

Unauthorized traditional and complementary medicine and drug practices by a foreign non-physician: a case report

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Abstract

Unauthorized traditional and complementary medicine and drug practices by a foreign non-physician: a case report

The widespread use of the internet and the unregulated nature of digital platforms have increased the visibility of unauthorized medical practices conducted by non-physicians, posing significant risks to public health. This study presents a case report involving a foreign national without medical training who performed Traditional and Complementary Medicine (TCM) practices in Türkiye, under conditions that do not comply with health and hygiene regulations. Following a complaint submitted to the Ministry of Health Communication Center (MoHCC), an official inspection confirmed the absence of valid medical certification, and legal proceedings were initiated. The case reveals deficiencies in regulatory mechanisms and highlights how unmet healthcare needs among migrant communities may create space for unregulated and potentially harmful practices. Preventing such practices requires not only effective legal regulations but also strong oversight, increased public awareness, and inclusive health policies targeting migrant populations. Additionally, a multidisciplinary legal framework is essential to safeguard public health against such threats.

Keywords: Unauthorized Medical Practice, Traditional and Complementary Medicine, Medical Fraud

Öz

Yabancı bir hekim dışı kişi tarafından yapılan yetkisiz geleneksel ve tamamlayıcı tıp ve ilaç uygulamaları: bir olgu sunumu

İnternetin yaygınlaşması ve dijital mecraların denetimsiz kullanımı, hekim olmayan kişiler tarafından gerçekleştirilen yetkisiz tıbbi uygulamaların görünürlüğünü artırmış ve bu durum halk sağlığı açısından ciddi riskler doğurmuştur. Bu çalışma, tıbbi eğitimi bulunmayan yabancı uyruklu bir kişinin, Türkiye’de hijyen koşullarına aykırı biçimde Geleneksel ve Tamamlayıcı Tıp (GETAT) uygulamaları gerçekleştirmesini konu alan bir olgu sunumudur. Sağlık Bakanlığı İletişim Merkezine (SABİM) yapılan bir şikâyet üzerine yürütülen denetimlerde, ilgili kişinin geçerli bir tıbbi sertifikaya sahip olmadığı belirlenmiş ve olay yargıya taşınmıştır. Olgu, mevzuatın ve denetim mekanizmalarının yetersizliğini ve göçmen topluluklar arasında alternatif sağlık arayışlarının doğurduğu boşlukları ortaya koymaktadır. Bu tür uygulamaların önlenmesi yalnızca yasal düzenlemelerle değil, aynı zamanda etkin denetim, kamuoyu farkındalığı ve göçmenlere yönelik kapsayıcı sağlık politikaları ile mümkündür. Ayrıca, halk sağlığı güvenliğini tehdit eden bu tür uygulamalara karşı multidisipliner bir hukuki çerçeve oluşturulması elzemdir.

Anahtar Kelimeler: Yetkisiz Hekimlik, Geleneksel ve Tamamlayıcı Tıp, Tıbbi Sahtekarlık

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INTRODUCTION

The rising prevalence of unauthorized medical practices, particularly within the scope of Traditional and Complementary Medicine (TCM), has emerged as a significant threat to public health. This phenomenon raises critical concerns regarding the legitimacy of practitioners, patient safety, and the adequacy of regulatory oversight. The issue becomes even more pronounced in countries with high migration rates and a growing inclination toward alternative therapeutic modalities. The categorization of non-professional healers as “charlatans” or “fraudsters” not only shapes public perception but also undermines institutional trust and hinders access to safe, regulated medical services (1–2). In today’s digital era, unlicensed individuals increasingly leverage online platforms to portray themselves as legitimate TCM practitioners. Such digital misrepresentation severely impairs regulatory control and contributes to the dissemination of misleading or inaccurate medical content, thereby elevating public health risks. Consequently, the widespread visibility of non-professional healers in digital spaces constitutes a pressing public health concern that necessitates targeted policy interventions (3).

