and those working within a paradigm are unable to look outside it.”

Charlton puts forward the idea of the holistic doctor as being ‘the ideal’. However, due to time factors with each patient in CM especially in general practice this may not be realistic and is often unachievable. In light of this, there appears to be a gap for an integrative partnership. However, for this integration to take place there needs to be a common ground on both parts, as the challenge of introducing CAM into the mainstream seems to be associated with an evidence based approach, social status of control, communication barriers, perspectives, assumptions, and values.

Conclusion

Along with the fast pace of the 21st century, the rise of stress, chronic conditions and diseases with unclear pathological roots, a large amount of individuals are increasingly turning to CAM. As a result, it could be suggested that by emphasizing the complementary in CAM as a treatment to complement the gaps in CM then there may be an opportunity for collaboration of various health professions, meeting consumer demands while developing whole patient care.

Furthermore, by recognizing and bringing together the best out of both conventional and complementary paradigms, integrating Eastern philosophy and the Western perspective, this may encourage us to value nature and take a wider, multi-dimensional look at the concept of our own health.
These elements may only be a start to closing the gap between CAM and CM and shaping their future relationship. However from the challenges outlined in this paper, by utilising the best of both paradigms integration does seem possible. Even though they developed out of many diverse cultures and are rooted in different philosophies, both CAM and CM have the same goal in mind, optimum patient care.

References

During the months of April and May of 2009, the North and Northeast regions of Brazil were going through rough times. According to a report published by the National Defense Secretary, more than 316,000 people were dislodged and 135,000 were unsheltered, all because of heavy thunderstorms and inundations. Besides that, 65 individuals died for reasons related to the tempests.

In the heat of the agony, the Campina Grande’s local committee of the International Federation of Medical Students’ Associations – Brazil (IFMSA-Brazil) decided to start a campaign of urgent character to try ameliorate the burden that so many people were passing through.

Instigated by Daniel Emerenciano from our local committee, and supported by the other members (Larissa Góis, José Ricardo Cavalcanti, Priscilla Campelo, Natália Arrais, Guilherme Andrade, Guilherme Porto, Bernardo Martins and Gabriela Ferreira), the event ran from May 20th to May 24th, with the participation of more than 90 other medical students of the Federal University of Campina Grande.

The campaign was tagged “Mission”, and the efforts made by everyone involved were outstanding. Donations of all kinds were collected with so many medical students working incredibly hard for this noble cause. With the drive and empathy pooled into this service, one would think they were the ones who were in hunger, who felt the pain, who needed the donations!

Working in 18 collect sites distributed around the city, the medical students forgot their obligations with their families, dates, university, in-hospital shifts and went out to the field to gather as much donations as possible, approaching possible donors in supermarkets, schools, churches, hospitals and other universities, repeating the sayings rehearsed extensively during the IFMSA-Brazil local committee’s meetings that they’ve had attended. Besides those collect sites, the campaign participants gathered, surprisingly, more donations than we could ever imagine we could in unofficial collect places.

Well, the results? More than 2 tons of food and 3,000 pieces of clothes in only 5 days! When our local committee finished the counting, we tried to realize how many families we would help with all that. Our hearts were touched with so much joy and pleasure that tears flowed effortlessly from our eyes. We felt powerful, strong and fulfilled, gratified by a deep feeling of satisfaction for leaving all our duties aside in the service of humanity. Today it’s easy to feel chills while remembering all the work we did and seeing a huge truck having to come by twice to take all the donations…

After so much, we ended up changing the whole thinking of the alumni and faculty of our medical school, and showing our schoolmates that we can do so much more besides locking ourselves in a room with a pile of books, and make an enormous difference in the lives of the needy around us.

All we need is to simply believe.
Taiwanese high school students brew Chinese ointment. Despite Chinese medicine being popular in Taiwan, much of the general public are still unaware of the scope and limitations of traditional and Western therapies and systems of disease. IFMSA Taiwan students at Chang Gung University, Taiwan, organised a five-days summer camp educating senior high school students from all around Taiwan about both Chinese and Western medicine.

