

The role of the pharmacist in the integration of traditional and conventional medicine

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Abstract

The integration of traditional, complementary, and integrative medicine (TCIM) into the health-care system is becoming an increasingly important element of healthcare policy in European countries. In Europe, the lack of uniform legal regulations regarding TCIM results in significant differences in the availability, quality, and control of these services and products. Pharmacists can play a special role in the process of integrating traditional and conventional medicine. This professional group is easily accessible to patients and trained in both the safety of pharmacotherapy and advice on the use of herbal products. In Poland, under the Act on the Profession of Pharmacist and the implementing acts, pharmacists have obtained additional powers in performing diagnostic tests and taking preventive measures. This opens up new possibilities of also using pharmacists to integrate elements of traditional and natural medicine into academic practice.

Keywords: traditional medicine, pharmacist, diagnostic tests, prevention

Introduction

Regular consumption of herbs with documented health-promoting properties can effectively support public health strategy, especially considering the growing interest in medicine based on natural products (Ekor, 2014). It should be noted, however, that the effectiveness and safety of herbal medicine depend on the dose, standardization of preparations, and possible interaction with synthetic drugs. Therefore, the use of traditional medicines, including herbs, although well-established in practice, should also

be supported by solid scientific evidence. In the case of some of these therapies, the evidence does not support their use – some even indicate the danger of such practices, which is why in traditional medicine one must be guided by only the science and safety of patients. The potential of herbs and the challenges related to the safety of their use is emphasized by the Global WHO Strategy Regarding Traditional Medicine for 2025–2034. This document of the World Health Organization (WHO) is a continuation of activities undertaken since 2002 to include TCIM in healthcare systems (WHO, 2019). The term TCIM is used by the WHO to refer to a wide range of healthcare practices which are not part of the dominant medical system of a given country. It includes both traditional medical systems (e.g., Chinese medicine) and supplementary and integration practices that are used in parallel with conventional (academic) medicine (von Schoen-Angerer et al., 2023).

The WHO indicates that over 100 countries recognized the importance of TCIM, but the scope of regulation, integration, and scientific research remains very diverse (Burki, 2025). The WHO document is a strategic framework for the Member States, enabling them to develop national policies and legal regulations regarding traditional medicine. The WHO recommends that Member States adopt or update domestic policies, strategies, and legal frameworks regarding traditional medicine; integrate TCIM with national healthcare systems; and support research, education, and staff development in this sector (WHO, 2019).

The World Health Assembly (WHA) drew attention to the possibility of using traditional medicine doctors and their assistants in primary care. In many countries, medical professionals can contribute to the safe, effective integration of traditional medicine into conventional medicine. In Poland, pharmacists are of particular importance in this process. Pharmacists, due to their education and professional role in the healthcare system, can actively support patients who use a combination of conventional and traditional medicine. In the past, the role of pharmacists in Poland was limited to distributing medicinal products and ensuring their proper storage. However, the development of the concept of pharmaceutical care has significantly expanded the scope of pharmacists' competences, which can now involve diagnostic and therapeutic activities (Bochniarz et al., 2022). The breakthrough moment was the adoption of the Act of the Profession of Pharmacist (Act of 10 December 2020), which defined pharmaceutical care and created a legal framework for services such as drug reviews, health education, and disease prevention. Thanks to their knowledge of pharmacology and their direct contact with patients, pharmacists can educate patients in the safe use of traditional products and can be part of therapeutic teams in integration care models (Wrześniewska-Wal, et al., 2023).

Objective

The purpose of the article is to analyze the applicable legal regulations regarding the extended professional competences of pharmacists and to assess their potential role in ensuring the safe support and education of patients using the parallel products of classical and traditional medicine. Particular emphasis was placed on identifying the legal instruments which enable pharmacists to join the patient care system.