Although the present case does not involve a licensed foreign physician, it is important to briefly present the legal provisions that regulate foreign medical professionals, to illustrate the boundaries between authorized and unauthorized practice by foreign nationals. In Türkiye, the legal framework governing the employment of foreign physicians underwent a substantial revision following the amendment of Article 1 of the Medical Practice Law through Decree Law No. 663, enacted in 2011. This legislation permits foreign medical professionals to practice exclusively within private healthcare institutions, thereby restricting their access to employment in the public sector (4). In accordance with the “Regulation on the Procedures and Principles for Foreign Healthcare Professionals to Work in Private Healthcare Institutions in Türkiye,” foreign physicians are subject to several regulatory prerequisites: equivalency and recognition of their diplomas and specialist qualifications, official registration with the Ministry of Health, demonstrated Turkish language proficiency at a minimum B level, and the procurement of professional liability insurance (5). These conditions collectively function as critical quality control mechanisms to ensure the competency, accountability, and legal compliance of foreign healthcare providers.

Additionally, Türkiye’s regulatory approach to Traditional and Complementary Medicine (TCM) imposes strict limitations on the involvement of individuals without formal medical qualifications. The “Regulation on Traditional and Complementary Medicine Practices,” published in the Official Gazette No. 29158 on October 27, 2014, mandates that only

licensed physicians who have successfully completed Ministry-approved accredited training programs are authorized to perform TCM procedures (6). This regulation is pivotal in safeguarding public health by preventing unauthorized individuals from engaging in clinical interventions under the guise of traditional healing methods.

This case report highlights the current relevance of unauthorized medical practices and TCM interventions. It also critically analyzes the role of foreign nationals without medical licensure in performing such practices, evaluating the associated public health risks within the context of existing literature and legal frameworks.

CASE

A complaint submitted to a Provincial Health Directorate via the MoHCC reported that an individual was conducting alternative medical treatments under conditions that do not comply with health and hygiene regulations. The complaint specified that the person was performing procedures such as hijama (wet cupping), leech therapy, and cupping therapy, and was providing herbal medicines without disclosing their ingredients, which allegedly led to side effects like palpitations and dizziness. The complaint also noted that the individual solicited positive reviews on their website and requested five-star ratings from patients. Following an inspection by the Provincial Health Directorate, the allegations were confirmed, and the matter was referred to the Office of the Chief Public Prosecutor. The physician was officially appointed as a medical expert by the public prosecutor. It was determined that the individual had not received any formal medical training. During a search authorized by the prosecutor, a space within the individual’s residence was found to be arranged as a clinic, with various medical instruments subsequently confiscated. Figure 1 clearly depicts the inadequate sanitary conditions observed in the clinic.

In his statement, the suspect claimed to have learned traditional medicine practices from his father and grandfather, gaining experience by working alongside them for ten years. He stated that, after arriving in Türkiye, he continued to work in this field as he possessed no other professional skills and needed to earn a livelihood. Additionally, he presented certificates in cupping and leech therapy, which he had obtained through a distance learning program in India, to the authorities during the inspection. However, it was determined that the individual had not received any formal medical training. The certificates were issued by an unaccredited program and were not recognized by the Turkish Ministry of Health. Figure 2 shows the confiscated medical equipment and the herbal preparations he had formulated.

An examination of the relevant website revealed that the individual provided treatment services to 18 people over

the past 11 months, with 16 of them giving five-star ratings. The complaint also noted that the individual was preparing herbal medicines without disclosing their ingredients and that notices in the clinic explicitly stated the lack of information on the content of these preparations. During the prosecutorial investigation, it was further discovered that a case had been filed against this individual five years prior due to alleged malpractice, and that the legal proceedings are still ongoing.

DISCUSSION

Unauthorized medical practices pose a significant global threat to public health. Research conducted worldwide indicates that due to barriers in accessing healthcare services and economic hardships, communities tend to turn to unqualified traditional medicine practitioners. For instance, it was reported that in Indonesia, 3% of medical procedures performed in 2019 were conducted by individuals without healthcare qualifications (7). In Iran, 46.7% of the population believes that traditional healers are more effective than modern medical practices (8). This trend not only increases risks to individual health but also poses significant challenges to the regulatory mechanisms governing the broader healthcare system.