After a few hours of hard work, students display the final product: ointment packed into containers and ready to use. Medical students (in pink) at Chang Gung University have to study both Western and Chinese medicine. This allows them to be aware of the pros and cons of each system so that they can combine therapies to the advantage of the patients.

With brightly-coloured labels and peculiar smells clamouring for attention, the interior of a Chinese medicine pharmacy is almost like another world. Here, a group of medical students from Europe, North America and Asia examine Chinese herbal medicine that has been spread on a shop counter to dry. Nine of the eleven medical schools in Taiwan do not have Chinese medicine as a part of their curriculum.
A student from the Traditional Chinese Medicine Club of the National Taiwan University demonstrates the art of tui na to the exchange students. Tui na is a therapy made up of a wide range of manipulation and massage techniques.

Two high school students practise acupuncture on a workshop facilitator. Along with traditional Chinese herbal medicine, high school students are also introduced to acupuncture, moxibustion, taijiquan and chi gung (exercises to strengthen the body and to prevent disease).

A workshop facilitator demonstrates acupuncture to a group of exchange students. Acupuncture is a technique that cannot be understood through Western medicine, yet it is one of the most iconic and widely-used therapies of Chinese medicine.
I’m sure nobody got anything from this strange title; I’m not even sure myself why I picked this one up. But I’m sure if you bear with me for few minutes you will start to understand a little or maybe a lot.

Boring
It was one of those usual days where everything was… well, I think, boring! A conversation with a friend ended with a recommendation for a yoga course, and “that is nice, I’m interested, please tell me about any details” was my answer.

I think you can guess what happened next! I applied and started the classes. The teaching space was atypical – an empty room filled with sport mats all over the floor in neat rows. I was nervous – the kind of feeling that you get when you do something unusual, but definitely better than the dull feeling of doing the usual. Everybody was seated on their mat when the tutor came in.

Inhale, exhale
I have to say that the tutor was Indian; his accent gave him off! And my ears were sure not accustomed to it. That perhaps will explain why I understood almost nothing in the first class except for a few words. One of those words was “introduce”, that is how I knew that we are about to introduce ourselves. Other words were, “inhale, exhale, breathe in and breathe out.” The last four words were the trademark of the course; you hear them all the time.

The class was really simple – you do some exercises and you inhale or exhale when you hear the tutor say one of the trademark words. You exercise almost every part of your body, and after every exercise you relax by doing nothing, just sit there or lay there, breathing deeply. “You never sweat in yoga if you are doing it right”, that is what they say, and it is true as far as I have experienced. At the end of every class, you lie down, relax your body and then you are supposed to think about nothing. Absolutely nothing!

Concentrate on your body!
To get some idea about the suffering you go through to do such a thing, try to close your eyes now and tell your mind to think about nothing and you will find a storm of ideas hitting you like never before, things you thought you forgot, ideas that are just lying there in the back of your mind. You get better in doing this with practice. Then you are supposed to concentrate on different parts of your body, scan your body with your mind, visualizing it. You don’t open your eyes, you just see it in your mind, and call me crazy but I had this tingling sensation in the part that I was thinking about. Some people say it has something to do with excess energy...

One time, the tutor told us to think about our right foot. I tried to do it, but instead my mind thought of the left foot! It doesn’t make any sense but it is just funny whenever I recall it! Maybe I have some incorrect wiring in my brain...

And you sit there legs crossed, pretty much like what we see in the media, with your hands in some special position; they say it has something to do with the circulation of energy. You should visualize some point that you like, a candle for example, and you should concentrate on it so its image lasts as long as you can. This is really difficult also, but again, practice makes perfect.

What you feel after the class is really difficult to describe. You have to experience it personally to fully understand. You feel so relaxed, so empty.