Materials and methods

The World Health Organization documents issued between 2000 and 2024 were analyzed; these include recommendations, strategies, guidelines, standards, reports, and the health policies and health regulations of selected Member States. The Polish Act on the Profession of Pharmacist, the Pharmaceutical Act, and other executive acts were analyzed.

Integration of traditional and conventional medicine in selected European countries according to the WHO strategy

The Constitution of the World Health Organization provides that “the use of the highest achievable level of health is one of the basic rights of every person” (WHO, 1948). The right to health requires that services and health products be available, effective, available, acceptable, and good quality for everyone, without discrimination. The autonomy of patients in making health decisions also involves supporting their conscious choices. The current WHO strategy for 2025–2030 aims to support the Member States in developing politicians and implementing legal regulations that will strengthen the role of traditional medicine in maintaining the health of the population (WHO, 2025). The document emphasizes that decisions regarding the use of TCIM should be based on the best available safety evidence and effectiveness from research and practice. At the same time, scientific evidence must refer to knowledge that is unambiguous, systematic, and repetitive and can be assessed using methodological standards. It was based on previous work in the field of traditional medicine for the years 2002–2005 and an updated strategy for 2014–2023, which defined traditional medicine (WHO, n.d.a).

Pursuant to these documents, the term *traditional medicine* (TM) is “the sum of knowledge, skills and practices based on theories, beliefs and indigenous experiences for different cultures that can be explained or not, which are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental diseases” (ScienceDirect, 2025). A different term is *complementary medicine*. It refers to a wide

set of healthcare practices which are not part of their own tradition or the conventional medicine of a given country and are not fully integrated into its dominant healthcare system (WHO, n.d.b). In some countries, these terms are used interchangeably with TM. In the literature on the subject, we also find other terms used to describe these healthcare practices: “natural medicine,” “unconventional medicine,” and “holistic medicine.” It is important to remember that as the field evolves, the terms “complementary,” “alternative,” and “integrative” are constantly evolving. In everyday language, the words *alternative* and *complementary* are often used interchangeably, but the two terms refer to different concepts. When an alternative approach is used in conjunction with conventional medicine, it is considered complementary; when an alternative approach is used in place of conventional (academic) medicine, it is considered alternative (Trübner et al., 2025). Today, an integrated approach to health is predominant. Integrative health combines traditional, conventional, and complementary approaches in a coordinated manner (NCCIH, n.d.).

According to the WHO, 170 Member States reported using traditional medicine. The WHO (2019) also required these countries to provide “evidence and data to develop strategies, standards and regulations for its safe, profitable and fair use.” A WHO report (2019) shows in detail which Member States have developed national policies on traditional medicine or have adopted provisions on herbal medicines. According to this report, Polish legislation on traditional medicine includes only herbal drugs. The National Office for the registration of medicinal products, as well as herbs and homeopathic medicine, is the Office of Registration of Medicinal Products, Medical Devices and Biocidal Products; the National Institute of Medicines in Warsaw is responsible for scientific research. The legal status of herbal medicines is specified in Art. 20(a–b) of the Pharmaceutical Law (Act of 6 September 2001). Herbal drugs are classified as prescription drugs, over-the-counter drugs, and herbal medicines. They are sold in pharmacies and other facilities. The WHO report indicates a lack of data from Poland on traditional medicine, education, and health insurance practices. Based on data from the report, the integration of traditional and conventional medicine in Poland is quite slow. The situation in other European countries is presented in Table 1.

