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Comprehensive and Structural Challenges in the Implementation of Iranian Traditional Medicine within the Health System: A Systematic Review

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ABSTRACT

Iranian traditional medicine, as an integral component of cultural heritage and indigenous healthcare, holds considerable potential for enhancing public health. Nevertheless, it encounters significant obstacles to its integration into contemporary health systems. This study seeks to conduct a comprehensive analysis of the challenges associated with the implementation of Iranian traditional medicine within Iran's healthcare system and to propose effective strategies for its development and consolidation. Key challenges identified include the lack of specialized infrastructure and evidence-based standards in traditional medicine, resistance to and limited acceptance of traditional medicine by the modern medical community, communication gaps and decreased mutual trust between physicians and patients, insufficient insurance coverage of traditional medicine services, and the absence of comprehensive policies and integrative approaches in the health system. Additionally, the roles of cultural, educational, and technological factors in facilitating or hindering service implementation were highlighted. The sustainable development of Iranian traditional medicine necessitates a multidimensional approach and high-level policymaking, focusing on specialized education, strengthening scientific and technological infrastructure, enhancing interdisciplinary collaboration, and reforming insurance systems. Neglecting these factors disrupts the integration process and limits the potential benefits of traditional medicine within the national health framework.

Keywords: Iranian Traditional Medicine; Health System; Structural challenges; Integration of health services; Health Policy

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Introduction

Traditional medicine refers to a body of knowledge employed for diagnosing and preventing diseases. It encompasses scientific, experiential, and folk knowledge regarding the causes of illnesses, treatment methods, tools, and herbal and non-herbal medicines. From another perspective, traditional medicine includes practices, methods, knowledge, attitudes, and beliefs related to health, the composition of herbal, animal, and mineral medicines, spiritual therapies, and manual techniques, which are used individually or collectively for treatment, diagnosis, prevention of diseases, or health maintenance [1]. This body of knowledge is transmitted orally or in writing from generation to generation within the framework of local customs, traditions, and culture, and retains the capacity to adapt its teachings to modern conditions [2]. Consequently, traditional medicine is widely used alongside modern medicine to treat patients and prevent illness, with studies indicating a significant and growing global inclination toward these therapies despite advances in conventional medicine [3].

In contemporary medical practice, it is imperative that therapeutic methods and pharmaceuticals undergo rigorous laboratory and clinical evaluations under standardized scientific conditions to assess potential risks prior to their approval for use within the healthcare system. In contrast, traditional medicine treatments are typically prescribed based on the empirical knowledge of traditional practitioners and documented sources, lacking scientific validation of their efficacy [4]. Institutions offering traditional medicine services are tasked with expanding their presence and enhancing the role and status of traditional medicine in the diagnosis and treatment of diseases. It is essential to provide accurate and timely services grounded in evidence-based diagnostic and therapeutic approaches, while upholding patients' rights, confidentiality, and human dignity. This approach can substantially enhance client satisfaction and acceptance by scientific and legal entities alongside modern medicine [5]. The field of traditional medicine faces significant challenges due to the paucity of scientific evidence supporting its efficacy, the absence of clearly defined authorities for addressing complaints, and difficulties in managing the ethical and legal dimensions of medical errors in complementary and alternative medicine. This necessitates the formulation and revision of laws to establish practical regulations, credible scientific references, authorized service centers, complaint-handling mechanisms, and appropriate sanctions to address legal deficiencies [6]. In Iran, the formal recognition and acceptance of traditional medicine as a branch of medical science have encountered ongoing challenges, occasionally leading to prohibitions on related practices. Notable examples include the bans on cupping therapy during the late Qajar era and again in 1955 and 1998, which were implemented to address contemporary issues. Similarly, in Europe, the advancement and promotion of traditional medicine encounter substantial challenges, with numerous legal complaints lodged against providers of such treatments [7]. To mitigate these challenges and regulate traditional medicine within healthcare systems, the World Health Organization (WHO) introduced four strategic priorities in 2002: the development of policies for the appropriate integration of traditional medicine into national health systems through relevant policies and programs; the enhancement of health outcomes, efficacy, and quality by advancing the scientific foundations and quality assurance standards of traditional medicine; the improvement of access to traditional medicine, particularly for low-income populations; and the promotion of the rational use and preservation of traditional medicine knowledge and resources. Member states are encouraged to incorporate these strategies into their short- and long-term health plans to effectively manage potential challenges [8].

