

EDITORIAL INTRODUCTION

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The draft legislation for Traditional Chinese Medicine (TCM) sparked a new wave of debate and discussion about the future of complementary and alternative medicine in mainland China. This is by no means the first time scholars and physicians debate how the government should intervene with TCM. Banning TCM, at least from the public sector, was very much on the media agenda as early as the 1910s and 1920s. This round of TCM controversy came at a time when healthcare expenditure rapidly increased over the last decade and costs associated with drugs constitute a much larger part of healthcare expenditure in China than in developed nations. Will the government's investment in TCM provide a possible solution to the rising health care expenditure? Or shall the payers hold TCM to the same drug trial standard as modern medicine? Is it fair to ask taxpayers to finance TCM drugs that could not survive a Phase III trial required for modern drugs?

In this issue, two researchers with background in traditional Chinese medicine contributed their prompt feedback to the draft version of the TCM legislation. They both noted the inadequacy of existing TCM workforce training: apprenticeship-based education and experience-based practice. Even if we fully assume that the theory of TCM is as credible as modern medicine, a training system largely reliant on apprenticeship could not serve the need of a modern society where most citizens need clinical care from cradle to grave. Secondly, from the perspective of pharmacoeconomics, the perpetual curse for herbal medicine lies in the fact that "natural drugs" are intrinsically hard to patent: spending millions of dollars on clinical trials to prove the therapeutic effect of orange peel will not bring much profit for the sponsor of the trial, since patients can simply respond to the trial results by preserving orange peel themselves. If the current model of trial sponsorship defies the private sector's motive of testing natural drugs, then some alternative mechanisms could be introduced to encourage the research and development in this field.

Many people realize that China is not alone in dealing with its traditional or folk medicine. In this issue, Dr. Pan noted the Japanese approach toward its traditional medicine. Many pondered why Japan dominated the international TCM drug market ("TCM drug" here is broadly defined, including Korean and Japanese branches deeply rooted in TCM), and our authors' discussion of standardizing the pharmaceutical regulation of TCM could provide one clue for improving the international competitiveness of China-made TCM drugs: quality of production and authenticity of drugs.

One very common research gap lies in the lack of debate about other complementary and alternative medicine in China: traditional Tibetan medicine, traditional Uighur medicine, traditional Mongolian medicine, etc. Whatever policy and procedure are implemented for TCM, they should be applicable for the traditional medicine practiced among minority ethnicities as well.

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