Mohammed Saladin is currently studying medicine in Egypt.

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One time, the tutor told us to think about our right foot. I tried to do it, but instead my mind thought of the left foot!
Things start to get difficult but still, you never sweat in a yoga class, and then more advanced things start to be introduced to you.

I could remember the class we started a new technique, a very funny one! You close your eyes, in the leg crossed position, you plug your ears with your index and then you start to make a nasal sound. You are supposed to do it about five times and loudly! I always felt afraid that I will be late and end up alone mmming by myself. If you imagine it you may have an idea about what I mean! Therefore, I always had to peek with one eye to see if everybody was still doing the same as I was. Somebody always ended up mmming alone! It wasn’t me for some time, but later on, you start to forget about that and concentrate on the practice.

It works

As I said previously, what you feel after each class is really difficult to describe. It is like your body is so relaxed, and your mind is so empty but still there is a faint feeling of euphoria. Do I have any explanation for that? I’m sorry I don’t. Ancient people thought that breathing holds the power for creativity, as well as life, and there is a whole art for breathing in yoga, but that in itself does not offer an explanation. Maybe they are right and maybe they are wrong, but at least you can try and see for yourself. It can be a placebo effect, but how far can a placebo effect go? I don’t know, but I’m sure, it is so far away, and it is up to us to use it. A placebo or not, if it works, then why not?
Studies have attributed healing by placebo to be 20 percent. How is that possible? Is it because we are so conditioned to deal with our medical problems by simply popping pills and believing that the pain will then go away? Or, do we assume cure by proxy of an “antidote”?

In reality, no one knows how the placebo effect really works. Neither pharmacodynamic nor pharmacokinetic mechanisms can explain it. All we know is that it does exist.

Is it possible that the mind is the true entity of cure in those 20 percent? Does psychosomatic (mind-over-matter) really work? Why not? We, as human beings, are generally under the guidance of hope and faith, especially when pertaining to health. Some may pray, go to temple, church, or mosque, or use alternative and herbal medicine. The mind is a blob of neurons with continuous purposeful impulse conduction. We also know that we use a mere fraction of our potential brain function. What’s the rest for then?

Spiritually, some believe that we are connected to earth, God, and/or to other human beings. For some, faith may be the source of healing, while others suspect that nature and the powers of Gaya provide an intangible healing aura that can only be tapped during meditation when spiritual serenity is achieved. In either case, peoples of both groups still succumb to disease, pain, and death.

Perhaps it is fear that makes us frail, weak, ill, diseased, and cachectic. In other words, could it be that we are so scared, consciously or unconsciously, that we somatize our symptoms and formulate an actual nonexistent disease process. To put it in context: if you watched the movie *The Matrix*, it illustrates that when someone is plugged into the matrix, the human mind believes and reacts to whatever happens in the matrix; as if it really did occur. For example, the mind would simulate death after being shot by a bullet, when in reality, the warm body is jacked in the Nebuchadnezzar hovercraft, unharmed and safe.

What if, therefore, when a patient takes medication for a headache, say paracetamol, for example, it is not the actual drug that is helping, but it is the mind’s grasp on a certain conditioning, in which it seeks comfort in the act of swallowing a pill, and thus the head throbbing dissipates.

Granted, this may be untrue in the majority of cases, because we know and understand the mechanism of paracetamol, but what if we are wrong.

We have been before.
Concerns of the medical quarters by traditional medicine and return to nature to treat many diseases has been increased, current medicines are produced in the present age only, while our ancestors were treated through the ages by many plants with a natural source and free from side effects on the human body.

One of the herbs with compromising future in the treatment of many diseases is origanum.

**Origanum**

Rigani; Diktamos (Origanum dictamnus) is a genus of about 20 species of aromatic herbs in the family Lamiaceae, native to the Mediterranean region east to eastern Asia. The genus includes some important culinary herbs, including Marjoram and Oregano; it grows along the coast of Mediterranean sea, Saudi Arabia. India, china, Europe and America. It is used as a food flavor and its taste is like that of lentisco or mint.