A significant challenge in the utilization of traditional medicine is the exploitation and profiteering by unprofessional intermediaries and practitioners. Financial abuse and unethical profiteering by certain traditional medicine providers remain persistent concerns for health-system policymakers. In recent years, Iran's health system has devoted considerable attention to the development of traditional medicine, including the approval of Article 34-H of the Fifth Development Plan, the drafting of the 2013 Traditional Medicine Development Document, the adoption of the 2013 National Medicinal Plants and Traditional Medicine Policy by the Supreme Cultural Revolution Council, the establishment of a Traditional Iranian-Islamic Medicine Office within the Ministry of Health, and the founding of several traditional medicine faculties and specialization training (Ph.D.). For the first time since 2017, pilot empowerment guidelines for primary health service providers, including physicians, psychologists, and health workers, were issued to ten medical universities [9]. However, the management of the health market to improve oversight and enhance traditional medicine remains ineffective in the country. A probable cause of the challenges at the primary health system level is negative attitudes and perspectives that lead to operational difficulties [10]. While individual studies have identified specific challenges such as legal hurdles, ethical concerns, and professional resistance, the literature remains fragmented. There is a lack of a comprehensive,

systematic synthesis that consolidates these disparate findings to provide a holistic view of barriers. It is unclear whether recent policy initiatives in Iran have effectively addressed foundational challenges or whether new obstacles have emerged. Therefore, this systematic review is necessary to bridge this critical knowledge gap by comprehensively mapping, synthesizing, and analyzing the macro-, structural-, and cultural-level challenges to the implementation of ITM in Iran's health system. This will provide an evidence-based foundation to inform high-level policymaking, guide future research, and ultimately support the sustainable development of this valuable component of Iran's cultural heritage.

Materials and Methods

The present study is a systematic review focusing on the challenges of implementing Iranian traditional medicine within the country's healthcare system, employing a systematic review and search strategy.

1. Search Strategy: This systematic review, conducted in 2025, identified relevant literature on the challenges of implementing traditional medicine in Iran's healthcare system by searching articles published between January 1, 2000, and December 31, 2025. Articles published in domestic and international journals indexed in databases such as PubMed, ScienceDirect, Scientific Information Database (SID), MagIran, and Scopus were searched for. All key terms were obtained from an initial exploratory search. Relevant studies were searched using Persian and English keywords:("Traditional medicine" AND "healthcare" AND "challenges"). In the final step, the reference lists of the extracted studies were reviewed, and additional articles not retrievable from the primary databases were included to broaden the search scope and increase the sensitivity.

2. Inclusion and Exclusion Criteria: Studies were included if they were relevant or highly related to the topic, had a minimum quality score based on the assessment, and were available in full text 3. Study Selection: After database querying, the studies underwent multistage screening. Initially, the titles and abstracts were reviewed, and irrelevant titles were excluded. Books, conference papers, reports, newspaper editorials, and articles retrieved from non-scientific search engines such as Google (except the WHO website) were excluded. Studies not published in Persian or English were also excluded. The remaining articles were categorized and evaluated according to the inclusion and exclusion criteria, with strict adherence to ensure scientific quality.

4. Database Search Results: Using the keywords, 853 articles were initially identified from electronic databases and search engines. Following refinement, 326 articles with relatively relevant titles remained; 65 duplicates were removed, leaving 261 articles. After excluding 85 titles that were less relevant to the topic, 176 full texts were reviewed in the next stage. Abstracts of these were re-examined to select the most relevant studies. Fifty-five articles were chosen as relevant, and 121 were excluded. Ultimately, 18 articles were selected for detailed review.

