The Challenges Facing Traditional Chinese Medicine in the West

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Introduction

Traditional Chinese medicine (TCM) is one of the many complementary therapies/medicines which have become increasingly popular in the West. BBC Radio 4 on 24 February 1999, reported that there is now one in three people in UK who seek healthcare and treatment from an alternative source other than the orthodox medicine. Gregoriadis (1999) reported that 34 percent of those who used complementary medicines have taken the herbal medicine and it also reported that “almost 80 percent of those polled believed such treatment (complementary medicines) will become even more popular.” Leech (1999), the Principal Medical Officer at the National Health Service Executive, emphasized that “primary care groups should not hesitate to offer treatments like osteopathy, acupuncture and homeopathy where appropriate.” Trompetas (1999) offered complementary and alternative medicine as “a very valuable tool in our therapeutic armoury” whilst Paterson (1999) suggested that “patients are voting for complementary medicine with their feet, despite having to pay … people seem to be using it to plug holes in orthodox primary care. But the present provision is not equitable and is likely to widen health inequalities.” Who would have foreseen such a dramatic surge in just over a decade, for natural therapies by a society where orthodox medicine (OM) is the predominant healthcare modality with very advanced and clear specialization? Can this growth be sustained and how should it be nurtured?

Despite the rising popularity, TCM still has to come out of the shadow of credibility and confidence. These are two fundamental and complex challenges involving quality, safety and authenticity on the one hand and on the other hand, the scientific and the academic base of its practice outside China. Chinese medicine is an umbrella concept covering many different methods of treatments and Figure 1 shows the methods most commonly used outside China.

![Figure 1: Different methods of treatment in Chinese medicine](image)

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The challenges

It took a visionary Prince in his capacity as President of the British Medical Association in the early 1980s to say the unimaginable to shake the mighty modern medicine to take notice of the increasing general interest in the complementary medicines and therapies that “Today’s unorthodoxy is probably going to be tomorrow’s convention … By concentrating on smaller and smaller fragments of the body modern medicine perhaps loses sight of the patient as a whole person, and by reducing health to a mechanical functioning it is no longer able to deal with phenomenon of healing” (quoted in BMA 1986). Nearly two decades later, a brave orthodox medical practitioner, Leech (1999) broke rank and envisioned that “today’s complementary medicine is tomorrow’s core treatment.”

It is therefore timely to take stock of what traditional Chinese medicine has so far achieved in the West and to examine its future in the context of changing healthcare demands. TCM was born pre-term outside China over ten years ago with its umbilical cord still tenuously attached. This stock-taking should include what it wishes to be. Should it severe its umbilical cord with China and strive to complement itself with orthodox medicine or stay with China and develop itself as an alternative medicine vis-a-vis orthodox medicine? These are very important questions but will not be undertaken in this article. Rather, the article attempts to offer a critical analysis of the challenges facing TCM and how to deal with them as a matter of urgency.

Presently, the orthodox medicine still lacks the same confidence to trust their patients with chronic conditions to TCM as the general practitioners would refer their patients to their specialist peers. They do the referrals without thinking twice about it. Despite the rising popularity, TCM has a major credibility gap to close. Evidence (Lee, 1999) suggests that, on the one hand, most of the seekers of TCM are at the end of their tether with their suffering and maintain a “there is nothing to lose by giving Chinese medicine a try” attitude, on the other hand, the orthodox medical community questions TCM’s scientific base. There is no denying that TCM is facing major and complex challenges outside China, possibly within China itself, as the presence of orthodox medicine is impacting more and more upon the mindsets of the body modern medicine perhaps loses sight of the patient as a whole person, and by reducing health to a mechanical functioning it is no longer able to deal with phenomenon of healing” (quoted in BMA 1986). Nearly two decades later, a brave orthodox medical practitioner, Leech (1999) broke rank and envisioned that “today’s complementary medicine is tomorrow’s core treatment.”

