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**Integrating complementary and alternative medicine (CAM) and conventional diagnoses**

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For many years research has tried to address how to integrate complementary and alternative medicine (CAM)/traditional medicine with western biomedical diagnoses. In many Asian countries CAM and conventional medicine operate in parallel, but often with considerable difficulty. This is particularly true for a diagnosis such as a homeopathic constitutional diagnosis or a TTraditional Chinese Medicine (TCM) diagnosis which may not easily relate to a conventional diagnosis and poses issues regarding patient centred communication. It also makes communication between practitioners difficult and can be further confusing for patients, especially when they receive a TCM diagnosis in the context of a Western cultural environment. It is all very well for the TCM doctor to consider that their “liver may need some tonifying” but when faced with their family physician and normal liver function tests this can open to ridicule.

There are some major philosophical differences between traditional approaches and Western medicine. Most traditional approaches value the individual's symptom based presentation. One individual with stroke or lung disease may be very different, both constitutionally and in terms of proposed TCM treatment, to another. Conventional medicine generally looks at populations of patients' with illness and then attempts to design appropriate interventions for those populations. Patients at risk of cardiovascular disease will generally be prescribed statins in a conventional context whereas traditional medicine may have a wide variety of approaches while both systems will certainly value very similar advice in relation to diet and cardiovascular disease.

Individualized traditional systems often identify what one might loosely define as “pre-pathology”. A TCM doctor may diagnose that the pathogen damp affecting the spleen as a cause for indigestion and the conventional physician may not identify an ulcer or the need for triple antibiotic therapy, yet the patient still has same complaint. Logically one would suggest that the individual is prone to a particular condition and beginning to suffer from symptoms but has not yet developed an overt or identifiable conventional diagnosis. Some TCM practitioners may claim that their diagnosis is an important and individualized approach to “preventative medicine” but because there may be nothing material or definite, the Western physician is confused, distrustful and consequently unbelieving. These somewhat nebulous, non-material traditional diagnoses are very difficult to pin down so communication between physicians can become both fraught and misunderstood.

Most of the papers in this issue of the journal show some degree of correlation between conventional medical diagnoses and the rather more nebulous and history-based traditional diagnoses. These correlations are sometimes positive but usually not necessarily definitive; thus, there is a reasonable chance that the two might correlate but considerable room for both false positive and false negative outcomes.

Is it really useful and valuable to pin traditional systems into the “box” of conventional medicine? Surely the whole principle behind many traditional diagnoses is that they are fundamentally variable and indeed responsive to treatment in a way that Western diagnoses are often not. A homeopath may “work through” several different constitutional remedies, with appropriate aggravations, until the patient begins to feel well. While that is an entirely appropriate and thoughtful diagnostic and therapeutic approach within homeopathy, it means that an individual’s constitution may have a number of different “pictures”, each of which with slightly different presentations and symptoms. This diagnostic and therapeutic approach fits poorly with conventional medicine so should we really be thinking about trying to unify these two systems diagnostically?

Kawanabe et al ( page --) tell us that we can quantify tongue diagnosis accurately. But what does this mean? Will tongue diagnosis provide a conventional physician with useful insight or will it just serve to illustrate the diagnostic differences that frequently occur between experts in traditional systems? Historically traditional systems rarely seem to provide good agreement between experts 1,2 . A reliable and valid instrument for classifying estimating blood stasis syndrome is described by Kang et al (page --). Lee et al (page- ) identify clear subtypes within Sasang diagnostic systems and this may well have real value in clinical trials. In Western medicine we tend to “lump” patients who may have different constitutions but the same conventionally diagnosed lung disease into a single clinical trial. If, as Lee et al suggests different constitutions may have significantly different lung function, then Chung et al’s (page -) argument that we may be wise to stratify in clinical trials based on TCM diagnoses would be both a wise and informative strategy. Gao et al’s (p-) systematic review on the completeness of Clinical trial protocols in acupuncture as per the SPIRIT statement demonstrates that vital information was omitted from all included studies. So what hope is there for ensuring TCM diagnosis are recorded appropriately, if at all ?

