

Synergies between Chinese and Western Medicine in Hong Kong and Beyond
Historical and Contemporary Perspectives

Third Bernard H. K. Luke Memorial Lecture in Hong Kong Studies:

**Integrative Medicine from China to the World – 1
Universal Access and Health for All**

Prof Vivian Taam Wong JP
School of Chinese Medicine, LKS Faculty of Medicine, HKU
26 April 2019

Universal Access and Health for All

1. WHO Traditional Medicine Strategy 2014 – 2023
2. World Federation of Chinese Medicine Societies 2002 – 2017
3. Belt & Road Initiative and CM Body Constitution in Primary Health Care
4. Hong Kong as a “super connector”
5. International Best Practice

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Third Bernard H. K. Luke Memorial Lecture in Hong Kong Studies:

**Integrative Medicine from China to the World – 2
Good Practice, Regulations & Scientific Innovation**

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School of Chinese Medicine, LKS Faculty of Medicine, HKU
26 April 2019

Good Practice, Regulations & Scientific Innovation

1. Good Practice in Traditional Chinese Medicine (GPTCM)
2. Pharmacological Regulations and Vigilance
3. Disease - 'Zheng' and Network Pharmacology
4. Old Formulae for Major Disease Burden

Synergies between Chinese and Western Medicine in Hong Kong and Beyond
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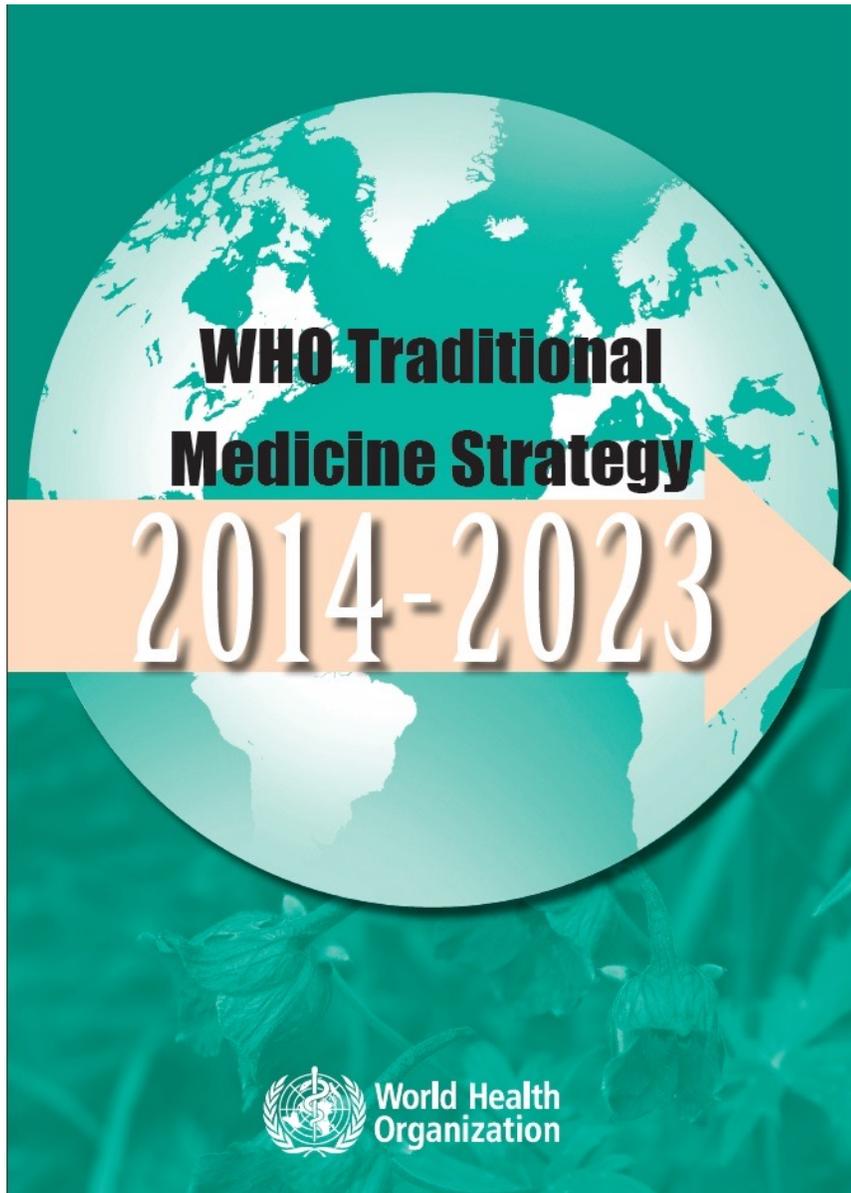
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Strategic objectives, strategic directions and strategic actions

- To build the knowledge base for active management of T&CM through appropriate **national policies**
- To strengthen the quality assurance, safety, proper use and effectiveness of T&CM by **regulating products, practices** and **practitioners**
- To promote **universal health coverage** by integrating T&CM services into health care service delivery and self-health care

Figure 3: T&CM education at university level

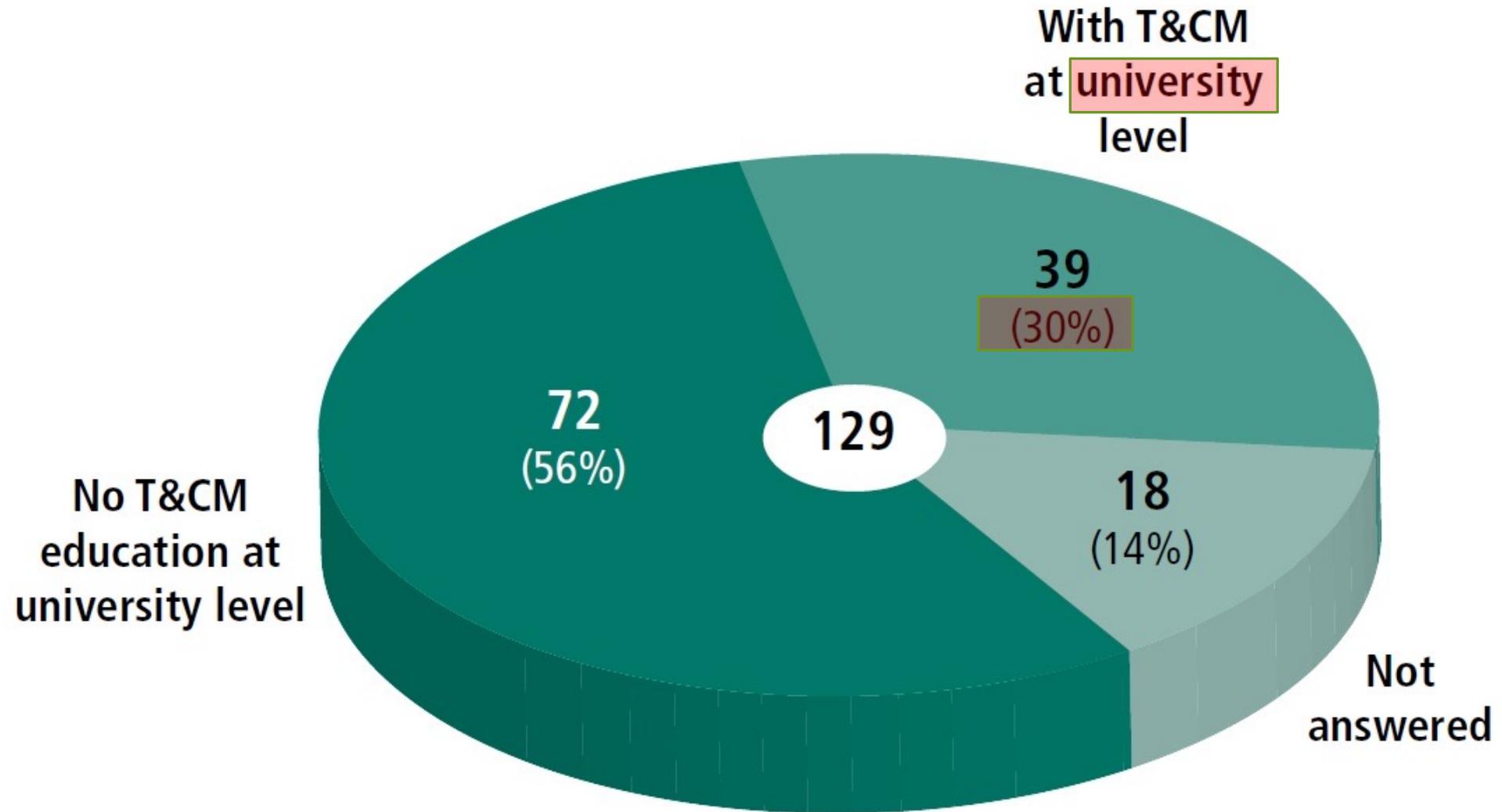
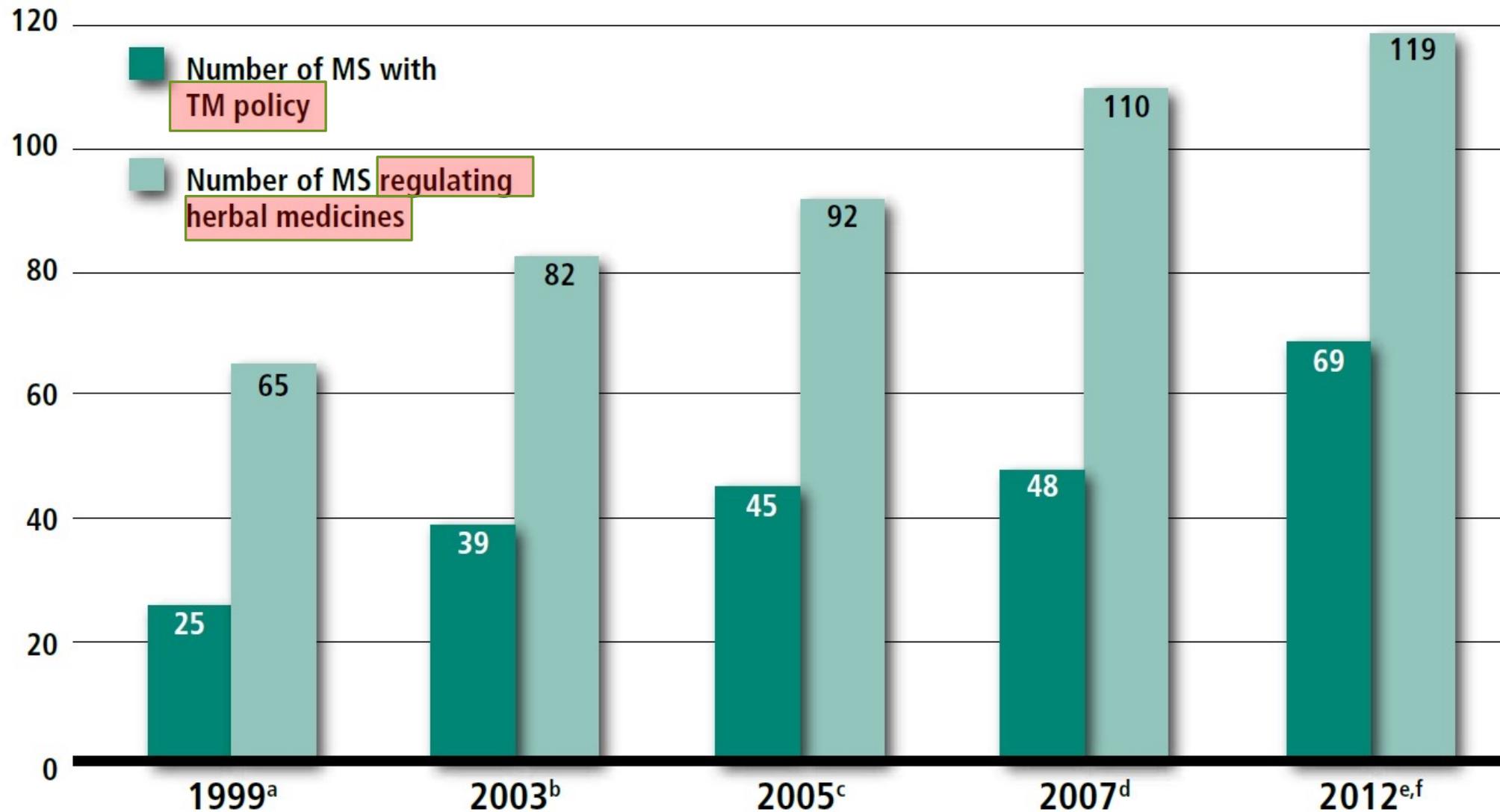


Figure 1: Monitoring changes in country progress indicators defined by the WHO Traditional Medicine Strategy



Box 6: Global Regulatory Cooperation Network for Herbal Medicines (IRCH)

In recent years, there has been an increased focus on regional and international collaboration on regulating medicinal products. Herbal medicines have been a specific workshop topic at meetings of the International Conference of Drug Regulatory Authorities (ICDRA) since 1986. In the T&CM sector, national regulatory authorities responsible for the regulation of herbal medicines have been meeting annually since 2006 as part of the global regulatory network of the International Regulatory Cooperation on Herbal Medicine (IRCH).

Figure 5: Regulations on T&CM practitioners

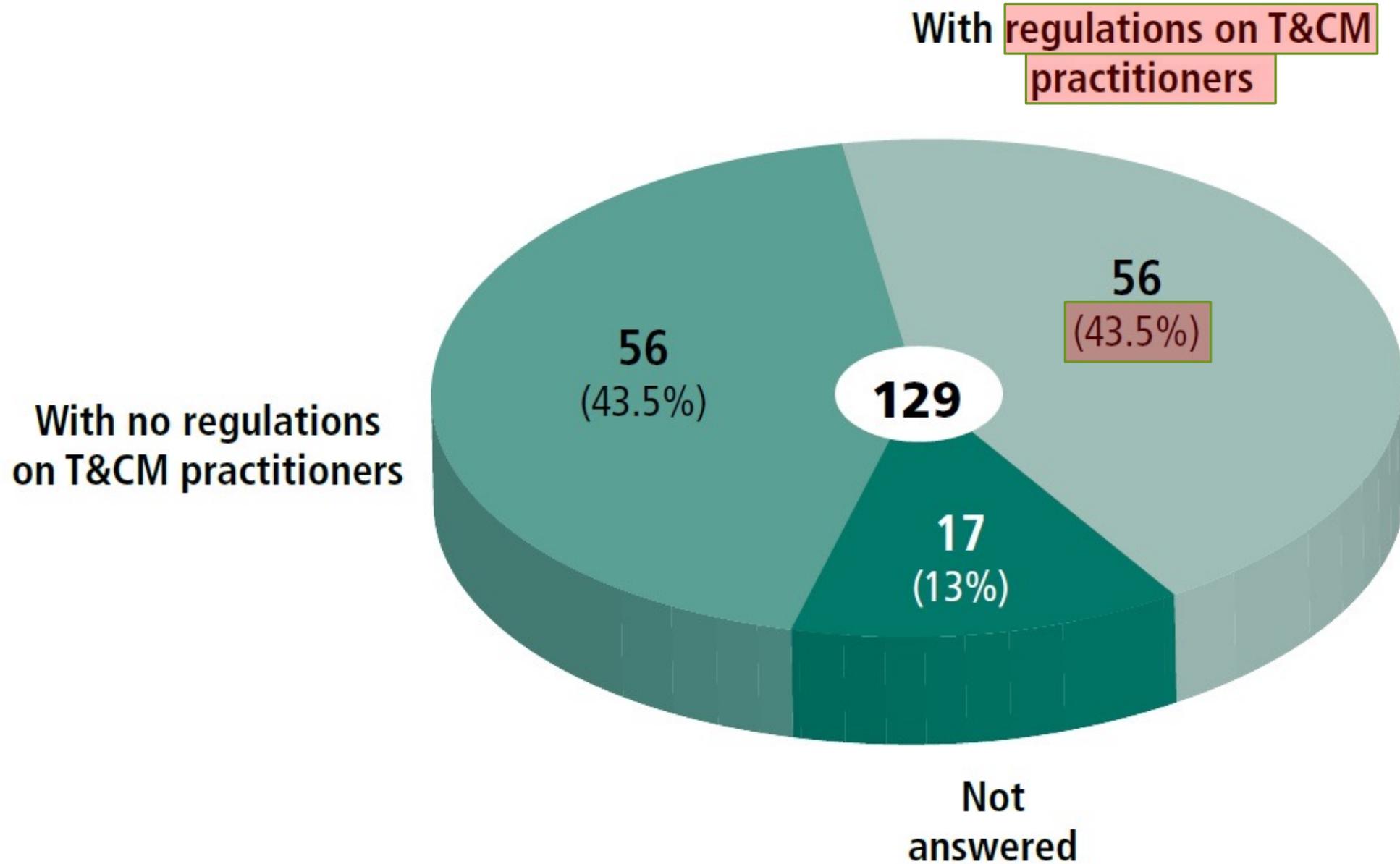
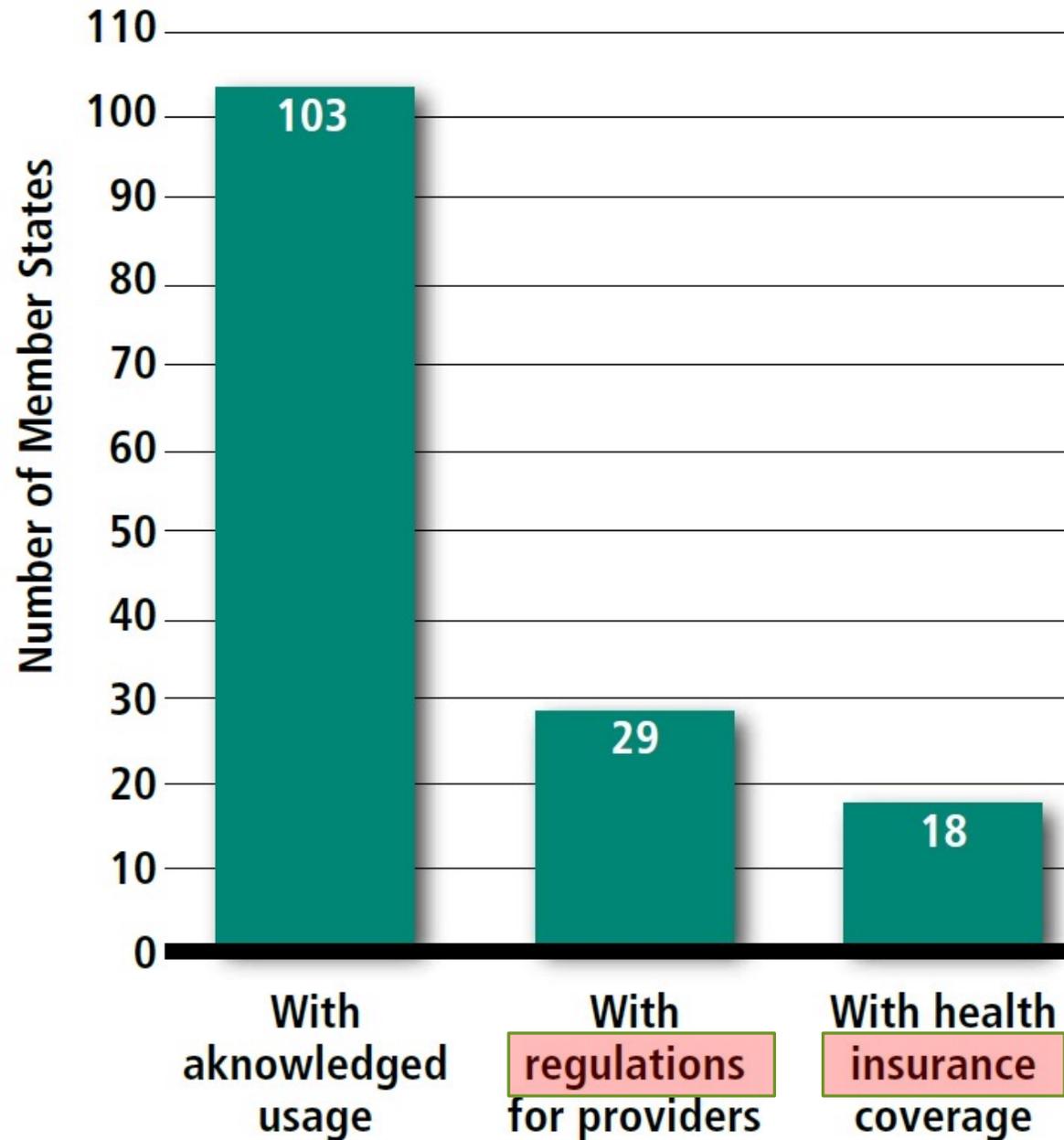


Figure 2: The Use of Acupuncture by Member States



Box 8: TM legislation and national health insurance reimbursement in Japan

In Japan, 84% of Japanese physicians use kampo in daily practice (43). According to the Annual Health, Labour and Welfare Report 2011–2012 (44), the number of registered medical doctors who are sole prescribers of kampo medicines is 295 049. There were 276 517 registered pharmacists who are sole dispensers of kampo medicines. There were also 92 421 acupuncturists, 90 664 moxacauterists, 104 663 massage practitioners and 50 428 judo therapists. As of April 2000, the National Health Insurance Reimbursement List included 147 prescription kampo formulae and 192 herbal materials used in prescription kampo formulae. Acupuncture, moxibustion, Japanese traditional massage, and judo therapy are partially covered by private health insurance (42).