Our case demonstrates that a migrant individual has been conducting alternative medical procedures, including cupping therapy, leech therapy, and herbal medicine applications, for over 10 years in Türkiye, without the necessary legal authorization and in conditions lacking proper hygiene. This example underscores the persistence of migrant communities in practicing their cultural healing methods, while also revealing how the lack of regulatory oversight in such practices can escalate into a public health threat. The growing migrant population in Türkiye exposes vulnerabilities within the healthcare system, creating an environment conducive to the spread of unauthorized medical practices. According to



Figure 2: Medical instruments used by the case

OECD data, the number of foreign-trained doctors in OECD countries increased by 50% from 2006 to 2016; however, Türkiye remains below this average growth rate (9). The low physician-to-population ratio, combined with the increasing refugee population, fosters a growing inclination towards alternative medical practices, thereby intensifying demand for such unregulated activities in areas lacking adequate oversight.

In addition to regulatory concerns, malpractice incidents related to Traditional and Complementary Medicine (TCM) have drawn increasing attention worldwide, particularly when procedures are performed by unlicensed or foreign individuals. For instance, a case report from South Korea detailed a patient who developed severe anemia and skin pigmentation due to excessive cupping administered by an unqualified therapist, illustrating the clinical risks posed by inadequate training (10). Another study discussed that most adverse events linked to cupping therapy such as burns, hematomas, and infections stem from technical errors and negligence, especially among practitioners lacking formal



Figure 1: Case's clinic conditions

certification (11). Likewise, in the UK, medico-legal scholars have emphasized that wet cupping (hijama) and acupuncture, when performed without licensure or oversight, represent substantial threats to patient safety and legal integrity (12). These cases reflect the dual challenge of unregulated practice and the lack of informed consent mechanisms, which exacerbate the risk of malpractice claims (13).

In Türkiye, similar concerns have emerged within the context of GETAT practices. Gürkan and Karadeniz documented multiple unresolved cases in which patients sustained injuries following cupping therapy performed by unregistered individuals, yet legal processes remained stagnant due to gaps in regulatory enforcement (14). Similarly, Seçer explored the legal prerequisites and consequences of malpractice in cupping therapy within the Turkish judicial context (15). In parallel, Arpacı emphasized that insufficient documentation and failure to obtain informed consent are significant contributors to malpractice claims in traditional medicine, undermining both patient autonomy and legal accountability (16).

International examples illustrate the scope of legal measures taken against unauthorized medical interventions. A case in Florida revealed that an individual was prosecuted for providing unauthorized health services using a “Doctor of Divinity” title obtained online, highlighting the potential for misuse of titles and certifications easily acquired through digital platforms. In Argentina, a Venezuelan doctor was discovered providing healthcare services in both public and private sectors using another person’s identity (17). These cases underscore the public health risks posed by fraudulent certifications obtained through digital channels, a problem that becomes even more complex when combined with international migration. In our case, it was similarly found that TCM certifications could be readily acquired online, yet these documents lack official endorsement from the Ministry of Health.

Legal approaches to unauthorized medical practice vary greatly between countries. In Türkiye’s legal framework, considerations such as an individual assuming the role of a physician and the repetition of such acts are factored into legal assessments (18). Current Turkish regulations, specifically Article 25 of Law No. 1219, stipulate that only individuals with a medical diploma are authorized to perform medical interventions (19). Although this regulation aims to protect public health by prohibiting unqualified individuals from providing healthcare services, the lack of adequate oversight mechanisms allows such illegal medical practices to persist, as demonstrated in our case. A study by Vural and colleagues found that 9.5% of individuals offering unauthorized medical services falsely represented themselves as physicians to earn illicit income, and in 48% of these cases, patients suffered

permanent health issues (20). These findings highlight that unauthorized medical practices pose severe threats not only to individual patients but also to public health at large.

While the present case involves an unlicensed non-physician, these references to the legal context regarding foreign healthcare professionals aim to highlight systemic vulnerabilities in regulatory enforcement and illustrate the broader risk landscape within which such unauthorized practices emerge. Although Türkiye has clearly defined legal mechanisms regulating the employment of foreign healthcare professionals, including the requirement for certification and registration by the Ministry of Health, the persistence of unauthorized practices suggests critical gaps in enforcement. The case under review illustrates how unlicensed foreign nationals can circumvent formal regulatory pathways often by exploiting inadequate inspection mechanisms or digital anonymity. This disconnect between legal structure and practical oversight underscores the importance of not only legislation but also robust enforcement to prevent similar violations (1).