**Main constituents**

The essential oil (max. 4%) may contain variable amounts of the two phenols- carvacrol and thymol. Furthermore, a variety of monoterpene hydrocarbons (limonene, terpinene, ocimene, caryophyllene, β-bisabolene and p-cymene) and monoterpene alcohols (linalool, 4-terpineol) are reported.

**Therapeutic uses**

- **GIT;** it has a beneficial effect as antispasmodic and carminative.
- **Respiratory System;** it is used as; expectorant for the whooping and convulsive cough, and taken internally in the treatment of colds, influenza, bronchitis, asthma and mild feverish illness.
- **Antiseptic;** this plant is one of the best natural antiseptics because of its high content of phenolic derivatives as thymol and carvacol which are believed to be responsible for their antimicrobial activity.
- **Cholagogue;** so it helps in the reduction of body weight
- **Emmenagogue;** during painful menstruation as it regulates the hormones of pituitary gland.
- **Odontalgic;** A few drops of the essential oil, put on cotton wool and placed in the hollow of an aching tooth, frequently relieves the pain of toothache.
- **Antioxidant,** it has a strong effect as an antioxidant so it prevents cell damage and useful for arthritis and liver diseases.
- **Sedative;** it has a soothing effect and aid restful sleep.
- **During pregnancy;** if it is given in the first trimester of pregnancy, it decreases the incidence of toxemia.

It can be used safely till concentration 5 g/kg. Also its continuous administration for two months does not affect liver or kidney functions or the blood picture which makes its usage safe for prolonged use.

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Revive of the Ancient

Chinese medicine is getting more and more popular in Taiwan

Chia Yun, Pi and Chun Ling, Kuo

Introduction

Traditional Chinese medicine (TCM) is getting increasingly popular in Taiwan, and for good reasons. It works slowly but steadily in producing effects, doing very little harm and having many positive effects. Chinese medicine resembles Modern medicine, it can remove unwanted pathogens. However, it places greater emphasis on enhancing the innate ability of our body to help recovering. With internal and external treatments, such as medicinal therapy and acupuncture, Chinese medicine offers many different methods for promoting health and fighting disease. It is for this reason that it is on the rise.

Chinese Medical Theory

Chinese medicine is holistic in conception, emphasizing not only the interrelatedness of all aspects of the individual, but also the relationship between the individual and the environment. No part of our body or aspect of the individual is considered in isolation from each other.

Yin and Yang

In TCM theory, everything can be categorized as yin and yang. Yin and yang phenomena are mutually opposing yet complementary parts that consequentially are mutually dependent. In some cases, they are mutually convertible.

In our body, the solid and liquid substances as well as the tendency toward stillness are considered as yin, while the active forces (qi) that propel and transform substances are yang.

Five Phases

There is the concept of five phases, which are wood, fire, earth, metal and water. The five phases interact in two ways: engendering and restraining. Most importantly, the five phases are each coupled with the five viscera: liver, heart, spleen, lung and kidney. The five-phased cycles are applied to explain the relationships between the viscera, the transmission of disease from one viscous to another, the prediction of courses of disease and therapeutic interventions.

Channels

The channels, also known as meridians, are invisible pathways in which qi pervade whole of the body, connecting the bowels, viscera, and limbs. There are 12 main channels, which form a network of energy channels throughout our body.

The acupuncture points are along these channels. Insertion of needles at specific points achieves therapeutic effects mainly by stimulating flowing and removing qi stagnation.

The Use of Chinese Medicine in Taiwan

Taiwan has a health-insurance system that covers Chinese medical as well as modern medical treatments. People have the choice as to which they wish to avail themselves of for any particular condition, whether physical or mental.