Box 9: TM health service integration in China

In China, there are about 440 700 health-care institutions providing TM services, with 520 600 patient beds, including all levels of TM hospitals and general hospitals, clinics and health stations in urban and rural areas. About 90% of general hospitals include a TM department and provide TM services for both outpatients and inpatients. TM medical institutions are governed by the same national legislation on medical institutions as conventional medical institutions. TM practitioners are allowed to practice in both public and private clinics and hospitals. Government and private insurance fully cover TM including Tibetan, Mongolian, Uygur and Dai traditional medicine. Public or patients are free to choose TM or conventional medicine for health-care services, or their doctors can provide advice on which therapies may be better suited to their health problems (46).

Box 10: T&CM integration into the Swiss health-care system

In Switzerland, the average prevalence of T&CM use (persons who have used T&CM) was 49% (47) after 1990. In 1998, the Federal Department of Home Affairs (DHA) decided that, from 1999 to 2005, five complementary therapies – anthroposophical medicine, homeopathy, neural therapy, phytotherapy and TCM (more precisely, traditional Chinese herbal therapy) – would be covered by the compulsory health insurance program (KLV), if the service was provided by a physician certified in CAM. Meanwhile, the Swiss government also set up a comprehensive programme to evaluate CAM (PEK), which was playing an ever-increasing role in the Swiss medical system, in order to determine its role and effectiveness.

According to the PEK evaluation result, CAM practitioners can be distinguished from physicians providing conventional health care in respect of the nature, location and technical resources of their practice. In 2009, more than 67% of national voters opted for a new constitutional article on CAM, with the result that certain complementary therapies have been re-instated into the basic health insurance scheme available to all Swiss citizens (48). The constitutional article on CAM is also likely to speed up compulsory lessons for medical students, standardization of training and certification in complementary therapies for both doctors and non-medical practitioners, and the availability of CAM products in Switzerland (49).

Figure 6: Difficulties faced by Member States regarding regulatory issues related to the practices of T&CM

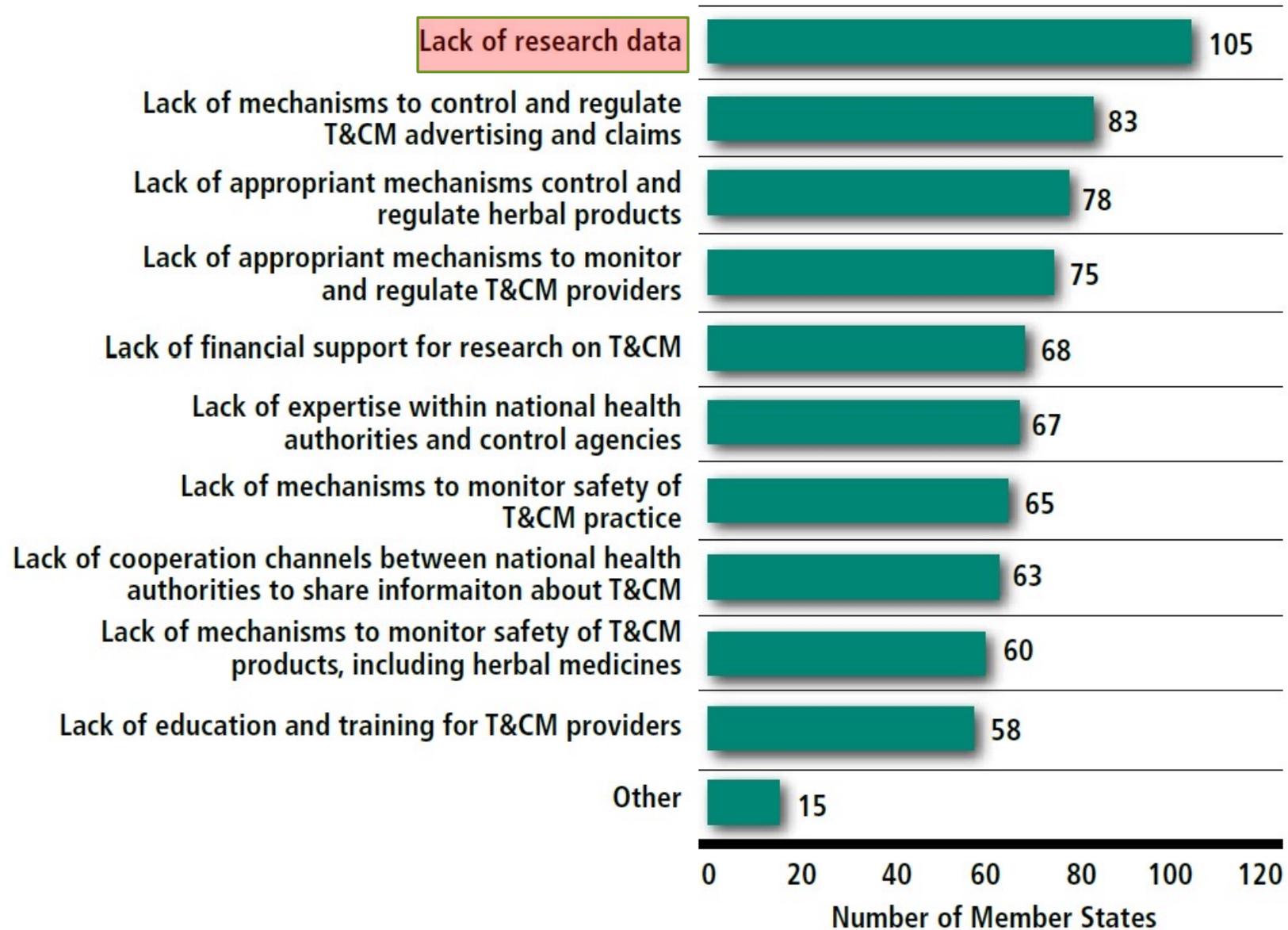


Figure 4: Monitoring changes in country progress indicators defined by the WHO Traditional Medicine Strategy:

Number of MS with national research institutes in TM/CM (including those in herbal medicines)

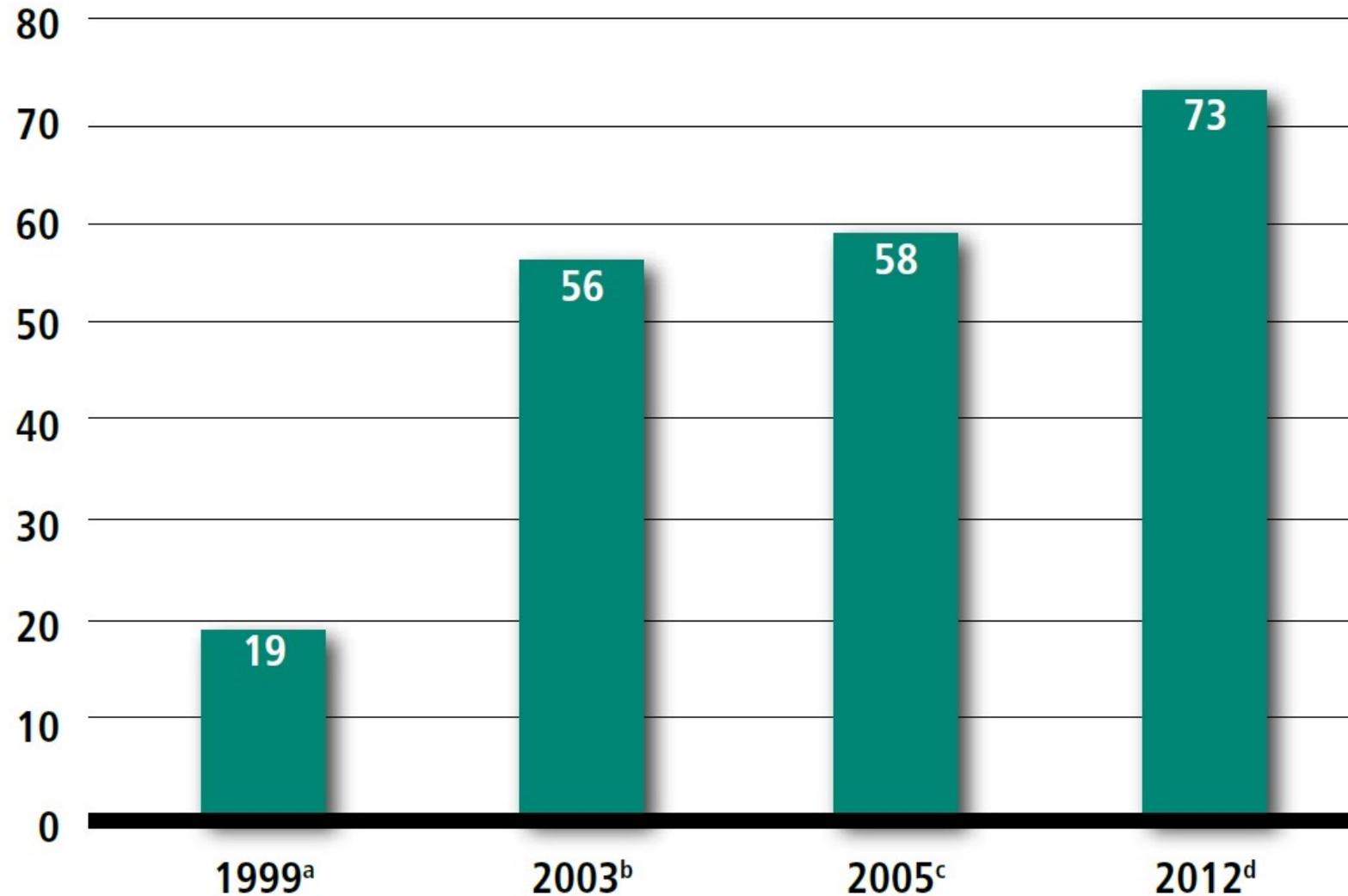


Table 1: Key performance indicators

Strategic objective		Strategic direction		Expected outcomes	Critical indicator
4.1	To build the knowledge base for active management of T&CM through appropriate national policies	4.1.1	Understand and recognize the role and potential of T&CM	<ul style="list-style-type: none"> T&CM practices and practitioners identified and analysed by Member State and country profile devised for T&CM. T&CM policies and programmes established by government. 	<ul style="list-style-type: none"> Number of Member States reporting a national/provincial/state T&CM policy. Number of Member States reporting increased governmental/public research funding for T&CM;
		4.1.2	Strengthen the knowledge base, build evidence and sustain resources	<ul style="list-style-type: none"> Strengthened knowledge generation, collaboration and sustainable use of TM resources. 	

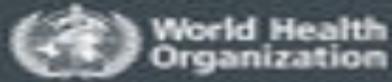
4.2	To strengthen quality assurance, safety, proper use and effectiveness of T&CM by regulating products, practices and practitioners.	4.2.1	Recognize the role and importance of product regulation	<ul style="list-style-type: none"> Established and implemented national regulation for T&CM products including registration. Strengthened safety monitoring of T&CM products and other T&CM therapies. Technical guidelines and methodology developed for evaluating safety, efficacy and quality of T&CM. 	<ul style="list-style-type: none"> Number of Member States reporting national regulation for T&CM products Number of Member States reporting national/provincial/state regulation for T&CM practice Number of Member States reporting national/provincial/state regulation/registration for T&CM practitioners
		4.2.2	Recognize and develop practice and practitioner regulation for T&CM education and training, skills development, services and therapies	<ul style="list-style-type: none"> Standards for T&CM products, practices and practitioners developed by government. Established education/training programme, benchmarks and implementation capacities for T&CM practitioners Improved safe and effective use of T&CM 	

4.3	To promote universal health coverage by integrating T&CM services into health care service delivery and self-health care	4.3.1	Capitalize on the potential contribution of T&CM to improve health services and health outcomes.	<ul style="list-style-type: none"> ■ Integration of T&CM into the health system. ■ Improved T&CM services and accessibility. ■ Improved communication between conventional medicine practitioners, professional bodies and T&CM practitioners concerning the use of T&CM. 	<ul style="list-style-type: none"> ■ Number of Member States reporting national plan/ programme/approaches for integrating T&CM service into the national health service delivery ■ Number of Member States reporting consumer education project/ programme for self-health care using T&CM
		4.3.2	Ensure consumers of T&CM can make informed choices about self-health care.	<ul style="list-style-type: none"> ■ Better awareness of and access to information about the proper use of T&CM. ■ Improved communication between conventional medicine practitioners and their patients about T&CM use. 	

NEWS FEATURE • 26 SEPTEMBER 2018

Why Chinese medicine is heading for clinics around the world

For the first time, the World Health Organization will recognize traditional medicine in its influential global medical compendium.



55000 codes in ICD-11 v 14400 in ICD-10

31 countries were involved in ICD-11 field testing

1673 participants taking part in 112383 code assignments



ICD-11

International Classification of Diseases 11th Revision

The global standard for diagnostic health information

International Classification of Traditional Medicine (ICTM)

26 Traditional Medicine conditions – Module 1

A. Constitution (**structure, function, temperament, adaptation, susceptibility**)

B. Definition of each disorder (TM1), a set of **dysfunctions** in any of the body systems, which presents with associated manifestations:

1. **Symptomology** (tongue, history, voice, smell, pulse)
2. **Etiology** (emotion, environmental factors)
3. **Course & Outcome** (over time)
4. **Treatment response** (of #1&2)

World Health Assembly June 2019

For use by 2022: to record epidemiological data, should not be used for mortality reporting

Universal Access and Health for All

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Establishment Conference of WFCMS
(September 25 to 26, 2003, Beijing, China)



时任中华人民共和国全国人大副委员长蒋正华、全国政协副主席罗豪才出席世界中医药学会联合会成立大会。

Mr. Jiang Zhenghua, vice chairman of the National People's Congress of the People's Republic of China, and Mr. Luo Haocai, vice chairman of Chinese People's Political Consultative Conference, attended the establishment conference of WFCMS.

成为国际标准化组织中医药技术委员会 A 级联络组织

The A-level liaison organization of **ISO/TC249**



马建中主席出席 ISO/TC 249 第九次全体大会。
(2018 年 6 月 中国)

Mr. Ma Jianzhong, chairperson of WFCMS, attended the 9th plenary session of ISO/TC 249. (June, 2018, China)



世界中联代表团参加 ISO/TC 249 第五次全体大会。
(2014 年 5 月 日本)

The delegation of WFCMS participated in the 5th plenary session of ISO/TC 249. (May, 2014, Japan)

成为联合国教科文组织非物质文化遗产保护咨询机构

The Accredited Advisory Institution of UNESCO Intangible Cultural Heritage Protection



世界中联正式成为联合国教科文组织《非物质文化遗产保护公约》第四届缔约国大会认证的咨询机构，是该领域唯一的中医药界代表。（2012年 法国）

WFCMS officially became the accredited advisory institution of the 4th Conference of States Parties to UNESCO the Convention for the Safeguarding of Intangible Cultural Heritage, which is the only representative in the field of Chinese medicine. (2012, France)

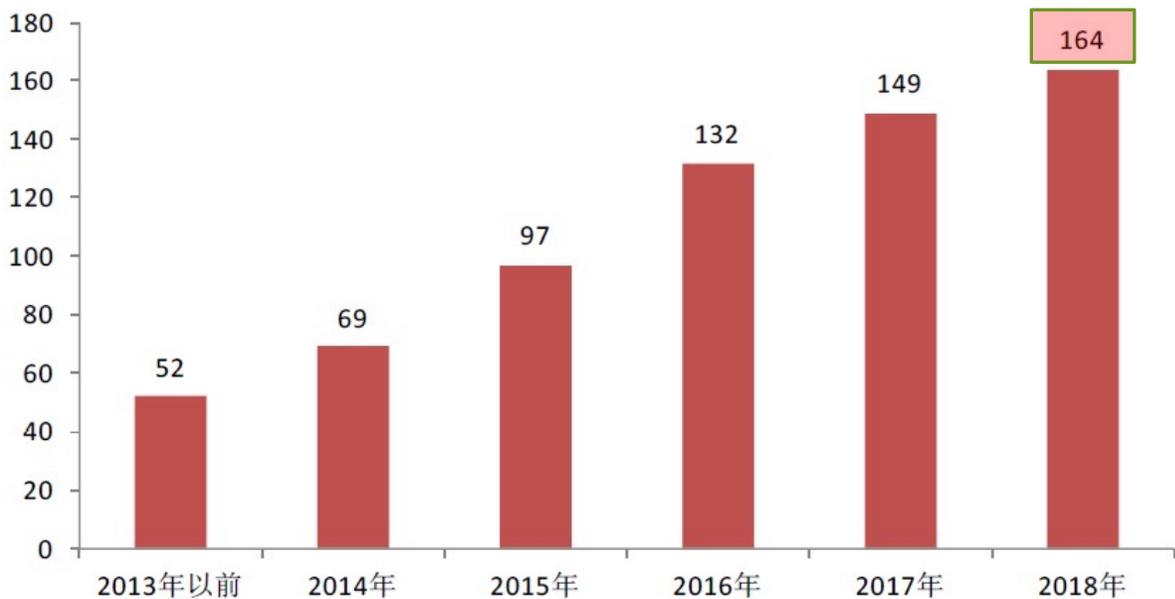


中国外交部原部长、中国人民外交学会名誉会长李肇星出席世界中联首届非物质文化遗产高峰论坛，《世界中医药非遗时讯》正式揭牌。（2018年6月 中国）

Li Zhaoxing, former Minister of the Ministry of Foreign Affairs of China and honorary president of the Chinese People's Institute of Foreign Affairs, attended the 1st Summit of the Intangible Cultural Heritage of the World Federation of Chinese Medicine, and the *World Chinese Medicine Intangible Cultural Heritage News* was officially launched. (June, 2018, China)

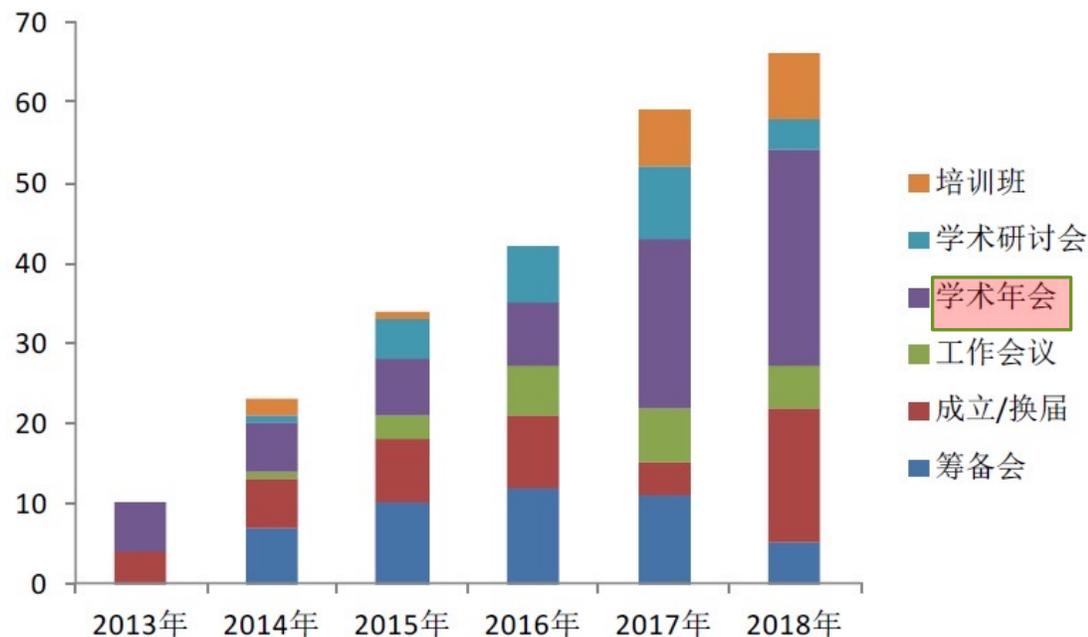
分支机构学术活动

Academic Activates of Branch Organizations



专业委员会发展趋势图

Specialty committee development trend



近6年专业委员会学术活动发展趋势图

The development trend of academic activities of specialty committee in the past 6 years

中医药国际组织标准

International Organization Standard of Chinese Medicine

世界中联制定发布国际组织标准 24 部、专业委员会标准 13 部，包含基础、产品、技术和管理四大类，内容涉及术语、人才、教育、医疗、科研 5 个领域。世界中联国际组织标准的发布实施，填补了中医药国际标准的空白，目前有 90 多个国家和地区的行业协会积极响应采纳实施，为中医药在国际上广泛传播和交流产生了深远的影响。

WFCMS has issued 24 international organization standards and 13 professional committee standards, including basics, product, technology and management. The content covers five areas: nomenclature, talents, education, medical care and scientific research. The issuance and implementation of the standards of WFCMS has filled the gap in the international standards of Chinese medicine. At present, industry organizations in more than 90 countries and regions have actively responded to the implementation and implementation, which has had a profound impact on the wide dissemination and exchange of Chinese medicine in the international arena.

