

# Integrative Medicine

East meets West

Joseph Sung MD, PhD

The Chinese University of Hong Kong



# The question is...

- Is there a need to combine Western and Chinese Medicine?
- Is there a scientific basis to combine Western and Chinese Medicine?



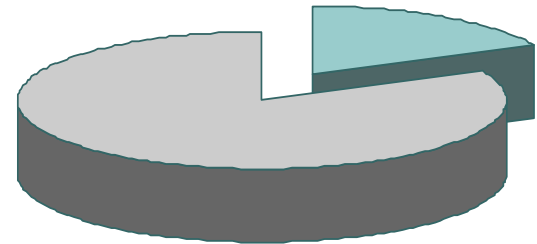
# Where is our patient load?

- Elderly
  - Musculo-skeletal pain e.g. OA knee, low back pain
  - Dementia
- Chronic non-infectious diseases
  - Psychiatric disorders
  - DM, Cardiovascular diseases
  - Gastrointestinal problems
  - Skin conditions
- Cancer
  - No effective chemotherapy
  - As an adjuvant

# A consumer-driven health-care system

- Institute for Public Opinion in Allensbach
- Germany survey 2005  
772 subject interviewed
- “If you were sick, would you prefer a therapy consisting of Western medicine or a combination of Chinese and Western medicine?”

■ Western ■ Combo





# Acupuncture & Osteoarthritis

Articles

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## Acupuncture in patients with osteoarthritis of the knee: a randomised trial

*C Witt, B Brinkhaus, S Jena, K Linde, A Streng, S Wagenpfeil, J Hummelsberger, H U Walther, D Melchart, S N Willich*

### Summary

**Background** Acupuncture is widely used by patients with chronic pain although there is little evidence of its effectiveness. We investigated the efficacy of acupuncture compared with minimal acupuncture and with no acupuncture in patients with osteoarthritis of the knee.

**Methods** Patients with chronic osteoarthritis of the knee (Kellgren grade  $\leq 2$ ) were randomly assigned to acupuncture (n=150), minimal acupuncture (superficial needling at non-acupuncture points; n=76), or a waiting list control (n=74). Specialised physicians, in 28 outpatient centres, administered acupuncture and minimal acupuncture in 12 sessions over 8 weeks. Patients completed standard questionnaires at baseline and after 8 weeks, 26 weeks, and 52 weeks. The primary outcome was the Western Ontario and McMaster Universities Osteoarthritis (WOMAC) index at the end of week 8 (adjusted for baseline score). All main analyses were by intention to treat.

**Results** 294 patients were enrolled from March 6, 2002, to January 17, 2003; eight patients were lost to follow-up after randomisation, but were included in the final analysis. The mean baseline-adjusted WOMAC index at week 8 was 26.9 (SE 1.4) in the acupuncture group, 35.8 (1.9) in the minimal acupuncture group, and 49.6 (2.0) in the waiting list group (treatment difference acupuncture vs minimal acupuncture -8.8, [95% CI -13.5 to -4.2], p=0.0002; acupuncture vs waiting list -22.7 [-27.5 to -17.9], p<0.0001). After 52 weeks the difference between the acupuncture and minimal acupuncture groups was no longer significant (p=0.08).

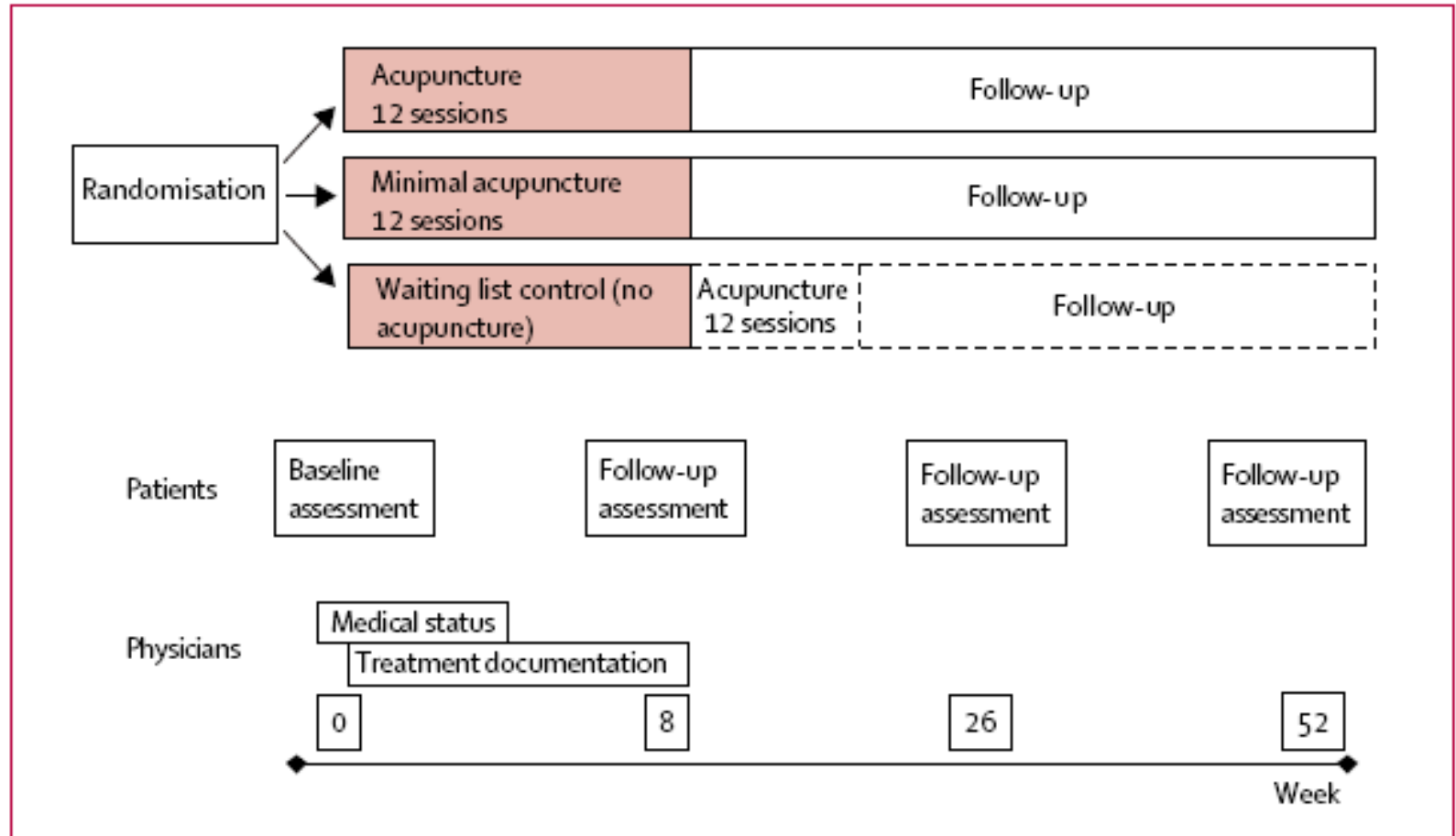
**Interpretation** After 8 weeks of treatment, pain and joint function are improved more with acupuncture than with minimal acupuncture or no acupuncture in patients with osteoarthritis of the knee. However, this benefit decreases over time.

