Traditional systems of medicine, also known as complementary and alternative medicine (CAM), have been in practice in Southeast Asia since time immemorial. These systems, which originated in India (Ayurveda), China [herbal medicine, acupuncture, massage (tui na), exercise (qigong)] and Greece-Persia (Unani system) are still prevalent worldwide, along with other forms, including Tibetan medicine (a synthesis of Ayurveda, Chinese, Persian and Greek systems), homeopathy, magnetic therapy and others. It is estimated that up to 80% of the population in the developing world and nearly 20% in the western world use traditional medicine during the course of chronic illness, especially in rheumatic disorders. With the advent of modern medicine there has been a constant clash between the traditional systems of medicine and modern medicine, with each claiming its superiority over the other. In the following we review briefly these traditional systems in the context of rheumatological disorders.

Ayurveda dates back to the pre-biblical era (1000–6000 BC). The word ayurveda originates from ayur, meaning life, and veda, meaning science (thus the science of life). Ayurveda focuses on the individual as a whole, rather than a specific disease. Internal imbalance is thought to be the root cause of disease, correction of which will eradicate the disease. Practitioners believe in holistic health: eating nutritious food, physical exercise (yoga), spirituality (meditation), avoidance of hectic lifestyles and, if need be, administration of herbal medicine. It seems that Ayurveda has some merits, but what is the current evidence? In a small study, meditation therapy improved quality of life, with people experiencing less emotional distress, but there was no improvement in the disease activity of RA [1]. A small, short-duration study showed that yoga reduced pain and depression and increased joint mobility in RA comparable to modern physiotherapy [2], but a systematic search failed to show significant benefits of yoga in FM, OA and RA [3]. Meta-analysis of randomized controlled trials (RCTs) in Ayurvedic medicine for RA failed to show efficacy of Ayurvedic herbs, with six of seven studies reported to be of poor quality [4].

Traditional Chinese medicine (TCM) is a broad range of medicine practices that have been developed and practised in China for >5000 years. As in Ayurveda, disease is perceived as a disharmony in the functions or interactions of yin and yang (represented by two abstract and complementary aspects, e.g. fire and water), qi (energy channels), xue (blood), jinye (body fluids) and meridians. Xu et al. [5] reported the superiority of the external use of TCM in treating OA, with equivalent rates of adverse effects when compared with topical western medicines and significantly lower rates than oral western medicines. He et al. [6] compared DMARDs (MTX and/or SSZ) with TCM (glucosidorum tripterygll totorum tablets and yishen juanbi tablets) in 396 patients with RA. Although TCM showed good ACR20 and 50 responses (20 and 50% improvement in ACR criteria, respectively), the DMARDs-treated group had higher responses at 24 weeks than the TCM group.

Acupuncture has been used in TCM for more than a millennium. The benefit of acupuncture has been reported in OA, but a systematic review failed to support this and reported that the latest trials implied that the analgesic effects are related to a strong placebo response [7]. To date there is no convincing evidence that tai chi (an exercise technique that combines deep breathing and relaxation with slow and gentle movements) is an effective treatment for arthritis.

The Unani system of medicine is a Greeco-Arabian system based on the concept of the four humours, with imbalances leading to disease. Diagnosis is based on evaluation of the pulse and urine. It employs four types of therapy; regimental (exercises, messages), diet, pharmacotherapy and surgery. However, there are no RCTs in the literature showing beneficial effects of the Unani system in inflammatory arthritis.

Trials in homeopathy and magnetic therapy are even rarer. In a double-blind, randomized placebo-controlled trial, homeopathic remedies failed to show clinical superiority over placebo for patients with active stable RA [8]. Similarly, static magnetic therapies did not offer statistically significant pain relief vs placebo. However, magnet therapy in degenerative joint diseases including OA promoted improvement of the psycho-emotional state of the patients.

More concerning is that studies utilizing CAM have not reflected safety in a systemic manner. For example, cervical manipulation has been reported to be significantly associated with vertebral artery dissection or vertebral-basilar vascular accident. Similarly, muscle soreness or bleeding at the site of acupuncture and worsening of pain after manipulation or massage have been observed [9]. When compared with glucosamine and celecoxib in
the treatment of OA, Ayurvedic medicines have caused asymptomatic transaminitis that normalized when the medicines were stopped [10]. Contrary to the claims that herbal medicines do not have any adverse effects, gastrointestinal symptoms (e.g. diarrhoea, nausea, vomiting, abdominal pain), neurological symptoms (e.g. headache, dizziness), tachycardia, panic attacks, cough, allergic reactions, antiplatelet effect and hypoglycaemia, among others, have been observed with various herbal preparations. On the economic front, CAM is perceived to be a cheaper option compared with conventional modern medicine, however, this may not be true. Massage therapy may cost more than general practitioner care for low back pain [9].

Looking back, some of these traditional systems had great insight into the pathogenesis and treatment of diseases, but failed to develop in a scientific way and have been lost in the mists of time. At present, the quality and quantity of current research studies showing the effectiveness of traditional systems are insufficient, with no safety data either in the short or long term. Hence there is a need to explore these systems further through high-quality, methodologically rigorous studies to endeavour to find better and more cost-effective drugs for rheumatological disorders. It may be that the modern medicine could benefit from adopting some principles of holistic health from these traditional health care systems.

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