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Authentication, quality and safety

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TCM continues to require careful nurturing to achieve both the status of medicine and to be an evidence-based medicine, just as it still needs champions and defenders. TCM must be willing to subject itself to appropriate clinical trial procedures and protocols. It is also important that TCM is practised ethically and allows itself to rigorous assessment to confirm its efficacy, cost effectiveness and also scientific base. It is no longer acceptable to argue that TCM has been in existence for over five thousand years, therefore it is a defacto science-based medicine. True, TCM originated in China, but TCM’s deficiency is also its strength as it is the development to maintain the nationalistic parameters. This may be interpreted that the proponents of TCM are unwilling to modernize. In addition, TCM is now practised widely outside China. This and other arguments therefore, have many flaws. Knowledge is no longer confined within its national boundary, rather it has become internationalized. Knowledge about TCM is already well-learned and understood by those outside China. There are now also many non-Chinese nationals who are well-qualified almost everywhere outside China. Certainly, where there is a Chinese community, there are flourishing Chinese medicine practices and the practitioners are either from Hong Kong or China. These practitioners are not only full of enthusiasm, they hold a missionary zeal to spread the practice and knowledge of TCM. They are keen to transmit their knowledge and skills to whoever believes in it and wishes to learn to practise it.

From personal experiences, many lament the way TCM is being approached. Look at acupuncture which is a branch of Chinese medicine. Today, acupuncture is almost perceived as a total system of treatment instead of being part of TCM. It is also systematically westernised. In the UK, there is now an association for every conceivable group of individuals whose training program varied in length and in philosophy. This variety is bound to cause confusion among those seeking acupuncture treatment.

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Kitemarking Traditional Chinese Medicinal Products Can Achieve Safety and Quality

Introduction

The role of the licensing authority in every country is to ensure public safety. Only medicinal products safe for human consumption are licensed. With rising interest in and availability of complementary medicines, there is growing concern over the safety of these “medicines,” in particular, the traditional Chinese medicine (TCM). This concern for the safety of TCM products is reinforced following the report on two cases of renal failure in the UK in July 1999. Thus:

In the UK, the Medicines Control Agency (MCA) (2000) subsequently created a herbal forum whose “overriding purpose … is to enhance the protection of public health in relation to those ethnic herbal remedies … and to encourage and assist organizations representing businesses and practitioners operating in the UK ethnic exempt herbal remedies sector to improve the effectiveness of self-regulatory arrangements intended to ensure the safety and quality of unlicensed herbal remedies”

The US Food and Drug Agency “advises manufacturers to review their current manufacturing practices … that ensure comprehensive and rigorous testing of ingredients and finished products to prevent the sale to consumers of products that contain potentially harmful impurities … using aristolochic acid test to confirm the absence of aristolochic acids … take adequate steps to identify and report adverse events … Regardless of the reason for the presence of aristolochic acid in different products … those products will not be allowed to enter the US market”

The Chinese Medicine Association of Suppliers (CMAS) was launched in April 1999 with the aim to:

“create a self-regulated association which will assure safety and quality of Chinese herbs … work closely with … MCA to ensure a safe and successful future for Chinese herbal medicine in the UK … to develop a recognized kitemark which will assure safety for both the public and its members” (CMAS, 1999).

The CMAS has since developed a scheme, which will assure safety and authenticity of the TCM products. The scheme consists of kitemarking the TCM products and the kitemark (Figure A) guarantees that the products have undergone a rigorous safety and quality processes recognized by the MCA.

What is Kitemarking?

Kitemarking is a circular and interconnected process as shown in Figure B. It is possible to divide this process into two distinct phases. The first phase starts in the country of origin (e.g. China), where the herbs and herbal products are grown and produced (the exporters section on the right). The second phase begins when these products reach the importing country (e.g. UK or the importers section on the left). The kitemarking process consists of at least eight distinct stages requiring appropriate and effective regulations, and also monitoring and recording procedures. These will be carried out by a third party, which will be credible and acceptable to the importing country’s licensing medicine authority.