In the Turkish legal system, individuals who impersonate a physician without proper authorization may face legal consequences under various legal frameworks. If forged documents such as fake diplomas are used, Article 204 of the Turkish Penal Code applies, which criminalizes falsification of official documents. If an unauthorized medical intervention causes bodily harm, Articles 86 to 89 of the Penal Code may be invoked for intentional or negligent injury (21). When no fake documentation is used, yet the individual performs unlicensed medical procedures, Article 282 of the Public Health Law No. 1593 becomes relevant. This article provides for administrative fines against violations of health-related legal provisions, including unauthorized medical acts (22). Hence, unauthorized practice may trigger criminal, administrative, or civil liability, forming a comprehensive enforcement structure to safeguard public health.

In countries with high levels of migration, such as Türkiye, the demand for healthcare services is increasing, which in turn facilitates the spread of unauthorized medical practices. Unlicensed interventions, especially those conducted under the label of alternative medicine by individuals from migrant backgrounds, constitute a tangible threat to public health. As demonstrated in our case, the trend of using digital platforms to present oneself as a medical professional and perform medical procedures heightens the public health risks associated with these illegal healthcare services.

To address unauthorized medical practices in Türkiye, it is imperative to update legal regulations. Establishing digital identity verification and certification monitoring systems within the Ministry of Health would streamline the

oversight of healthcare services offered under fraudulent credentials, ensuring that only certified professionals provide medical care. Concurrently, raising public awareness about public health issues would foster greater access to reliable healthcare services and help mitigate the proliferation of illegal practices.

Given the inclination of migrant communities to utilize their cultural healing methods, it is critical to secure such practices within a legally regulated framework to protect public health. In conclusion, robust legal reforms, rigorous oversight mechanisms, and extensive public awareness campaigns are fundamental in safeguarding public health. Building a more secure, regulated, and public health-focused healthcare approach within Türkiye would not only reinforce individual health security but also strengthen public confidence in the healthcare system as a whole.

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Conflict of Interest

The authors declare that they have no conflict of interests regarding content of this article.

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Ethical Declaration

Informed consent was obtained from the participant and Helsinki Declaration rules were followed to conduct this study.

