As well as accepting original research articles, the European Journal of Integrative Medicine are particularly interested in receiving submissions of systematic reviews in the following areas – oncology, multiple morbidity, integrative interventions, health economics, safety, integrated health in developing countries and policy.

In this final issue of 2013, there is a focus on the importance of evidence in CAM? Evidence takes many different forms. It can also vary greatly in its quality and how it is accepted by the scientific community, regulators and health policy makers and governments. Evidence based medicine has been defined as – “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.” [1]. It has a key role in clinical decision-making and consists of the now well-known hierarchy of evidence which is based on the strength of the different research methodologies used. The systematic review, being at the top of the evidence tree, is regarded as the gold standard for assessing the effects of treatments, followed by randomised controlled trials. However at the bottom of the tree, which arguably is where most available evidence sits, is clinical expert opinion and best practice. These latter forms of often anecdotal qualitative evidence are however also important, because in the absence of clinical trial data, expert opinion and best practice may be all that exists; many conventional medicine interventions are delivered without the underpinning evidence from randomised controlled trials [2].

The Research Council for Complementary Medicine (RCCM) (www.rccm.org.uk), now into its 30th year, celebrated with a conference entitled ‘From Hierarchy of Evidence to Good Practice’ on the 25 September, 2013 at the Royal Society in London. The RCCM is a UK charity with research and its dissemination as its key objective since its inception in 1983. This high profile London venue was chosen because of The Royal Society’s focus on science, having been instituted in the 1660s to ‘recognize, promote, and support excellence in science and to encourage the development and use of science for the benefit of humanity’. The past, present and future of research evidence in complementary and integrated medicine was delivered by various speakers including Professor George Lewith (University of Southampton), Prof Sarah Stewart Brown (University of Warwick), Dr Karen Pilkington (University of Westminster) and Roger Newman-Turner (a founder member of the RCCM). Of increasing importance is the engagement of practitioners in research to build research capacity, as many research questions emerge from clinical practice and, conversely, research should inform practice. The evidence required for practice was presented at the conference by the UK’s Advertising Standards Agency, and an informed debate was held with researchers and practitioners. The RCCM conference demonstrated how the evidence base for Complementary Medicine has substantially developed over the last 30 years and how the RCCM has played a vital role in education, research, and dissemination of research on safety and effectiveness in complementary medicine in the context of an integrated approach to health.

The RCCM was the brain child of Dr. Richard Tonkin (now aged 98), who was a Consultant Physician at Westminster Hospital. On his initiative and that of the co-founder, Harold Wicks, who worked in communications, a council was assembled consisting of distinguished medical experts, academics, writers, CAM practitioners, and researchers to examine methodologies, and facilitate research in the field. In the following few years a series of conferences and workshops were held to develop research awareness in the CAM professions and ‘CAM awareness’ in the medical schools and universities.

In 1986 the RCCM instituted perhaps the first journal in this field, Complementary Medical Research (a joint venture with the British library) which later developed in 1993 into Complementary Therapies in Medicine (now another Elsevier journal).

One of the RCCM’s most significant achievements had been attracting funding from the Department of Health to carry out systematic review and appraisal of CAM interventions in key NHS priority areas. Eighteen papers (12 systematic reviews and 6 papers on methods) were published in journals, 27 further reviews were published on the RCCM’s database CAMEOL. A total of 13 reviews were transferred to the National electronic Library on CAM which has now been subsumed into the UK’s NHS Evidence service https://www.evidence.nhs.uk/.
The CISC0M database now contains over 85,000 citations of CAM research. A unique thesaurus of CAM terms, which forms a reference work in its own right was developed and can be found on the RCCM website. The complementary and alternative medicine research network (CAMRN), run by the RCCM, was possibly the first research network in this field, putting researchers from all over the globe in touch with each other, providing resources and publishing papers. Please email: camrn@rccm.org.uk if you are interested in joining the RCCM. The initial aims of the RCCM still stand today – 'to facilitate developing the evidence base for CAM and its integration into health services'. The European Journal of Integrative Medicine is its affiliated journal and its values of and scope are in synergy with those of the RCCM.

The research published in this issue includes self-help techniques, various herbs and their potential for therapeutic intervention and safe use, integrated western and Korean hospital data management systems, the importance of ‘care’ as a component in complementary medicine and the oral and poster presentations by doctoral and post-doctoral researchers at the annual UK Conference, CAMSTRAND.

Tai chi is increasingly developing its evidence base for a number of health conditions. As a self-help/self-care technique it has potential as a low cost intervention. The ‘Editor’s Choice’ for this issue of the European Journal of Integrative Medicine (which is available free of charge) is a systematic review from Spain on Tai Chi and parameters related to balance [3]. This review of seven electronic data bases identified 27 eligible randomised controlled trials and appears to confirm that Tai Chi has the potential to improve static and dynamic balance as well as the functional factors which affect balance in those over 55 years. A second article on Tai chi provides quantitative and qualitative data on the feasibility of carrying out research to inform a trial to improve quality of life for people with cystic fibrosis [4].