*Lancet* 2005; 366: 136-43

See [Comment](#) page 100

Institute of Social Medicine, Epidemiology, and Health Economics (C Witt MD, B Brinkhaus MD, S Jena MSc, Prof S N Willich MD) and Centre for Musculoskeletal Surgery (H U Walther MD), Charité University Medical Centre, Berlin, Germany; Centre for Complementary Medicine Research, Department of Internal Medicine II (K Linde MD, A Streng PhD, D Melchart MD) and Institute of Medical Statistics and Epidemiology (S Wagenpfeil PhD), Technische Universität München, Munich, Germany; Division of Complementary Medicine, Department of Internal Medicine, University Hospital Zurich, Zurich, Switzerland (D Melchart MD); and

# Acupuncture & Osteoarthritis



# Acupuncture & Osteoarthritis

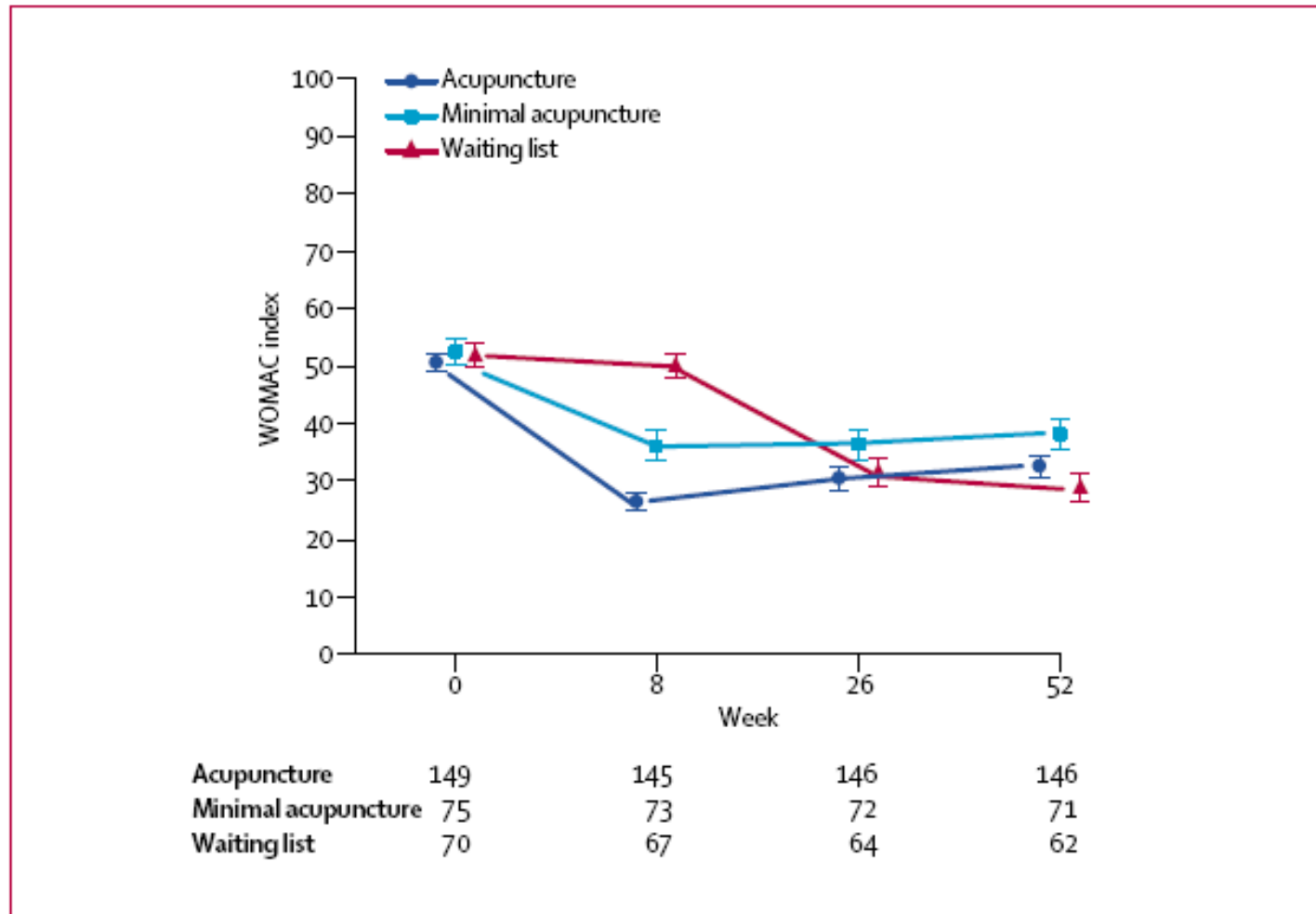


Figure 3: Development of the mean WOMAC Index in the three treatment groups

Vertical bars represent standard errors.



# Ginkgo for Dementia

Weinmann et al. *BMC Geriatrics* 2010, **10**:14  
<http://www.biomedcentral.com/1471-2318/10/14>



RESEARCH ARTICLE

Open Access

## Effects of Ginkgo biloba in dementia: systematic review and meta-analysis

Stefan Weinmann<sup>1\*</sup>, Stephanie Roll<sup>1</sup>, Christoph Schwarzbach<sup>2</sup>, Christoph Vauth<sup>2</sup>, Stefan N Willich<sup>1</sup>

### Abstract

**Background:** The benefit of Ginkgo biloba has been discussed controversially. The aim of this review was to assess the effects of Ginkgo biloba in Alzheimer's disease as well as vascular and mixed dementia covering a variety of outcome domains.

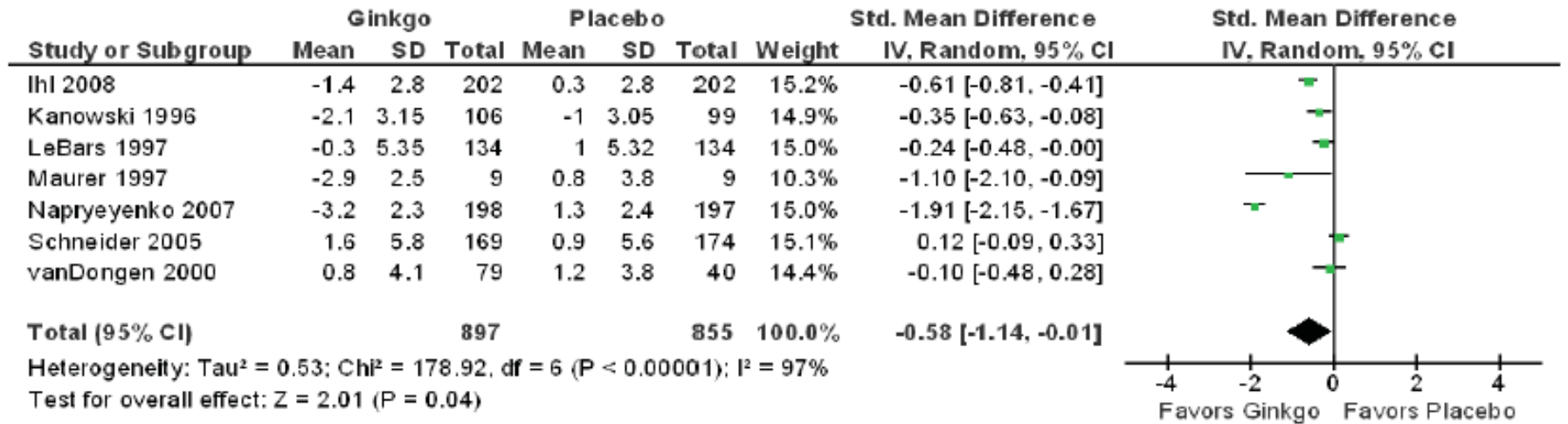
**Methods:** We searched MEDLINE, EMBASE, the Cochrane databases, CINAHL and PsycINFO for controlled trials of ginkgo for Alzheimer's, vascular or mixed dementia. Studies had to be of a minimum of 12 weeks duration with at least ten participants per group. Clinical characteristics and outcomes were extracted. Meta-analysis results were expressed as risk ratios or standardized mean differences (SMD) in scores.

**Results:** Nine trials using the standardized extract EGb761<sup>®</sup> met our inclusion criteria. Trials were of 12 to 52 weeks duration and included 2372 patients in total. In the meta-analysis, the SMDs in change scores for cognition were in favor of ginkgo compared to placebo (-0.58, 95% confidence interval [CI] -1.14; -0.01,  $p = 0.04$ ), but did not show a statistically significant difference from placebo for activities in daily living (ADLs) (SMD = -0.32, 95% CI -0.66; 0.03,  $p = 0.08$ ). Heterogeneity among studies was high. For the Alzheimer subgroup, the SMDs for ADLs and cognition outcomes were larger than for the whole group of dementias with statistical superiority for ginkgo also for ADL outcomes (SMD = -0.44, 95% CI -0.77; -0.12,  $p = 0.008$ ). Drop-out rates and side effects did not differ between ginkgo and placebo. No consistent results were available for quality of life and neuropsychiatric symptoms, possibly due to the heterogeneity of the study populations.

