



Difficulties in Research in Traditional Medicine (TM)

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Received date: July 02, 2021; Accepted date: July 16, 2021; Published date: July 23, 2021

Citation: Zhu Q (2021) Difficulties in Research in Traditional Medicine (TM). J Tradit Med Clin Natur. S7: e002.

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Introduction

Traditional Medicine (TM) is getting used more frequently everywhere on the earth. However most frequently these are choices made by the patient. Integrating TM into mainstream health care would require research to know the efficacy, safety, and mechanism of action of TM systems. While there's a rise within the use of TM worldwide, research during this area is insufficient, with serious difficulties in accepting the studies conducted. Some of the most reasons why the studies conducted are considered flawed and inadequate are small sample sizes, variable or inconsistent results, and inadequate research designs. Other problems include insufficient statistical power possibly associated with small sample sizes, poor controls, inconsistency of descriptions of the treatment or product, and lack of comparisons with other treatments or with a placebo or with both. Most TM interventions use complex treatment methods which include botanical medications; individualized diagnosis and treatment; an emphasis on maximizing the body's innate ability to heal itself and a whole systems approach, wherein the physical, mental, and spiritual attributes of a patient are emphasized, instead of attention on the disease as in Conventional Medicine (CM). Another difficulty encountered when designing a search study on a standard healing method is that there are often differences within the forms, approaches, and nature (duration and intensity) of treatment, making it difficult to explain any TM during a single sentence, which might be understood to mean an equivalent method by all people, everywhere. In the absence of such standardization, research on TM requires detailed descriptions of the interventions. The criteria for including

and excluding persons during a randomized control trial, RCT, differ between CM and TM; for instance, having chosen TM as a therapy might be a criterion for exclusion, to reduce bias. If these exclusions aren't observed the worth of the RCT would be lowered. Other difficulties encountered are in randomizing patients, selecting an appropriate placebo, and or alternate intervention, also as in masking and blinding.

Randomization is extremely often difficult as patients have strong beliefs for or against TM and hence most frequently patients select to receive TM as a modality of treatment or alternatively choose to reject it. Another difficulty is that a lot of the treatments are administered in specialized residential setting, under the supervision of an individual trained in TM. Quite often the residential center is in quiet surroundings, which have their own healing effects. If the comparison group receives conventional treatment in their homes it's questionable whether the comparison between the two has any meaning, because the actual fact that TM is carried out during a different setting and with the private attention of a TM healer could have a positive impact on the way the person feels and influences their subjective reports and even possibly the outcome of the disease. Another problem encountered with TM is selecting an appropriate placebo. To begin with, interaction between the healer and therefore the patient, which is common in TM, can have a consequence. Apart from this when the participant receives an intervention like chiropractic, massage, or acupuncture a sham treatment or placebo would be difficult to plan. This is all the harder if the patient is actively involved within the intervention, as within the case of yoga, practiced as therapy.