In the country of origin, (1) the soil will be monitored to ensure that the levels of heavy metals, pesticides and other contaminants are within the international recommendations; (2) Only authenticated and Convention on International Trade in Endangered Species (CITES) compliant seeds, bulbs, seedlings and plants are used; (3) Harvesting, processing and drying procedures are carried out within the agreed protocols between the exporters and...
the importers to meet the importing country’s standards. This will assure that only high quality and mature products are harvested. Biodiversity monitoring will also be carried out at this stage to ensure that the endangered species; (4) Authentication is conducted again before the products are packaged as per agreed protocols. The products are then packed, batch numbered, dated and recorded. This prepacking authentication procedure is to exclude non-monitored herbs. A commonly recognized pharmaceutical name is used in addition to the Chinese Hanyu Pinyin and the batch numbers are included in the export certificates; (5) The quality of warehousing and storing is a very important part of the quality management process of the herbs and herbal products, whilst awaiting shipment to importing countries.

The second phase of the kitemarking process places the responsibility entirely upon the importers. This phase begins with sharing identical procedures and practices for stage 5. On this occasion the imported products are warehoused within the importing country. The aim is to ensure the products are warehoused appropriately and safely within the law of the land; (6) When the products are in the warehouse they are also (eg. in the UK) “bonded.” The required random sampling testing by the third party laboratory will be carried out based on the criteria of authentication, safety, quality and the CITES biodiversity protocol. When the third party is satisfied and has issued the certificate of authentication to the CMAS in the first instance. The CMAS will then issue its kitemark logo (Figure A) to the importer/s in appropriate amount together with the certificate of authentication. The kitemark logo will bear a serial number specific to the batch of the products thus certified. Both the serial number of the kitemark logo and a copy of the certificate of authentication of the products will be recorded for monitoring purpose as well as for reference in case of queries. The importers will be required to store and sell the products by date rotation together with an approved policy of disposing the expired “sell-by-date products” which should be recorded. (8) An annual monitoring system will close the quality assurance and kitemarking cycle. The importers’ warehouses and contents will be audited at least once a year under the direction of the CMAS’s audit team whose membership will include a member of the third party certification authority, patients’ association, Consumers Council, Community Health Councils, CITES and animal welfare agencies. The team will be chaired by the third party member. This audit will be conducted unannounced. Throughout the kitemarking process, the underlying criteria will be authentication, safety, quality and CITES protocols.

Issues Frequently Raised

Whose standards will the kitemark be based?

The CMAS has a vantage point. The members are businessmen committed to supply the best quality products available. They also understand the market sensitivity to the effects of bringing in a kitemark scheme whose standards are ill-defined or the community of growers, manufacturers, exporters, importers and the public safety enforcers does not own the scheme would fail. From the onset, it was felt that the standards must be acceptable and workable within this community. The CMAS is also aware that the Department of Health Services, the Food and Drug Branch has already expressed its interest and support for the kitemark scheme. The China Chamber of Commerce of Medicines and Health Products Importers and Exporters has also expressed similar interest. Other government bodies like the Department of TCM in Hong Kong and Taiwan are being approached in order to create a uniform and international kitemark standard and logo. Discussions on these standards are progressing well.

Will kitemark increase the cost?

Presently, there is a perverse development in the pricing structure of TCM products. Whilst there is a continuing increase interest in TCM, the prices of the Chinese medicine products also continue to drop annually. This is not a healthy trend because the cost of growing and producing these products keeps increasing even if only the general rise in inflation is taken into account. The implications of
present pricing regime are obvious. Fraudulent practices such as supplying fake herbs, sub-standard products and manufacturing malpractices are prevalent because of the high demand for lower cost products from the importers. These will jeopardize their safety and quality, which the good manufacturing practices demand.

Therefore, the kitemarking process will fractionally increase the cost, which would be fully reflected in full pricing of the final products. The consumers too are becoming more discerning, and are willing to pay for high-quality and safe TCM products to achieve good health. It is also anticipated that in the early stages of implementing the kitemark scheme, the cost will be highest but it will drop and level out in the subsequent years.