“中医基本名词术语”国际组织标准已发布 10 个语种。其中，《中医基本名词术语中英对照国际标准》已被全球 95 个国家和地区的中医药行业机构采标。《中医基本名词术语中法对照国际标准》得到法国国家药品食品检察署和巴黎国立医院总部的认可。《世界中医学本科（CMD 前）教育标准》发布后，已被新西兰、澳大利亚、越南、马来西亚等国家采标实施，成为世界中医教育健康和可持续发展、各国中医学本科教育质量的有力保障。

The International Organizational Standard for ‘Nomenclature of Chinese Medicine’ has been published in 10 languages. Among them, the International Standard Chinese - English Nomenclature of Chinese Medicine has been adopted by Chinese medicine industry institutions in 95 countries and regions around the world. The International Standard Chinese - French Nomenclature of Chinese Medicine was approved by the French National Food and Drug Administration and the headquarters of the National Hospital of Paris. After the publication of the World Chinese Medicine Undergraduate (CMD) Education Standards, it has been adopted by New Zealand, Australia, Vietnam, Malaysia and other countries, and has become a powerful guarantee for the healthy and sustainable development of Chinese medicine education and the quality of undergraduate education in various countries.

国际中医药考试

International Chinese Medicine Examination

依据《国际中医医师专业技术职称分级标准》和《国际中医医师测试与评审规范》，国际中医药职业资格考评规范实施。截止目前，覆盖 40 余国家数千名国际中医药从业人员参加了水平考试，200 余人获得了高级技术职称。

According to the International **TCM Physician Professional Technical Title Grading Standards** and International TCM **Physician Testing and Evaluation Standards**, the international Chinese medicine professional qualification evaluation norms are implemented. Up to now, thousands of international Chinese medicine practitioners from over **40 countries** have participated in the level examination, and more than 200 people have obtained senior technical titles.



中药专业技术人才培养美国基地（建设单位）揭牌
Chinese Materia Medica Professional and Technical Personnel
Training US Base (Construction Unit) unveils the plate.



国际中医药专业技术职称考试 操作考试
International Chinese Medicine Professional Technical
Title Examination, Operational Examination

伦理认证

CAP certification



2014年12月，经中国国家认证认可监督管理委员会批准，世界中医药学会联合会成为认证机构，开展中医药伦理审查体系（CAP）认证项目。这是目前中国乃至全球第一个传统医学领域的认证项目。截至目前为止，已有43家机构通过认证。

In December 2014, approved by the China National Certification and Accreditation Administration, WFCMS became a certification organization and launched the Chinese Accreditation Program of Ethics Review for CM Research (CAP). This is the first certification project in the traditional medicine field in China and the world. So far, 43 institutions have been certified.

《世界中医药》杂志

World Journal of Traditional Chinese Medicine

《世界中医药》杂志社遵照世界中医药学会联合会宗旨，充分展示现代中医药的先进技术与成果，打造具有中国自主知识产权的世界级品牌期刊，成为世界中联科技输出和文化输出的重要窗口。

目前，共出版 8 种期刊，以汉语、英语、西班牙语、意大利语等多种文版发行于美国、加拿大、英国、德国、意大利等 60 多个国家和 90 多个大使馆。

In accordance with the purpose of WFCMS, the *World Journal of Traditional Chinese Medicine* fully demonstrates the advanced technologies and achievements of modern Chinese medicine, and creates world-class brand journals with independent intellectual property rights in China, which has become an important window of the world's technology output and cultural output.

At present, a total of 8 journals have been published in the United States, Canada, Britain, Germany, Italy and more than 60 countries and more than 90 embassies in various languages such as Chinese, English, Spanish, and Italian.



墨西哥版国际合作签约仪式

The international cooperation signing ceremony of Mexican version



英文刊与威科国际出版集团合作签约仪式

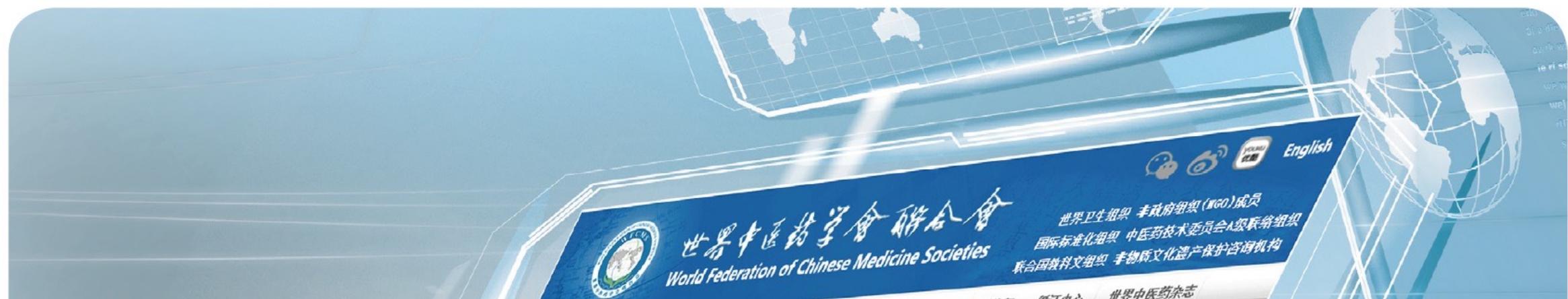
Signing Ceremony of Cooperation between English Journal and Wolters Kluwer International Publishing Group

互联网大数据

Internet Big Data

世界中医药学会联合会不断加大信息化建设力度，目前已经形成了以官网为核心、功能齐全、覆盖面广、由 20 个网站组成的网络集群，服务范围覆盖了全球 130 多个国家和地区，总点击量超过 600 万次。

WFCMS has continuously intensified the construction of informatization. At present, it has formed a network cluster with **20 websites** with the core of official website, which has complete functions and comprehensive covering. The service covers over **130 countries** and regions around the world, with the total number of hits exceeded 6 million.



World Federation of
Chinese Medicine Societies
(WFCMS):
4 paths and 10 platforms

十个平台

Ten platforms

为中医药走向世界提供：
学术会议平台、标准技术平台、
考试认证平台、教育培训平台、
服务贸易平台、科技文化服务平台、
互联网大数据平台、展会平台、
舆论宣传平台、奖励平台

Providing Chinese medicine to the world
with academic **conference** platform, standard
technology platform, examination and
certification platform, education and **training**
platform, service **trade** platform, science,
technology and **culture service** platform,
Internet **big data** platform, **exhibition** platform,
public opinion **promotion** platform, **reward**
platform.

四个路径

Four paths

推进中医药的国际化、产业化、
标准化、信息化发展

Promoting the **internationalization**,
industrialization, **standardization** and
informationization of Chinese medicine

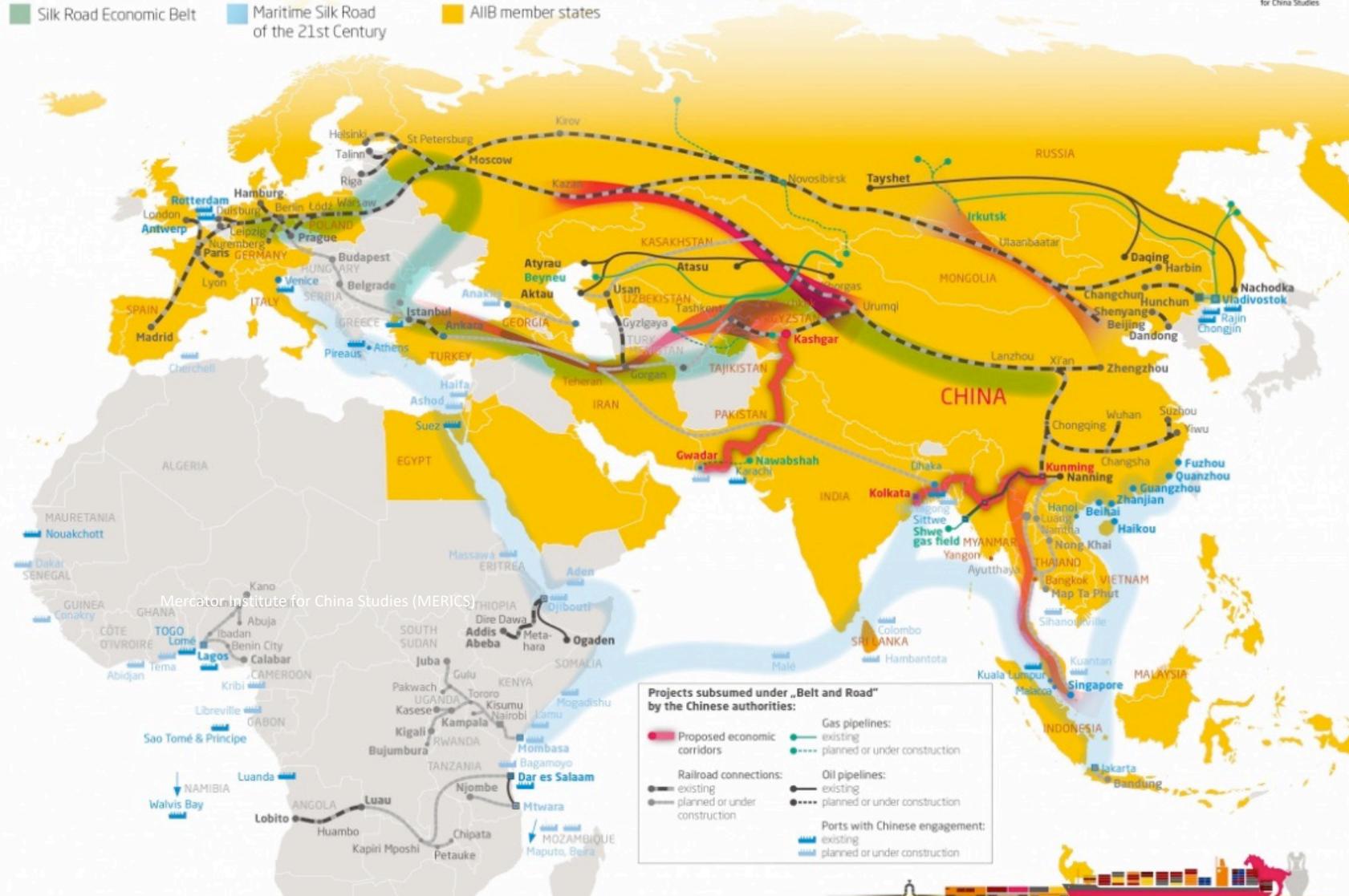
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Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

China aims to build a global infrastructure network

"Belt and Road" infrastructure projects, planned and completed (March 2017)



establish new markets for TCM products
 > 30 new TCM centres already established

Source: MERICS research

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

The Meaning and value of the Belt and Road Initiative (BRI) – Wang Qi

- 彰顯中醫藥的特色優勢，為國際社會健康服務

Highlight the advantages of TCM for international health service

- 提升中醫藥自身的服務水平，促進中醫藥國際化

Improve service and promote internationalization of TCM

- 是中醫藥在創新發展轉化過程中，形成新的經濟增長點

A new way to promote economic growth during TCM development

www.nature.com/scientificreports

SCIENTIFIC REPORTS

OPEN

Morbidity pattern of traditional Chinese medicine primary care in the Hong Kong population

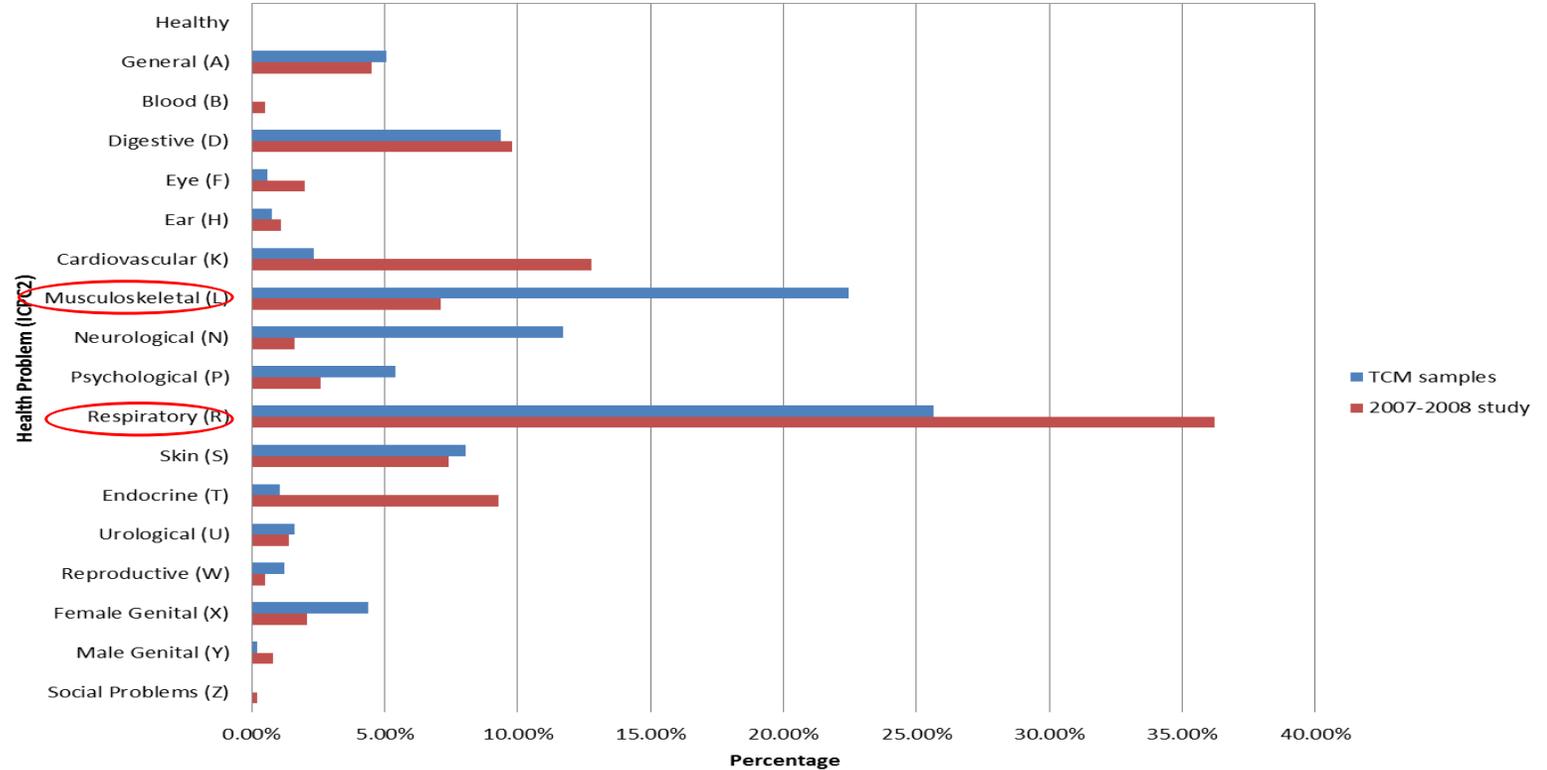
Received: 5 January 2017
Accepted: 29 June 2017
Published online: 08 August 2017

Wendy Wong¹, Cindy Lo Kuen Lam², Xiang Zhao Bian³, Zhang Jin Zhang¹, Sze Tuen Ng⁴ & Shong Tung⁵

Primary care manages >90% of illnesses requiring medical services in Hong Kong, in which 9,513 registered Chinese medicine practitioners (CMPs) provide 8.2% of the consultations. This is the first study aimed to determine the morbidity pattern in different Traditional Chinese Medicine (TCM) primary care settings in Chinese population. 55,312 patients' encounters were classified by the International Classification of Primary Care-2 (ICPC-2) from 260 of CMPs. Mean patient age was 50.5 years, with more females than males (67.0% vs 33.0%). Most patients consulted CMPs for chronic (64% vs 33.7%) rather than acute conditions. Among the 30% of patients, hypertension (49.5%) or diabetes (18.5%) were the most common co-morbidity. The most common problems presenting to CMP were respiratory (24.9%), musculoskeletal complaints (22.7%), cough (11.7%), and lower back pain (6.6%). To our knowledge, this was the first study permitting direct comparison with that presenting to Western medicine (WM) primary care by ICPC-2 systems. The results confirmed the role of CMP in primary care for musculoskeletal or chronic illnesses that they may have also received conventional WM treatment. We recommend greater effort and more resources should be invested to promote interdisciplinary communication to ensure safety and synergy of TCM and WM in primary care.

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

Most frequent TCM consultations:
Respiratory,
Musculoskeletal
symptoms



Disease burden:
Hypertension, Diabetes

Chronic morbidity	Overall	Age group					Sex		
		Paediatrics < 15	Adolescents 15-24	Young adult 25-44	Adults 45-64	Elderly ≥ 65	Male	Female	
Size (n)	45134	2186	2473	11665	16973	11828	14800	30315	
Chronic diseases (n, (%))	13686 (30.3)	291 (13.3)	228 (9.2)	1371 (11.8)	4848 (28.6)	6944 (58.7)	4877 (33.0)	8803 (29.0)	
(Column %)									
K86	Hypertension uncomplicated	49.5	0.34	0.88	11.31	40.5	67.1	52.2	48.1
T90	Diabetes non-insulin dependent	18.5	0.00	0.00	4.2	17.2	23.5	20.0	17.7
R97	Allergic rhinitis	6.1	63.2	45.2	17.4	5.1	0.9	6.8	5.7
P76	Depressive disorder	4.2	0.0	0.4	10.6	6.7	1.5	1.6	5.6
K90	Stroke/cerebrovascular accident	3.7	0.0	0.0	0.0	3.1	5.0	6.1	2.3

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

Addressing the 4 problems and 5 strategies in promoting TCM under “BRI”

P1: What are health care **challenges** worldwide?

有什麼世界健康難題？

P2: What are difficult medical **problems** worldwide?

有什麼世界醫學難題？

P3: What is the **most pressing** health care requirement under “BRI”?

有什麼沿線國家緊迫的健康需求？

P4: How to **standardize** the TCM-diseases in the international classification of diseases?

如何對國際疾病分類中傳統醫藥類疾病進行標準化研究？

S1: **Common, frequently-occurring, and chronic diseases with CM advantage**

常見病、多發病、慢性病中的優勢環節與優勢病種

S2: Employ TCM diagnosis and treatment, appropriate technologies and mature methods

使用特色診療、適宜技術、成熟方法

S3: Link with international medical institutions of TCM in the surrounding areas

與境內沿線周邊地區的中醫藥國際醫療機構聯繫

S4: Establish overseas TCM institutions & health service centers

建立境外中醫醫療機構、健康服務中心及示範點

S5: Apply methods for TCM Constitution **“Preventive treatment”**

中醫“治未病”方法與技術的推廣應用

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

Prof Wang Qi of BUCM plans to use BC to prevent and treat diseases, with a view to benefit global public health.

Research using advanced technology such as molecular biology, facial feature recognition and uncooled infrared thermography section imaging could help to build risk forecasting model of chronic diseases for prevention and treatment in a Chinese style public health service.

Validation of the Constitution in Chinese Medicine Questionnaire: Does the Traditional Chinese Medicine Concept of Body Constitution Exist?

Wendy Wong,¹ Cindy Lo Kuen Lam,¹ Vivian Taam Wong,² Zhi Min Yang,³ Eric T. C. Ziea,² and Andrew Ka Lun Kwan²

¹Department of Family Medicine and Primary Care, the University of Hong Kong, Hong Kong

²Chinese Medicine Department and Integrative Medicine, the Hong Kong Hospital Authority, Hong Kong

³Affiliated Hospital of Guangzhou University of TCM, Hong Kong

Evidence-Based Complementary and Alternative Medicine

Volume 2013, Article ID 481491, 14 pages

<http://dx.doi.org/10.1155/2013/481491>

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

Why can we measure the abstract concept on TCM?