5. Quality assessment was conducted using the standardized critical appraisal tools from the Joanna Briggs Institute (JBI), which are widely recognized for their rigor in evaluating diverse study designs. Two reviewers independently appraised each of the included studies. Based on the methodology of each article, the relevant JBI checklist was applied: the JBI Checklist for Qualitative Research (10 criteria), JBI Checklist for Randomized Controlled Trials (13 criteria), JBI Checklist for Quasi-Experimental Studies (9 criteria), and JBI Checklist for Analytical Cross-Sectional Studies (8 criteria). Each item on the checklist was scored as either 'yes' (1) or 'no' (0). To ensure a high standard of evidence, studies that did not meet at least 50% of the applicable criteria were deemed to have a high risk of bias and excluded from the final synthesis. For instance, the exclusion threshold was ≤5 for qualitative studies, ≤6 for randomized trials, and ≤4 for quasi-experimental and other quantitative studies. Any disagreements between the reviewers during the appraisal process were resolved by consensus or consultation with a third reviewer.

6. Data Extraction and Synthesis: To ensure a comprehensive and standardized approach, a data extraction form was developed to capture the characteristics of each study included. Two reviewers independently extracted the data, and any discrepancies were resolved through discussion and consensus. The extracted data included the first author and year of publication, country of origin, study design, sample size or context, main objectives, and key conclusions/findings related to the challenges of implementing traditional medicine. The characteristics of the included studies are presented in Table 1. Subsequently, the findings were synthesized thematically to identify recurring patterns and core challenges across the literature, ensuring logical flow and continuity in the reporting of results.

Results

Based on the reviewed articles and studies, traditional medicine remains of significant interest to society even after centuries. However, it is accompanied by challenges that can be better managed through guidelines and regulations

Table1. Final articles reviewed

N	Author(year)	Study Design	Topic	Conclusion
1	RahmaniSeifi (2022) [11]	Critical Review	Driving forces strengthening Iranian traditional medicine in a ten-year horizon:	Without a comprehensive and macro perspective on traditional medicine, serious challenges will arise. For sustainability and survival, traditional medicine requires attention across political, social, cultural, and technological dimensions
2	Hadian et al (2021)[12]	Qualitative Study	Challenges in Iran's health system regarding traditional medicine	Five main categories, including financing, payment systems, regulations behavior, and organization. Given existing challenges and societal inclination toward traditional medicine, equitable access must be ensured through producing indigenous knowledge developing regulatory and educational policies, and empowering related personnel to provide healthy, effective, evidence-based, and cost-efficient services
3	Naghizadeh et .al(2021)[13]	Ontology Development	(IrGO)	Results show that the expansion of General ontology and knowledge base of Iranian traditional medicine (IrGO) bridges the gap between traditional medical schools and guides future research in drug discovery
4	Bastani Vaddahir (2021)[14]	Narrative Study	Patient trust in complementary and alternative medicine: a narrative study	Identified five types of trust: gradual trust, institutional trust, therapist-based trust, epistemic trust, and trust based on others' lived experiences. The concept of alternative medicine as "harmless" and "easy" medicine emerged as an important basis for trust in non-modern medicine
5	Neghaban (2019) [15]	Document Analysis	Policies and laws regarding integration of traditional and complementary medicine in Iran's health system based on WHO definitions	No comprehensive policy documents on traditional and complementary medicine T&CM were found. References to accessibility of education, regulations, treatment availability, research, and insurance coverage were noted. Although some policies exist, they are slow to be implemented. Government action is needed to evaluate and advance these policies. Given public interest in T&CM, insurance coverage and clinic/hospital development must be prioritized
6	Ashrafian Amiri et al (2018) [16]	Qualitative Study	Achievements and challenges in promoting traditional medicine utilization in Iran's family physician program	Key challenges included a lack of necessary infrastructure in 63 cases profiteering by unprofessional intermediaries in 38 cases, low physician awareness in 38 38 cases, and a lack of physician acceptance in 24 cases. Managers were hopeful about improvements but worried about misuse and infrastructure deficiencies
7	Erfanmanesh (2018) [17]	Legal Review	Role of disclosure requirements in effective protection of knowledge and traditional medicine	Necessity for certificates related to informed prior consent and clear agreements from resource providers involved in inventions guarantees the prevention of misuse and protects traditional knowledge holders' rights
8	Taghipour et .al (2016) [18]	Narrative Review	Ethical and legal challenges in complementary and alternative medicine	Complementary and alternative medicine requires dedicated legislation or revisions to be adequately defended in legal arenas. The process for handling errors and litigation bodies must be defined, alongside sanctions and punishments
9	Tehrani et al. (2008) [19]	Cross-sectional Survey	Prevalence of complementary and traditional medicine use among Tehran residents	About half of Tehran's population uses at least one form of complementary traditional medicine. Many use it due to lower risks, fewer side effects, and insufficient response to classical medicine, especially for diseases where psychological and neurological stress play a role.
10	Mahroozadeh Lolavar(2007) [20]	Narrative Review	Ethical considerations in complementary medicine	Approving ethical guidelines that clearly outline patients' rights and doctors' ethical duties within health systems will improve the appropriate use of traditional medicine
11	Pullen et al (2021) .[21]	Qualitative Study	Traditional healers' and clients' perceptions of mental health in post-war Liberia:	Traditional medicine plays a significant role in mental healthcare in Africa. Traditional healers showed ambivalent attitudes toward Western medicine, with willingness to collaborate contingent on mutual trust
12	Chebet(2020), [22]	Market-based	Governance of traditional medicine and herbal drugs in Western Kenya	Traditional governance practices play an important role, shaped by socio-cultural community beliefs. Conversely, modern governance is often seen as a major constraint on the growing traditional medicine industry
13	Gall et al (2019) [23]	Systematic Review	Use of traditional and complementary medicine among Indigenous Australian women	Reported use and perceived value of T&CM were high; however, women reported significant challenges communicating with healthcare providers about T&CM, usually linked to trust and communication issues. Findings advocate for strategies to enhance culturally appropriate physician-patient communication to build trust and transparency in women's cancer care
14	Sun et al (2018).[24]	Cross-sectional Survey	expectations and barriers among Chinese cancer patients toward traditional medicine:	Age and cancer stage correlate with expectations and perceived barriers in TCM use. Understanding these attitudes is crucial to reshaping the patient-centered integrative cancer care model in China
15	Benarieh et al. (2017) .[25]	Narrative Review	Refugees in conflict: building bridges between traditional health belief models	Interest in complementary and traditional medicine was prominent among many refugee populations, leading physicians to serve as mediators in integrating CTM with conventional medical belief systems .