When getting a sprain, Taiwanese often go for “tuina” instead of taking pain-killers. Tuina comprises a wide range of physical manipulation and massage techniques. It recovers the functions of tendons and bones, which means trying to put them back in right position, and regulate qi and blood. Besides tuina, Chinese medical doctors also use acupuncture to handle discomforts of this kind. By stimulating the right acupuncture point, it promotes the flow of qi and blood around the injured part, dispelling qi and blood stagnation caused by external force.

Cancer has been in first place among the top ten leading causes of death in Taiwan for 27 years in succession. As with other countries, radiotherapy and chemotherapy are the main treatments. As we know, the side effects of these treatments are severe and often cause many complications. What’s worse, they can’t guarantee full recovery. For these reasons, more and more patients are turning to Chinese medicine for help.

The common treatments for cancer are “Chinese medicine”, “acupuncture”, and “qigong”. TCM thinks that long-term fatigue and stress consume
the amount of “right qi”, which expels the external evil, causing both qi stagnation and energy mess. As a result, cancer breaks out. Chinese medicine is also used on the patients who are in the process of recovery. After an operation, our body is very weak, and by taking some Chinese medicine we can place the imbalance back into order.

Acupuncture is also widely used. Whether in raising immunity, diminishing tumors, or lessening clinical symptoms and complications caused by radiotherapy or chemotherapy, it has better desired effects and fewer side effects.

Qigong treats not only cancer but other chronic diseases like hypertension and diabetes. With some slow and relaxing movements, qigong regulates the flow of qi and culture the right qi. By sticking to three ideas: mind, breath, and movement, it puts the messy situation back into order again.

Weight control is becoming an important concern around the world, and Taiwan is no exception. Besides taking more exercise, Taiwanese prefer to take “Chinese medicine” or “acupuncture” to lose weight. These therapies help digestion, treat constipation, and even reduce appetite. None of them cause any side effects. Acupuncture in particular, can regulate hormones and accelerate the breakdown of fats, as well as reduce appetite. Now there is even a new kind of acupuncture needle with a special feature, developed especially for treating weight problems. When reaching the point, it leaves a little amount of catgut string, which keeps stimulating the point to reduce appetite for up to about 2 weeks. Furthermore, this therapy is particularly effective in dealing with abdominal fat. These treatments emphasize dual regulation, so it is not easy for people to regain the weight, although initially it takes longer in taking effect.

Conclusion

Traditional Chinese medicine plays an important role in the treatment options available to Taiwanese. We regard it as one of the main modalities for dealing with sickness. Furthermore, the prevention of illness part of TCM is the most precious part of all, as prevention itself is a concept quite lacking in modern medicine. There is still much that both can learn from the other. The efficacy of TCM and its contribution to human health are undeniable. TCM is rooted in Chinese history and combines many aspects of Chinese culture into one.
In the fourth year of my studies, I decided to combine my interests in global health and medical education during a three month elective programme in Vietnam. In this article, I present some of my findings of three months field work in different Vietnamese medical schools. I will describe the educational system and highlight a few of the remarkable examples of how medical education is adopted to the health care needs in the country.

The Vietnamese medical education system

Vietnam has eight medical schools at university level, educating doctors, dentists, nurses and pharmacists. All university programmes in Vietnam require a national entrance examination. Medical school is popular in Vietnam but not easy to enter. Approximately one in every 30 students that take the entrance examination enrolls.

The Vietnamese medical curriculum is a six year programme, mostly discipline-based and teacher-centred. After preparatory work including mathematics and physics in the first year, basic medical sciences are taught (e.g. anatomy, biochemistry) in year two and onwards. The clinical theory starts in the third or fourth year, followed by or combined with clinical practice. Military training in medical school is compulsory, as well as a course called Ho Chi Minh Philosophy, which all university students in Vietnam take.