Capturing Latent variables – SF 36

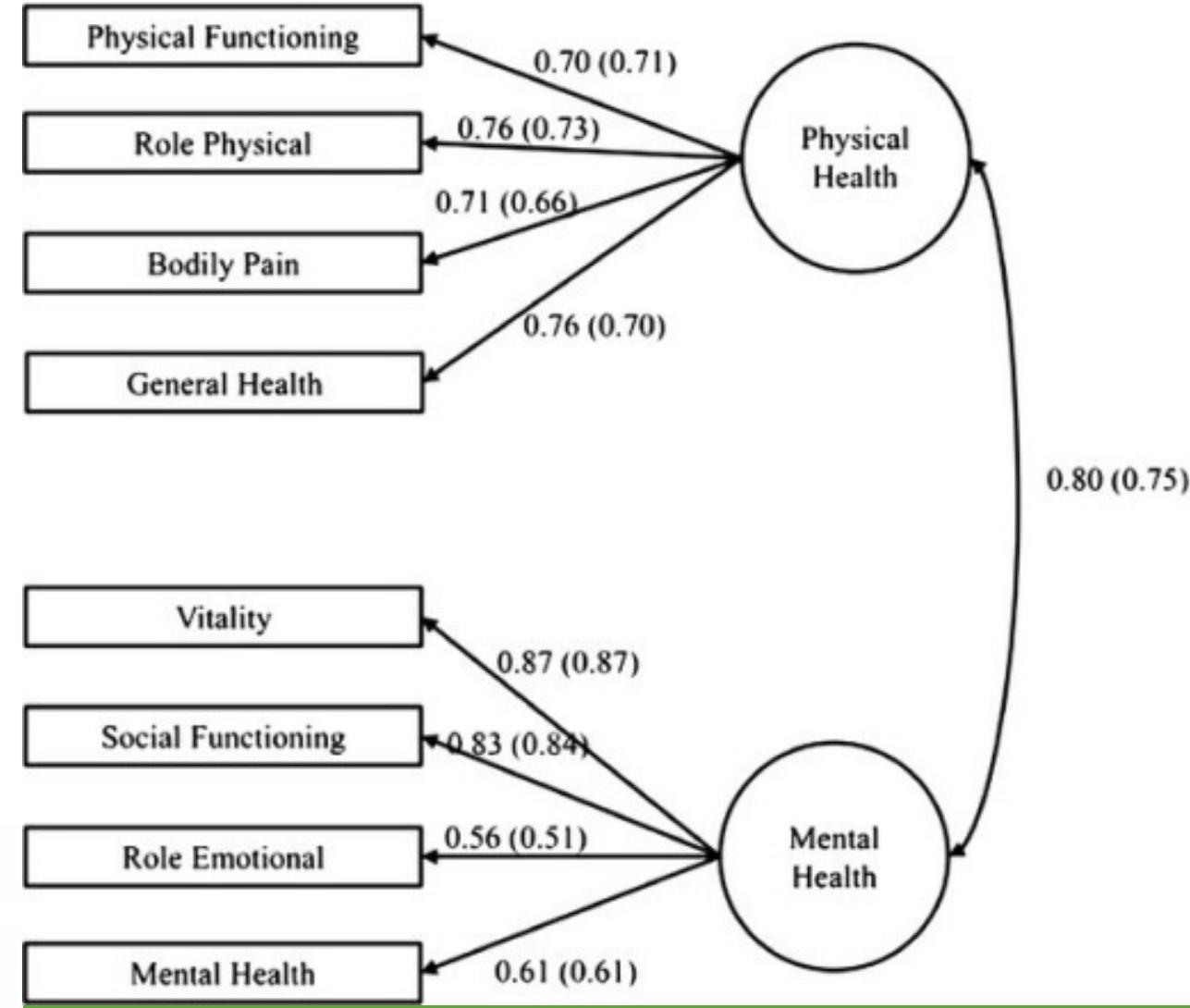
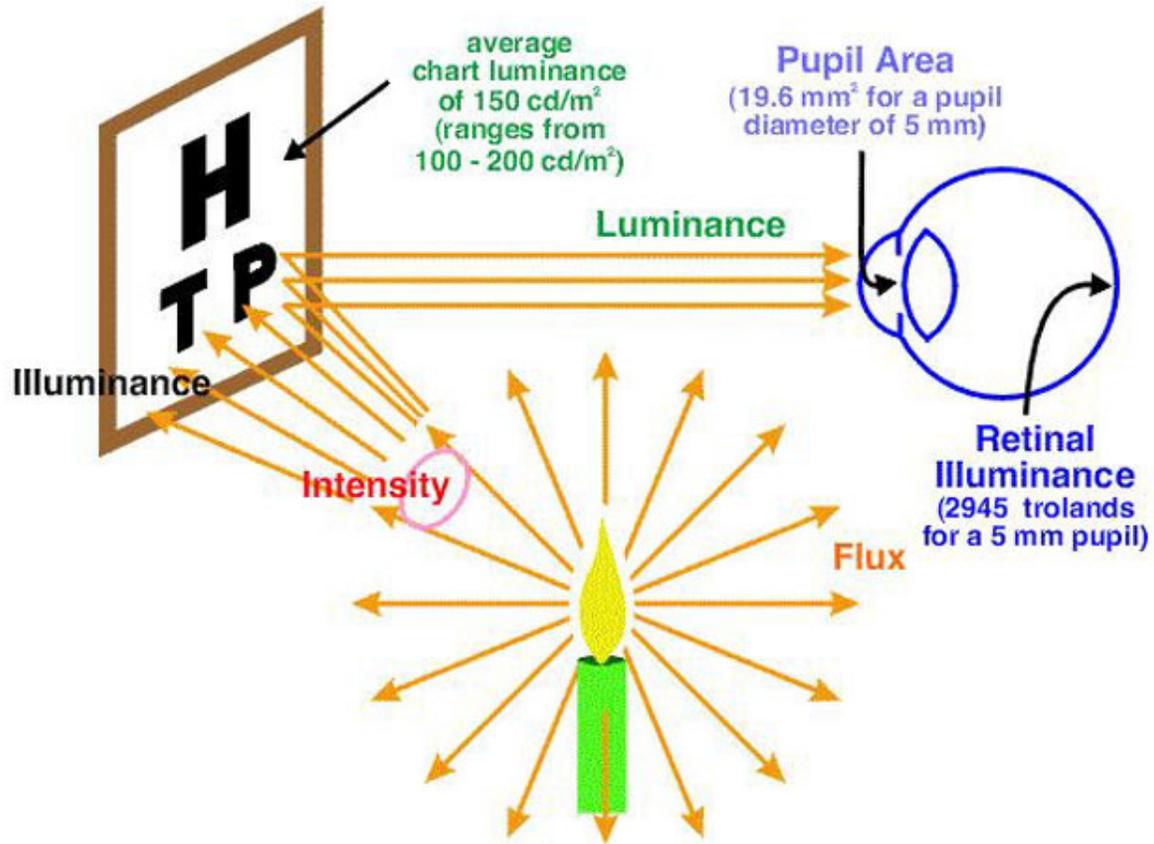


Figure 8. Photometric quantities illustrating flux, intensity, illuminance and luminance. Retinal illuminance of 2945 trolands is achieved through a pupil diameter of 5 mm and a chart luminance of 150 cd/m².

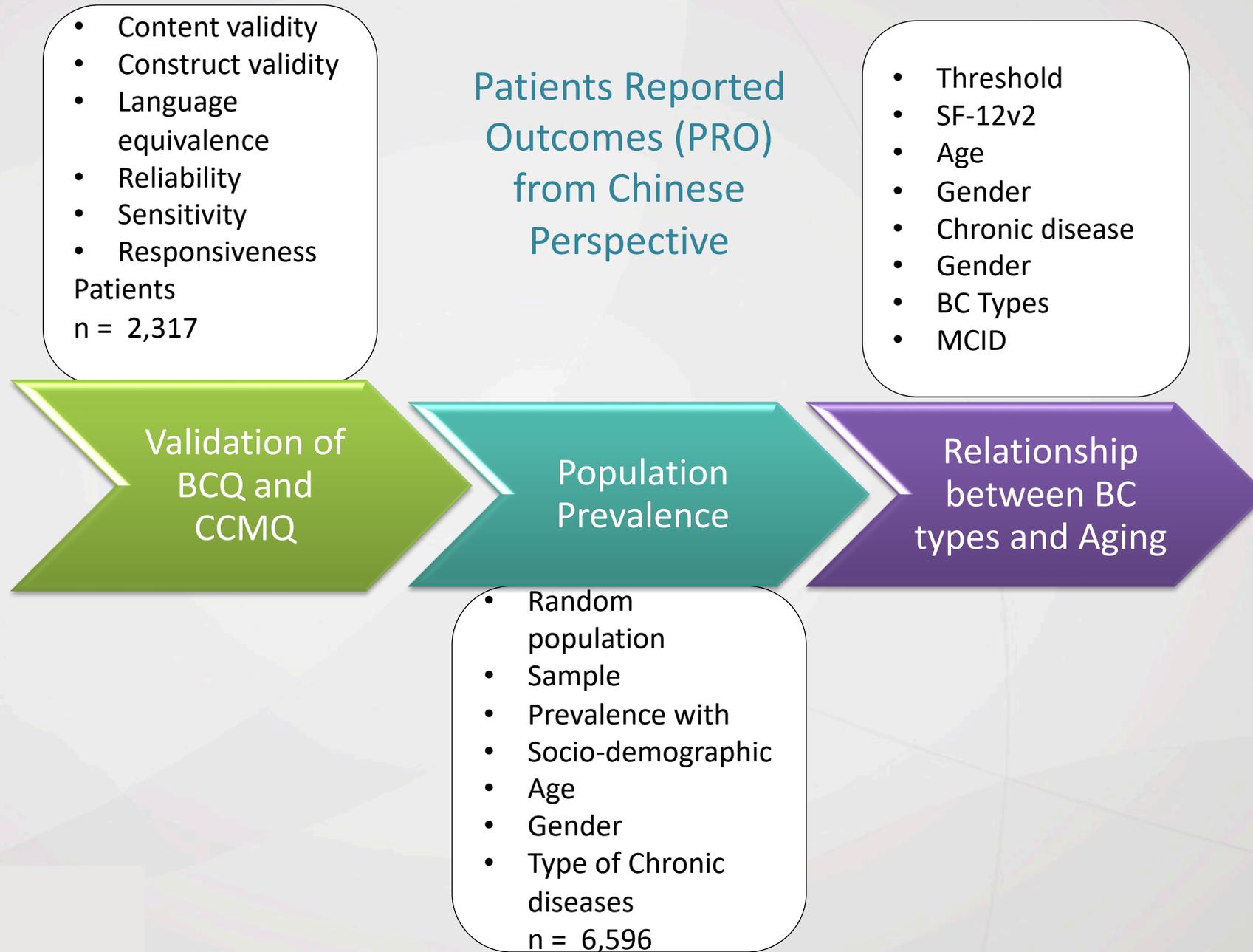
Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

Patients Reported Outcomes (PRO) from Chinese Perspective

- Constitution of Chinese Medicine Questionnaire, CCMQ
- Body constitution of questionnaire, BCQ
- Chinese Quality of Life, ChQOL
- EQ-5D
- SF-36, SF-12v2, SF-6D

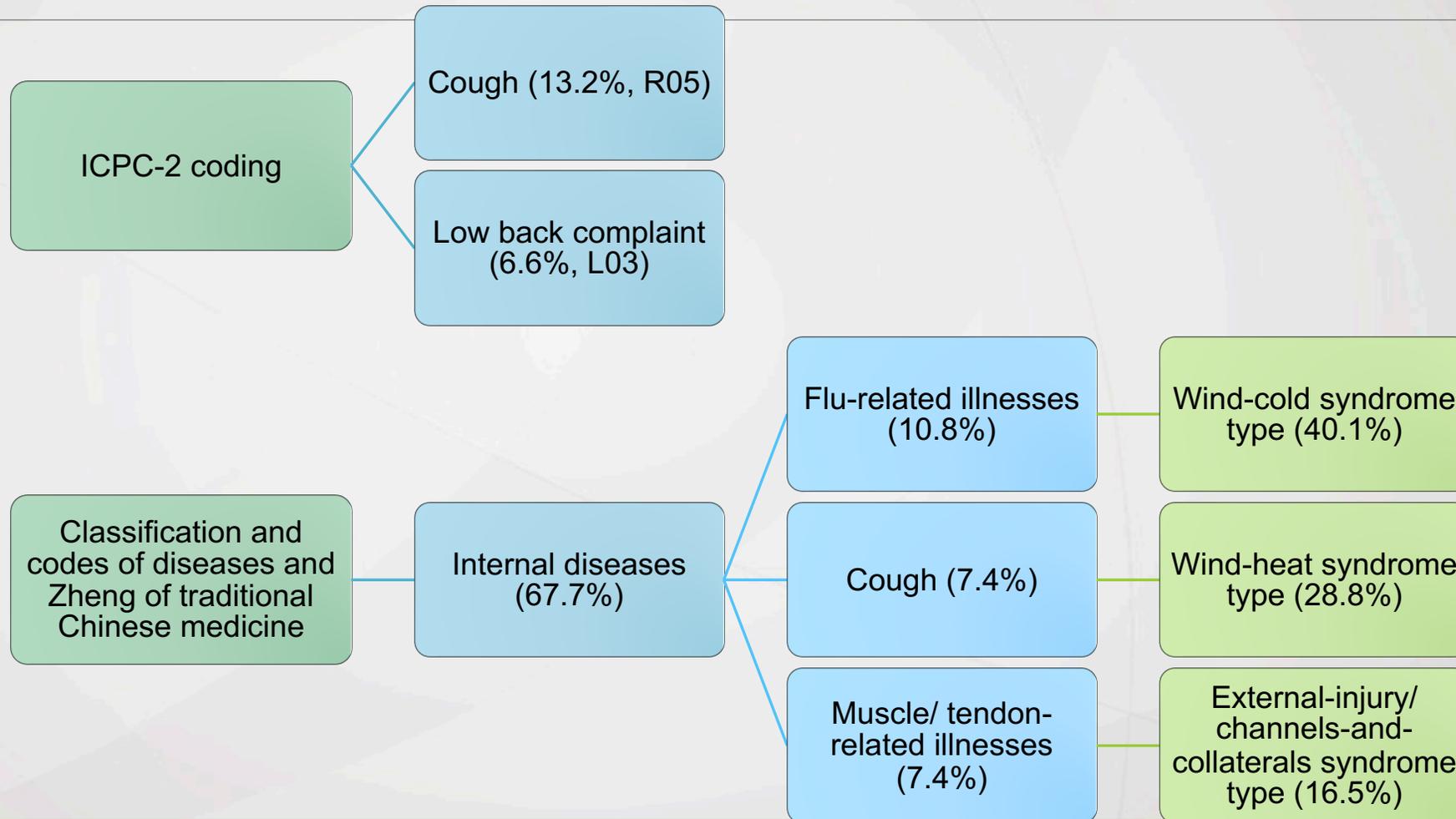
- Hong Kong, China, Thailand, Malaysia, US, Canada, French

Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care



Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care

TCM Coding used in China have been modified for ICD-11



Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care



Belt & Road Initiative and CM Body Constitution (BC) in Primary Health Care



Available online at www.sciencedirect.com



J. Genet. Genomics 37 (2010) 371–379

JOURNAL OF
GENETICS AND
GENOMICS

www.jgenetgenomics.org

Polymorphisms in *PPARD*, *PPARG* and *APMI* associated with four types of Traditional Chinese Medicine constitutions

Yanrui Wu^{a, 1}, Yina Cun^{a, 1}, Jing Dong^b, Jingru Shao^a, Shengjun Luo^a, Shengjie Nie^a,
Haijing Yu^a, Bingrong Zheng^a, Qi Wang^{c, *}, Chunjie Xiao^{a, *}

^a Human Genetics Center of Yunnan University, Kunming 650091, China

^b The General Hospital of the Air Force, Beijing 100036, China

^c Center for Studies in Constitution Research of Traditional Chinese Medicine,
Beijing University of Chinese Medicine, Beijing 100029, China

Received for publication 10 December 2009; revised 30 April 2010; accepted 10 May 2010

- 233 Han, into 4 groups: normal, yang deficient, yin deficient, phlegm wetness
- with 23 SNPs in 3 genes, genotyped by PCR-RFLP, with significant difference in:
 - Hap13 of *PPARG* in Yin Deficiency
 - Hap25 of *APMI* in Yang Deficiency
 - Hap2 of *PPARD* & Hap14 of *PPARG* in Phlegm-wetness

**Molecular Basis for Cold-Intolerant
Yang-Deficient Constitution of Traditional
Chinese Medicine**

Qi Wang and Shilin Yao*

Center for Studies in Constitution Research of Traditional Chinese Medicine

School of Basic Medicine, Beijing University of Chinese Medicine

Beijing 100029, China

The American Journal of Chinese Medicine, Vol. 36, No. 5, 827-834, 2008

- Identified 785 genes up-regulated and 954 down-regulated in 8 yang deficient subjects.
- Expression of TRbeta, SRC1, SRC3, CREB binding protein and Mediator is significantly decreased, which may lead to impaired thermogenesis.

Universal Access and Health for All

1. WHO Traditional Medicine Strategy 2014 – 2023
2. World Federation of Chinese Medicine Societies 2002 – 2017
3. Belt & Road Initiative and CM Body Constitution in Primary Health Care
4. Hong Kong as a “super connector”
5. International Best Practice

CM Regulation & Policy in Hong Kong

- Regulation of Chinese Medicines
 - Legislation of CM Ordinance (July 1999)
- HKSAR
 - Policy Address on establishing 18 Chinese Medicine (CM) clinics by phases (2000)
- CM as public healthcare service (2001)
- Chinese Medicine Council of Hong Kong
 - Registration of CM
 - Regulatory system for Chinese medicine
 - (Transitional) registration of proprietary Chinese medicines



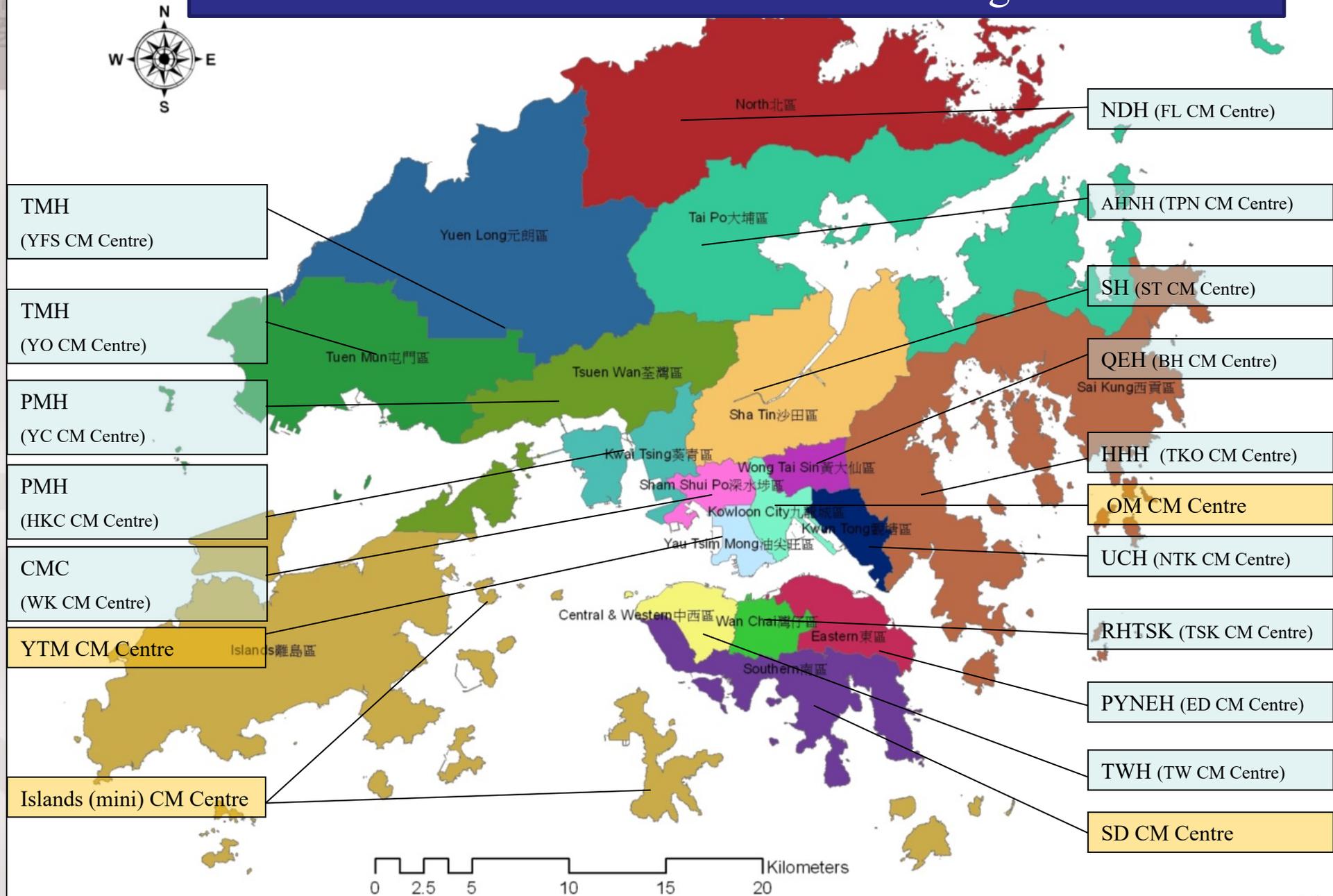
Objectives of CM Service In Hong Kong

- to develop a model for CM **training**;
- to systematise the **knowledge** base of CM;
- to promote the development of “evidence-based” CM practice through clinical **research**;
- to develop **standards** in CM practice; &
- to develop models of **interface** between CM & WM
- to **integrate** CM into the whole public health care system