How do CMAS members compete with suitcase importers?

There is genuine concern that when kitemarking is implemented, the CMAS members will be disadvantaged because the small clinic owners will continue to import their requirement in the suitcases and from “non-kitemarked” producers.

The CMAS understands that initially, it is difficult to create a level playing field for its members. However, it has developed a parallel strategy. Once the kitemark process is agreed with an implementation timetable, an advertising campaign will be launched to inform the public and the practitioners of the benefits (safety and quality) of kitemarked TCM products. The logo will become an easily recognizable symbol for the public and the practitioners.

Similarly, the CMAS has agreed to open its membership to clinic owners as “associate members” and offer them the opportunity to participate in the work of the CMAS internally and externally, be kept informed of the legislative developments in TCM nationally and internationally.

It may take some time (months, maybe years) to achieve the position when TCM products with the CMAS logo will be available and demanded by the public. The CMAS will take the strategic leadership in implementing the scheme and there is no excuse where public safety is concerned. Small importers will soon find that there will be insufficient market for non-kitemarked TCM products. The view of the government agencies like the MCA and the FDA is simple — only TCM products which have gone through recognized and accepted quality assurance procedures will be recognized as safe for public consumption. Therefore, it will not be in TCM’s future business interest not to work together with MCA to ensure public safety. Nor will it be in the interest of the suitcase importers not to work with the CMAS.

Reference:
• MCA (2000): Letter dated 3 March, and MCAS has two membership.
• FDA (2000): Letter to Industry — FDA concerned about botanical products, including dietary supplements, containing aristolochic acid, 30 May.

The kitemark will also herald an end to the present state of confusion and the lack of confidence experienced by the general public. The logo will be the symbol of safety and quality for the TCM products.

Conclusion

It is clear from the processes described above, that the kitemark concept will play a very significant role in ensuring the TCM products available to the public are safe and of good quality. The scheme also addresses the concerns of the MCA in the areas of safety, authenticity and quality. Other interested parties such as CITES, animal welfare agencies, patients’ association and the TCM practitioners’ associations have already been approached for their support. It is understood, for example, that there exists a draft of regulations and quality control systems in China. The kitemark process will work collaboratively and cooperatively with these agencies in China to gain international recognition. This kitemark process has been submitted for review to relevant government agencies and non-government agencies, including the practitioners’ associations and so far the replies have been both positive and supportive.

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Medicine and education

The prohibition of Aristolochia in 1999 may have achieved the final goal which is to prevent kidney damages through a misuse of this herb. However, using the ban as a means to achieve the goal was rather unusual. Aristolochia is a poisonous herb, but it is also very effective for acute inflammatory conditions such as rheumatism (Pharmacopoeia Commission, 1995). In the same vein, all herbs are dangerous if taken over a period of time in combination with orthodox medicine. Will the “ban” be used as an excuse to prohibit the availability of the TCM products because they are complex and difficult to understand? If there is a misunderstanding or if TCM is misunderstood who should help TCM to face these challenges?

Prohibition is an important formal and legal tool to ensure public safety by forcing the producers, exporters and importers to adhere to a program of internationally recognized quality assurance. But it will not by itself enhance the safety of TCM or any other medicines. Instead, it is a negative tool which could inflict serious damage to traditional systems of medicine which World Health Organisation (WHO) is trying to promote (Bannerman, 1983). Rather the focus should include the other side of the same coin as identified above — the scientific base and the level of education and training of the practitioners. It is therefore, important that the issue of training is examined and effectively regulated. An adequately educated and trained practitioner will understand the properties of the herbs used and how they should be mixed. The recent prohibition on Aristolochia was not because the practitioners or the suppliers knowingly supplied the herb. Rather, the herb was mistaken for another herb. This mistake was made somewhere along the supply line. Similarly, there is also a confusion in naming the herbs in the North and South of China. Kitemarking and adequate education and training will both reduce and eliminate this mistaken identity.

