



Information sheet

Chinese herbal medicine and research

In recent decades Chinese herbal medicine has been increasingly subjected to investigation using modern methods of research. A Department of Health steering group report in 2008 stated “some rigorous trials have been carried out in the West, and have demonstrated positive benefits from CHM intervention”¹. The steering group highlighted randomised controlled trials in the treatment of irritable bowel syndrome (Bensoussan 1998) and atopic eczema (Sheehan 1992, Sheehan & Rustin 1992).

The Cochrane Library conducts systematic reviews of randomised controlled trials of Chinese medicine (and all other types of medicine) and evaluates these for their rigour and clinical relevance. A review of Cochrane reviews in 2009 suggested that there are intervention benefits from Chinese medicine for the following conditions²:

- primary dysmenorrhea (period pains) – reduction of pain and improvements in overall symptoms
- type 2 diabetes – normalisation of fasting blood glucose
- Alzheimer’s disease – improvement in cognitive function and functional performance
- acute ischemic stroke – various improvements
- heart failure – various improvements
- unstable angina pectoris – electrocardiogram improvement and symptom improvement
- schizophrenia – improvement in global symptoms
- hepatitis B – various benefits
- viral myocarditis – improved cardiac function and other improvements.

Reviews also show the potential for Chinese medicine in the management of:

- common cold (Zhang 2010) - shortening the symptomatic phase ³
- mild cognitive impairment (May 2009) ⁴
- acute pancreatitis (Wang 2009) ⁵
- functional dyspepsia (indigestion and heartburn) (Qin 2009) ⁶
- severe acute respiratory syndrome (SARS) (Liu 2006) - for example, improving symptoms and lung infiltrate absorption ⁷
- endometriosis (Flower 2009) – various benefits ⁸
- nephrotic syndrome (associated with kidney disorders) (Yuan 2008) - reducing some adverse reactions and improving cholesterol levels ⁹
- heroin withdrawal (Liu 2009) - Chinese herbal medicine was equivalent to or superior than conventional treatment from days 4-10 ¹⁰
- lung cancer (Chen 2010) - Chinese herbal medicine used in conjunction with chemotherapy may improve quality of life ¹¹
- breast cancer (Zhang 2007) - Chinese medicinal herbs, when used together with chemotherapy, may offer some benefit in terms of bone marrow improvement and quality of life ¹²
- other cancers (Molasstiosis 2009) - reducing side effects, improving quality of life and performance status, and in some cases showing enhanced tumour regression and increased survival rates ¹³

Details about the papers mentioned above are available from the Register of Chinese Herbal Medicine.

In 2009 the Register of Chinese Herbal Medicine, the Southampton Complementary Medicine Trust and the Beijing Traditional Chinese Medicine Cochrane Centre started work on a project to improve access to the 17,000-plus randomised controlled trials that have been published in Chinese. A system has been set up to identify high quality trials and these will be translated into English and reviewed. The existing research into the following conditions is currently being reviewed:

- polycystic ovarian syndrome
- multiple sclerosis
- graves disease (hyperthyroidism)
- eczema
- irritable bowel syndrome

The Register of Chinese Herbal Medicine acknowledges that methodological weaknesses in much of the research relating to Chinese medicine means that some trials and systematic reviews provide only preliminary evidence of the effectiveness of Chinese herbal medicine. However there is now more emphasis, inside and outside of China, on improving the rigour and transparency of clinical trials. As a consequence an improvement in the quality of available evidence is anticipated.

In Chinese medicine, treatment is specifically tailored to the individual patient (individualisation) whereas in Western medicine, pre-manufactured tablets are generally prescribed (standardisation) and so the framework that has been developed for clinical trials is best suited to standardised treatments.

The individualised nature of Chinese medicine makes it problematic to test best practice within the confines of conventional clinical trials.

The common use of strong-tasting herbal decoctions (whereby raw herbs are boiled in water) also poses a challenge as it has been difficult to produce strong tasting but therapeutically inert placebos in clinical trials.

The Register of Chinese Herbal Medicine recognises the importance of good quality clinical trials and feels that these issues can be overcome by careful thought and consideration by those who design trials, as well as by training researchers.

The provision of more funding is vital: according to the Department of Complementary Medicine at Exeter University, 0.08% of the NHS research budget and 0.05% of medical charities' research budgets were spent on research into complementary therapies in 1996. ¹⁴

References

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