“The future direction for the development of traditional Chinese medicine services in the public sector (Discussion paper No. CB(2)1748/04-05(05)) - The Legislative Council 2005”



Distribution of 18 CM Centres for Training & Research



Scholarships and Fellowships for CM Specialty Training



Junior Scholarships 初級獎學金 2009 - 2012

上海中醫藥大學 Shanghai University of
Traditional Chinese Medicine
附屬岳陽中西醫結合醫院、龍華醫院及曙光醫院

專科	人數
針灸科 Acupuncture	3
腫瘤科 Oncology	1
老人科 Geriatrics, 男科 Andrology	2
婦科 Gynaecology	3
皮膚科 Dermatology	3
呼吸科 Respiratory Med.	1
內分泌科 Endocrinology	1
總人數 Total	<u>14</u>

中國中醫科學院 Chinese Academy
of Chinese Medical Sciences
西苑醫院

專科	人數
針灸科 Acupuncture	3
腫瘤科 Oncology	1
老人科 Geriatrics	1
婦科 Gynaecology	1
總人數 Total	<u>6</u>

專科	人數
神經內科 Neurology	6
腫瘤科 Oncology	2
老人科 Geriatrics	1
內分泌科 Endocrinology	3
消化科 Gastroenterology	2
心血管科 Cardiovascular Med.	1
總人數 Total	<u>15</u>

Senior Scholarships 高級獎學金 2011-2012

中國中醫科學院 Chinese Academy
of Chinese Medical Sciences
西苑醫院

專科	人數
心血管科 Cardiovascular Med.	1
腫瘤科 Oncology	1
老人科 Geriatrics	2
消化科 Gastroenterology	1
<u>總人數Total</u>	<u>5</u>

上海中醫藥大學 Shanghai University of
Traditional Chinese Medicine
附屬岳陽中西醫結合醫院、龍華醫院

專科	人數
腫瘤科 Oncology	1
皮膚科 Dermatology	1
針灸科 Acupuncture	2
<u>總人數Total</u>	<u>4</u>

Fellowships 特級獎學金 2011-2012

- 對象:中醫教研中心的高級中醫師 for Senior CMPs
- 培訓時間:3-6月內每週1-2天
- **廣東省中醫院 Guangdong Province CM Hospital**
- 培訓專科: 疾病負擔重、社會需求較大、有急需的專科人材
Major disease burden, more social demand, urgent need for specialists

專科	人數
糖尿病 Diabetes Mellitus	1
骨傷科 Orthopedics & Traumatology	2
<u>總人數 Total</u>	<u>3</u>

HACMK E-Learning Platform 中醫動網站

> Information



It is an area where the general public can obtain useful informative resources on CM such as news, self care tips and promotional videos, which enhances public's understanding in CM.

> Knowledge



It is an area where health professionals can access comprehensive and quality medical information on Chinese Medicine and Western Medicine such as clinical research, synthesized database, journal database, and guides and handbooks, which supports their clinical practice and professional development.

> Education



It is an area where Chinese Medicine Practitioner can update their knowledge and clinical skills through attending different courses and seminars, and communicate with other health professionals in an interactive way.
[Register]

- ▶ CHINESE MEDICINE NEWS DATABASE
- ▶ FEATURED ARTICLES
- ▶ DIAGNOSTICS
- ▶ MEDICINAL/FORMULA
- ▶ CHINESE MEDICINAL SAFETY
- ▶ HEALTH PRESERVATION
- ▶ SELF MANAGEMENT
- ▶ PATIENT GROUP
- ▶ REGULATIONS
- ▶ RECOMMENDED WEBSITES
- ▶ HA PARTNERS
- ▶ PUBLIC HEALTH EDUCATIONAL ACTIVITIES

GO ▶

- ▶ SQCM ONLINE (SIKUQUANSHU)
- ▶ INTERNATIONAL DATABASES
- ▶ LOCAL JOURNALS
- ▶ HA RESEARCH
- ▶ SEMINARS AND CONFERENCES
- ▶ USEFUL LINKS

GO ▶

- ▶ CHINESE MEDICINE BASIC PROGRAM
- ▶ CHINESE MEDICINE SPECIALTY PROGRAM
- ▶ VISITING SCHOLARS
- ▶ CM SCHOLARSHIPS AND FELLOWSHIPS
- ▶ CME FOR CMPS
- ▶ LECTURES, SEMINARS AND CONFERENCES
- ▶ CERTIFICATE IN CM FOR WESTERN TRAINED PROFESSIONALS
- ▶ HEALTH SERVICE MANAGEMENT

My Portal ▶ GO ▶

Hospital Authority Website for Education & Research

一个开放的“中医动”网站
(<https://cmk.ha.org.hk/>)，涵盖公共专业人士，医生和研究人员的教育。

中醫動 CMK

天行健 君子以自強不息

醫訊

中醫教研中心於端午節及香港特別行政區成立紀念日翌日的服務安排 ▶

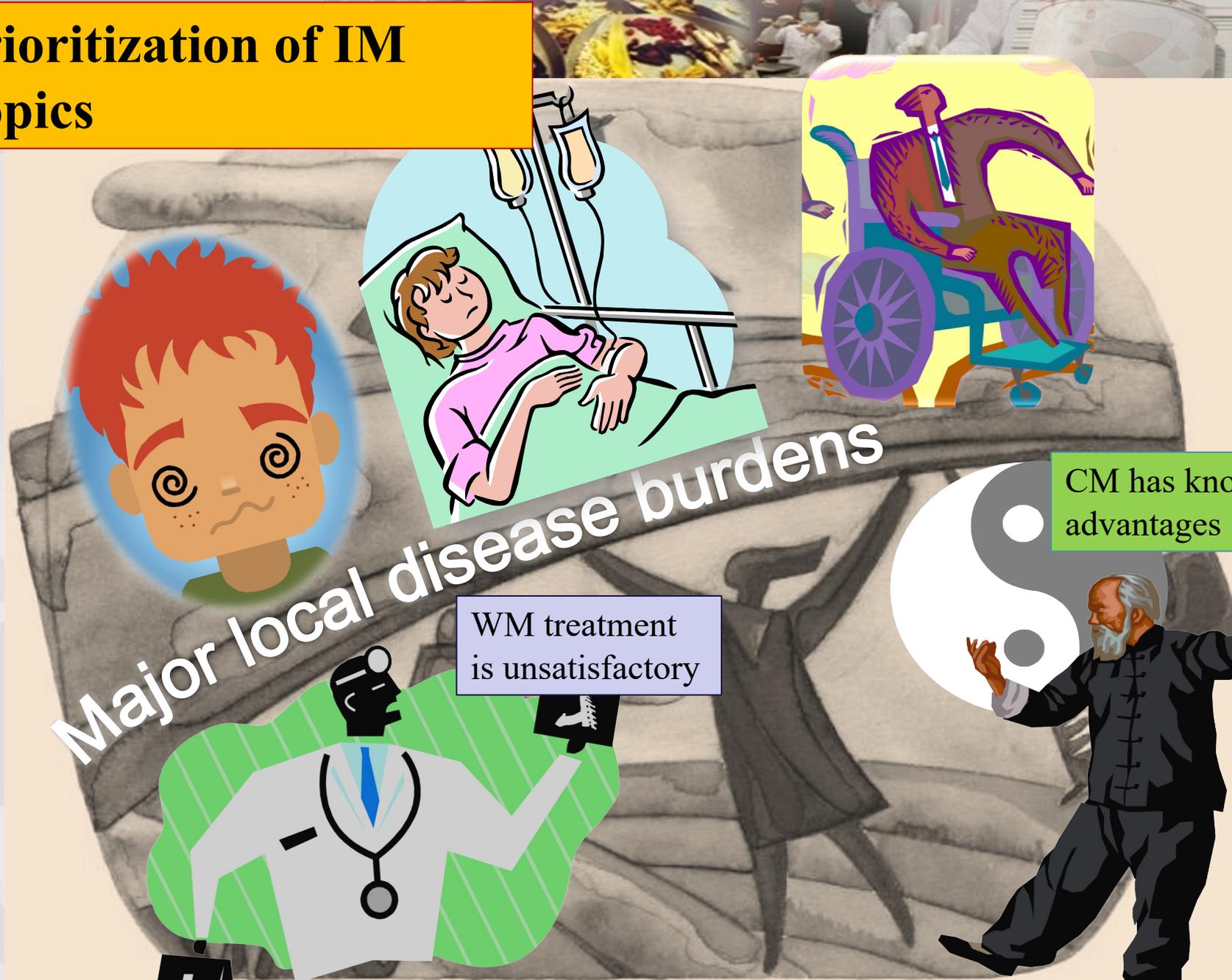
2018年04月20日 - 中醫教研中心於勞動節及傳統假期的服務安排 ▶

2018年01月22日 - 季節性流行性感冒 ▶

2017年11月20日 - 冬季深部的陽明經治療症系列(已更新) ▶

2017年01月21日 - CM Research Practical Training Programme (2016/2017) ▶

Prioritization of IM Topics



Major local disease burdens

WM treatment is unsatisfactory

CM has known advantages

Disease Burden in Hong Kong

Major acute conditions

- Common cold or URI (35.3%)
- Low back pain (27.3%)
- Joint pain (21.3%)
- Dizziness (17.9%)
- Neck pain (16.1%)

Major chronic conditions

- Overweight & obesity (38.8%)
- Hypertension (12.1%)
- High blood cholesterol (8.4%)
- Diabetes (3.8%)
- Asthma (1.9%)

Top 5 killers

Cancer (malignant neoplasms)

Pneumonia

Heart disease

Cerebrovascular disease (stroke)

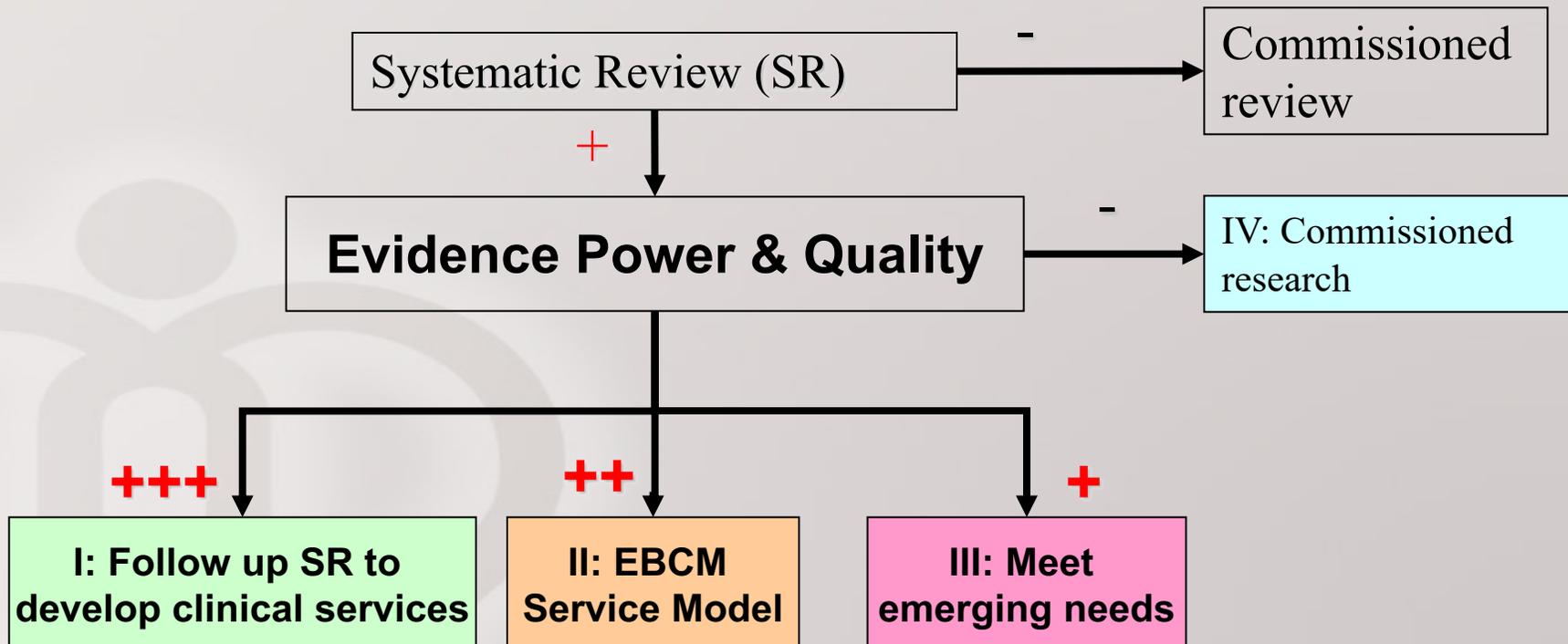
Injury & poisoning

Source: Population Health Survey in 2003/04 -- DH & HKU (n=7,084)



Evidence as a Common Platform

Question: Safety & Efficacy of Intervention?



Modified from Muir Gray

Systematic Review of Major Disease Burden

HA commissioned specialty research teams from the local universities to conduct systematic reviews and meta-analysis of clinical trials of major disease burden, resulting in >20 SCI publications.

对于主要的疾病负担，医管局委托不同大学专家组对随机对照试验（RCT）进行Meta分析、系统评价，从而在英文期刊上发表了20多篇文章。

Acupuncture for depressive disorders: meta-analysis

Journal of Affective Disorders 124 (2010) 9–21



Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Review

The effectiveness and safety of acupuncture therapy in depressive disorders: Systematic review and meta-analysis

Zhang-Jin Zhang^{a,*}, Hai-Yong Chen^a, Ka-chee Yip^b, Roger Ng^b, Vivian Taam Wong^c

^a School of Chinese Medicine, LKS Faculty of Medicine, the University of Hong Kong, Hong Kong, China

^b Department of Psychiatry, Kowloon Hospital, Hong Kong, China

^c The Chinese Medicine Section, Hospital Authority, Hong Kong, China

TCM knowledge platform

- 1) Everyday Chinese Medicine (English only)
- <https://www.coursera.org/learn/everyday-chinese-medicine>
- <https://www.youtube.com/watch?v=hwNMSrwFaHQ>

- 2) Evidence based medicine platform (English & Chinese)
- <http://www.hkiim.cuhk.edu.hk/ceim/en>

- 3) Inter-professional Training in Cancer care



Research Ethics Committee/ Institutional Review Board 2003

Research Ethics

Home > Research > Research Ethics > Human Ethics

> Human Ethics

- Animal Ethics (CULATR)
- Case-based Workshops on Research Integrity
- Other Information/References

Institutional Review Board of the University of Hong Kong/Hospital Authority Hong Kong West Cluster (HKU/HA HKW IRB)

Institutional Review Board (IRB)

- Commencement of Operation - Open Circular by Chairman, HKU/HA HKW IRB
- Terms of Reference - Governance Committee of HKU/HA HKW IRB
- Terms of Reference - HKU/HA HKW IRB
- Membership
- M1 - General Research Ethics Information and Definitions for Investigators and IRB Members
- IRB Standard Operating Procedures
- Standard Operating Procedure (SOP) of the Joint Scientific Committee for Phase 1 Clinical Trial
- Guideline on Ethics Oversight and Scientific Evaluation of Phase 1 Clinical Trials
- Lead Time of IRB Reviews for Applicants' Reference

Submission Highlights & IRB Meeting Dates

Hospital Authority Clinical Research Ethics Review Portal

Other Forms and Guidelines

Reporting Requirement and Report Forms

Hospital Authority (HA) Operating Guidelines and Guiding Handbook

Declaration of Helsinki (2013)

HKU Clinical Trial Register

Enquiry

Other IRB Websites

In 2003, CM expert group was invited to the WM Research Ethics Committee (Institutional Review Board). After 2010, a funding committee for commissioning and evaluation of CM research was initiated.

2003年，中医专家小组受邀参与研究伦理委员会（Institutional review board, IRB）审议中医科研。在2010年之后，医管局建立了一个委托和审查中医研究项目的机制，以获得资金支持。

Collaboration Model of IM Services

A. Cross-referral (for in-patient & out-patient service)

- Support patients' choice on request for CM consultation

B. Protocol-driven

- Develop evidence-based protocol to assess patient suitability

C. Case management

- Multi-disciplinary case discussion to decide management plan

Referral Form

Reply Letter

Pamela Youde Nethersole Eastern Hospital
Department of Obstetric and Gynaecology
東區尤德夫人那打素醫院婦產科
中醫服務轉介信

致 東華三院-香港大學臨床教研中心 (東區)
Patient Gum Label
病人資料

日期 Date: _____

- 轉介原因 Reason for referral: _____
- 月經史 Menstrual history:
 - 週期 Cycle: _____ 上次月經 LMP: _____
 - 痛經 Dysmenorrhoea: 有 Yes / 否 No 程度 Severity: _____
 - 月經量 Menstrual flow: 量少 Scanty / 量中 Normal / 量多 Heavy
 - 性交後出血 Postcoital bleeding: 有 Yes / 否 No
- 產育史 Obstetric History:

日期 (月/年) Date (D/M/Y)	妊娠 Gestation	流產/中止/墮胎 Miscarriage / Termination	分娩方式 Mode of Delivery
- 避孕方法 Method of contraception: _____
- 既往史 Past medical / surgical illness: _____
- 相關檢查結果 Relevant investigation result: _____
- 婦科治療 Treatment given by gynaecologist: _____
- 其他現行治療 Other current medication: _____
- 敏感史 Allergy: _____
- 其他意見 Other comments: _____

轉介醫生姓名 Name: _____

TWGHs - The University of Hong Kong Clinical Centre
for Teaching & Research in Chinese Medicine (Eastern)
東華三院-香港大學中醫臨床教研中心 (東區)
中醫會診轉介覆函

致 東區尤德夫人那打素醫院婦產科: (To: PYNEH O & G Department)

Patient Gum Label
病人資料

日期 Date: _____

- 轉介原因 Reason for referral: _____
- 現病史 History of presenting symptom: _____
- 中醫診斷 Principal CM Diagnosis: _____
- 中醫治療 Current CM Treatment: _____
- 敏感史 Allergy: _____
- 其他意見 / 醫囑 Other Comment: _____



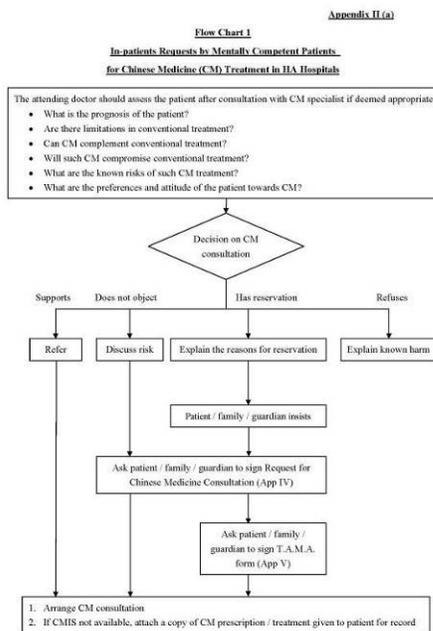
Interface Issue between WM & CM

HA Guidelines on Interface Issues between CM & Conventional WM

- 5th revision released in Sep 08, currently available at eKG

Hospital Authority Guidelines on Interface Issues between Chinese Medicine and Conventional Western Medicine

Working Group on Western/Chinese Medical Interface Issues*
Hospital Authority Head Office



CM Nursing Guidelines

- Endorsed by CoC (N) in Nov 08, currently available at eKG

專科護理服務指引

中醫護理

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10. 參考文獻	25-26

醫院管理局針灸操作安全指引 Hospital Authority Guideline on Safety in Acupuncture for Chinese Medicine Practitioners

Quality and Risk Sub-Committee,
Hospital Authority

Mar 2010

Acupuncture Safety Guidelines

- Released in Apr 10, currently available at eKG

IM Programs in 2011/12

I: Follow up on evidence review

- Insomnia (dysthymia)
- Obesity

III: Meet emerging need

- Tian Jiu
- Gynecological diseases
- Skin Condition (psoriasis)

II: Evidence-based service promotion

- Acupuncture for acute/ chronic pain
- Acupuncture for rehabilitation
- Diabetes mellitus management
- Prevention & early intervention of dysthymia