**Conclusions:** Ginkgo biloba appears more effective than placebo. Effect sizes were moderate, while clinical relevance is, similar to other dementia drugs, difficult to determine.



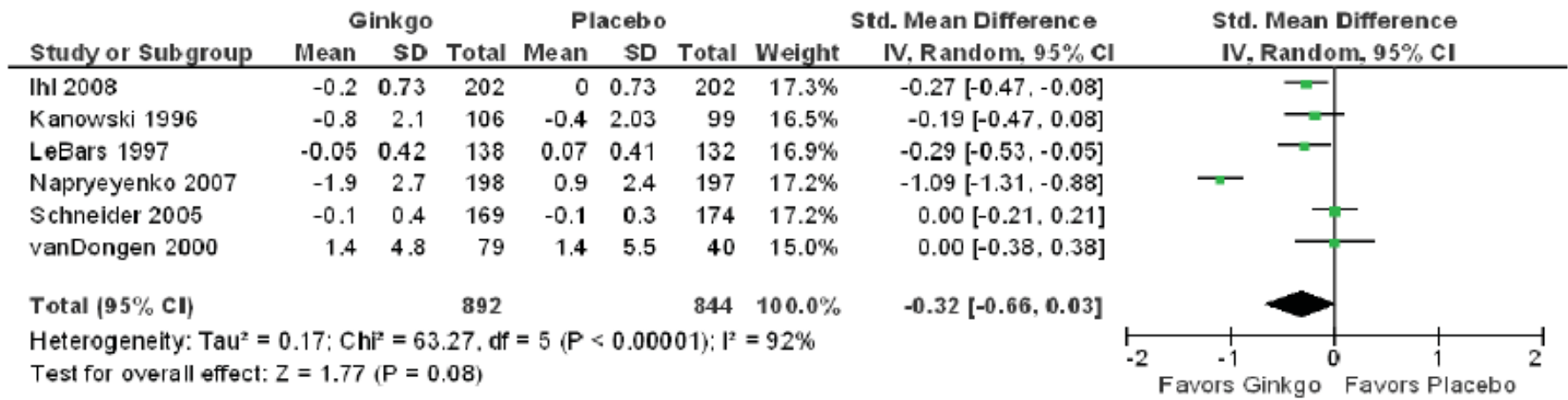
# Ginkgo for Dementia



ADAS-cog=Alzheimer's disease Assessment Scale cognitive subscale; ITT=intent-to-treat;  
 LOCF=last observation carried forward; SD=standard deviation; SKT=Syndrom Kurz-Test; 95%  
 CI=95% confidence interval.

**Figure 2** ITT/LOCF change scores for cognition outcomes (ADAS-cog, SKT) by individual trial and pooled standardized mean difference compared with placebo.

# Ginkgo for Dementia



ITT=intent-to-treat; LOCF=last observation carried forward; SD=standard deviation; 95% CI=95% confidence interval.

**Figure 3** ITT/LOCF change scores for activities of daily living outcomes by individual trial and pooled standardized mean difference compared with placebo.



# Tai Chi and Fall

**Interventions for preventing falls in elderly people (Review)**

Gillespie LD, Gillespie WJ, Robertson MC, Lamb SE, Cumming RG, Rowe BH



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COLLABORATION®**

# Tai Chi and Fall

ARTICLE IN PRESS

YPMED-02853; No. of pages: 6; 4C;

Preventive Medicine xxx (2010) xxx-xxx

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journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)



Review

## The effects of Tai Chi on fall prevention, fear of falling and balance in older people: A meta-analysis

Inge H.J. Logghe<sup>a,b,\*</sup>, Arianne P. Verhagen<sup>a,b</sup>, Arno C.H.J. Rademaker<sup>b</sup>, Sita M.A. Bierma-Zeinstra<sup>a</sup>, Erik van Rossum<sup>c,d</sup>, Marjan J. Faber<sup>e</sup>, Bart W. Koes<sup>a</sup>

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# Tai Chi and Fall

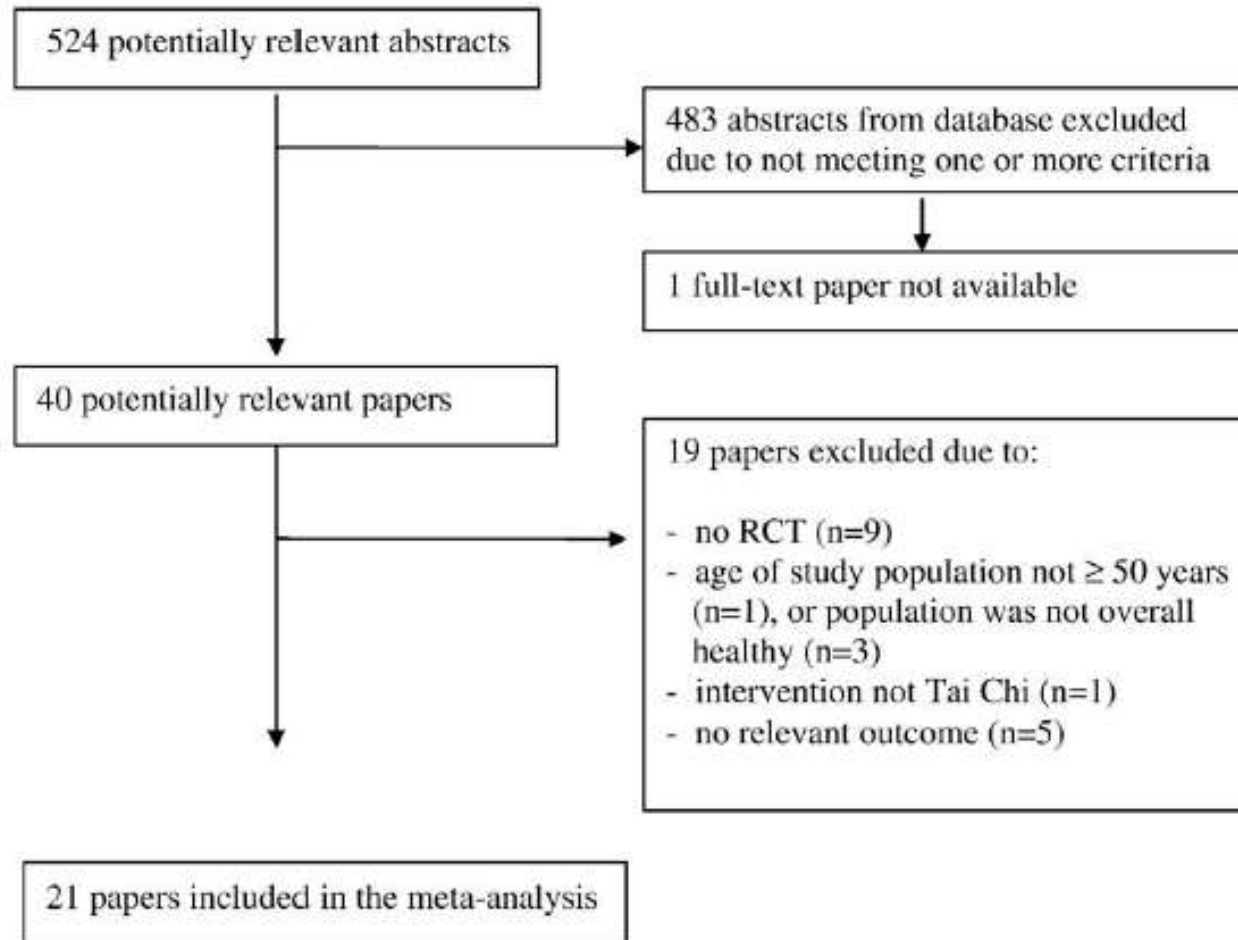


Fig. 1. Overview of the search for relevant trials and papers (Rotterdam, the Netherlands, 2009).