REFERENCES

1. Davey S. Unintended consequences of regulating traditional medicine. WHO South-East Asia J Public Health. 2013;2(3-4):131-134. <https://doi.org/10.4103/2224-3151.206758>
2. Adikwu MU. Could the law governing the use of ‘prescription-only’ medicines be extended to traditional medicines? Trop Doctor. 1992;22(3):122-122.
3. Swire-Thompson B, Lazer D. Public health and online misinformation: challenges and recommendations. Annu Rev Public Health. 2020;41(1):433-451. <https://doi.org/10.1146/annurev-publhealth-040119-094127>
4. Türkiye Cumhuriyeti Resmi Gazete. 663 sayılı Sağlık Bakanlığı ve Bağlı Kuruluşlarının Teşkilat ve Görevleri Hakkında Kanun Hükmünde Kararname. Resmi Gazete. 2011 Kasım 2; (28103 Mükerrer). Available from: <https://www.resmigazete.gov.tr/eskiler/2011/11/20111102M1-1.htm>
5. Türkiye Cumhuriyeti Resmi Gazete. Yabancı Sağlık Meslek Mensuplarının Türkiye’de Özel Sağlık Kuruluşlarında Çalışma Usul ve Esaslarına Dair Yönetmelikte Değişiklik Yapılmasına Dair Yönetmelik. Resmi Gazete. 2013 Temmuz 16; (28709). Available from: <https://www.resmigazete.gov.tr/eskiler/2013/07/20130716-5.htm>
6. Türkiye Cumhuriyeti Resmi Gazete. Geleneksel ve Tamamlayıcı Tıp Uygulamaları Yönetmeliği. Resmi Gazete. 2014 Oct 27; (29158). Available from: <https://www.resmigazete.gov.tr/eskiler/2014/10/20141027-2.htm>
7. Permatasari SPY, Fitrianto B, Saragih YM. Criminal liability of people claiming to be health workers reviewed by law No. 17 of 2023 concerning health. Asian J Multidiscip Res Anal. 2024;2(1):187-193.
8. Ravanshad Y, Golsorkhi M, Ravanshad S, Mohajeri ZS, Azarfar A. Fake traditional healers with superstitious magical treatments and their practices regarding children’s diseases. Rev Clin Med. 2020;7(1).
9. Lafortune G, Socha-Dietrich K, Vickstrom E. Recent trends in international mobility of doctors and nurses. In: Recent trends in international migration of doctors, nurses and medical students. OECD Publishing; 2019. p. 11-34.
10. Kim KH, Kim TH, Hwangbo M, Yang GY. Anaemia and skin pigmentation after excessive cupping therapy by an unqualified therapist in Korea: A case report. Acupunct Med. 2012;30(3):227-228. <https://doi.org/10.1136/acupmed-2012-0101>
11. Zhang M, Wang L, Cooper E, Xu S, Manheimer E, Shen BX, Lao L. Adverse events of acupuncture: A systematic review of case reports. Evid Based Complement Alternat Med. 2013;2013:581203. <https://doi.org/10.1155/2013/581203>
12. Mayberry JF. Statutory regulation of invasive complementary therapies, such as hijama and acupuncture, is the only effective way of ensuring both patient safety and good practice. Med Leg J. 2018;86(1):23-31. <https://doi.org/10.1177/0025817217734482>
13. Ernst E, Cohen MH. Informed consent in complementary and alternative medicine. Arch Intern Med. 2001;161(19):2288-2292. <https://doi.org/10.1001/archinte.161.19.2288>
14. Gürkan ÖC, Karadeniz H. Geleneksel Tıpta Hukuki Sınırlar ve Riskler. Lokman Hekim Tıp Tarihi Dergisi. 2022;13(2):104–116.
15. Seçer T. Hacamat tedavisinden doğabilecek olası tıbbi kötü uygulamanın koşulları. Akdeniz Üniversitesi Hukuk Fakültesi Dergisi. 2025;14(2):1125-1168. <https://doi.org/10.54704/akdhfd.1557385>
16. Arpacı Ö. Sağlık Bakanlığı Tarafından Kabul Edilen Geleneksel ve Tamamlayıcı Tıp Uygulamaları ve Bunların Hukuka Uygunluğunun Değerlendirilmesi. DEÜ Hukuk Fakültesi Dergisi. 2021;23(2):1245-1307. <https://doi.org/10.33717/deuhfd.998230>
17. Palma P, Ragas J. Desenmascarando a los impostores: Los médicos profesionales y su lucha contra los falsos médicos.

- Perú. Salud Colectiva. 2020;15
18. Yaşar Teke H, Yazar H. Diplomasız olarak hasta tedavi etme hususunun tartışması: Olgu sunumu. In: Can M, Kurtuş Ö, Bütün C, Balseven Odabaşı A, Güler M, editors. Sağlık hizmetinden doğan zararlar (Tıbbi uygulama hataları). Yenışehir/Ankara: Akademisyen Kitapevi; 2022. Bölüm 38.
 19. Ünver Y. The legal nature of doctor-patient relationship in Turkish Medical Law. Med Law Soc. 2016;9(1):59-71.
 20. Vural T, Erbaş M, Balcı Y, Baysal İ. Evaluation of forensic medical aspects of medical interventions and damages caused by unauthorized persons. Legal Med. 2024;69:102450.
 21. Türkiye Büyük Millet Meclisi. Türk Ceza Kanunu [TCK] No. 5237. Resmi Gazete. 2004. Available from: <https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=5237>
 22. Türkiye Cumhuriyeti Resmi Gazete. Umumi Hıfzıssıhha Kanunu No. 1593. Resmi Gazete. 1930;(1489). Available from: <https://www.mevzuat.gov.tr/mevzuat?MevzuatNo=1593>