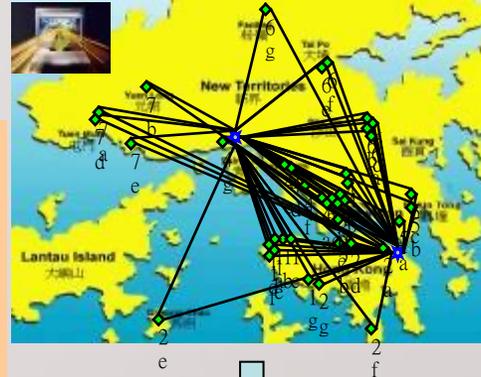


Electronic Health Record 電子健康記錄 (2009 - 2014)



Hospital Authority
Clinical Management System
Version 2.0.0069.026

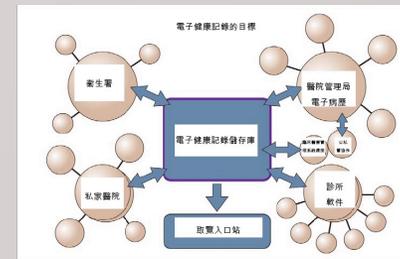
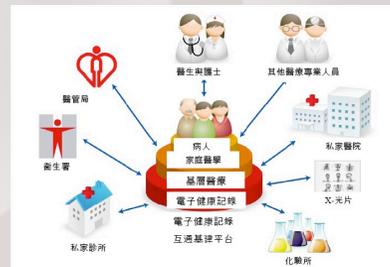
- Use HKID no. for registration
- >120 hospitals / clinics/ institutions
- >23000 terminals
- HA HKPMI stored >8 Mn records



- 15 CM Centres for Training & Research.
- >310 user, 60,000 transactions/day
- >150,000 patients
- 08-10年 : >1.4 Mn clinical record



Private sector
桃園計畫
香港醫學會
2007-09

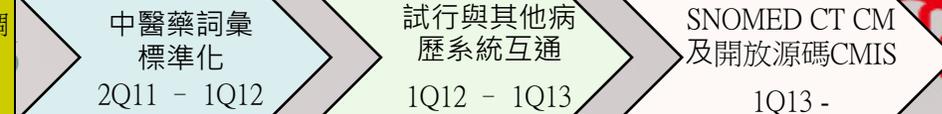


CM Standard Terminology
中醫藥詞彙標準化
醫院局中醫總部
2011-12

eHR 第一階段發展計劃 2009-2014



eHR (CM) 發展計劃 2011-2013



HK CMIS Supported WHO ICD 11 (2011-2019)

中華人民共和國國家標準

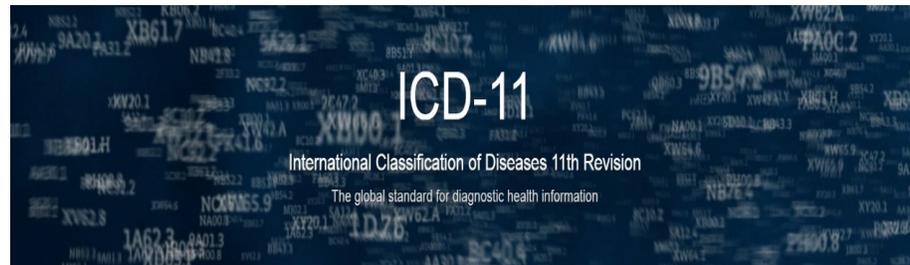
中醫臨床病名及證候分類與代碼搜索

關鍵字:

請輸入搜索代碼所需的關鍵字

搜索

重設



Use ICD-11

ICD-11 Browser
for seeing the contents
ICD-11 Coding Tool
for coding with ICD-11

Learn More

ICD Home Page
ICD-11 Reference Guide
ICD Video

Be Involved

Our maintenance platform provides various ways to contribute

Comments
Proposals
Translations



HA CM Centres for Training & Research were fully computerized from day one using the **CM Information System (CMIS)** from the **National CM Clinical Pattern and Disease Classification & Coding System**. In 2011, the data from Hong Kong supported the use of the CMIS for development of the ICD-11 with electronic version by WHO.

ICD是确定全球健康趋势和统计数据的基础，也是报告疾病和健康状况的国际标准。通过中医与西医同用一电子平台进行编码，他们可以互相了解各方的标准与定义。ICD 11已于2018年定稿，将于2019年推出，2022年开始使用。

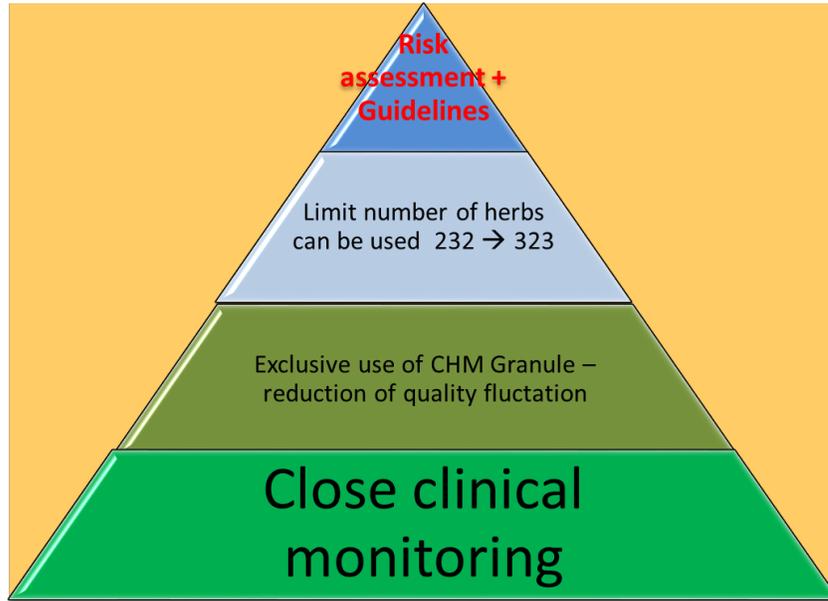
HA CMCTRs从第一天开始就全面计算机化，使用临床管理信息系统（CMIS），利用来自国家的系统进行临床数据编码。这对于2011年从世界卫生组织获得将中医纳入国际疾病分类（ICD 11）的新电子版本的权利发挥了关键作用。HA 信息技术和患者数据团队在ICD 11的发展中做出了重大贡献。

WHO Collaborating Centre for Traditional Medicine 2012

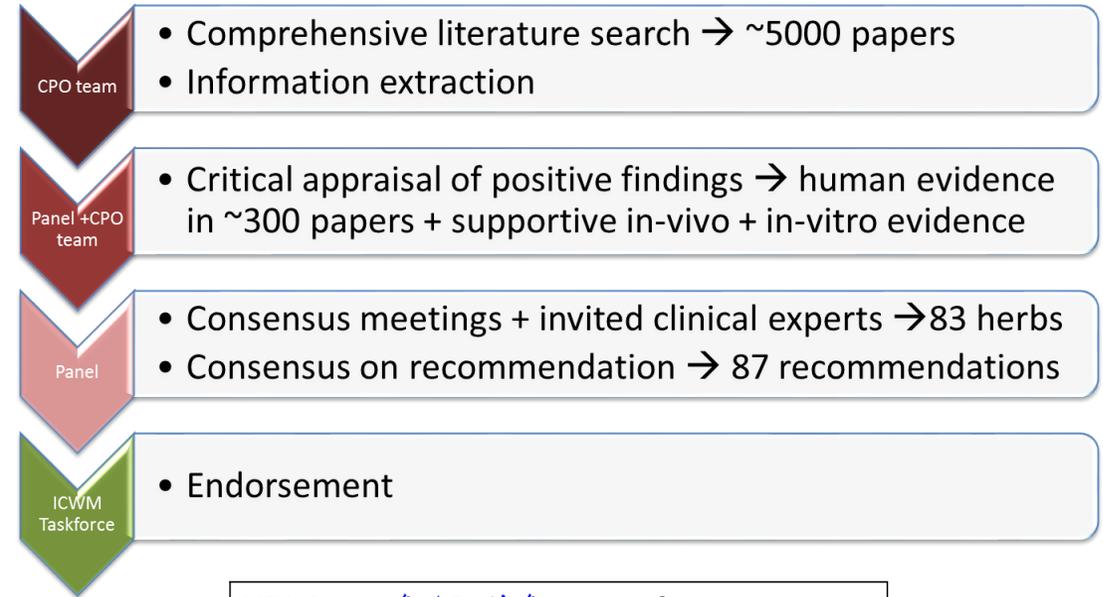
2012 年世界卫生组织（WHO）委任卫生署中医药事务部为“WHO传统医药合作中心”，是全球首间重点协助世卫制订传统医药的政策、策略及规管标准的合作中心。



Herb-Drug Interaction Database/Guideline - 1

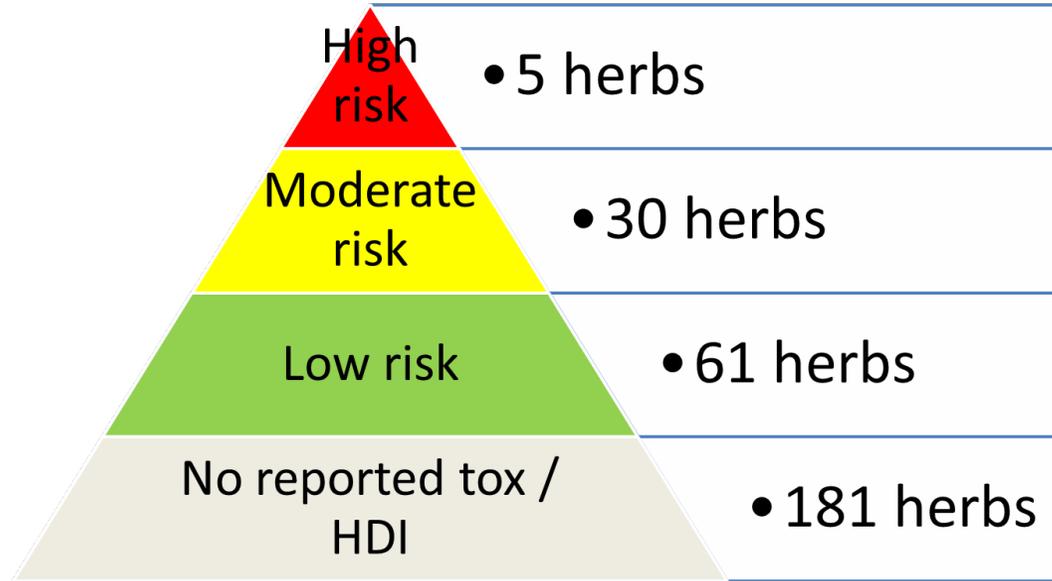


Level of Evidence	Relevance			
	I	II	III	IV
Good	1	2	2	2
Fair	2	2	3	3
Poor	2	3	3	3
Recommendation				
Other remark				



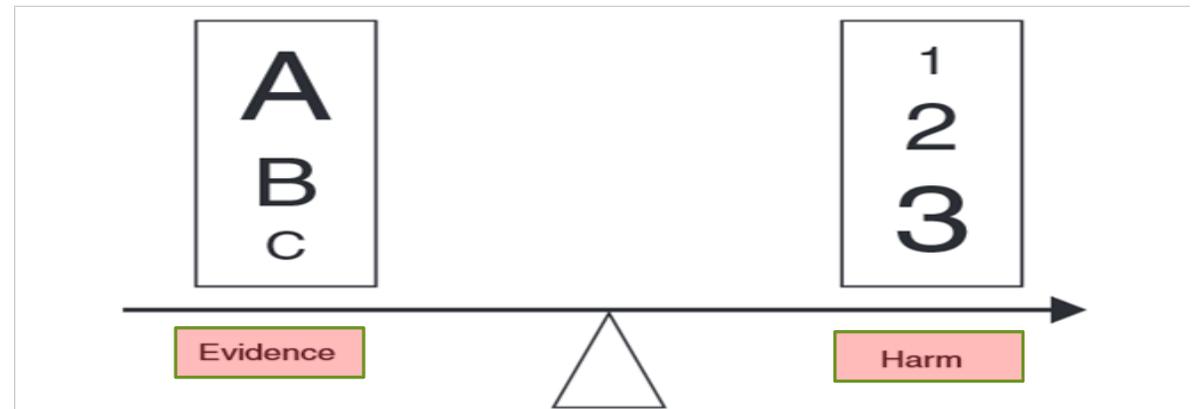
HDI 4 <u>人參/西洋參</u> + warfarin				
Level of Evidence	Relevance			
	I	II	III	IV
Good	1	2	2	2
Fair	2	2	3	3
Poor	2	3	3	3
Recommendation				
Use alternative CHM if possible. If the concurrent use cannot be avoided, routine monitoring & weekly monitoring of INR until 2 weeks after stopping the CHM is recommended				
Other remark				

Herb-Drug Interaction Database/Guideline - 2



- Immunosuppressant – cyclosporin, tacrolimus
- Warfarin
- Anti-platelet
- Anti-diabetes
- Anti-virals
- Sex hormones
- Theophylline
- Calcium-channel blockers
- Corticosteroids

- Toxicity
 - 炒蒼耳 *Xanthii Fructus*, 枳實 *Aurantii Fructus Immaturus*, 何首烏 *Polygoni Multiflori Radix*
 - Dose limitation
 - Clinical + laboratory monitoring
- HDI
 - 黃柏 *Phellodendri Chinensis Cortex*, 黃連 *Coptidis Rhizoma*
 - → increase blood cyclosporin concentration
 - Avoid the combination



- Better quantify risk associated with herb-drug co-use
- Good-practice guidelines established for 4 levels of herbs in IM
- Laid down principles for collaboration between WMP and CMP

Universal Access and Health for All

1. WHO Traditional Medicine Strategy 2014 – 2023
2. World Federation of Chinese Medicine Societies 2002 – 2017
3. Belt & Road Initiative and CM Body Constitution in Primary Health Care
4. Hong Kong as a “super connector”
5. International Best Practice

ORIGINAL ARTICLES

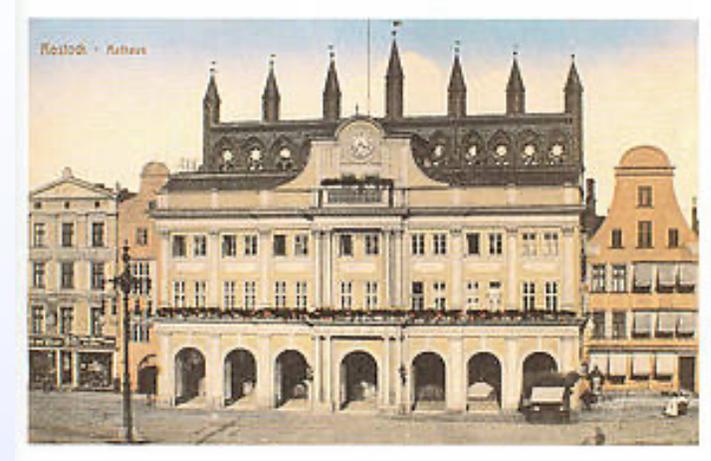
Interdisciplinary Relationship Models for Complementary and Integrative Health: Perspectives of Chinese Medicine Practitioners in the United States

Belinda J. Anderson, PhD,^{1,2} Sai Jurawanichkul, MSTOM,¹ Benjamin E. Kligler, MD,²
Paul R. Marantz, MD,² and Roni Evans, PhD³

Using Moodle & inductive content analysis of 31 CMP:
CM was incompatible with biomedical models,
PLURALISM was chosen as the most ethical mode, ahead of Opposition & Integration.
Power imbalance, paradigm difference, incompatibility & cooptation issues may be problems.
Inter professional education is critical for development of **respect, shared care & referrals**.

History

- First document of Slavic settlement of Roztoc 1160
- 24 June 1218: received its town charter in 1218 (lübisches Stadtrecht)
- Developed into a big and powerful harbour city
→ Hanseatic League
- 15th and 16th centuries
-most important port for exports to Scandinavia



Rostock University: Faculty of Medicine



- Founded in the year 1419
- Three Research Foci:
 - Oncology
 - Neurodegeneration
 - Biomaterials

Comprehensive Cancer Center – Mecklenburg Vorpommern (CCC-MV)



Joint initiative:



- Integrates the largest medical care and research facilities in the state of MV
- Care for 1.7 million inhabitants

Members of the oncologic scientific and clinical teams

Prof. E. Klar

PD Dr. M. Linnebacher

Prof. G. Lamprecht

Prof. R. Jaster

Dr. F. Borowitzka

Prof. G. Stuhldreier

PD Dr. M. Löbermann

Prof. A. Altiner

Prof. G. Fuellen

Dr. M. Fahmy

Prof. M.-A. Weber

Prof. S. Langner

Dr. C. Schulze

PD Dr. K. Thierfelder

Prof. H.-J. Thiesen

Dr. D. Koczan

Prof. M. Müller-Hilke

Prof. J. Bullerdiek

Dr. C. Holzmann

Prof. A. Podbielski

Prof. B. Kreikemeyer

Dr. O. Benedek

Prof. P. Kropp

Prof. A. Erbersdobler

Prof. B. Hinz

Prof. C. F. Classen

Prof. G. Hildebrandt

Dr. K. Manda

Prof. C. Junghanß

Prof. Dr. S. Böttcher

PD Dr. H. Murua Escobar

Dr. C. Große-Thie

Dr. L. Henze

Dr. B. Kragl

Dr. C. Maletzki

Dr. C. Roof

Prof. S. Emmert

Dr. L. Böckmann

Prof. R. Mlynski

Prof. B. Frerich

Dr. J. Liese

Prof. B. Krause

Dr. S. Schwarzenböck

Prof. K. Kraft

Prof. P. Ottl

Dr. J. Wolf

Prof. M. Glocker

Prof. B. Vollmar

PD Dr. D. Zechner

Prof. H. Willenberg

Prof. T. Reimer

Dr. H. Rebl

Prof. R. Köhling

Prof. A. Storch

Integrative Oncology

(one possible definition)

Integrative oncology combines conventional oncology with (evidenced-based) complementary therapies.

The main goal of Integrative Oncology is to reduce side effects of oncological treatments and to improve patient's quality of life. In addition, patients should be empowered with the ability to cope with the cancer disease and to develop lasting and individual strategies to strengthen his physical and mental fitness and to facilitate healthy lifestyle changes (Salutogenesis).

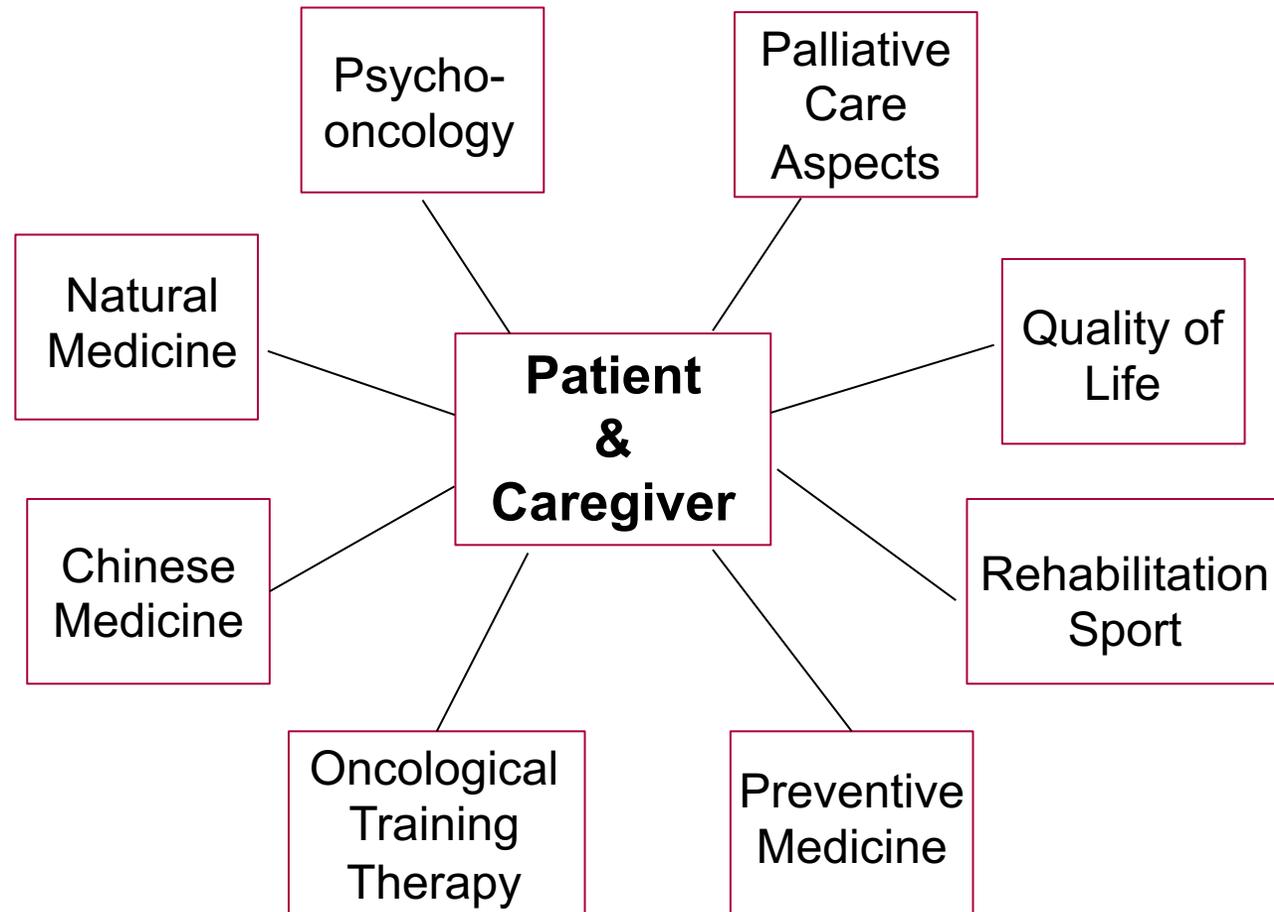
Sometimes complementary therapies are aiming at improving tumor responses.