Ma et al (page -) talk about correlation between skin conditions and lung conditions. TCM suggests that they do correlate and indeed Ma et al demonstrate that there is some correlation between the 2 systems, thus providing initial support for correlations that have been used traditionally for over 2,000 years. How useful is this vague correlation to the Western physician? Will it help us identify skin or lung disease more accurately? A second paper claims to support the assumptions underpinning the traditional Chinese Bitter Flavor theory as a way to explore the potential science behind the Five Flavors theory of TCM (page--) . Similarly Chen et al (page ---) showed that serum levels of adiponectin and peroxynitrite appear to be correlated with the TCM scores and suggest these parameters could be potentially be used as objective biomarkers for TCM syndrome differentiation.

The issue of pulse diagnosis has been of interest for many decades and the advent of modern technology has resulted in a variety of different technologies that focus on pulse diagnosis. Luo et al’s papers (page ---, page ---) on three-dimensional pulse mapping looks convincing but where will this lead us? Will it provide a more accurate conventional diagnosis or will it, as with the paper on tongue diagnosis, serve just to cause confusion among TCM experts when their individual diagnoses are challenged?

An investigation on temperament and iris parameters similarly appears have a robust relationship and could potentially be used in practice and research ( page ---) Appropriate selection of patients for specific interventions using qualitative methodology also plays an important role (page---)

Tai chi as a complex interventions is showcased in both evidence summaries (page --, page- ). These summaries are complemented by systematic review of research frameworks for Tai chi which is the Editor’s choice for this issue. As a therapeutic activity the problems with research design are discussed as well as the issues of ‘what to measure ?’ and the importance of measuring health and integrating it into the scope of medicine (page -). Running conventional and traditional diagnoses in parallel is something we, as clinicians and researchers, have been struggling with for decades. The acid base regulation in the blood is highlighted by Melchart et al ( page --) as potential diagnostic area to explore for predicting both chronic illness and cancer and propose a suitable blood titration method.

A check list of reporting for integrating traditional medicine guidelines into clinical practice guidelines is described by Choi et al (page --). Shi et al (page ---) summarizes the main elements and concepts of the guideline development methodology by focusing on key methods and challenges specific to CPG for integration, specifically for herb/drug interactions.

Conventional and traditional disciplines approach patients and their illnesses from entirely different perspectives and while they have some common ground in the patient and their presenting symptoms and pathology, I wonder if we are ever going to be able to truly provide a unified diagnostic approach to these two very different diagnostic perspectives.

Meanwhile there have been developemnts with EuJIM and we are pleased to announce that ‘*article-based publishing* ‘ has now been introduced. This will make final and citable articles available online faster, and improve how they are found by other researchers. It means we will be publishing citable articles with their volume, issue and page numbers as soon as they are ready and before an entire issue of the journal is finished. From now on articles will be published as soon as possible without waiting for an issue to be completed; they will appear in an “Issue in Progress” and complete citations can be used immediately. This will facilitate online searching of articles.

In addition, EuJIM is also currently moving to a new Elsevier editorial platform called EVISE®. This is a completely new system and is different from EES, being custom built. It will make the publishing experience easier for Authors, Reviewers, and Editors, by simplifying processes, improving capability and functionality. This should also improve speed and quality of publication. As an integrated system it has a one user profile with single sign-on, integrated plagiarism check, full ORCID support, andfull integration of the Article Transfer Service, enabling seamless transfer of manuscripts between journals.

The journal will also grow to 8 issues a year and currently 2 special issues are being planned ‘Acupuncture in Clinical Practice’ and ‘Integrated approaches for muscular skeletal disease’. Further details will be appearing on the website.

**References**

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