

# The clinical evaluation of traditional East Asian systems of medicine

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## INTRODUCTION

This paper summarizes our exploration of the question. 'How best can we evaluate traditionally based East Asian systems of medicine?'. The use of randomized placebo-controlled clinical trials are considered the gold standard by the biomedical community and many funding agencies. Such studies are routinely, and appropriately, performed for the evaluation of new pharmaceutical drugs. However, the nature of traditional East Asian medicine, with its individualized diagnostic patterns and use of multiple modalities in a single treatment does not easily lend itself to this type of research design.

A first principle that has informed our deliberations is that the clinical evaluation should respect the integrity of the medicine. For example if we ask questions about treatment outcomes resulting from usual clinical practice, we would want the practitioners involved to be in reasonable agreement that the trial protocol adequately reflected what occurred in their normal clinical work. Developing an appropriate research question and using an appropriate design would be critical to this process. In this paper we will discuss a number of research designs and explore how well each works in the context of evaluating systems of East Asian medicine. While there is much current debate on how clinical evaluation of individual *modalities*, such as acupuncture, within traditional East Asian medicine can be both methodologically sound as well as sensitive to the underlying principles, the present paper extends this debate to research on *systems* of medicine.

## DEFINING A TRADITIONALLY BASED SYSTEM OF MEDICINE

In this paper, the term 'system of medicine' serves as a conceptual framework for a range of treatment modalities that share a similar or related theoretical orientation. For example both traditional Chinese medicine and Western biomedicine can be seen as systems in this context. Some commentators on the practice of Chinese medicine have criticized the tendency to label traditional Chinese medicine as a 'system'.<sup>1</sup> It has been argued that the word 'system' gives an erroneous impression of a rational, internally consistent and complete medical practice, thereby misrepresenting the diverse, complex and contradictory aspects of Chinese medicine. Therefore, in appreciation of the conceptual origins as well as contemporary practice of Chinese medicine, we broadly define a medical system as a set of evolving medical practices that may change over time and transform as a result of transmission across cultures.<sup>2</sup> If the system of medicine provides the broadest framework, then within the system a number of modalities may be incorporated. For example within traditional Chinese medicine the component modalities include acupuncture, moxibustion, Chinese herbs, exercise (*qigong*, *taijiquan*), nutrition and massage (*tuina*).

The modalities within a traditionally based system of medicine will share a similar or related theoretical orientation. They may also share some other characteristics, such as diagnostic procedures, treatment practices and explanations to patients. For

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