# Tai Chi and Fall

**Table 3**

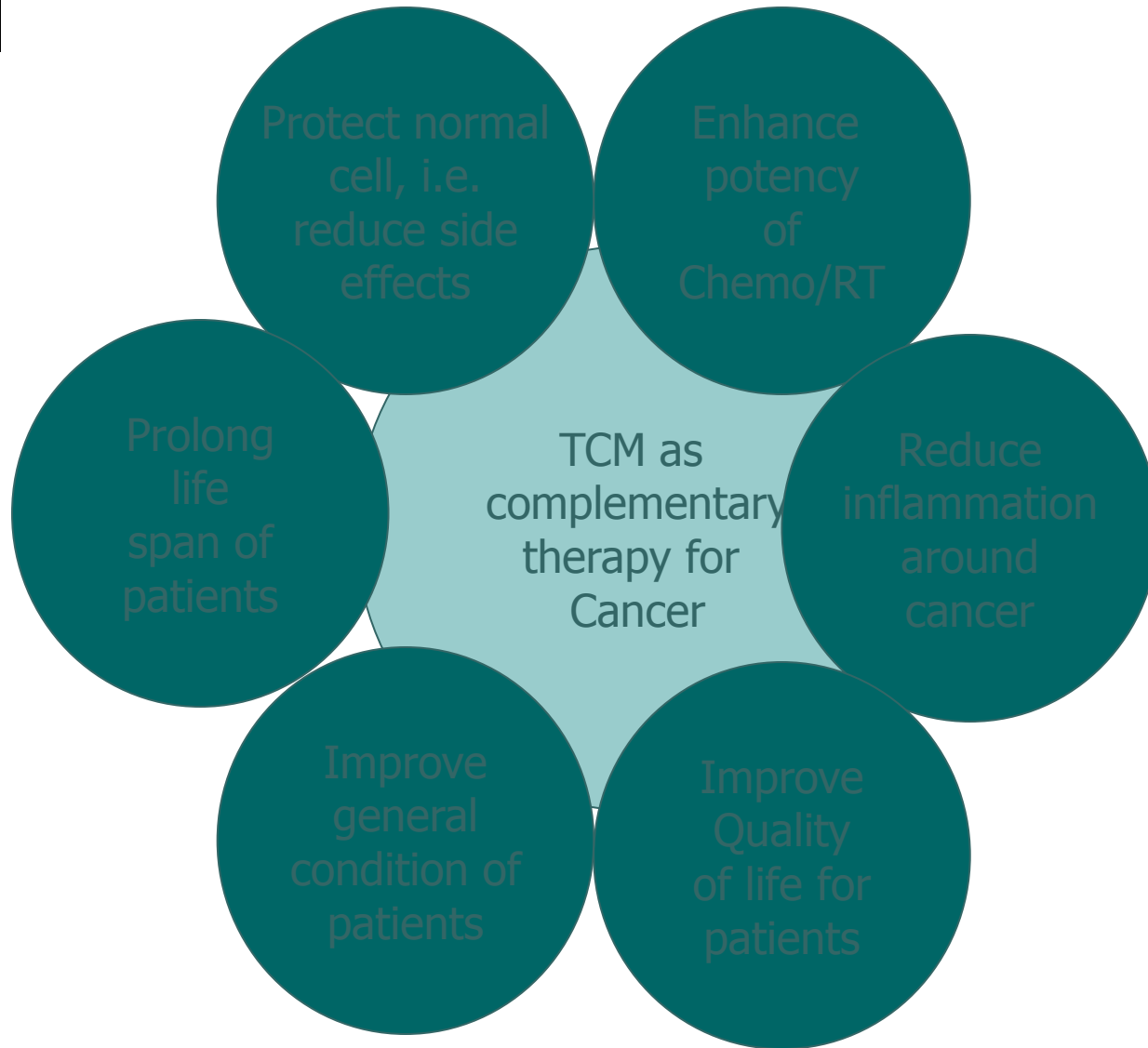
Effect of Tai Chi on falls, fear of falling and balance versus non-exercise controls. Overall results and results of subgroup analyses (Rot

Outcome	Analysis	Studies included	Effect: pooled incidence
Falls	Overall result	Logghe 2009, Voukelatos 2007, Wolf 1996, Wolf 2003, Woo 2007	0.79 (0.60–1.03)
Subgroup analyses	Community setting	Logghe 2009, Voukelatos 2007, Wolf 1996, Woo 2007	0.74 (0.50–1.09)
	High intervention dose >40 sessions	Wolf 2003, Woo 2007	0.71 (0.41–1.23)
	Low intervention dose <40 sessions	Logghe 2009, Voukelatos 2007, Wolf 1996	0.81 (0.54–1.24)
	Post-treatment	Logghe 2009, Voukelatos 2007	0.81 (0.57–1.13)
Outcome	Analysis	Studies included	Effect: standardized diffe
Fear of falling	Overall result	Logghe 2009, Wolf 2003, Zhang 2006	0.37 (0.03–0.70) <sup>a</sup>
	Subgroup analyses		
	Community setting	Logghe 2009, Zhang 2006	0.27 (– 0.18–0.72)
	High intervention dose >40 sessions	Wolf 2003, Zhang 2006	0.54 (0.29–0.78) <sup>a</sup>
	Post-treatment	Logghe 2009, Zhang 2006	0.29 (– 0.06–0.65)
	Follow-up (12 months)	Logghe 2009, Wolf 2003	0.31 (– 0.10–0.73)
Balance direct measurement	Static post-treatment	Wolf 1997, Voukelatos 2007	0.30 (– 0.50–1.10)
Indirect measurement	Static post-treatment	Li 2008, Zhang 2006	1.11 (– 0.25–2.46)

<sup>a</sup> Significant result.