Table 1: National policies and legal regulations regarding the integration of traditional and conventional medicine in selected European countries

Country	Policy TCIM	Legal regulations with commentary
Czechia	None	In 2024, the TCIM Institute was established at the Ministry of Health (Institute for TCIM/CAM, 2025). The TCIM Working Group develops educational and professional standards for practitioners in acupuncture and homeopathy.
Denmark	None	Dietary supplements with herbal ingredients are regulated by the Danish Medicines Agency and the Danish Veterinary and Food Agency (2025).
Germany	Yes	TCIM is integrated into the healthcare system. Selected therapies are reimbursed: naturopathy, chiropractic, homeopathy, physiotherapy, balneology, medical climatology, and acupuncture. Physicians can obtain additional CAM qualifications after theoretical and practical training (Joos, 2011).
Norway	Yes	A National Centre for TCIM research was established (NAFKAM, 2025). The Norwegian Alternative Treatment Act regulates what is and is not considered CAM treatment in Norway (Act on Alternative Treatment of Disease etc., 2004).
Poland	None	Regulations mainly concern herbal products (Act of 6 September 2001).
Portugal	None	In 2003, Act 45/2003 was approved, which regulates six professions of complementary therapy: acupuncture, homeopathy, osteopathy, chiropractic, naturopathy, and phytotherapy. The Technical Committee for TCIM has developed a structure for the accreditation, training, and certification of specialists in complementary therapy (dos Santos et al., 2020).
Switzerland	Yes	TCIM is included in the constitution. Traditional medicine is regulated at the federal and cantonal levels. In 2009, five TCIM practices were included in the national health plan: homeopathy, anthroposophic medicine, herbal medicine, acupuncture, and traditional Chinese medicine. Switzerland has established federal diplomas for naturopaths and ayurveda practitioners, which allows them to be legally registered and practiced even when these therapies are not reimbursed by basic insurance (Klein, 2015).
United Kingdom	Yes	The TCIM policy is integrated into the national health policy. There is regulation of OTC herbal medicines under the Traditional Herbal Medicines Regulation scheme, but there is limited regulation of herbal practitioners or the herbal remedies that they supply to patients following a one-to-one consultation (WHO, 2019).
Italy	Yes	TCIM is integrated in some regions, e.g., Tuscany. Tuscany was one of the first regions in Italy to implement systemic solutions for the integration of traditional medicine into public healthcare. This consisted in recognizing methods such as phytotherapy, homeopathy, and traditional Chinese medicine (acupuncture) as a complementary part – but not an alternative to – academic medicine (Belvedere, 2019). The legal basis is regional resolutions and implementing acts, including Regional Resolution of Tuscany No. 418/2005 – which recognizes acupuncture, homeopathy, and phytotherapy as part of health services within the regional health service – and Resolution No. 738/2007, which creates a network of reference CAM units, associated with the Regional Center for Integrative Medicine in Pitigliano.

Source: Based on the 2019 WHO report and the literature provided in the table.

The legal regulations concerning TCIM in the European countries presented above are significantly diverse, both in terms of the scope of formal legal acts and the level of integration of these practices with the public healthcare system. In many countries, there is no TCIM policy or uniform regulatory framework. In these countries, the regulations focus only on selected aspects, e.g., dietary supplements, herbal medicines (Denmark

and Poland), or partial regulations regarding qualifications (Portugal). In Czechia, the TCIM Institute was established at the Ministry of Health in 2024, which may be a step toward systemic regulation of this field. Countries such as Germany, Switzerland, Norway, Great Britain, and Italy (selected regions) have extensive legal regulations that allow for the registration of practices and, in selected cases, reimbursement of TCIM services. One example is Tuscany, where regional resolutions have enabled the formal inclusion of selected TCIM practices in the health services offered within the regional healthcare system.

The role of a pharmacist in the healthcare system

Traditional medicine, understood as systems and practices based on indigenous and historical experiences and using natural substances and therapeutic techniques, plays an important role in preventive healthcare. Pharmacists in many countries take an active part in the prevention and promotion of health, using their position “as a link in the healthcare system and to increase the social prestige of the social profession” (Jahowicz et al., 2001). Pharmaceutical care is a key link for the healthcare system and patients. The concept of pharmaceutical care was created in the 1970s in the United States (McGivney et al., 2007). Initially, the purpose of these activities was to improve compliance with recommendations and detect adverse events and abuse of drugs. Currently, in many countries, pharmacists are increasingly involved in vaccination and management of chronic diseases. For example, in Portugal, pharmacists have been giving flu vaccination since 2008, and currently 17 different vaccines are available in 77% of pharmacies in the country (Kirkdale et al., 2017). Pharmacists in Australia and Great Britain conduct educational programs on controlling blood pressure, glucose, and lipids and quitting smoking, among other things (Drovandi et al., 2019; Silvaggi et al., 2017).