After a few years of working experience, graduated doctors in Vietnam go back to university for one or two years to obtain a Master's degree in a specialized field, after which they become a specialist doctor. Continuous medical education, or 'in-service training', is very limited in Vietnam. There are no regulations for it, although the authorities recognise the importance.
All health workers, including medical students, receive some training in traditional herbal medicine as well as some non-herbal methods such as acupuncture and massage during their training.

**Community oriented teaching**

Teaching in Vietnam was for a long time hospital centred. Medical students were trained to become clinical doctors in secondary of tertiary urban hospitals, while the majority of the country’s population only has access to primary health care centres in relatively remote areas. Also, teaching mainly took place in lecture halls and clinical training involved students watching doctors work rather than practising skills themselves. As a result, trust in community health care was low.

An important alteration in this regard was the introduction of Community Oriented Teaching. A programme was integrated in all eight curricula including earlier patient encounters, more skills training and, most importantly, the adaptation of the curriculum to the requirements for doctors in a community health care setting. Examples are the early introduction of students to the work in remote communities, the in-depth studying and practice of traditional medicine methods, and the care for patients suffering from one of the most important health care threats in Vietnam: road traffic accidents.

**Introduction to community healthcare**

Community orientation is a new course in the first year curriculum at Thai Nguyen University of Medicine and Pharmacy. A number of preparatory lectures and training sessions precedes a three-day stay in a remote village, where the students are to conduct interviews with the inhabitants. These are the first contacts with patients and field experience for the first year students. They work in small groups of five students and their final report has to include some demographics of the community they have worked in; a part on income and finances; a list of the main health problems according to the community residents; an analysis of their health seeking behaviour; and their opinions on the available health services.

**Traditional Medicine**

Traditional medicine, including herbal medicine and acupuncture, is inextricably bound up with all levels of the health care system in Vietnam. Many Vietnamese, mainly but not exclusively the elderly population, even prefer traditional methods for dealing with diseases. Hospitals all over the country therefore run a traditional medicine department, comparable to the surgery or paediatrics wards. Consultation between an oncologist and an acupuncturist is as common as any other consultation. All health workers, including medical students, receive some training in traditional herbal medicine as well as some non-herbal methods such as acupuncture and massage during their training.

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**infoBox**

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At Thai Nguyen University, traditional medicine is one of the compulsory rotations in the curriculum and traditional medicine is also a recognised subject for specialisation.

Many students do not particularly like the course. I don’t believe it works, they proclaim almost defensively every time when I show interest in the topic. However, they do know a lot about plants and their curing powers. This I used to take as a kid when I had diarrhoea. Everyone has it in their garden. And that one is for headaches, one of them explained me ‘matter of fact’-ly on our way to the swimming pool. And they do recognise the importance of it.

Road Traffic Accidents

In 2004, traffic accidents caused 40 deaths a day in Vietnam, a disturbing increase of 30% in comparison to 2003. At the moment it earns the third position in the ten leading causes of death. Quick arrival of health services in case of an accident cannot be guaranteed due to bad road conditions – one of the causes of accidents in the first place. Community physicians and other health care workers have a vital responsibility in first aid for accident victims and basic trauma care is therefore an important part of the medical curriculum.

Vietnamese Universities teach Victim Transport as a skill for young health professionals. I meet curious faces when I show my interest in this, for me, unknown skill. Who else than a doctor transfers road traffic accident victims in your country? the students ask me wide-eyed. It is unbelievable for them that in the Netherlands, an ambulance can reach any place in the country within eleven minutes after an emergency call.

Conclusion

I consider patient care as only one of the responsibilities of a medical doctor. We have our duties in scientific and social spheres, too – areas that Global Medicine reports on regularly. Another task is the education of the next generation of doctors, a responsibility that medical schools unfortunately do not pay much attention to in their curricula.

Spending three months in Vietnam provided me with a broad insight in the complex but interesting world of medical education. I learned how teaching programmes are influenced by geographical, political, social, personal and many more characteristics. I believe that my elective in Vietnam has made me a better student, teacher and doctor.
Medical Student International

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