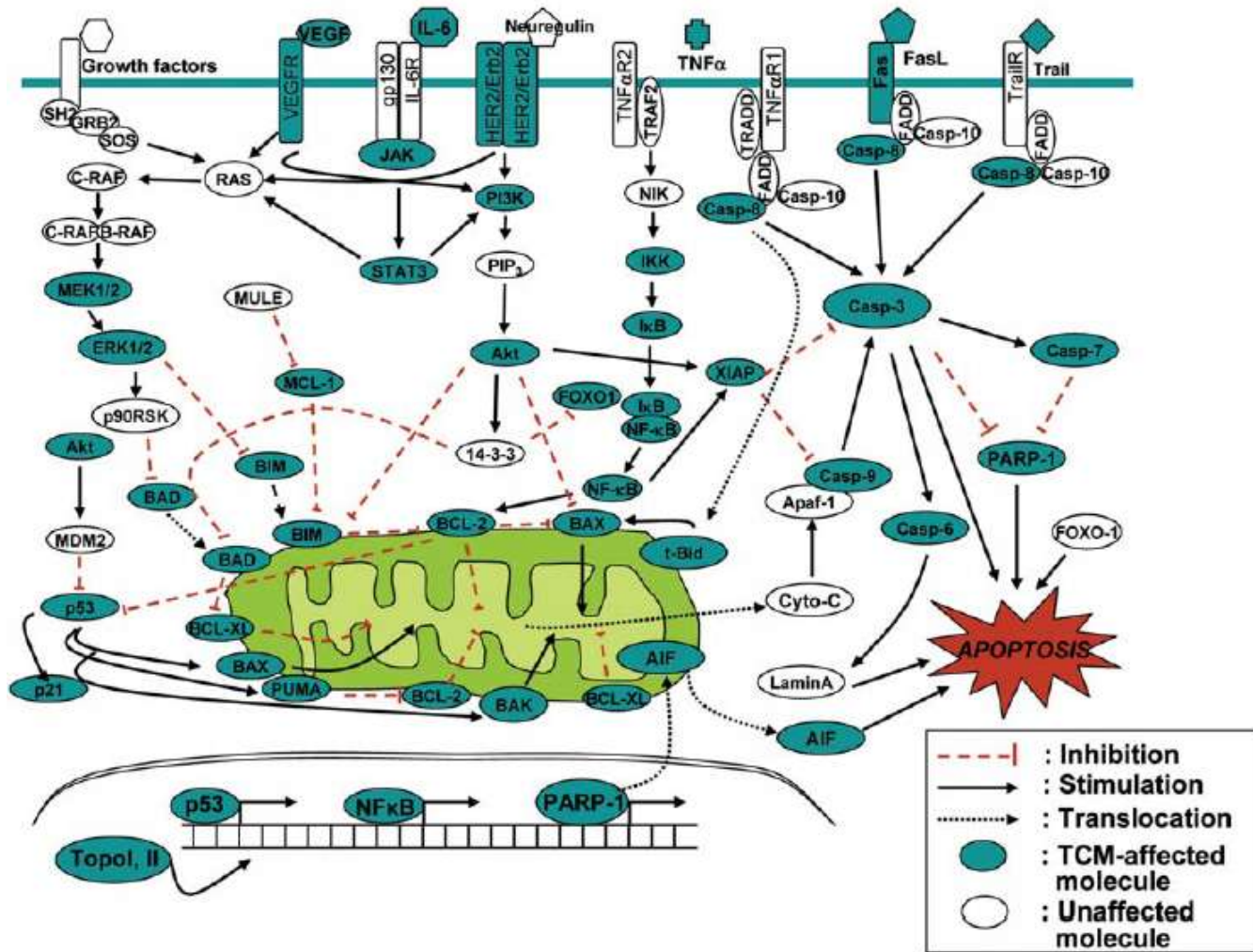


# Cancer and Chinese medicine





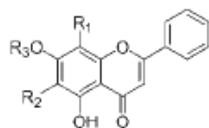
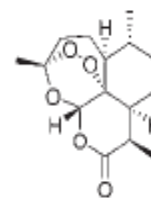
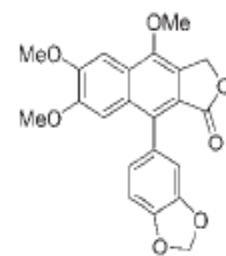
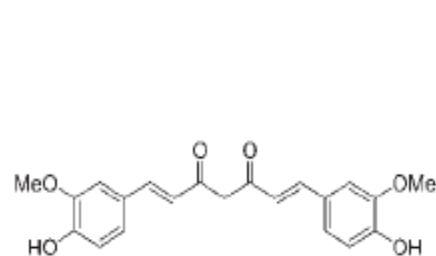
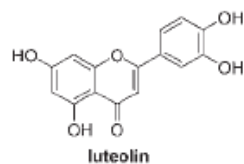
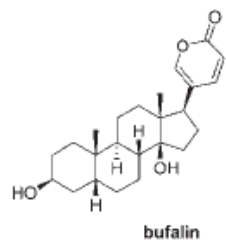
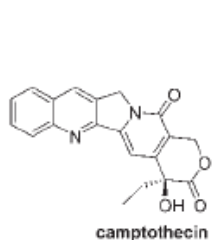
# Anti-cancer TCM



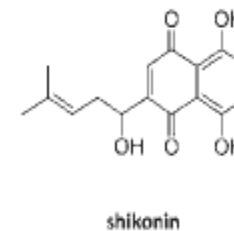
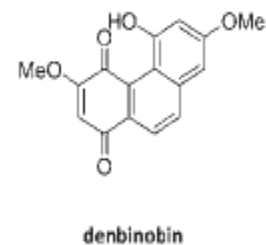
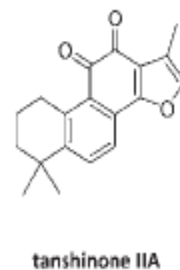
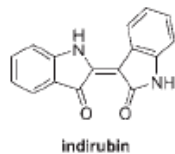
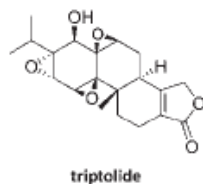
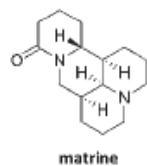
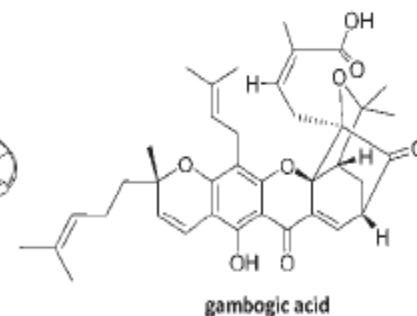
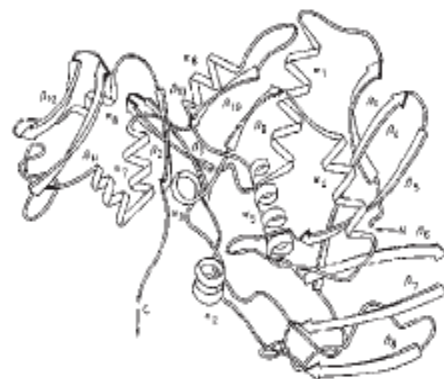
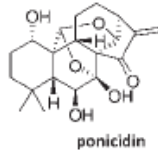
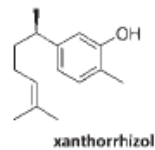
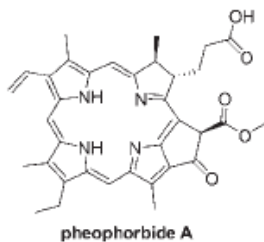
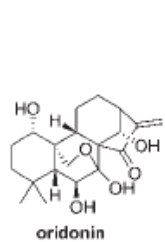


# Anti-cancer TCM

Wendy et al. Planta Med 2010



	R <sub>1</sub>	R <sub>2</sub>	R <sub>3</sub>
wogonin	OMe	H	H
baicalein	H	OH	H
baicalin	H	OH	glucuronic acid





# Anti-cancer TCM

- Cellular and animal studies have provided strong molecular evidence of anticancer activities
- But...
  - Does cellular and animal studies translate into human therapeutic effects?
  - Do they have other side effects?
  - How do they compare with standard chemotherapeutic agents?



# Cancer and Chinese medicine

- “In general, most of the published clinical studies are at evidence of level III; in other words, they were trials without rigorous randomization or they involve single group pre-post, cohort, time series, or matched case control studies. As a result, there are a number of contradictory reports regarding the therapeutic effectiveness of TCM on the treatment of cancer”

# TCM and Chronic Hepatitis B

## Contemporary Clinical Research of Traditional Chinese Medicines for Chronic Hepatitis B in China: An Analytical Review

Lingyi Zhang,<sup>1</sup> Guqi Wang,<sup>1,2</sup> Weihong Hou,<sup>1</sup> Ping Li,<sup>3</sup> Andrea Dulin,<sup>1</sup> and Herbert L. Bonkovsky<sup>1,4,5,6</sup>

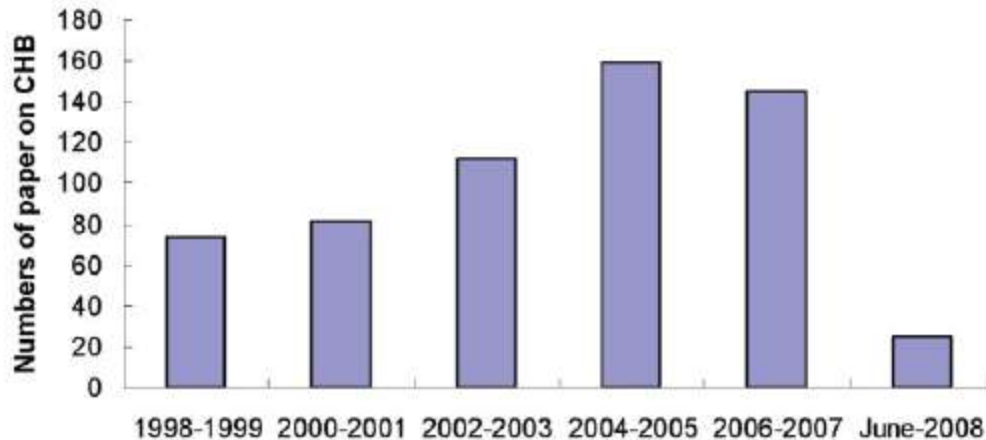


Fig. 1. Numbers of publications reporting studies of TCM on HBV in China knowledge infrastructure from Jan., 1998 to June, 2008.