Focusing on education and training, means agreeing to an appropriate amount of core educational principles to be embedded into. It also acknowledges that the expertise is dispersed, interdependent, specialized and culture specific; and these should be developed jointly and shared transnationally. China has an important leadership role to play. Transnational education or curriculum means learning from programs free from national and cultural barriers but enhancing the national values and expectations and empowerment of those accessing the programs. The implications are both visionary and offer powerful support for TCM to develop independently outside but under the leadership of China. The analogy for such a development is like sowing a seed for the future. Figure 2 below, is the seed known as “Beyond the vision” (Lee, 1999) in the shape of a complex cogged-wheel orbit. It encapsulates a belief that it will be the first step to achieve HRH Prince Charles’s (1997) future — OM, alternative medicines AM and TCM collaborating together to create “more patient-centred healthcare.”

![Figure 2: Beyond the vision](image)

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The proposal includes the need to audit the education and training programs available outside China and to develop a Chinese Medicine Academic Hub (ECMAH). This hub functions as a regulatory body to monitor the quality of these programs available outside China. The European Center for Traditional Chinese Medicine (ECTCM) is now operationalized, partly to be the hub’s scientific backbone to achieve the academic credibility and also to offer research and scientific expertise to promote TCM as an evidence-based medicine. Initially, ECTCM’s partners are recruited from China and Europe. The Center’s initial research targets include conducting clinical trials using Chinese medicine for medical conditions identified by the Western governments as causing significant health losses among their citizens.

Not all the developments represented in the wheel in Figure 3 can be in operation simultaneously. This is due to the fact that the development of TCM outside China is still immature and scattered. Therefore, their effects are not yet tangible. Nevertheless, it would be useful to work through the vision and contemplate the final outcomes. Thus, when the ECTCM receives its first research funding, it will immediately trigger a multi- and interdependent activities among those wheels in the figure.
The figure consists of 12 wheels of activities. Conventionally and ultimately, their movements will be interconnected and interdependent. At the beginning, the wheels in this orbit will revolve independently by raising themselves separately. Occasionally several wheels will simultaneously raise on their own axis depending upon their relationships. How and when these wheels will evolve is also dependent upon the stage of their development following ECTCM receiving the research funding or sponsorship. Ultimately, they will be interconnected for synchronized movements' activities. They are also capable of self-regulating. The outer and the largest wheel is known as the CM, OM and AM ("COA") wheel. This wheel will remain dormant for sometime until such time CM, OM and AM are accepted as complementing each other. Between the ECMAH and the "COA" wheels lie eight smaller wheels. At the centre of this complex orbit lies two smallest but are also the core wheels (Educational Innovations ("EI") and Quality of Life ("QL")) which will eventually drive the rest of the wheels in the orbit. In the short term, this is not possible because of the existing socio-cultural, politico-economic and professional attitudes, OM dominates and dictates our health needs as well as the quality of our life. The public is led to believe that this is done in their best interest. In the OM education, it is still very much institutionally driven although there is evidence of limited innovations. Thus, in the short term, ECMAH wheel will instead stimulate "EI" and "QL" wheels to revolve.

The impacts of ECTCM will ultimately be like a chain reaction or have the domino effect causing the wheel to rotate in full synchronized motion. When this first research is completed, the results will push the "clinical research" activities ("CR") wheel upwards and begin to move on itself until such time "self-regulation" ("SR") is achieved by CMAS sending the "SR" wheel upwards to link up with the rotating "CR" wheel. To achieve "self-regulation" status, it will have to demonstrate that it has several core activities in place such as the authentication process and procedure, the quality assurance system including CMAS’s approved logo. They are being developed independently from ECTCM. This means both "AU" and "QAK" wheels (activities) will follow suit and rise on their own axis and move. They will be connected to "SR" which may have already or may have yet connected to "CR." The clinical research will lead to "clinical trials" to be conducted on human subjects to evaluate the effectiveness and efficacy of the treatments. This will raise the "CT" wheel to connect to "CR" wheel. By now, five wheels are moving interconnectedly, that is "CR," "SR," "AU," "QAK" and "CT." When the outcomes of the clinical trials are positively evaluated, approval will be sought from MCA to license these treatments as medicine thus raising the Licensed Medicine ("LM") wheel and connect to "QAK."

