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**«ФОРМУВАННЯ НАЦІОНАЛЬНОЇ ЛІКАРСЬКОЇ ПОЛІТИКИ:
ПИТАННЯ ОСВІТИ, ТЕОРІЇ ТА ПРАКТИКИ»**

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collection, Disposal via pharmacies on a voluntary basis or Disposal via recycling centers. That is, there is no disposal of drugs via household waste for the population. At the same time, in Hamburg, disposal of drugs via household waste is the only method offered.

The analysis allowed us to determine the status of the issue of disposal of expired medicines in Germany, it revealed clear and understandable regulation of this issue at the level of federal ministries and states, as well as significant differences in the method of disposal according to the district. Further research may include assessing and improving the mechanisms for the disposal of medicines directly by pharmacies, highlighting the transparent chain of disposal of medicines, as well as familiarizing ourselves with the actual state of disposal of medicines in the population

THE ROLE OF MOROCCAN PHARMACIES IN INTEGRATING MODERN AND TRADITIONAL MEDICINE: ACCESSIBILITY, REGULATION, AND COMMUNITY HEALTH IMPACT

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Morocco's medical landscape is characterized by the coexistence of modern pharmacotherapy and a deeply rooted tradition of medicinal plant use. Pharmacies serve as a unique interface where evidence-based medicine intersects with cultural heritage. Pharmacists are increasingly required to navigate this dual system by advising, dispensing, and monitoring both pharmacological treatments and traditional preparations. However, the degree to which pharmacies integrate these practices varies according to regional, regulatory, and socioeconomic factors. This study evaluates the

practical role of Moroccan pharmacies in supporting integrative medicine, focusing on product accessibility, regulatory adherence, clinical

A mixed qualitative–descriptive approach was applied using national regulatory documents, Ministry of Health guidelines, the Moroccan Herbal Pharmacopoeia, and recent scientific literature on pharmacy practice. Field observations were conducted in pharmacies in Rabat, Casablanca, Tangier, and selected rural provinces. Data points included: (1) availability and diversity of modern medicinal products versus herbal preparations; (2) certification and labeling status of traditional remedies; (3) pharmacist–patient interactions regarding combined therapy; (4) adherence to national regulations concerning herbal product registration, quality assurance, and counterfeit prevention; and (5) frequency of reported herb–drug interaction counseling. Comparative assessment highlighted differences between large urban pharmacies and smaller community pharmacies.

Pharmacies showed consistent accessibility to modern medicines, with strong compliance to national standards in storage, traceability, and dispensing. Traditional medicinal products—such as *Thymus vulgaris*, *Nigella sativa* oils, *Artemisia herba-alba*, plant-based syrups, dermal pastes, and honey-containing formulations—were widely stocked, though quality control varied significantly between manufacturers. Pharmacists played a pivotal gatekeeping role, often mediating between cultural expectations and clinical safety. Counseling commonly addressed herb–drug interactions (e.g., *Hypericum perforatum* reducing the efficacy of contraceptives, *Foeniculum vulgare* affecting anticoagulant therapy), dosing uncertainties, and risks of unregulated street-market products.

Regulatory analysis revealed that while modern pharmaceuticals follow strict inspection and traceability laws, herbal products fall under a hybrid regime that combines food-grade and medicinal regulations. This gap creates inconsistencies in labeling, phytochemical standardization, and post-market surveillance. Nonetheless, pharmacies mitigate these weaknesses by prioritizing suppliers with recognized quality certifications and by applying professional judgment in product selection. The presence

of trained pharmacists substantially reduces misuse, intoxication, and therapeutic duplication compared with unregulated herbal markets. Community trust in pharmacists enhances early reporting of adverse reactions, encourages rational antibiotic use, and supports health-seeking behavior. The integrative model strengthens preventive care, accommodates cultural expectations, and increases adherence to modern treatments when herbal alternatives are appropriately contextualized.

Moroccan pharmacies function as essential hubs for integrating traditional and modern medical practices. Their accessibility, counseling expertise, and relative regulatory stability allow them to deliver safe, culturally sensitive, and clinically informed care. Although herbal product regulation remains less rigorous than that of modern pharmaceuticals, the professional role of pharmacists significantly compensates for these gaps. Strengthening herbal product registration, expanding pharmacist training in phytopharmacology and toxicology, and improving national quality standards will further enhance the effectiveness of Morocco's integrative health framework and yield measurable community health benefits.

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