# CHB and TCM

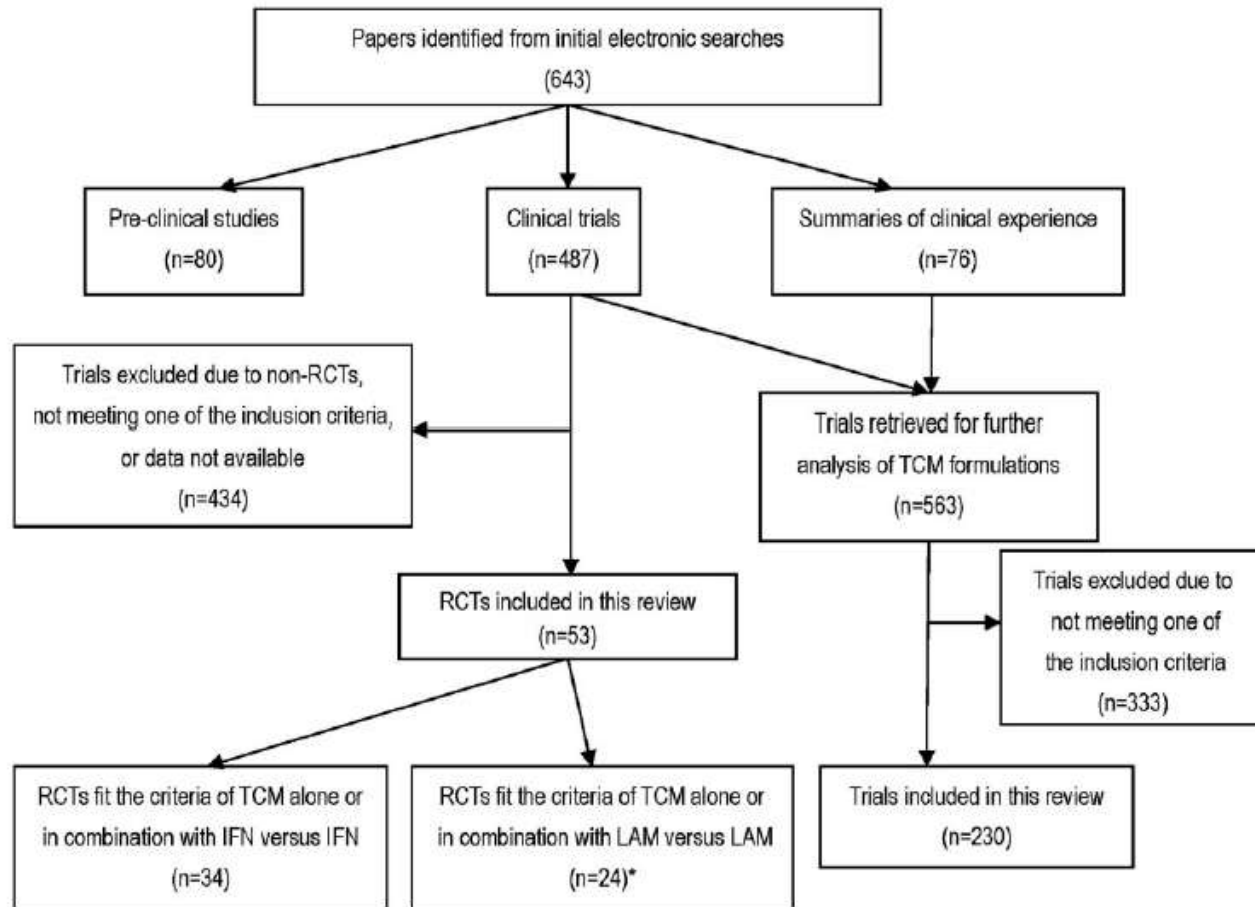


Fig. 2. Summary of studies reviewed and those selected for or excluded from this meta-analysis.

# TCM looks promising

**Table 2. Summary of 53 RCTs of TCMs for CHB in China (January 1988 to June 2008)**

Variables	TCM Alone versus IFN (16 RCTs)		TCM + IFN versus IFN (18 RCTs)		TCM Alone versus LAM (6 RCTs)		TCM + LAM versus LAM (14 RCTs)	
No. of patients	925	993	895	843	453	270	728	820
Age (years)	34.1 ± 2.8		36.6 ± 2.8		38.4 ± 3.8		34.4 ± 5.9	
Male sex (%)	63.7 ± 16.3		70.3 ± 10.9		54.0 ± 6.3		65.4 ± 13.0	
Duration of treatment (days)	145 ± 71.9 (90-260)		147 ± 85 (60-260)		150 ± 67.1 (20-180)		212 ± 155 (90-720)	
Normalization of serum ALT (%)	72.3 ± 20.0	53.5 ± 22.8	74.1 ± 16.3	51.5 ± 17.5	62.2 ± 19.7	48.8 ± 29.0	89.5 ± 7.3	67.2 ± 7.5
OR (95% CI)	2.42 (1.51-3.89)		3.07 (2.35-4.00)		1.96 (1.15-3.32)		3.40 (2.45-4.70)	
Test of heterogeneity (I <sup>2</sup> )	58.7%		0%		60.8%		7.9%	
Overall effect	P = 0.0003		P < 0.00001		P = 0.01		P < 0.00001	
Loss of serum HBeAg (%)	55.5 ± 16.3	41.7 ± 14.1	51.0 ± 12.0	33.6 ± 7.9	51.5 ± 17.8	37.7 ± 26.7	40.9 ± 18.7	23.5 ± 14.4
OR (95% CI)	1.60 (1.00-2.54)		2.17 (1.74-2.72)		1.57 (0.60-4.12)		2.54 (1.95-3.32)	
Test of heterogeneity (I <sup>2</sup> )	76.3%		0%		86.6%		0%	
Overall effect	P = 0.05		P < 0.00001		P = 0.36		P < 0.00001	
Clearance of serum HBV DNA (%)	51.0 ± 12.1	43.3 ± 11.0	58.4 ± 11.8	43.2 ± 14.6	57.7 ± 19.5	54.8 ± 28.2	80.1 ± 18.5	64.6 ± 17.4
OR (95% CI)	1.31 (0.87-1.98)		2.05 (1.59-2.65)		1.20 (0.61-2.36)		3.20 (2.09-4.92)	
Test of heterogeneity (I <sup>2</sup> )	63.6%		26.0%		76.3%		48.6%	
Overall effect	P = 0.20		P < 0.00001		P = 0.59		P < 0.00001	

Data are presented as the mean ± standard deviation (range) unless indicated otherwise.





