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Opinion Paper

Funding the Evidence Base for Naturopathic Medicine and Traditional, Complementary Integrative Medicine in the Eastern Mediterranean Region

Heidi Kussmann[1*]

[1] Burjeel Cancer Institute Abu Dhabi, UAE.

*Corresponding Author: heidi.kussmann@burjeelmedicalcity.com

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Abstract

Patients widely use traditional, complementary, and integrative medicine (TCIM), yet it is deficient in the research ecosystem and is structurally underfunded. The World Health Organization (WHO) states that less than 1% of global health research funding goes to traditional medicine research and that this lack of investment undermines all efforts to build a robust evidence base. For naturopathic medicine and related TCIM professions, this creates a predictable cycle: limited funding leads to less robust research in the form of systematic reviews and case reports, which is then mislabeled as lack of evidence. A regional Naturopathic Outcomes Registry, supported by clinical practice research networks and artificial intelligence (AI), could help address this gap by tracking patient costs, TCIM care outcomes and insurance payor costs in non-communicable diseases (NCDs).

Keywords: Artificial Intelligence; Health Technology Assessments; Naturopathic Medicine; Non-Communicable Diseases; Middle East North Africa; Traditional Complementary Integrative Medicine; Research funding; Outcomes registry.

1. Main Text

TCIM is the umbrella term given to over forty professions who are not medical doctors (MDs) but have accredited medical training and maintain a license with a regulatory body that is completely independent of their educational institution. It includes Ayurveda, Unani, Homeopathy, Asian Medicine (Ayurveda, Traditional Chinese Medicine, and Acupuncture), Anthroposophical Medicine, Phytotherapy, and Manual Therapies (Chiropractic, Osteopathic, Massage Therapy, Yoga, Pilates, Meditation and Reiki). Australia, Canada and the USA have accredited universities and colleges (www.cnme.org) that rigorously educate naturopathic medicine students at a doctoral level in all aspects primary medical care including the assessment, evaluation (lab and imaging), diagnosis, pharmacology treatment, with added education in the assessment and treatment of the root cause of the symptom(s). In addition to primary care and pharmacology, the 4-year post-graduate degree program requires extensive education and prescribing knowledge for Botanical Medicine, Functional Nutrition, Asian Medicine, and Homeopathy. Upon graduation and successfully passing the Federal licensing exams for North America called the Naturopathic Physicians Licensing Exams (NPLEX), NDs complete licensing exams for their state or province. For example, the province of Ontario has the College of Naturopaths of Ontario regulator with a set of written and oral examinations to obtain licensure in Ontario, available only after successfully passing the NPLEX. Once licensed, Naturopathic Physicians can continue and specialize through residency placement in pediatrics, gynecology, environmental medicine, regenerative medicine, and oncology. In Canada and the USA, the naturopathic physician is qualified as a specialist, and they are employed across hospital, outpatient clinic, university, and research environments with insurance coverage in select provinces and states. In the UAE there is no distinction between the doctoral (over 4000 hours) and practitioner levels (2000 hours) of training and this distinction is required at the regulatory level.

This opinion paper is written by the author on behalf of licensed naturopathic physicians with doctor-level training who are TCIM regulated by their health authorities in the Middle East and North Africa (MENA) region. Stakeholder analysis in