In Polish law, pharmaceutical care is a health service. The applicable regulations give two almost identical definitions of health service (Glanowski, 2019). The first, which defines health services as actions aimed at preventing, preserving, saving, restoring, or improving health and other medical activities resulting from the treatment process or separate provisions regulating the principles of their performance, is in Art. 5(40) of the Act on Healthcare Services Financed From Public Funds) (Act of 27 August 2004). The second, which does not state that these are actions for prevention, is in Article 2(1)(10) of the Act on Medical Activity (Act of 15 April 2011). And although pharmaceutical care in Poland is currently not funded from public funds, it is worth noting that it is defined in the Act on Healthcare Services Financed From Public Funds. Prevention is emphasized. In the case of pharmacists, preventive measures seem key.

From a legal perspective, extending pharmacists' competences to include diagnostic tests has enabled their active involvement in prevention. A pharmacist who wishes

to provide pharmaceutical care to a patient using diagnostic tests is required to undergo additional training on qualification courses organized by the Center for Postgraduate Medical Education. Additional qualifications are required to perform antigenic tests for SARS-COV-2, blood glucose tests, lipid panels (total, high-density, and low-density cholesterol and triglycerides), fast fluid detection tests, C-reactive protein concentration, group A *Streptococcus* antigen test, and *Helicobacter pylori* tests; to measure basic vital signs such as blood pressure, heart rate, pulse and blood saturation, body weight, height, and waist circumference; and to calculate Body Mass Index and waist-to-hip ratio (Regulation of the Minister of Health of 21 January 2022). Pharmacists, after obtaining appropriate qualifications, may perform activities to detect risk and health education factors, including cardiovascular disease, type 2 diabetes, insulin resistance, and support for infection diagnostics.

Table 2: Role of pharmacists in diagnostic tests

Diagnostic examination	Pharmacists' preventive actions
Measurement of blood pressure, heart rate, and oxygen saturation	Early detection of hypertension, education, and referral to the doctor
Measurement of weight, height, and waist and hip circumference; calculation of BMI and waist-to-hip ratio	Risk assessment of metabolic syndrome, type 2 diabetes, and cardiovascular diseases
Blood glucose test (casual glycemia/fasting)	Early detection of abnormal glucose, education, and referral for further diagnostics
Lipid panel: total, high-density, and low-density cholesterol and triglycerides	Identification of dyslipidemia and education
C-reactive protein test	Assessment of the presence of inflammation and differentiation between viral and bacterial infections
Fast antigenic SARS-COV-2 test	Detection of infection
Antigenic test for the flu	Differentiation of throat infections and referral to a doctor if necessary
<i>Streptococcus Pyogenes</i> (group A) antigen test	Differentiation of throat infections and referral to a doctor if necessary
Serological test for <i>Helicobacter pylori</i>	Identification of peptic ulcer risk, education, and recommendation of further diagnostics