Astragalus  
(Huang Qi)



Polygonum  
(Hu Zhang)



Radix  
(Da Huang)



Phyllanthus  
(Ye Xian Zhu)



# TCM and *Helicobacter pylori*

Online Submissions: [wjg.wjgnet.com](http://wjg.wjgnet.com)  
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doi:10.3748/wjg.15.4715



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*World Journal of Gastroenterology* ISSN 1007-9327  
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BRIEF ARTICLES

## **A systematic review of treating *Helicobacter pylori* infection with Traditional Chinese Medicine**

Jiang Lin, Wei-Wen Huang

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# TCM and *Helicobacter pylori*

**Table 1** Characteristics of randomized and controlled clinical trials treating *Helicobacter pylori* infection with TCM

Trials	No. of cases	Age (yr)	Gender (male) (%)	Jadad score	Regimen of TCM group	Regimen of triple therapies group
Chen <i>et al</i> <sup>[10]</sup> (2001)	419	23-68	62.1	2	Fixed formula × 7 d	(PPI + A + F) × 7 d
Hua <i>et al</i> <sup>[11]</sup> (2003)	155	19-65	54.2	2	Changweiqing oral liquid × 14 d	(CBS + A + F) × 14 d
Fan <i>et al</i> <sup>[12]</sup> (2006)	50	NA	NA	1	Anzhong Yin × 28 d	(CBS + A + F) × 14 d
Hua <i>et al</i> <sup>[13]</sup> (2006)	150	23-85	61.3	1	Jianwei Miyou Inspissant × 60 d	(CBS + A + C) × 7 d + CBS × 49 d
Ma <i>et al</i> <sup>[14]</sup> (2006)	106	44.2/43.8	79.3	2	Weikang Capsule × 60 d	(RBC + A + M) × 14 d
Wang <i>et al</i> <sup>[15]</sup> (2006)	77	NA	47.7	1	Jianpi Qinghua formula × 30 d	(CBS + A + T) × 14 d
Wu <sup>[16]</sup> (2006)	71	19-65	67.6	2	Jiawei Liumo Decoction × 56 d	(PPI + A + M) × 10 d
Yang <i>et al</i> <sup>[17]</sup> (2006)	80	22-65	70	2	Weitongning Tab × 28 d	(CBS + A + M) × 14 d
Zhou <i>et al</i> <sup>[18]</sup> (2006)	56	23-70	47.2	2	Qingwei Decoction × 14 d	(PPI + A + M) × 14 d
Huang <sup>[19]</sup> (2007)	320	18-77	55.6	2	Maimendong Granule × 28 d	(PPI + A + M) × 14 d
Jin <i>et al</i> <sup>[20]</sup> (2007)	98	18-72	67.4	2	Maimendong Granule × 28 d	(PPI + A + M) × 7 d
Wang <i>et al</i> <sup>[21]</sup> (2008)	60	20-64	61.7	1	Miyou Decoction × 14 d	(CBS + A + T) × 14 d
Ling <i>et al</i> <sup>[22]</sup> (2008)	46	33.2/35.1	71.7	2	Jianwei Yuyang Granule × 6 wk	(PPI + A + M) × 1 wk + PPI × 1 wk
Wang <sup>[23]</sup> (2008)	149	16-66	61.7	2	Formulae × 2 wk	(CBS + A + M) × 2 wk
Xiao <i>et al</i> <sup>[24]</sup> (2008)	80	19-77	62.5	2	Weiyang Decoction × 20 d	(PPI + A + C) × 7 d
Xin <i>et al</i> <sup>[25]</sup> (2008)	70	48.6/44.6	60	2	Weikang formula × 1 mo	(PPI + C + T) × 7 d

TCM: Traditional Chinese Medicine; PPI: Proton pump inhibitor; CBS: Colloidal bismuth subcitrate; RBC: Ranitidine bismuth citrate; A: Amoxicillin; M: Metronidazole; T: Tinidazole; C: Clarithromycin; F: Furazolidone. NA: No available.

# TCM and Helicobacter pylori

Table 2 *H pylori* eradication rates comparison between TCM and triple therapies

Trials	TCM (n/N)	Triple therapies (n/N)	RR (95% CI)	P	Ref.
Fixed formula vs PPI + A + F	161/211	160/204	1.02 (0.91, 1.13)	0.60	[10]
Anzhong Yin vs CBS + A + F	19/30	14/20	0.90 (0.61, 1.34)	0.63	[12]
Jianwei Miyou Inspissant vs CBS + A + C	60/100	22/50	1.43 (1.01, 2.03)	0.06	[13]
Weikang Capsule vs RBC + A + M	46/56	42/50	0.98 (0.82, 1.16)	0.80	[14]
Jiawei Liumo Decoction vs PPI + A + M	37/41	28/30	0.97 (0.84, 1.11)	0.64	[16]
Weitongning Tab vs CBS + A + M	32/40	31/40	1.03 (0.82, 1.30)	0.78	[17]
Qingwei Decoction vs PPI + A + M	13/29	19/27	0.64 (0.40, 1.02)	0.05	[18]
Maimendong Granule vs PPI + A + M	166/200	98/120	1.02 (0.91, 1.13)	0.76	[19]
Maimendong Granule vs PPI + A + M	43/50	40/48	1.03 (0.87, 1.22)	0.71	[20]
Miyou Decoction vs CBS + A + T	22/32	19/28	1.01 (0.73, 1.43)	0.88	[21]
Formulae vs CBS + A + M	81/93	49/56	1.00 (0.88, 1.13)	0.94	[23]
Weiyang Decoction vs PPI + A + C	28/40	29/40	0.97 (0.73, 1.28)	0.80	[24]
Changweiqing oral lique vs CBS + A + F	53/103	36/52	0.74 (0.57, 0.96)	0.03	[11]
Jianpi Qinghua formula vs CBS + A + T	15/42	29/35	0.43 (0.28, 0.66)	< 0.01	[15]
Jianwei Yuyang Granule vs PPI + A + M	11/24	18/22	0.56 (0.35, 0.90)	0.01	[22]
Weikang formula vs PPI + C + T	26/40	26/30	0.75 (0.57, 0.98)	0.04	[25]



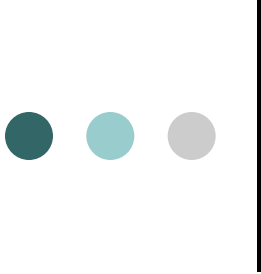
# Chinese Medicine vs Western Medicine

- When there is a potent remedy in WM, why explore CM?
- When there is a potent remedy in WM with serious side effects, should we try CM?
- When there is no remedy in WM, should we try CM to relieve the symptom?



# Combining Western and Chinese Medicine Practice

- Combined therapy has fewer side effects
- Consumer demand is high
- High acceptance for Chinese medicine
- Good clinical evidence for the efficacy in some (pain relief, dementia, fall)...but not other (hepatitis, infection) areas