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BMJ Global Health concluded that TCIM research is increasing but remains disproportionate to actual use by patients, and that TCIM research requires prioritization and block funding in national policies and higher education programs.[1, 2] The way that research is done for TCIM would be different than that done by pharmaceutical drug trials where one intervention is neatly measured for one symptom. The one-symptom-at-a-time approach is convenient for insurance payor billing but very frustrating for patients who have multiple conditions. TCIM professions work with assessment to determine root cause, and a diagnosis usually involves more than one form of treatment. This would require a whole systems design (Example: Bayesian modeling) to form a research infrastructure for TCIM. The essence of the problem is this: The Naturopathic (and larger TCIM) profession is required to provide evidence and prove outcomes on a volunteer basis without research training, capacity building, infrastructure, and research funding. Further, TCIM healthcare professionals are not represented in research grant assessment panels; there is no specific TCIM research grant classification system, and all these deficiencies create the root cause of the TCIM evidence gap. The WHO has clearly stated that less than 1% of global health research funding is dedicated to TCIM, despite its lack of insurance coverage and its widespread use by patients. When we receive such a small share of research support, evidence scarcity is present due to a financing problem.[1, 2] This perpetuates the misleading claim that there is "no evidence" for TCIM when in fact TCIM has been under-resourced and under-funded for decades.

There is a solution for this issue: Set up a task force that includes TCIM stakeholders and professions within MENA regulation authorities and employ the profession-specific Health Technology Assessments (HTA) [3] to set the foundational work into action at the regulatory level. Inclusion of licensed TCIM professions as stakeholders in the process would be efficient and ideal to match regulations to qualifications to actual practice. The Naturopathic Medicine profession has this HTA resource available for inclusion in the process: https://worldnaturopathicfederation.org/project/health-technology-assessment-naturopathy/ [4]. The inclusion of TCIM into universal healthcare coverage is another pre-requisite to efficiently centralize data capture. From this inclusion a regional, centralized TCIM Data Registry is developed (Figure 1) which is sensitive to the whole-systems approach of TCIM care. The registry collects data on patient and payor cost of TCIM treatment, (if applicable), patient-reported outcomes, quality of life, symptom burden, TCIM treatment types and medication use, allopathic healthcare utilization, and adverse events in non-communicable diseases (NCDs) such as heart disease, cancer, diabetes and obesity for an acceptable time frame of 2-5 years depending on the NCD. With AI-enabled analytics the data can link to insurance or payor metrics such as hospital admissions, emergency visits, and cost. The task force would review when, what and which TCIM care worked and could compare that cost to existing data to determine benefit, to determine objective proof of improved health outcomes in NCDs and further develop care guidelines for TCIM based on the evidence. If the MENA region is serious about reducing the health burden of NCDs and providing inclusive patient access to TCIM in the healthcare landscape, it must include TCIM Professionals in all phases of development and it must invest in the infrastructure needed to evaluate TCIM equitably and responsibly[1, 2].