Another self-help technique is featured in a small pilot trial testing the feasibility of ‘The work’ meditation technique (developed by Byron Katie in 1986) to improve psychological and physiological health status and wellbeing in 29 breast cancer survivors [5]. Programme completion rate was 82% and no adverse effects were identified. There were positive indications of improvements in the physical and mental health. The paper highlights the potential beneficial effects of this self-help intervention for this population and warrants further investigation. The cancer theme continues with a qualitative paper which explores 12 Taiwanese cancer patients’ trust in traditional Chinese medicine and how this may help clinicians interpret patients’ decision making in accessing and using clinical care [6].

Routine clinical data can provide important information on how conditions are treated as well as what resources are required [7]. This paper from Korea provides data on integrated hospital care, using western medicine and traditional Korean medicine, and explores the relationship between them, patterns of patient use, patient satisfaction and the modifications required to improve care.

Heart rate variability (HRV) is an important predictor of health. Park et al. used data from 287 gynaecological patients (with a variety of conditions) to define oriental medicine diagnostic patterns which could be considered prior to treatment [8]. The authors believe that the pattern scores, related to decreased sympathetic and vagal activity, should be considered to avoid the risk of cardiovascular disease and depressive disorder.

The absence of any specific health condition/diagnosis can be described as a sub-health state and this concept in Traditional Korean Medicine (TKM) is known as Mibyeong, which can provide indications for preventive medicine [9]. This paper describes how the Delphi technique was used to obtain consensus from 10 TKM experts on the potential classifications of subtypes of Mibyeong in order to aid diagnosis, treatment and policy. To establish the standards for Mibyeong, clear definitions and further research are needed.

Vitex cienkowskii Kotschy & Peyritsch (VC) (stem bark and a traditional medicine in the Cameroons) has shown potential hypotensive effects in an experimental study on rats [10]. The study suggests that the methanol/methylene chloride extract of VC possesses anti-oxidant activity and exerts protective effects on blood vessels by improving nitric oxide availability. This data justifies the traditional use of this plant as it appears to exert a cardio protective effect potentially utilised in treatment of cardio vascular disorders, hypertension in particular. The growing problem of antimicrobial drug resistance, particularly the emergence of Extended-Spectrum-Beta-Lactamase (ESBL) is now a well-recognised threat to population health. This laboratory study by Dhara and Tripathi explores in vitro antimicrobial activity of 5 essential oils [11]. Cinnamon and clove oil were found to exhibit strong antibacterial activity, a promising alternative approach.

Calvo et al. [12] report a comprehensive ethnopharmacological study and provide information on plants used to treat digestive problems by inhabitants in the Navarra region of Spain. Information on specific plants was gathered in semi-structured ethnobotanical interviews and validated for pharmacological actions using published reports from monographs and other sources. The authors highlighted four promising species which should be further explored for their potential therapeutic action. Although the use of herbal medicine (HM) is thought to be common in Turkey, there have been few published studies. In this prevalence survey of knowledge-of and attitudes towards HM in over 900 Turkish hospital patients, nearly half used a herbal medicine and 11% claimed they had an adverse effect which they attributed to HM use in the previous 12 months [13]. Half of those reporting an adverse effect were concurrently taking a prescribed medicine. The authors highlight the importance of patient safety and the need for accessible guidelines and information and quality control of HM preparations. A small Australian randomised, double-blind, and placebo-controlled clinical trial indicates a limited potential therapeutic effect of a Chinese...
herbal medicine (CHM) used for osteoarthritis [14]. A study with larger numbers over a longer time period is required.

The effect of light touch and interpersonal interaction is explored in a qualitative study on the Rosen Method Bodywork (RMB) [15]. It suggests that this may act as a motivator for patients to develop their own way of dealing with health problems. The study emphasises that caring is an essential component which has emphasised the importance for its measurement as an interactional component in complementary medicine and integrated medicine.

This issue of EuJIM also features the peer reviewed abstracts of the oral [16–22] and poster presentations [23–31] which were selected for the CAMSTRAND conference ‘Improving the patient experience’ which was held in London in July this year at the University of Westminster. The diversity of postgraduate research being carried out in the UK was showcased, including presentations on Chinese herbal medicine and recurrent urinary tract infections [16] a systematic review of integrated treatment for low back pain [17], reflexology and cancer [20], acupuncture to improve wellbeing for people with lymphoedema [22], and client experience of craniosacral therapy [21]. The studies presented included protocols in development, ongoing studies with preliminary findings and completed studies with more extensive findings. The opportunity for new researchers to present their work to peers in order to obtain constructive criticism and feedback on their research at different stages is helpful for those early on in their career. EuJIM realises the importance of supporting new researchers encouraging them to actively publish their work which will contribute in helping them to build their career. The student section in EuJIM is therefore a key feature of the journal.

References


CAMSTRAND abstracts

Oral presentations


Poster presentations


[25] Thorburn J, Cheng M, Bell L, Yan E, Bell C. Patients’ attitudes towards traditional Chinese medicine and Western medicine in Mainland China
and Hong Kong: a mixed methods study. European Journal of Integrative Medicine 2013 (in this issue).


Professor Nicola Robinson*
London South Bank University, United Kingdom
Mr. Roger Newman-Turner
Osteopath/Naturopath/Acupuncturist, United Kingdom
Dr. Karen Pilkington
Westminster University, United Kingdom

* Corresponding author. Tel.: +44 0207815 7940; fax: +44 0207815 8490.
E-mail address: nicky.robinson@lsbu.ac.uk (N. Robinson)