With TCM confirmed as a medicine, based on the outcomes of the clinical trials and clinical research, CM will move to the evidence-based medicine ("EBM") phase connecting to "CT" wheel. When these developments have been achieved the final attention will focus on concept of "Biodiversity Balance." This does not imply that biodiversity is seen as the least important. Biodiversity is indeed very central and has important impact on TCM's ability to deliver the treatments in the future. This will have been partly dealt with by the kitemarking process.

From personal experience, a concerted effort is needed and this effort must be socio-economically and culturally friendly and embedded in evidence base. Although, China and other herb-producing countries have already signed the international accord, the Convention on International Trade in Endangered Species (CITES), to protect and promote better safeguard for endangered species (animals and plants), this is yet to be effectively managed. With TCM in the international arena as a medicine, "Biodiversity balance" will become a priority. Connecting the "Biodiversity Balance" ("BB") wheel to both "LM" and "EBM" wheels completing the ring of eight interconnected wheels in synchronized movements.

The effects of EBM and other activities will not only trigger but force innovations upon the TCM and OM education and training in response to the changes in the public arena as demonstrated in the introduction. TCM can now offer evidence that it can improve the quality of life especially for patients with chronic conditions thus activating the "Quality Life" ("QL") wheel at the same time.

The vision is for the whole wheel to be in active motion. As demonstrated earlier, there exists certain strong negative attitudes towards TCM and other alternative medicines. Much will therefore depend on the chronically-ill persons to vote with feet as they begin to enjoy an improved quality of life as a result of using TCM.
and other available alternative medicines. The present popular movement for more complementary medicines reinforced by more liberal public attitudes, positive financial advantage coupled with innovative and creative education developments will begin to stimulate the “CAO” wheel to connect with the rest of the moving wheels. The “EI” and “QL” wheels will now be established as the primary movers to drive the rest of the wheels in the orbit.

This seed, will germinate with strong roots and grow to be a very sturdy and powerful tree of knowledge if it is nourished with ideas, support and patience. The seed itself will still germinate in the absence of ideas and support, however, its eventual development is likely to be weak and the strongest part is likely to be “snatched” and grafted onto something else, thus creating different and disjointed developments. The “Hub” concept requires the same degree of unwavering commitment and trust to develop. Educational innovations will include transnational education and research exchange schemes, post-graduate and post-doctoral fellowship schemes, continuing professional development programs, integrated programs to educate both OM, AM and CM students to learn and work together with interchangeable skills to meet the increasing public demand for better quality of life during their ill-health.

Evidence-based medicine

“Beyond the vision” offers TCM the pathway to become evidence-based. Whilst giving an equivocal support for the complementary medicines, Leech (1999) also signalled that “there’s more to life than the evidence base. If you slavishly adopt that you would exclude 80 percent to 85 percent of conventional treatments.” Yet, almost two decades ago, a Texan Judge (1980) was reported saying that “Whatever the best explanation is for how acupuncture works, one thing is clear: it does work. All the evidence put before the court indicates that, when administered by a skilled practitioner for certain types of pain and dysfunction, acupuncture is both safe and effective … acupuncture has been practiced for 2000 to 5000 years. It is no more experimental as a mode of medical treatment than is the Chinese language as a mode of communication. What is experimental is not acupuncture, but Westerners’ understanding of it and their ability to utilize it properly.”