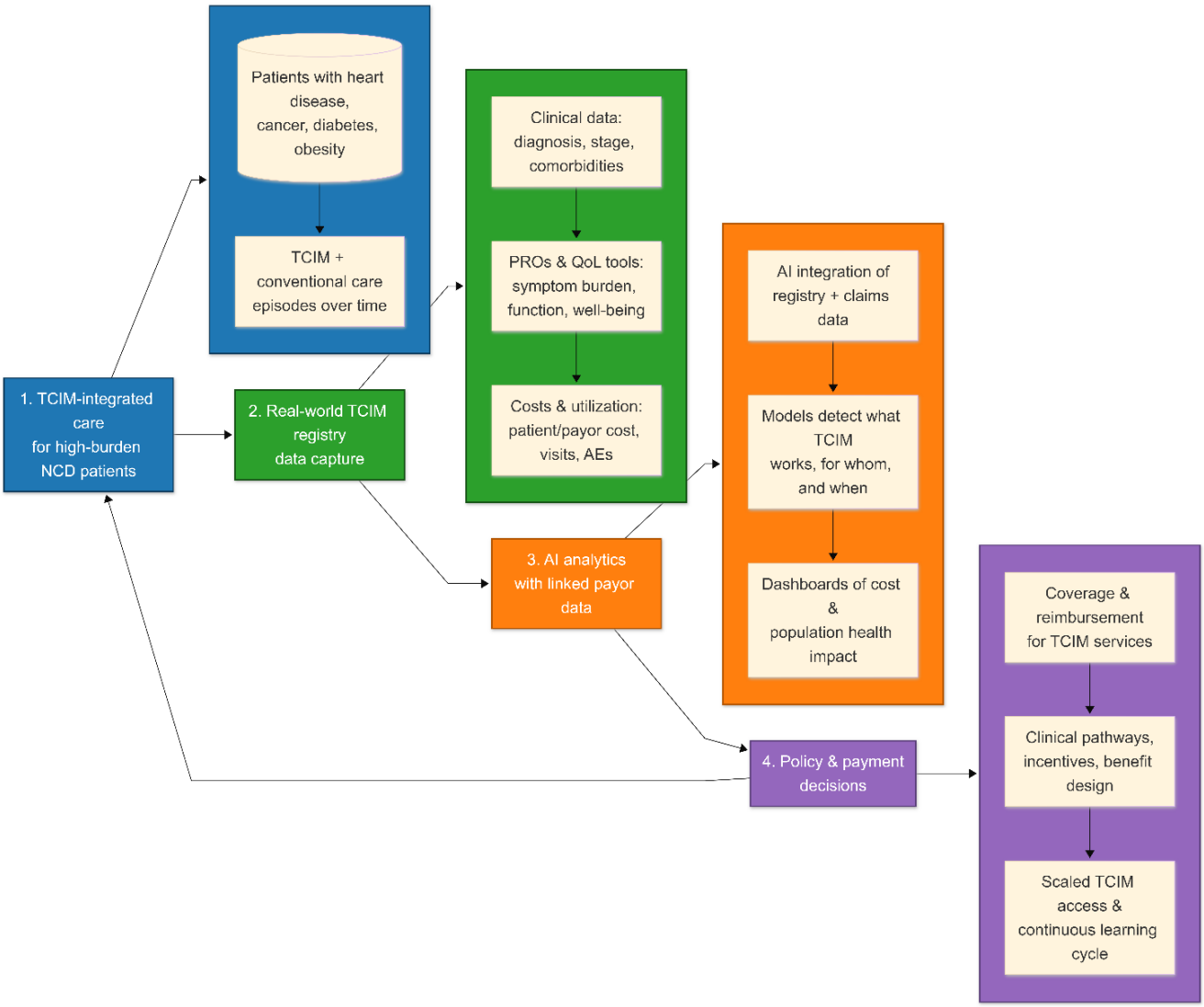

Figure 1: TCIM Registry Workflow suggestion for TCIM metrics in NCDs: funding, research capacity building, TCIM patient access, data capture on costs and outcomes, AI analysis on population health impact and decisions on established clinical care. Credit: `https://mermaid.ai/app`

2. Conclusion

TCIM professionals need to build a research framework to capture their patient outcomes and other important data, but have no capacity building, protected time, nor research funding to carry out the work. The solution is to build a regional TCIM registry using assessment, diagnosis, treatment and outcomes data with AI and payor-linked data to create a database. With ensuing evidence synthesis to translate TCIM diagnoses and prioritize funding for high value outcomes, this will allow information of what aspects of TCIM care works in NCDs.[1, 2] From there, TCIM grant panels can establish dedicated, TCIM-sensitive funding guidelines, enable TCIM research, improve indexing in under-represented regions such as the Eastern Mediterranean, and generate that much needed evidence.

3. Abbreviations

AI	Artificial Intelligence
MENA	Middle East and North Africa
NCDs	Non-Communicable Diseases
TCIM	Traditional, Complementary, and Integrative medicine
WHO	World Health Organization

Author Contributions

The author conceived the editorial argument, synthesized the supporting literature, and drafted the manuscript.

AI Support: `https://mermaid.ai/app` is credited for Figure 1.

Author bio

The author is president of the Eastern Mediterranean Naturopathic Physicians Federation and advocates for evidence-informed, outcomes-based integration of naturopathic medicine and TCIM in the MENA region.

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