# What is Integrative Medicine?

Conventional Western Medicine

+

## Complementary and Alternative Medicine

**Natural products:** Herbal medicine

**Manipulative and body-based practices:** Massage, acupuncture

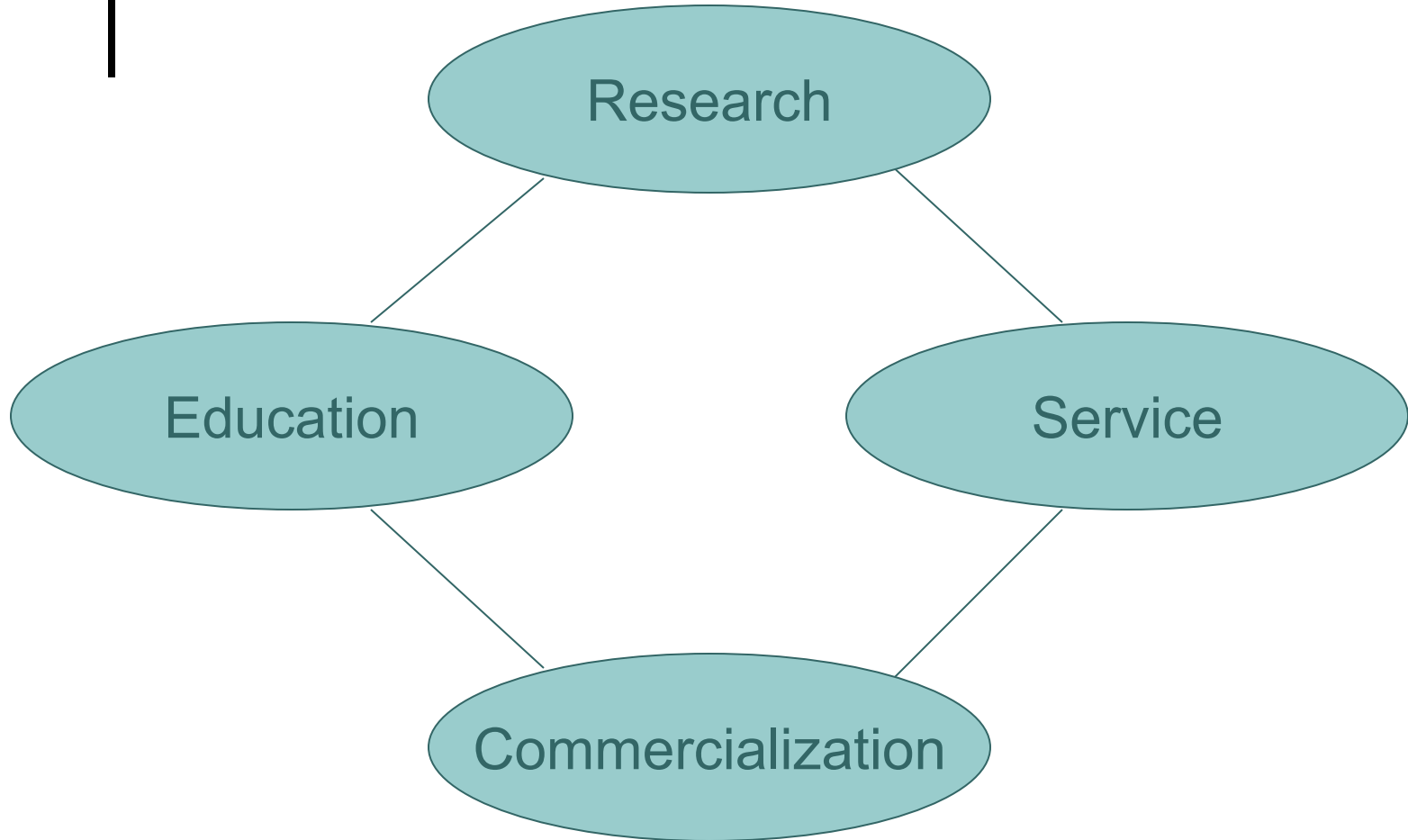
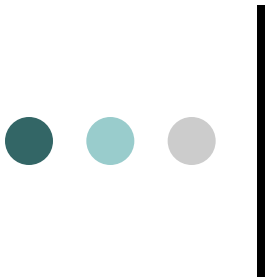
**Mind-body medicine:** Mindfulness

*Medical care based on robust evidence and theoretical basis through a holistic, individualized approach of healing the mind, body and spirit*



# Institute of Integrative Medicine: Objectives

- *International hub for healthcare service, drug development, research and education*
  - Multidisciplinary specialist service
  - Herbal medicine development
  - International education center
- *Academic center with social responsibility*
  - High value-added economy (healthcare, education and innovation technology)
  - Affordable alternative medical service for the community





# Institute of Integrative Medicine: Structure

**Institute of Integrative Medicine**

**CUHK-UMB East-West Center**

**Integrative Medical Clinic**

Drug development and registration

Translational clinical research

Training and education

Multidisciplinary specialist

outpatient service

Platform for clinical trials and

clinical attachment





# Integrative Medical Clinic: Model of care

- Combined diagnosis and management protocol
- Combined consultation
- Bi-directional referral system
- Family physician as coordinator for self-referrals
- Joint electronic medical record and streamlined appointment booking system
- Synergy with CUHK/PWH Medical Center



# Role in research and education

- Research clinic session

- Conduction of clinical trials
- SFDA and FDA standard

- Teaching clinic session

- Clinical attachment for students, practitioners and visiting scholars



# Future development

- **Satellite clinics in downtown**
- **Inpatient consultation service** in Prince of Wales Hospital
- **Subsidized outpatient service** for under-privileged groups

# CUHK-UMB Center for Integrative Medicine



CUHK

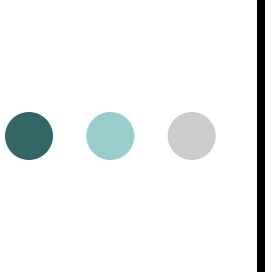


University of  
Maryland Baltimore  
(UMB)



# Research in Integrative Medicine

- Translation clinical research for drug development and registration
  - Western and Eastern methodology and outcome measures
  - Mono-therapy or Combination therapy
- Industry-sponsored or investigator-initiated clinical trials
- Strategic plan for SFDA accreditation on TCM



# Registration requirements of proprietary Chinese medicine in HK

## ○ Product safety

- Heavy metals, pesticide residues, microbial, toxicity, mutagenicity, carcinogenicity, teratogenicity

## ○ Product efficacy

- Pharmacodynamics; clinical trial data

## ○ Product quality

- Manufacturing method; physiochemical properties of crude drugs; product specification, method and certificate of analysis; stability test reports

# Herbal medicine for digestive disorders



Tong Xie You Fang 痛瀉要方

He Zi 訶子  
Bai Zhu 白朮  
Hou Po 厚朴  
Bai Shao 白芍  
Yi Yi Ren 薏苡仁  
Yan Hu Suo 延胡索  
Huo Tan Mu 火炭母

**Irritable bowel syndrome**



Hemp Seed Pill 麻仁丸

Zhi Shi 枳實  
Hou Po 厚朴  
Xing Ren 杏仁  
Bai Shao 白芍  
Da Huang 大黃  
Huo Ma Ren 火麻仁

**Constipation**

Qi Wei Bai Zhu Powder  
七味白朮散

Fu Lin 茯苓  
Ge Gen 葛根  
Gan Cao 甘草  
Bai Zhu 白朮  
Ren Shen 人參  
Mu Xiang 木香  
Huo Xiang 藿香

**Chemotherapy-related diarrhea**



# Other research in Integrative Medicine

- Public health issues
  - Jockey Club School of Public Health and Primary Care
  - Policy, financing and healthcare delivery model
- Branch of Cochrane Center on TCM and CAM
  - Systematic reviews and meta-analysis
- Basic science
  - Drug mechanism and development





# Education and training: Highlights

- Postgraduate training in Chinese Medicine
  - Clinical research methodology
  - English speaking setting
  - Overseas experience
- Non-Chinese medicine streams
  - MBChB, BSc (Public Health), BPharm
- International networking
  - Visiting scholarships
  - Exchange program
  - Conferences and workshop



# Partners: Hong Kong

- CUHK

- School of Chinese Medicine
- Oncology Acupuncture Center
- Institute of Chinese Medicine
- Jockey Club School of Public Health and Primary Care
- School of Pharmacy

- School of Chinese Medicine, HKBU

- Hospital Authority

- Industrial partners

# Partners: International



**Center for Integrative Medicine,  
University of Maryland Baltimore, USA**



**Department of Medicinal Chemistry and  
Pharmacology, University of Illinois, USA**



**National Institute of Complementary  
Medicine, Australia**



**Complementary and Integrative Medicine  
University of Duisburg-Essen, Germany**



# Target diseases

- Common
- Chronic or recurrent in nature
- No effective treatment or marked side effects in conventional Western medicine
- Well accepted CAM treatment with high demand in the public



# Integrative Medicine

- **Digestive diseases:** Functional gastrointestinal disorder, Obesity
- **Neurological diseases:** Dementia, Stroke, Parkinson's disease
- **Musculoskeletal diseases:** Chronic arthritis, Fibromyalgia, Chronic low back pain
- **Oncology:** Supportive care for chemotherapy, pain control
- **Psychological disorders:** Anxiety, Depression, Insomnia
- **Dermatology and Immunology:** Chronic eczema, Allergic rhinitis
- **Cardiovascular and Metabolic diseases:** Hypertension and Diabetes mellitus