Despite, this judgement, OM has so far been very successful in fending off the onslaught of complementary medicines. How long can this “not science-based” defence be justified? Is this more than a concern for the patients? Could there be a much deeper socio-cultural perceptual dissonance which Porkert has identified in the understanding of “science.” Accordingly, Porkert (1974) explained that “Chinese medicine, like the other Chinese sciences, defines data on the basis of the inductive and synthetic mode of cognition. In Western science prior to the development of electrodynamics and nuclear physics (which are founded essentially on inductivity), the inductive nexus was limited to subordinate uses in proto sciences such as astrology. Now Western man, as a consequence of two thousand years of intellectual tradition, persists in the habit of making causal connections first and inductive links, if at all, only as an afterthought. This habit must still be considered the biggest obstacle to an adequate appreciation of Chinese science in general and of Chinese medicine in particular. Given such different cognitive bases, many of the apparent similarities between traditional Chinese and European science which attract the admiration of positivist turn out to be spurious.”

Perhaps, Leech (1999) is simply opening a long overdue debate by his unequivocal declaration that evidence-based is not the only measurable criteria. According to him, “it is only through experience and keeping an open mind, reflection, evaluation and questioning that you begin to understand it’s OK.” For example, the rise in life expectancy in the elderly achieved by the modern medicine, but has the latter also improved the health or the quality of life for the elderly?

The processes through which TCM has survived so long, passed down from one generation to next and also remained updated can be referred to as a kind of action that research and evidence-based practice. However, it is still not considered science in the eyes of the orthodox medicine which has followed a different pathway. Research should not perceived as TCM’s Achilles’ heels because research is only one source of evidence. However, TCM needs more sophisticated systems to demonstrate its effectiveness, which may include developing an alternative scientific clinical trial methodology. Unfortunately, unless concerted effort is taken internationally and collaboratively, the present attitude where “Western importers tend to take just one plant and market it as a medicine or health food, while in traditional Indian or Chinese medicine it might be used along with up to 20 other ingredients. This reflects a Western tendency to devalue these ancient traditions,” will continue (Warrier 1997). The challenges identified and discussed defy simple solutions such as subjecting TCM to existing clinical trial protocols or banning particular herbs. Clinical trial is one aspect of many good practices. There is also an urgent need for better interface between orthodox medicine and TCM.
Conclusions

Entering the 21st century, people are now migrating and intermingling more regularly to form new communities. We are faced with the greatest dual challenges—build a sustainable future for TCM and to improve its international collaboration. Educators have a duty to build the international platform on which both will develop, complementing each other. This platform is to be truly holistic and portable transnational curricula inclusive of the rich cultural, socio-economic and political experiences people of different nationalities bring with them. The aims will include facilitating these new constituents to achieve a smooth transnational transition and to preserve their identity. The development of TCM falls snugly into this category. TCM is popular because of its cultural heritage and no apology is necessary to use the name. To call traditional Chinese medicine by any other name will be a betrayal of the rich cultural heritage and values.

The article argues for TCM to develop itself outside China but under China’s guiding principles. There are numerous implications with which both China and the West need to grapple with. Whilst it is important to know the root of the TCM, it is no longer credible to argue that TCM has been practiced in China for over five thousand years nor should TCM be wrapped in a nationalistic veil of secrecy. Chinese medicine is no more a secret as is the orthodox medicine. Rather, TCM is being internationalized like OM.

The way forward is to nurture TCM sensitively to the needs of those outside China. This includes re-examination of the use of animals in a herbal based medicine, developing sound systems to assure quality and safety and its future practice should be evidence-based. Western users are seeking for plant-based medicines. TCM must approach this growing interest outside China with this in mind rather than being made to feel that “TCM is trying to impose on me a cultural belief and philosophical system which I admire but I do not have to practice the latter to benefit from its medicine,” a respondent reflection (Lee, 1999). TCM outside China therefore, should aim to complement orthodox medicine to work together to enhance the patients’ quality of life. The ultimate aim for TCM is to assist OM to reduce waiting time, (a chronic problem with OM), to enable individuals with urgent healthcare needs to be treated early by undertaking the care for the chronic conditions. TCM has already demonstrated its strength and capacity to enhance the quality of life for these chronically ill persons at a lower cost. This will have the effect of releasing resources to deal with urgent healthcare needs.

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