

Panel 10: New frontiers in effectiveness and evidence: from past to present

Panel Organiser: Hugh MacPherson

The panel extends the presentations and discussions that evolved from the bridge-building IASTAM conference held in London April 2007 which was organised by Volker Scheid. The panel is built around the theme of effectiveness and evidence, concepts that have had different meanings over time, and continue to be the subject of debate and development. There will be innovative presentations across a spectrum of approaches to research, drawing on historical and anthropological methods as well as the more clinically based studies of efficacy and effectiveness that have more recently been conducted in the West.

10.01 On the optimal interplay of patients, practitioners and paraphernalia

Elisabeth Hsu

The three "p"s are: a) patients as active participators, b) the practitioners as skilful agents of change and c) their (ritual) paraphernalia, e.g. medical substances and services. These are all active ingredients in the therapeutic process with resulting potential for impacting on effectiveness. Case examples will be used to highlight differences of interplay. Evaluative research that does not capture the impact of these and their interactions will be limited.

10.02. On notions of effectiveness in Chinese medicine: "best practice" vs "the best practitioner."

Volker Scheid:

Modern research seeking to evaluate the effectiveness of Chinese medicine tends to ignore what Chinese physicians past and present themselves say about effective practice. By downplaying how that medical practice is constituted as practice such research thus does not, in effect, effectively evaluate what it claims to do. A counterstrategy is to begin by looking at models of best practice from within the Chinese medical tradition, and see to what extent these are realised in both contemporary practice and contemporary research.

10.03. On effects and how they could be influenced

Claudia Witt

Over the last years many large studies on acupuncture were conducted in the West. All of them observed that acupuncture was superior to no treatment or to usual care whereas very few studies showed a superiority of acupuncture compared to sham-acupuncture. Results of those studies will be presented and the size of effects compared between diagnoses. The impact of the special study situation, the qualification of practitioners and patient expectations on the results will be discussed.

10.04. On pragmatic research to explore real world benefits

Hugh MacPherson

Some of the problems that have compromised the integrity of past research into acupuncture will be outlined, including the assumption that acupuncture is a simple intervention that can be modelled with standardised treatment protocols. To map the effectiveness of what really happens in routine practice, it is necessary to incorporate the patient and practitioner dimensions of treatment as well as use a rigorous methodology. Alternative designs for clinical evaluation will be presented that better capture the overall benefit from acupuncture care. These will include more qualitative research into the practitioner and patient experience, pragmatic clinical trials, consideration of longer-term outcomes and analysis of cost effectiveness.

10.05 Quality Standards in Biomedical Research for Indian System of Medicine: A Need of Today

Dr. Abdul Latif

The Researchers & Teachers of AYUSH should come forward to accept the challenge of and adopt Quality Standards procedure framed by WHO & SWG.

Here is a proposed draft for plan outlay of quality standard for ISM Research in reference of quality standard of WHO/TDR. There are different four steps in classical drug development. In case of ISM Pharmacopoeia's drugs which is being used since ancient times. So it is not necessary for ISM drug to consider the post market surveillances. But it is important here for ISM drug & formulations, combination & interaction of drugs should be observed with Good Clinical Practices (GCP). And GMP (Good Manufacturing Practices) must apply fully for all products of ISM drugs. The good practices quality standards are supplemented by other WHO quality initiatives governing the activities of laboratories that typically support the drug life cycle, such as clinical chemical laboratories, Chemical analytical laboratories, and pathological laboratories. In addition, International Organization for Standardization (ISO) programmes for developing countries will fully extends supports regarding the development of standards for calibration and testing, as well as sponsor the work of laboratories complying with the WHO "good practices" as GCP, GLP, GMP. So, we must follow good practices norms in the research of ISM.

11.06 The Efficacy of Thai Massage in Social Contexts

Junko Iida

This paper explores the perception of the efficacy of Thai massage which has been shaped by globalisation and commercialisation. Based on fieldwork in a clinic and village in Chiang Mai, it analyses how and why each Thai massage movement is perceived as efficacious in particular social contexts. This research is further supported by, and compared with, an examination of both textbooks of Thai massage and those of *ruesii datton*, an ancient exercise said to be the foundation of Thai massage postures. Thai people used to provide, and still do at home or for friends, massage for the treatment of a specific symptom associated with a specific body part. Today, however, Thai massage provided at centres or taught at schools, is usually whole-body massage, following a step-by-step routine from foot to head. This style, which was originally developed to answer the needs of foreign tourists who receive Thai massage without specific physical complaints, has been recognised and adopted as the standard Thai massage in Thailand and other countries. This is one of the results of the standardisation of Thai Traditional Medicine as promoted by the Thai government alongside the globalisation and commercialisation of Thai massage. This paper also reveals that both the ritualistic aspect of whole-body massage as well as the positive value attached to the 'holism' of traditional medicine in general contribute to the healing efficacy of Thai massage in a contemporary context.

11.07 Chinese medicine practitioners' perspectives on the use of Biomedical information in their practice - a Q methodological study

Trina Ward

Both the global dominance of Biomedicine as well as the diversity of medical practice have been widely documented in ethnographic and historical studies. How such diversity manifests around the question of how Biomedicine influences Chinese medicine practitioner's practice is investigated here. Q methodology, a unique combination of quantitative and qualitative methods (that challenges such divisions) is chosen for its 'focus on eliciting and describing a wide diversity of different subjective experiences, perspectives, and beliefs, none of which are defined a priori by the researcher' (Kitzinger 1999). Through capturing the richness and complexity of various points of view it can identify points of conflict and consensus that can offer directions for future action or research. However whilst looking at subjective opinions it is not interested in who said what, but rather what is being said about the topic. For subjectivity is seen to be forged in the social milieu. And in acknowledging that Chinese medicine today is not of course contained within Chinese borders international perspectives are sought. The commonly accepted view that the two systems lead to greater clarity of the whole is challenged on epistemological grounds.