Discussion

This systematic review aimed to deliver a comprehensive and structured analysis of the challenges impeding the integration of Iranian Traditional Medicine (ITM) into Iran's national health system. By synthesizing evidence from 18 diverse studies, this review aimed to transcend isolated reports of individual issues and offer a holistic understanding of barriers. The key findings reveal that these challenges are not isolated but deeply interconnected, encompassing structural deficiencies, cultural and professional divides, and significant legal and ethical ambiguities, all within the context of high public demand and a complex landscape of patient trust.

The synthesis of the literature identified four primary domains of challenges. First, structural and policy deficiencies are paramount, characterized by a lack of specialized infrastructure, absence of evidence-based standards, insufficient insurance coverage, and slow or incomplete implementation of national policies [5, 6, 9, 15]. Second, a significant professional and cultural divide exists, marked by resistance and low acceptance from the modern medical community, compounded by poor communication and a lack of mutual trust between practitioners from different paradigms [6, 13]. Third, legal and ethical ambiguities create a precarious environment, with a lack of specific legislation to address medical errors, protect patient rights, and safeguard traditional knowledge [7, 8, 17]. Finally, despite these systemic barriers, there is a notable paradox: high patient demand and trust, with the public using ITM for its perceived safety and holistic approach, often without disclosing this use to their conventional doctors [4, 9, 14].

The interplay between these domains creates a self-perpetuating cycle of marginalization for ITM. For instance, the structural lack of a clear policy framework and financial reimbursement models [5, 15] directly fuels this professional divide. Modern physicians, operating within a system that values evidence-based protocols and clear liability guidelines, are unlikely to embrace ITM without institutional support, defined referral pathways, or legal protection. This professional resistance reinforces the perception of ITM as an "alternative" and unregulated field, discouraging policymakers from investing in its infrastructure. This vicious cycle is mirrored internationally; the communication challenges and trust deficits reported by Indigenous cancer patients in Australia [13] and the ambivalence of traditional healers in Liberia toward Western medicine [11] underscore that the integration of Indigenous and conventional health systems is a global challenge rooted in a fundamental clash of epistemologies and power dynamics, not merely a logistical issue.

