Editorial

Traditional Chinese medicine—is the grass always greener?

One of the great unknowns, for us in public health, is the public. They behave in ways that seem irrational, value things we are convinced are worthless and, worst of all, regard us, paragons of virtue and searchers after truth as we are, as government lackeys. Do not they know how hard we have tried to avoid being civil servants over the years? And they surely do not remember Dr Snoddy, the evil Medical Officer of Health in Dr Finlay’s Casebook, after all this time? He left our screens in 1971, when most public health consultants were a whirling mass of their mothers’ and fathers’ chromosomes, the latter waiting for the race of a lifetime.

Take, for instance, the public and traditional Chinese medicine (TCM). The Western public, and public companies, are flocking to TCM, with one in four of us trying a complementary therapy each year, and spending well over £1 billion. Western universities train over 1000 students a year in some form of complimentary therapy, many in TCM approaches. Merk is the latest of a line of pharmaceutical companies buying into the action,1 and Novartis has recently announced that it will invest $100 million (£53 million) in the establishment of a research and development centre in Shanghai. Pfizer, AstraZeneca and Roche have also set up research operations in China to look at the potential for TCM.

Pharmaceutical groups may be using these operations as a way to tap into the largest potential Western drug market in the world, which analysts estimate could reach ∼$25 billion by 2010. According to IMS Health, pharmaceutical sales in China grew 20.4% to $11.7 billion in 2005, representing the third consecutive year that the market has achieved over 20% growth. It is expected to grow by another 18% this year.

But the Chinese public are fickle too. According to an online survey, TCM is losing out to Western medicine in China. Only 28% of over 14 000 people questioned by China Youth Daily and Tencent.com said they would turn to TCM first, even though 87% said they still had faith in the centuries-old practice. Half of the respondents who voiced their support for TCM believe it is an effective cure for many diseases, but 27% trust it only because it is ‘the quintessence of China’. As for the future of TCM, over 60% people said they were not optimistic.

China’s Ministry of Health and State Administration of Traditional Chinese Medicine are strongly opposed to the finding. Health officials said ‘traditional Chinese medicine is an inseparable and important component of China’s health sector’ and ‘Chinese medicine has been acknowledged in a growing number of foreign countries’.2

The disillusionment of the Chinese with traditional medicine will be a great relief to tigers, polar bears, rhino and many other endangered species who are destroyed so that quite small bits of their anatomy can be used as ingredients in the medicines.

So what is TCM? It is a wide range of practices. There are eight branches, from acupuncture to massage to herbal remedies through breathing and meditation exercises to martial arts, Feng Shui and astrology. The approach looks for signs of disharmony in a person’s external and internal environment to understand, treat and prevent illness and disease. It is based on many philosophical frameworks including the Theory of Yin-yang, the Five Elements, the human body Meridian system, Zang Fu theory and others. Diagnosis and treatment are conducted with reference to these concepts. TCM does not operate within a scientific paradigm, as we would understand it, but some practitioners have made efforts to bring methods into an evidence-based medicine framework.

Most TCM treatments used in the West consist of herbal medicine or acupuncture as the primary method, with other methods such as massage, qi gong or food therapy playing a secondary role. Illness in TCM is seen as a lack of harmony, and the goal is to assist the body to regain balance and achieve homeostasis.

It has been shown in a systematic review that finding data in the medical literature on TCM is difficult, not least because of the difficulties of translating the Chinese characters.3 Not to be frightened by such strictures, the authors undertook a search for ‘TCM’ using RefViz, version 2, which identified those articles that could be analysed for content. This yielded 3936 results. Of these, 220 were randomized controlled trials in humans. Generally, the studies included very small numbers of people, many with TCM used as an adjunct to Western medicine. There were 19 systematic reviews, which all mentioned the poverty of the methods used in the individual trials. Many interventions looked useful but were rarely compared with the UK standard treatment for the same condition.

As for the systematic reviews (one had the difficulty in finding data on TCM which was discussed above), seven were on the use of herbal remedies for different illnesses, five...
were on the use of acupuncture, four were on the potential adverse effects of herbal remedies, two looked at a mixture of TCMs, in particular an excellent overview of several complementary therapies including TCM for palliative care, and from the same stable, one was on back pain. The use of acupuncture was described for many conditions, from nausea and vomiting, insomnia and osteoarthritis; perhaps, areas that we would traditionally think of as areas for acupuncture. Another was on the care of chronic asthma, not traditionally thought of in the West as suitable for such an approach. The herbal remedies were used for a range of problems from contraception in men to severe acute respiratory syndrome (SARS). Adverse effects were shown to be especially problematic in children and when TCM was mixed with Western medication.

So why is it that, at a time that Chinese people are questioning their approach, quoting Western assessment methods and evidence-based medicine, the British are taking to the same medicines in droves? Is it simply that the grass is greener? Maybe Gita Mehta in her book *Karma Cola*, talking of Indian philosophy, but with equal relevance to TCM, has put her finger on it. She said ‘The Westerner is finding the dialectics of history less fascinating than the endless opportunities for narcissism provided by the Wisdom of the East’.

These questions are important for the practice of public health medicine, for we are the ultra exponents of evidence-based medicine. The Mumps, Measles and Rubella (MMR) story is a classical case of the British public preferring mumbo-jumbo to the best scientific evidence, and we took a long time, and some child deaths, to sort that out. My own preference would be to engender even more scepticism in the public. We will, subsequently, have to work harder to persuade them, but so will the nutters. This approach seems more likely to ensure an increase in the sum of human happiness than any amount of narcissism provided by untested remedies.

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References