10.08 The Dilemma of Acupuncture and Modern Research

Iven F. Tao

This paper focuses on key elements of acupuncture and surveys basic assumptions underlying the acupuncture doctrine which are accepted by clinical acupuncture research.

To assess the treatment efficacy of an acupuncture intervention, acupuncture at real points (verum) is frequently compared to acupuncture at false points (sham). The basic assumption here is that verum and sham acupuncture are indeed valid concepts. A prerequisite of the validity of these concepts though is that it must be possible to localize verum acupuncture points in a reproducible manner.

But, from the vague descriptions of the pathways of the „vessels“ and „acupuncture loci“ in the early sources of Chinese Medicine, how did we arrive at the exact anatomical depictions of the „meridians“ and „acupuncture points“ in modern textbooks? By tracing the idea of the „meridian“ and its course and the acupuncture point and its localization through the history of Chinese medicine from the earliest primary sources to modern textbooks it becomes evident that there is no exact definition of the „classic“ or real acupuncture point and that reproducible localization of acupuncture points is impossible. Thus, from a historical and texthermeneutic perspective the concept of both the real and the sham acupuncture point remain elusive.

The ideas and practices of Chinese Medicine are part of a historical and cultural process with a remarkable continuity in tradition. If, however, consciously or unconsciously removed from this context and subjected to the imperatives of modern research methodology both modern research and the traditions face a dilemma.

10.09 Comparison of peptic ulcer diet therapy in modern medicine and traditional Iranian Medicine

By Nasim Nosoudi

Now a day's Peptic ulcer due to acid secretion is treated by some drugs to decrease acidity and is due to a bacterium called "Helicobacter" that its living and activity is related to its environment. So the food is so important as a part of treatment. In Traditional Iranian Medicine people is divided into four types. That should eat food compatible with their type to maintain healthy.

Peptic ulcer that is observed in phlegm Type (phlegm means mucus) more than others is because of phlegm increasing due to excess eating of acidic food and the treatment is by eating more basic food.

Like the other disease there is no comparison and similarity finding research between modern medicine and traditional medicine.

10. 10 Preliminary Research Study on the efficacy of Tibetan Medicine against all forms of cancer

Dr. D.Rapten, P.Lhamo, Namdrol, N.Jinpa, T.Choephel. Tibetan Medical Centre, Bangalore. K.S. India.

Cancer continues to be one of the leading killers of the century. No matter how much information is gained about this dreadful & mysterious disease, it still haunts the imagination of humanity, which continues to suffer from its relentless attack. Despite the huge advancement in science & technology: its new age & all-round research breakthroughs involving billion dollar marketing of its new generations of drugs, this disease still continues to wreak havoc among the lives of millions of people across the world, particularly among the less privileged lots.

Though not much is heard is about the high incidence of cancer among the Tibetans before the 1959 tragedy. Yet, the Great Four Tantras of Tibetan Medical text, which dates back to 9th century, explains volumes about this disease. Cancer is placed among the 8 congenital wounds & was clearly mentioned that unless the disease is treated successfully at its initial stage, it becomes almost incurable at advanced stage.

Improper food & life style was considered to be the main cause. Three locations & 18 different types of cancer were explained. The main source of cancer is blood, hence advised giving vene-section at the

nearest site to purify the blood. The supporting cause is an infection, hence advised channel cleansing. The nature of the disease is tumour; hence moxabustion should be given to shrink the growth.

An attempt is made here to study & document the clinical efficacy of Tibetan Medicine against various forms of cancer. The standard forms & case sheets were designed by the peer groups from All India Medical Institute of Science, New Delhi to lend more credence to the authenticity of the research study. Total of 256 cancer patients were selected depending mainly upon their longer duration of treatment under the Tibetan Medicine with 6 months as the shortest course. However, the whole exercise has become more of clinical case studies and not a controlled research studies in its strict sense because of many impending factors.

It was clearly observed that Tibetan Medicine did have a positive healing effect upon many cancer cases. It was also shown to produce some encouraging effects in terms of several important factors like: delaying the tumour progression, pain reduction, enhancing the immune response & life expectancy, & over all well-being of the patients. Moreover, we also found that Tibetan Medicines works very well in complementary with Chemotherapy and Radiation therapy.

10.11 Non Conventional Medicines Experimental Program of Emilia-Romagna Region

Francesco Cardini, Social and Health Agency of Emilia-Romagna Region, Bologna, Italy

Since 2005 the Emilia Romagna Region (Italy) adopted the policy of introducing traditional / non conventional treatments the Regional Health Service after a strict evaluation of their safety and effectiveness. In order to introduce and evaluate those treatments in a western ethno-cultural context, a strategy including a plurality of research designs is required. Increasingly often, the local Ethical Committees (ECs) had to consider and evaluate research designs and protocols on complex procedures with long standing practice but scarce biological foundations. Intense discussion and dialogue between researchers and the ECs was and is still needed in order to develop shared knowledge and reciprocal understanding. The Non Conventional Medicines Experimental Program of Emilia-Romagna Region is dealing with these and other complexities, referable (generally speaking) to issues of cultural mediation in our globalization era.