The Oncology Team

(Department of Medicine III)

- Clinicians / Oncologists/ Palliative Medicine
- Specialised and general nurses
- Palliative Care specialists (Clinicians & Nurses)
- Traditional Chinese Medical counselling
- Music-therapists
- Art-therapists
- Sports Scientists (pre- and rehabilitation)
- Translational researches
- Basic researchers





Results and Publications

Ann Palliat Med. 2018 Oct;7(4):420-426. doi: 10.21037/apm.2018.03.17. Epub 2018 Apr 19.

Questionnaires measuring quality of life and satisfaction of patients and their relatives in a palliative care setting-German translation of FAMCARE-2 and the palliative care subscale of FACIT-Pal.

Sewtz C¹, Muscheites W¹, Kriesen U¹, Grosse-Thie C¹, Kragl B¹, Panse J², Aoun S³, Cella D⁴, Junghanss C⁵.

Ann Palliat Med. 2018 Oct;7(4):411-419. doi: 10.21037/apm.2018.05.01. Epub 2018 Jun 4.

Perception of bedside teaching within the palliative care setting-views from patients, students and staff members.

Forsch Komplementmed. 2011;18(4):185-91. doi: 10.1159/000330725. Epub 2011 Aug 5.

Western and Chinese medicine in oncology and hematology.

Lampe H¹, Halle B, Freund M.

Teaching Traditional Chinese Medicine

Veranstaltung

Wahlpflichtfach: Westliche und Chinesische Medizin für Fortgeschrittene

Funktionen:

Seiteninhalt: [Grunddaten](#) [Belegung](#) [Termine](#) [Verantwortliche Person](#) [Studiengänge](#) [Einrichtungen](#) [Inh](#)

Grunddaten

Veranstaltungsart Seminar

Veranstaltungsnummer 30543

SWS 2.00

Semester SS 2017

Basic and advanced TCM for medical students

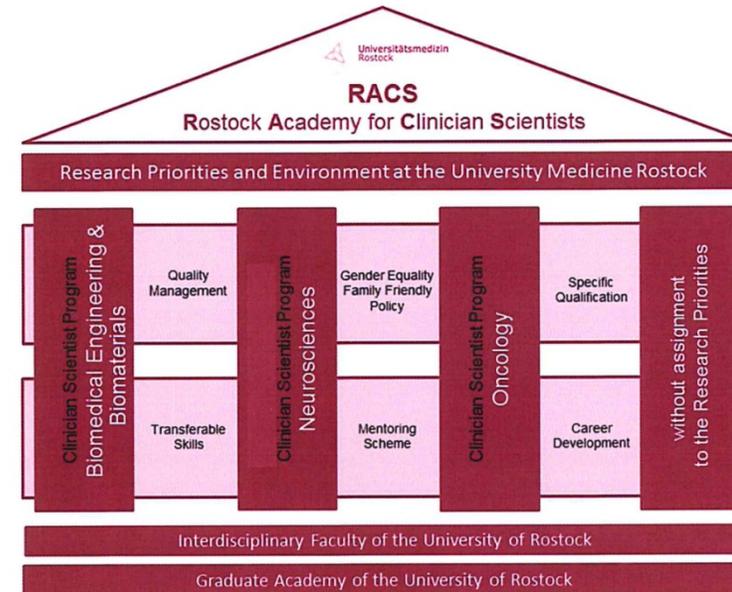
Programme	
Day 1 (July 23th) 09:30 - 10:00 Welcome and Introduction (C. Jungheek, Y. Feng) 10:00 - 10:30 Discussion of Expectations, Formation of Student Team Groups 10:30 - 11:00 Qi Gong (Y. Feng, H. Lampe) 11:00 - 12:30 Lecture 1: Integration of Chinese Diagnosis and Treatment into Western Medical Standards (H. Lampe) 12:30 - 13:30 Lunch 13:30 - 16:30 Tour Rostock University / University Medicine From 16:30 Boat trip to Warnemünde	11:00 - 12:30 Lecture 4: Combined Treatment for Colorectal Cancer (H. Lampe) 12:30 - 13:30 Lunch 13:30 - 16:00 Lecture 5: Palliative Care (C. Jungheek) 16:00 - 17:30 Students: Team work and Visit of Palliative Care Unit in Groups 20:00 Nighthawk Tour
Day 2 (July 24th) 09:00 - 12:30 Botanical Garden: Qi Gong and Garden Tour (D. Götze) 12:30 - 13:30 Lunch 13:30 - 15:00 Lecture 2: Overview of Traditional Chinese Medicine (Y. Feng) 15:00 - 16:00 From Hong Kong to Rostock: Exchange and Handing (M. Paulus) 16:00 - 17:30 Students: Team Work (Lecturers: Exchange, Funding (M. Paulus) 18:30 Barbecue	Day 4 (July 26th) 09:00 - 09:30 Qi Gong (Y. Feng, H. Lampe) 09:30 - 11:00 Lecture 6: Fatigue in Western Medicine (M. Frauen) 11:00 - 12:30 Lecture 7: Chinese Decoctions against Fatigue in Germany (H. Lampe) 12:30 - 13:30 Lunch 13:30 - 17:30 Students: Team Work
Day 3 (July 25th) 09:30 - 09:30 Qi Gong (Y. Feng, H. Lampe) 09:30 - 11:00 Lecture 3: Standardization of Chinese Decoctions (C. Geyer)	Day 5 (July 27th) 09:00 - 09:00 Journal Club 09:00 - 09:30 Qi Gong (Y. Feng, H. Lampe) 09:30 - 11:00 Lecture 8: Oncology of Chinese Medicine and its research in liver cancer (Y. Feng) 11:00 - 12:30 Lecture 9: Diagnosis and Treatment of Hepatocellular Cancer (L. Horst) 12:30 - 13:30 Lunch 13:30 - 18:00 Discussion Team Works

The University of Hong Kong – The University of Rostock Summer Exchange Programme 2018



Teaching & Research
Training Center with Western and Chinese Medicine Personalized Integrative Medicine (PIM)
July 23th - July 28th, 2018
Zentrum für Innere Medizin / Klinik II
HämATOLOGIE, ONKOLOGIE und Palliativmedizin
med.uni.rostock.de

Summer Schools UMR & HKU

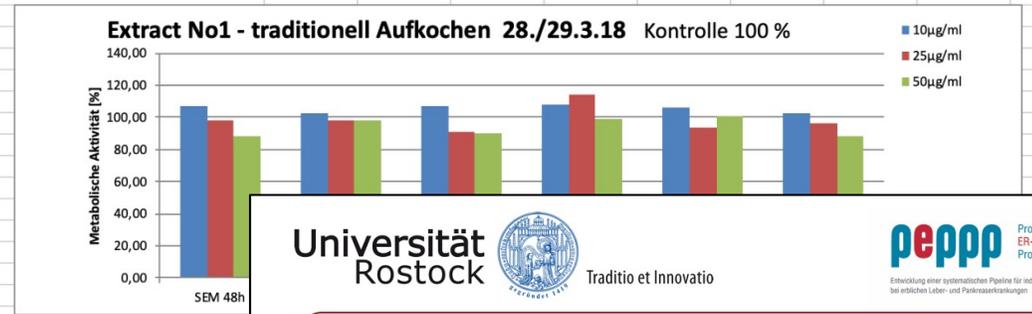


Clinician Scientist program for post-doctoral candidates

Biologic effects of TCM decoctions

Ongoing cooperation characterising the effects of different decoction preparation strategies on decoction-induced biologic effects

		SEM 48h	SEM 72h	RS4,11 48h	RS4,11 72h	Nalm-6 48h	Nalm-6 72h
Extrakt No1 - traditionell Aufkochen	10µg/ml	106,70	102,82	107,21	107,84	106,62	102,98
	25µg/ml	98,18	98,19	91,00	114,40	94,12	95,94
	50µg/ml	88,54	98,45	90,26	99,04	100,50	88,11
		SEM 48h	SEM 72h	RS4,11 48h	RS4,11 72h	Nalm-6 48h	Nalm-6 72h
Extrakt No2 - Mikrowelle	10µg/ml	91,31	112,64	93,67	112,35	88,62	98,18
	25µg/ml	91,41	103,84	92,66	108,31	83,06	87,89
	50µg/ml	85,47	91,54	88,04	105,72	89,14	87,12



Universität Rostock  Traditio et Innovatio

peppp Proteinfaltung ER-Stress Proteindegradation
Entwicklung einer systematischen Pipeline für individualisierte Therapien bei erblichen Leber- und Pankreaserkrankungen

Isolation and Characterization of Natural Products for Medical Research

Manuel GRONBACH¹, Christina OPPERMANN^{1*}, Hugo Murua ESCOBAR², Hans LAMPE², Jan LUKAS³, Christian JUNGHANS², Arndt ROLFS³, Udo KRAGL¹

¹University of Rostock, Institute of Chemistry, Germany

²Rostock University Medical Center, Clinic for Hematology, Oncology and Palliative Care, Germany

³Rostock University Medical Center, Albrecht-Kossel-Institute, Germany

Introduction

EXTRACTION

ISOLATION

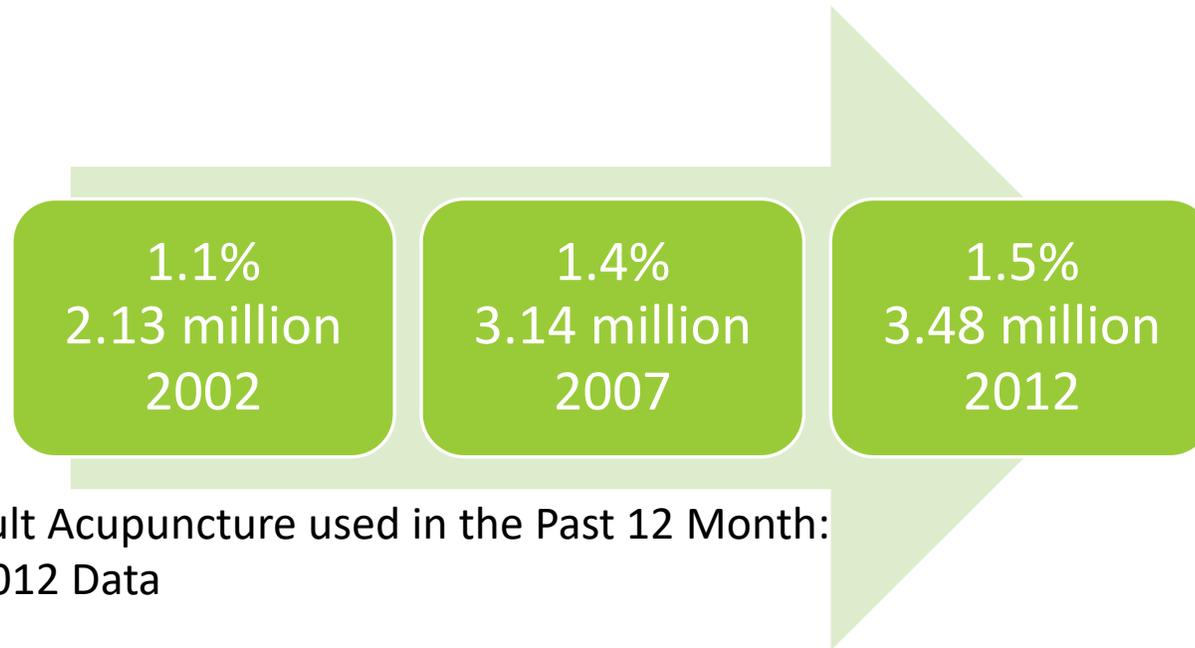
STRUCTURE ELUCIDATION

The utilization of natural products in medicine has always been important for the fight against different kinds of diseases. In contrast to the few known substances there is a huge number of compounds that are not discovered yet. Especially interesting in that regard are plants that have been used for medical treatments since ancient times. Those plants are highly promising for medical studies, because their ingredients often show bioactive properties. Previous studies show that the extracts consist of many different secondary plant compounds like flavonoids, lignans and other phytoestrogens. In proliferation studies on breast cancer cell lines, an influence on cell growth rates was demonstrated.⁽¹⁻³⁾ Now the focus of investigation lies on traditional medical plants to find new active compounds. Therefore powerful tools are necessary

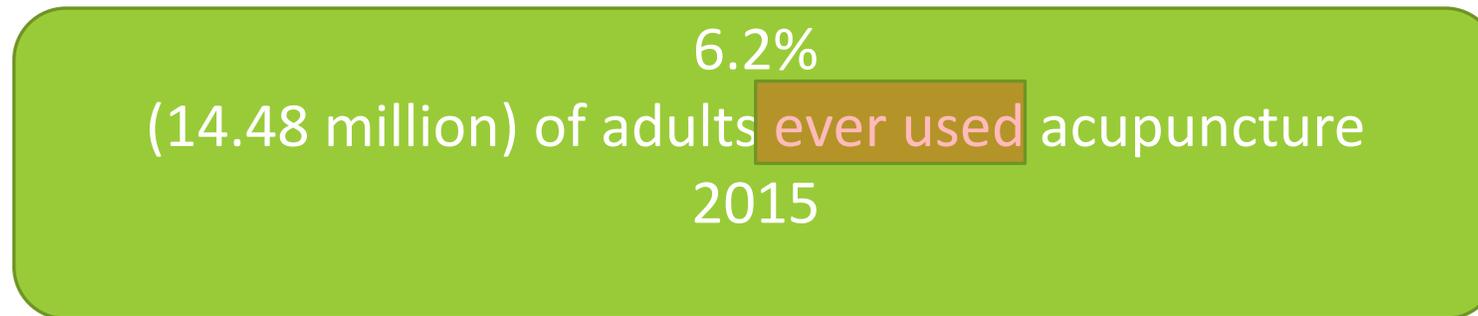
Chemical department
University of Rostock (Prof. Kragl, Dr. Oppermann)

Haematology, Oncology and
Palliative Care, Medical
Faculty University of Rostock
(Prof. Junghanss, PD Dr. H. Murua Escobar, Dr. Lampe)

Dana Farber Cancer Centre: Oncology Acupuncture



American Adult Acupuncture used in the Past 12 Month:
NHIS 2002-2012 Data



Acupuncture by Cancer Patients: Mean prevalence **4.5%**

Clarke et al. National health statistics reports. National Centre for Health Statistics. **2015.**

Dana Farber Cancer Centre: Oncology Acupuncture

Definition & Objectives

- A new subspecialty for entire cancer care continuum
- Services for symptoms
- Quality of life improvement
- Research to generate high quality scientific evidence
- Educating patients, professionals & oncologists

Research

Publications in PubMed (1950-2016) N=1162

Global Clinical Trials N=124

Top 10 Conditions

Pain	Quality of Life	Fatigue
Nausea	Vomiting	Hot Flashes
Xerostomia	Joint Diseases	Arthralgia
Anxiety Disorders		

Dana Farber Cancer Centre: Oncology Acupuncture

Acupuncture prophylaxis of cancer chemotherapy-induced sickness

Journal of the **Royal Society of Medicine** Volume 82, **1989**.

J W Dundee FRCP FFARCS **R G Ghaly** MB FFARCS **K T J Fitzpatrick** MB FFARCS *Department
of Anaesthetics, The Queen's University of Belfast*
W P Abram MB FFRRCSI **G A Lynch** MB FFRRCSI *Northern Ireland Radiotherapy Centre*

Keywords: acupuncture; nausea and vomiting

Dana Farber Cancer Centre: Oncology Acupuncture

Differences between Oncology Acupuncture and Traditional Acupuncture

Oncology Acupuncture

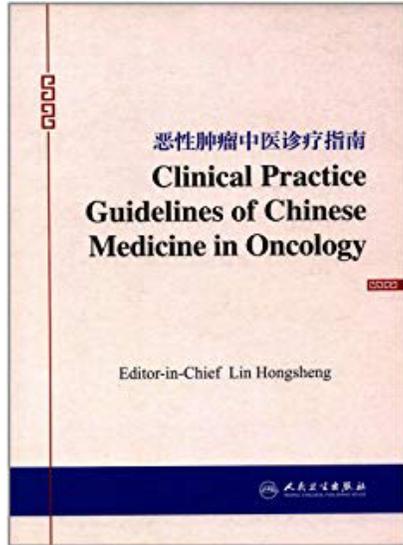
- Hospital
- Cancer
- Team
- Biomedicine Lab, pathology, imaging
- Evidence-based
- Clinical trial generated
- Standardized

Traditional Acupuncture

- Community
- General
- Individual
- Eastern medicine, Pulse, Tongue
- Personal experience
- Classic texts
- Individualized

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines of Chinese Medicine in Oncology

Hospital Practice Guideline



Cancer Prevention

Goal: Prevent Relapse or Recurrence
TCM: Tonify + Detoxification

Early Stage of cancer

1) Perioperative stage

Goal: Minimize complication of surgery

TCM: Tonify

2) After Surgery

Goal: Prevent relapse; complication

TCM: Tonify + Detoxification

Mid/Late Stage Cancer Chemo T or Radio T

1) During Chemo/Radio T

Goal: Decrease adverse effect or toxicities of Chemo/ Radio T

TCM: Tonify

2) After Chemo T/ Radion T

Goal: Maintain the treatment of anti-cancer agent for suppress Cancer cell

TCM: Tonify + Detoxification

Late Stage Ca, Poor Respond to Chemo

Goal:

- 1) Suppress cancer development or progression
- 2) Symptoms control
- 3) Prolong Survival

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines of Chinese Medicine in Oncology

5 Guidelines on the Use of Acupuncture in Cancer

- 美國國立綜合癌症網路
- 11個臨床指南中
- 5個中建議癌症相關症狀使用針灸 (成人癌痛、生存、疲累、舒緩、嘔吐)
- https://www.nccn.org/professionals/physician_gls/default.aspx



American Society of Clinical Oncology (ASCO)

Oncology Acupuncture for Chronic Pain in Cancer Survivors

A Reflection on the American Society of Clinical Oncology Chronic Pain Guideline

Weidong Lu, MB, MPH, PhD*, David S. Rosenthal, MD

Table 2

Summary of cancer treatment-related chronic pain syndromes for which at least 1 randomized, controlled trial was published that included acupuncture

Categories of Treatment-Related Pain Syndromes	Chemotherapy Related	Hormonal Therapy Related	Radiation Related	Surgery Related
Specific conditions	Chemotherapy-induced peripheral neuropathy Abdominal pain Carpal tunnel syndrome	Arthralgias Dyspareunia Vulvodynia	Cystitis Proctitis Postherpetic neuralgia	Postradical neck dissection pain Postthoracotomy pain Postamputation phantom pain Chronic shoulder pain Pelvic floor pain

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

Management of Chronic Pain in Survivors of Adult Cancers: American Society of Clinical Oncology Clinical Practice Guideline

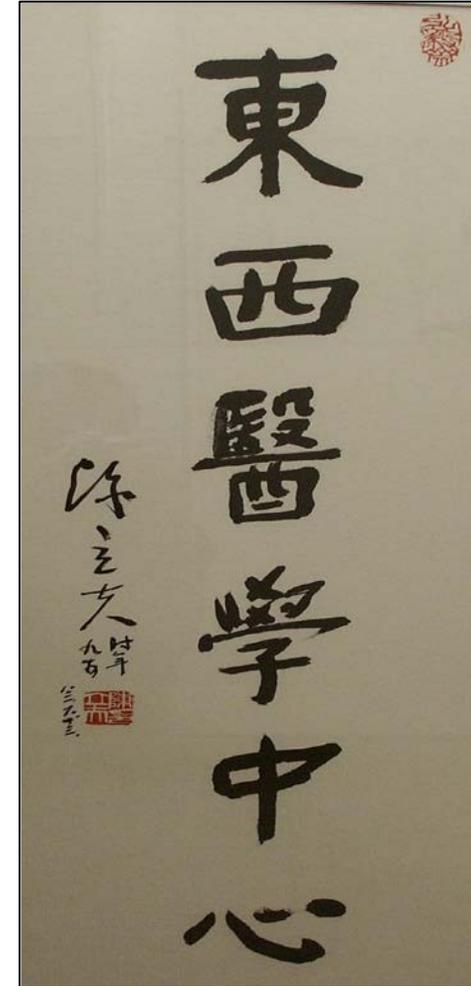
Judith A. Paice, Russell Portenoy, Christina Lacchetti, Toby Campbell, Andrea Cheville, Marc Citron, Louis S. Constine, Andrea Cooper, Paul Glare, Frank Keefe, Lakshmi Koyyalagunta, Michael Levy, Christine Miaskowski, Shirley Otis-Green, Paul Sloan, and Eduardo Bruera