Furthermore, the legal and ethical vacuum identified in the studies has tangible consequences. The absence of dedicated legislation and quality control mechanisms [8] creates an environment ripe for exploitation by unqualified practitioners, a concern explicitly raised by managers in Iran's family physician program [6]. Profiteering in this context not only poses a direct threat to public health but also significantly undermines the credibility of legitimate practitioners of ITM. This erosion of credibility reinforces negative stereotypes held by the conventional medical community, thereby exacerbating the professional divide. Consequently, the call for enhanced disclosure requirements and intellectual property protection [17] is not merely a legal formality but a vital step toward legitimizing the field and fostering the institutional trust necessary for integration.

The findings of this review have critical implications for policy and practice. A fragmented approach is inadequate; what is required is the comprehensive, multidimensional policymaking advocated in the conclusion of this study. This must commence with the development of a truly comprehensive national strategy that transcends aspirational documents to establish actionable policies. Such a strategy should encompass: 1) the establishment of standardized, evidence-based protocols for common ITM treatments; 2) the creation of a clear legal and regulatory framework for practice, accreditation, and liability; 3) the design of insurance coverage models that render ITM financially accessible; and 4) the implementation of mandatory interprofessional education programs to foster mutual understanding and respect between future generations of conventional and traditional practitioners, thereby addressing cultural and behavioral barriers at their root.

This review has certain limitations. The search was confined to English and Persian articles, potentially excluding relevant literature in other languages. The heterogeneity of the included study designs (qualitative, quantitative, and review) precluded a meta-analysis and limited the synthesis to a thematic approach only. Furthermore, while international comparisons were drawn, the primary focus on Iran implies that the relative weight of each challenge may differ in other cultural and national contexts. Future research should employ implementation science

frameworks to pilot and evaluate specific integration models within Iran's primary healthcare system.

In conclusion, integrating Iranian Traditional Medicine is a complex endeavor that extends far beyond the mere addition of new services. The evidence synthesized here demonstrates that these barriers are systemic and deeply intertwined. Success requires a paradigm shift from viewing ITM as a separate, alternative entity to embracing it as a complementary component of a pluralistic healthcare system. This necessitates a coordinated top-down effort that simultaneously addresses policy deficits, rebuilds professional trust, establishes legal clarity, and respects the cultural significance and patient demand that have sustained ITM for centuries. Only through such a holistic approach can Iran harness the full potential of this invaluable component of its heritage to improve its public health outcomes.

Conclusion

This systematic review concludes that while Iranian Traditional Medicine (ITM) holds significant potential, its integration into the national health system faces substantial structural and cultural challenges. Key barriers include the absence of specialized infrastructure and evidence-based standards, resistance from the modern medical community, and insufficient insurance coverage. Furthermore, the lack of comprehensive policies and effective integrative approaches hinders its development. Sustainable ITM development requires a multidimensional strategy and high-level policymaking. This strategy must focus on specialized education, strengthening the scientific and technological infrastructure, and enhancing interdisciplinary collaboration. Reforming insurance systems and building mutual trust among practitioners are also critical for successful integration. Ignoring these factors disrupts the integration process and limits the potential public health benefits of ITM.

Authorship contribution statement

All authors have reviewed and approved the final version of the manuscript. Mts Rad conceived A T & N N & conducted the study and collected the data; MT & SH Z performed the data analysis and interpretation; and AT, A E guided the study design.

Ethical Consideration

The research obtained approval from the Ethics Committee of Mazandaran University of Medical Sciences (ethics code: IR.MAZUMS.REC.1403.19944).

Declaration of Competing Interest

The authors have no conflicts of interest related to this article.

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Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Declaration of Generative AI

The authors declare that they have not used any generative artificial intelligence for the writing of this manuscript, nor for the creation of tables, or their corresponding captions.

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