

Editorial

I am encouraged by the responses we received after the publication of the last issue. Our readers were mostly intrigued by the reply to Madsen's review and the discussion on the future of Chinese medicine. Those papers addressed the same theme; that is, how Chinese medicine will progress from here. Do we need more gold standard randomised controlled clinical trials, or more attention to clinical practice? Do we need more research to identify active constituents of Chinese medicinal herbs and to understand the mechanisms of their actions, or should we return to the classics, to the ancient teachings?

Most clinicians might not be concerned with these questions. However, I am frequently pressed for answers by eager students. There are so many avenues which Chinese medicine may take, just like the variety of treatment options we often have in the clinic. The question I am asked is which pathway we should take and which is the best way to go forward.

AJACM, in spite of being a young journal, has inherited strong pre-natal qi from its creators and has grown and matured quickly. AJACM considers all the avenues important for the development of Chinese medicine, whether using modern technologies or returning to its ancient past. We see the necessity of *qu chang bu duan*, that is, to use 'the strengths of others to complement the shortcomings of ourselves'.

One such example is the paper on the reporting quality of *Shang Han Lun* (Treatise on Cold Diseases) education. The authors used a modern research method, a systematic review, to address common educational problems of the *Shang Han Lun*, a classic work that can be difficult to teach, to learn and to master. Whoever teaches this subject needs both in-depth understanding of ancient Chinese language and clinical skills so as not only to be able to translate the texts into modern Chinese, then into English, but also to interpret the text in the context of clinical experience. The authors focused their research on the reporting quality of *Shang Han Lun* educational studies, but I am confident that their findings will ultimately lead to improved teaching practice for classic literature. My confidence comes from how the CONSORT statement, which was originally designed to improve reporting quality of clinical trials, has transformed clinical research reporting and increased the bar for trials.¹

Another example is the paper on Chinese herbal medicine for endometriosis. The authors observed and reported the clinical effect of a formula. More importantly they used modern laboratory technology to test the changes in the physiological markers, providing ground for further exploration of the herbs. Such information, as indicated by a Letter to the Editor, is urgently needed by our practitioner readers.

This issue also brings you a case study from a new practitioner on the treatment of male infertility caused by obstructive azoospermia, a condition that often requires surgical intervention to assist fertilisation. It is an understudied area of Chinese medicine. I have no doubt that both clinicians and researchers will find this case interesting and inspiring.

Following on from our last issue, we publish an interview of a famous Australian acupuncturist, our very own Xuejian James Liu from Victoria. Dr Liu has extensive clinical experience in China, Australia and other countries. In the paper, the authors ask all the essential questions that every acupuncturist wants to know. For instance, are there ethnic differences in the experience of *deqi*? Between needling techniques and point selection, which is more important? How should a practitioner cope with down time when patients do not respond to the treatments? What does one do when managing a difficult case? We hope this piece will bring some fresh ideas to young practitioners.

The Endangered Species Certification Scheme (ESCS) has been running for two years now. This is an important project funded by the Australian government to promote awareness and compliance with the legal requirements of international trade in endangered species of wild flora and fauna and to recognise ethical practitioners, educators, researchers and traders of Chinese medicine. The project manager and CEO of the Australian Acupuncture and Chinese Medicine Association Ltd sums up the background and mechanisms of the ESCS as well as how individuals and organisations can participate in the scheme.

Finally, please do not forget to read the research snapshots, current research reviews and book review sections. The reader will be interested to see the debate on the role of acupuncture

in stopping smoking and double blinding strategies in Chinese herbal medicine research.

We are interested to know your thoughts on the role of research in the development of Chinese medicine. Please remember to write to us and share your views.

Reference

1. Plint AC, Moher D, Morrison A, Schulz K, Altman DG, Hill C, et al. Does the CONSORT checklist improve the quality of reports of randomised controlled trials? A systematic review. *Med J Aust* 2006;185(5):263-7.

Zhen Zheng
Editor-in-Chief

Letters to the Editor

Dear Editor

I am writing to you to tell you that having just read this edition of AJACM I found it easy to read. I believe it is important to have 'easy to read plain language articles' as I am not someone steeped in research nor someone that is as yet well versed in the language of research papers. Articles such as 'On the Psychological Significance of Heart Governing Shen Ming' by Lifang Qu and Mary Garvey, was informative, but perhaps of more importance to one such as me that is not 'into' research papers was the review 'Response to: Madsen MV, Gøtzche PC, Hróbjartsson A. Acupuncture Treatment for Pain: Systematic Review of Randomised clinical trials with Acupuncture, Placebo acupuncture, and no Acupuncture Groups'. This was important to me as one wedged firmly between research and the public, as it gave me a dissection of research papers that were in contrast to what we see in practice. This is of great value to me in my clinic as I am then able to tell my patients why this can be. At the end of the day, is not the reason for research to inform and educate not just the academic but also the person at the coalface with the public?

Ian Dummett
Tasmania

Dear Editor

RE: Response to: Madsen MV, Gøtzche PC, Hróbjartsson A, Acupuncture Treatment for Pain: Systematic Review of Randomised Clinical Trials with Acupuncture, Placebo acupuncture, and No Acupuncture Groups

Bravo for your response to the Denmark article on pain & acupuncture. Not only do I appreciate sensible articles regarding Chinese medicine, your rebuttal really gave me a different perspective to the content of the Denmark article. I think it is so easy for scientists and clinicians alike to read papers with a 'tunnel-like' vision (and I do admit to this at times, although I like to think I am flexible to new evidence and ideas).

Elisa Loi-Yan Yip
Victoria