Source: Regulation of the Minister of Health of 21 January 2022

The regulation on the diagnostic tests that can be performed by a pharmacist is a significant step towards increasing the professional independence of this group. Enabling them to perform diagnostic tests directly in the pharmacy allows the pharmacist to provide the patient with comprehensive educational advice, including not only an interpretation of the results, but also recommendations on the use of herbal preparations. In practice, this means that a pharmacist, with the appropriate qualifications and pharmacy equipment (Regulation of the Minister of Health of 30 September 2002), can perform diagnostic assays such as blood pressure, glycemia, lipid profile, or anthropometric indicators (BMI

or waist-to-hip ratio), which can identify risk factors for lifestyle diseases. On this basis, the pharmacist provides the patient with personalized advice on prevention and the safe use of herbal preparations. For example, in the case of a patient with high blood pressure, a pharmacist may advise the use of preparations containing extracts from plants such as hawthorn (*Crataegus* spp.) or garlic (*Allium sativum*), which have been shown in clinical trials to have antihypertensive properties, provided that possible interactions with any synthetic drugs taken by the patient are taken into account. In addition, the pharmacist monitors any potential adverse effects of all drugs. It should be remembered that, as with synthetic drugs, the use of herbal products is associated with the risk of adverse effects. Their occurrence may be related to various factors, such as incorrect identification of the plant species, adulteration of the herbal product with other substances, contamination with toxic or dangerous ingredients, incorrect dosage, incorrect use of herbal preparations, or interactions between herbal and synthetic drugs (Ekor, 2014). Pharmacists may report adverse effects related to herbal preparations to the Office for Registration of Medicinal Products (Act of 6 September 2001).

Table 3: Examples of activities within pharmaceutical care

Type of action	Description
Drug review	Assessment of drugs being taken, including herbs and supplements, and exclusion of drug and herb interactions
Health education	Consultations on lifestyle, diet, and supplementation of herbs with health-promoting properties
Individual care plan	Based on diagnostic tests and current scientific evidence, recommendation of appropriate herbal preparations as an element of prophylaxis or supportive therapy, adjusting the dosage and method of use to the individual conditions of the patient, and assessment of the safety and effectiveness of the therapy, taking into account potential interactions between synthetic drugs and herbal preparations

Source: Act of 10 December 2020

Conclusions

1. The WHO Strategy for 2025–2034 emphasizes the need to develop education, research, and the competences of medical staff, including pharmacists, in the field of traditional, complementary, and integrative medicine. The integration of TCIM into the healthcare system in Poland is slow and mainly concerns the regulation of herbal products.
2. New legal regulations concerning pharmacists, including the Act of 10 December 2020 on the Profession of Pharmacist and the Regulation on the List of Diagnostic Tests That May Be Performed by a Pharmacist, have expanded their role in the healthcare system, particularly in the integration of traditional and conventional medicine.

3. Pharmacists, as specialists in the field of pharmacotherapy, have the necessary qualifications to educate patients and plan individual care in the safe use of herbal preparations and potential interactions with synthetic drugs.

Recommendations

The WHO Strategy for 2025–2034 emphasizes the importance of developing education, research, and the competences of healthcare professionals, including pharmacists, in traditional, complementary, and integrative medicine (TCIM). In Poland, the integration of TCIM into the healthcare system is progressing slowly and remains largely limited to the regulation of herbal products. However, recent legal developments – such as the Act of 10 December 2020 on the Profession of Pharmacist and the Regulation on the List of Diagnostic Tests That May Be Performed by Pharmacists – have laid the groundwork for expanding their role within the healthcare system, including supporting the integration of traditional and conventional medicine. Pharmacists, as experts in pharmacotherapy, possess the qualifications necessary to educate patients and develop individualized care plans concerning the safe use of herbal preparations and the potential for interactions with synthetic drugs. They should be formally included in interdisciplinary therapeutic teams providing integrative care, with clearly defined responsibilities in patient counselling, preventive healthcare, and risk assessment. To effectively fulfill this role, the scope of specialist training and continuing education for pharmacists must be broadened to incorporate up-to-date knowledge in the field of TCIM, particularly with regard to standards of care and the latest scientific research. Following the example of countries such as Germany, Switzerland, Portugal, and Italy, Poland should consider developing certification and registration systems for TCIM services and products. In this context, pharmacists would play a crucial role in assessing potential interactions with conventional pharmacotherapy.

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