UCLA Center for East-West Medicine

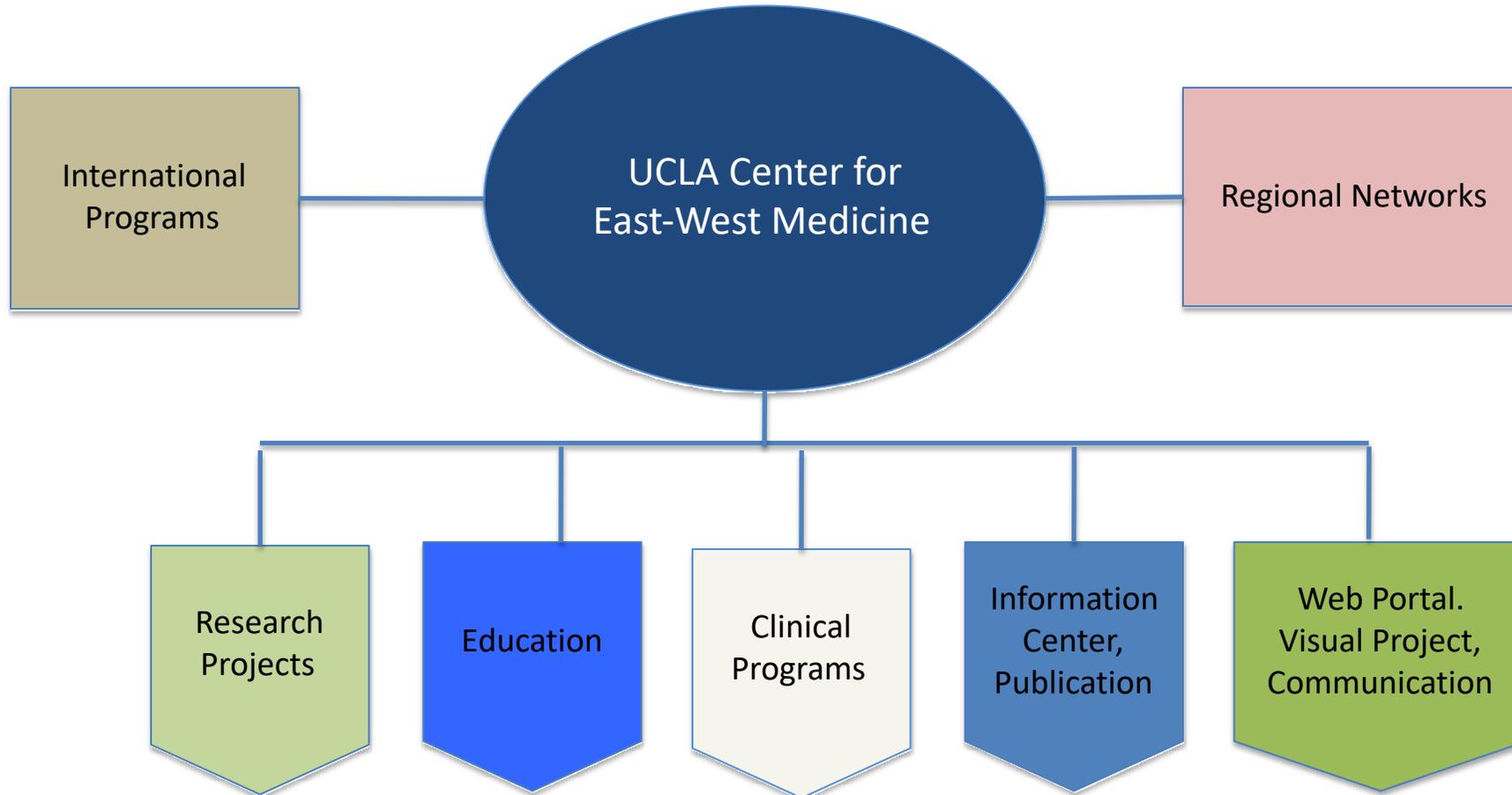
Mission:

Lead in improving health & quality of life by bringing together the best of Western and Chinese healing traditions to provide healthcare that is **safe, effective, affordable, and accessible** for people, families, and communities.

<http://www.cewm.med.ucla.edu>



The Center



UCLA Center for East-West Medicine

An Example of an Integrative East-West Model



Clinic Staff

- Thirteen board-certified physicians trained in E-W medicine
- Thirteen licensed acupuncturists & massage therapist also trained in E-W medicine

Patient referral

- About 30,000 patient visits a year
- Primarily referred from >500 specialists in the UCLA system

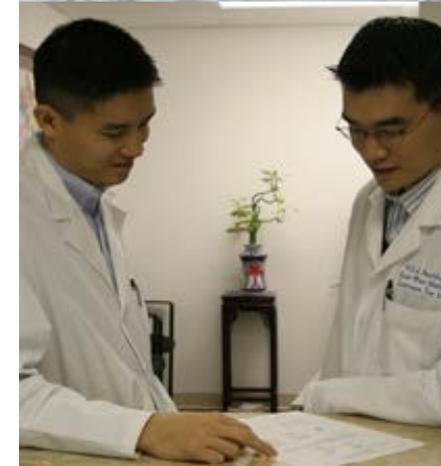
Patient population

- Most patients **exhausted** conventional treatments
- Patients who fail or are **intolerant** of medications/surgery
- Patients seek individualized care for **wellness & prevention** and treatment of **chronic conditions**

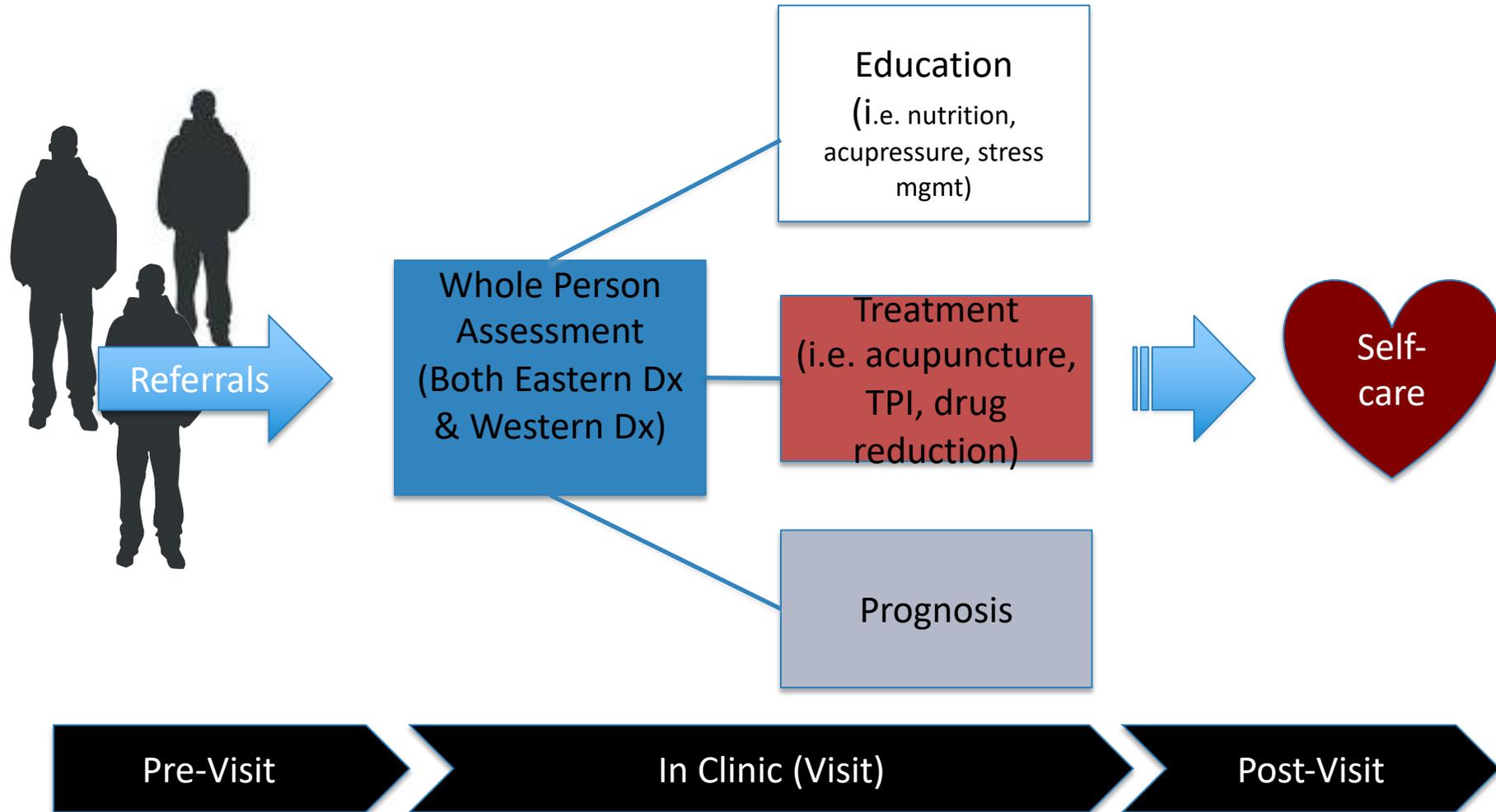
The Best of Both Worlds:

Key Components of the East-West Framework

- A harnessing of **biomedicine's strengths** in disease detection, acute condition management and vital system stabilization
- Reliance on the concept of **balance, flow, and spirit**
- Trust in the body's **innate ability to heal**
- A **flexible and comprehensive approach** for personalized care
- Commitment to finding the **root causes** behind the manifestation of symptoms and diseases
- Commitment to treating the **whole patient** by addressing both the **local** and the **global**
- Active engagement in **prevention** and the **cultivation of health**
- **Safe, effective and affordable care**

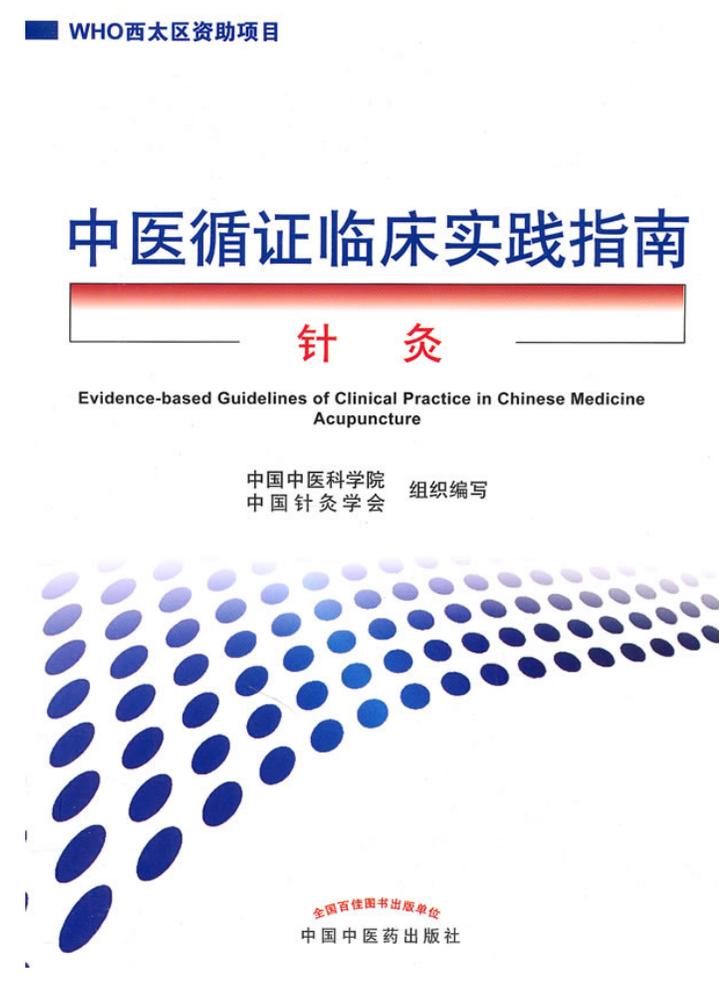
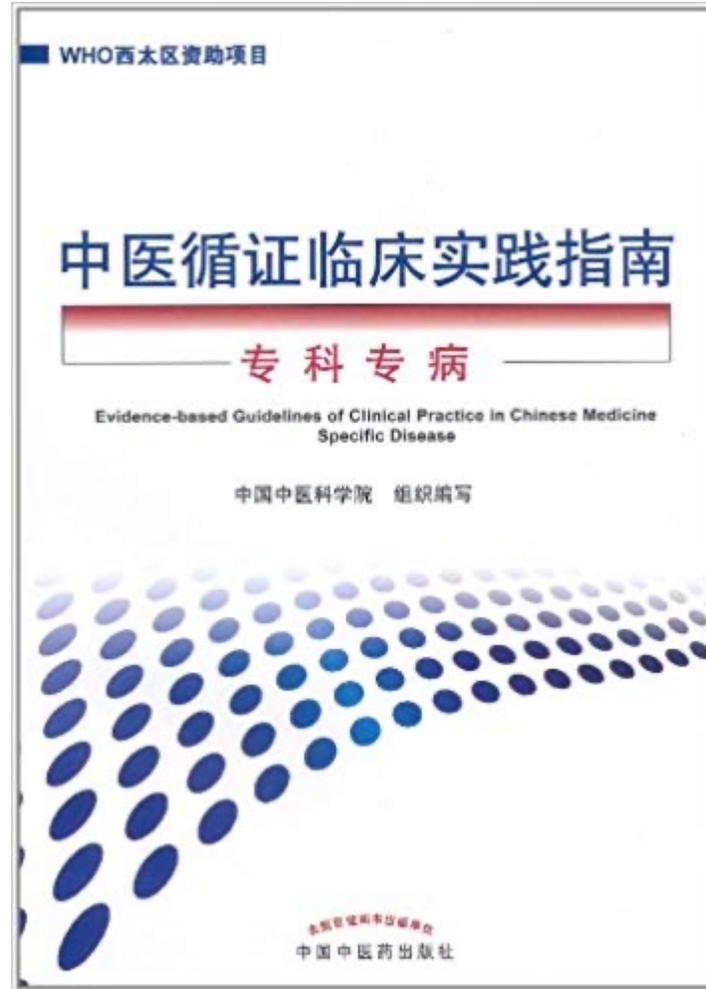


CEWM Clinical Model





International Best Practice



WHO Western Pacific Funded program
Evidence-based Guideline of Clinical Practice in Chinese Medicine (Internal Medicine, Specific Diseases, Acupuncture)

Bachelor of Health Science/Bachelor of Applied Science (Chinese Medicine)

Study Chinese medicine principles and invigorate your career.

Your career in Chinese medicine

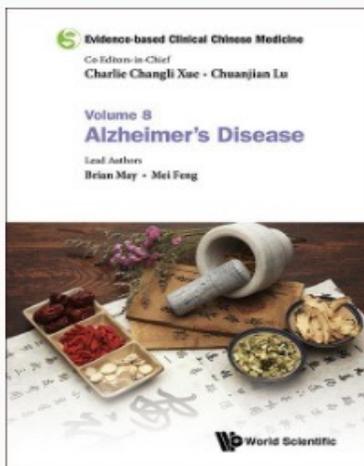
Graduate with the training and experience to practise Chinese medicine with a nationally approved qualification in an internationally accepted standard.

RMIT has led the development of Chinese medicine education in Australia and is the only **World Health Organization (WHO) Collaborating Centre for Traditional Medicine** in Australia.

Significant international ties with the **Nanjing University of Chinese Medicine** allow students to undertake clinical placement in the Jiangsu Provincial Hospital of Chinese Medicine. Here students hone their skills by seeing approximately 30 patients a day during a 13-week placement.

The emphasis is on the **integration of Chinese medicine and western medical sciences**, working together with the health community to provide the public with the best possible treatment. Advanced clinical training is provided in Australia and China to broaden your clinical experience.

Graduates will be able to practise Chinese herbal medicine and acupuncture at an internationally accepted level, with the capacity to launch careers in independent practice, or working within healthcare organisations as a Chinese medicine practitioner registered with the **Australian Health Practitioner Regulation Agency (AHPRA)**.



Book Series: Evidence-based Clinical Chinese Medicine

ISSN (print): 2529-7562 | ISSN (online): 2529-7554

Books in this series include:

Acne vulgaris

Adult asthma

Allergic rhinitis

Alzheimer's disease

Chronic obstructive pulmonary disease

Chronic urticaria

Colorectal cancer

Diabetic kidney disease

Herpes zoster and Post-herpetic neuralgia

Insomnia

Post-stroke spasticity

Post-stroke shoulder dysfunction

Psoriasis vulgaris

Vascular dementia

(Total 29 titles)



Tools

Series Co Editors-in-Chief

Charlie Changli Xue (*RMIT University, Australia*)

Email: charlie.xue@rmit.edu.au

Chuanjian Lu (*Guangdong Provincial Hospital of Chinese Medicine, China*)

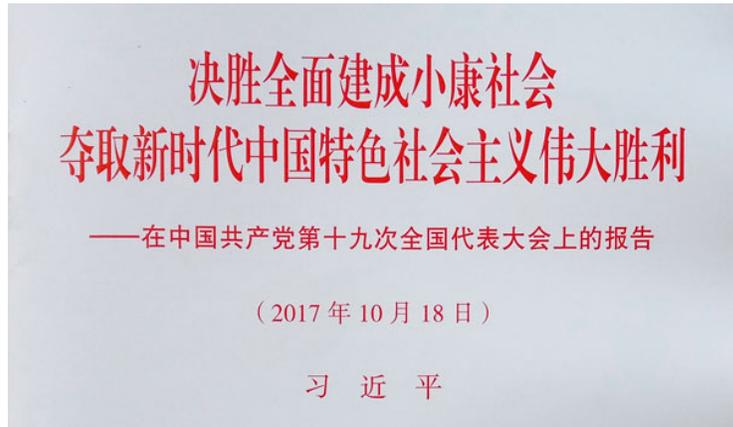
Email: luchuanjian888@vip.sina.com

The publication of the *Evidence-based Clinical Chinese Medicine* (29 in total) is a major milestone in international development of Chinese medicine as a form of evidence-based healthcare. We have chosen the conditions that are commonly treated by Chinese medicine practitioners as our priorities and adopted a "Whole Evidence Assessment" approach. Evidence described in classical Chinese medicine textbooks are reviewed, many of which are inaccessible to non-Chinese speaking Chinese medicine practitioners. Contemporary clinical and experimental evidence has been evaluated rigorously, with the outcomes of clinical trials analyzed and synthesized using the internationally recognised Cochrane-GRADE approach. Updates will be conducted every five years to ensure currency of evidence.

Chinese medicine practitioners can refer to the books for guidance on which Chinese herbal medicine formulas, specific herbs, and acupuncture points can best treat their patient, and be confident there is evidence which supports their use. These publications are also of significant value for students of evidence-based Chinese medicine and for academics involved in teaching or in clinical studies of Chinese medicine.

Opportunities 1, 2

- Policy to use HK as a launching platform for CM & IM
- 香港為中西結合醫藥國際樞紐



- Belt & Road countries -> 100 TCM Clinics
- 一帶一路中醫藥服務



Opportunities 3, 4

- Greater Bay Area healthcare network for business & medical tourism.

大灣區醫健聯網



- New listing relaxation for biotech companies

生物科技上市新制度



New Main Board Listing Rules:

- permit listings of biotech issuers that do not meet any of the financial eligibility tests of the Main Board
- specific guidance on the listing eligibility for pre-profit/pre-revenue biotech issuers that produce pharmaceuticals.....

Opportunities 5, 6

- 0.5Bn seed funding for CM +
 - A. Applied research & knowledge exchange, 應用研究, 知識互通
 - B. Helping local CM traders with the production & registration of Chinese proprietary medicines. 生產與註冊
 - C. Cross-market co-operation 跨市場合作
 - D. CM specialization 專科發展
- ITC, HKSTP, Healthcare Technology, BUD, export marketing (32.5Bn)
生物醫療科研, 市場推廣



Vision

Be a World Hub in high quality Chinese medicine products, services, training and development.

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