

Treatment of influenza: Chinese medicine vs. western medicine

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J Thorac Dis 2012;4:10-11. DOI: 10.3978/j.issn.2072-1439.2011.11.04



Chinese traditional medicine is traced back to Yellow Emperor and recorded in an ancient text of the *Huang Di Nei Jing Su Wen* (1), together with its sister text, the *Huang Di Nei Jing Ling Shu* (2), which play an important role in Chinese medical history comparable to that of the Hippocratic writings in ancient Europe. Many practitioners of Chinese medicine still consider them a valuable source of theoretical inspiration and practical knowledge in modern clinical settings, and they keep the traditional ways of medical practice, emphasizing patient symptoms and physical examination, and uses natural ways of treatment/healing, for instance herb medicine. The traditional medicine has served the nation for thousand years, and is beloved by mainland and oversea Chinese people till now.

In contrast, western medicine came to China around 1919, when western medical school was established in the form of the Johns Hopkins Medical School, and built in Chinese Palaces. Over the years, western medicine has changed from Hippocrates to Hi-tech, which applies modern high technology and looks for objective findings in human organ/system or cell/molecule. The healing process also becomes more invasive.

In the context of co-existence of both Chinese traditional medicine and western medicine in China, it is not surprising the *Chinese Guidelines for Diagnosis and Treatment of Influenza* (3) follow the WHO guidelines in diagnosing human influenza infection (4). However, in treatment of influenza the Chinese guidelines recommend Chinese traditional medicine in addition to WHO recommended western medicine. Detailed information is provided on how to treat influenza using herb medicine. Two heart is, of course, better than one heart from patient perspective.

The question is when we apply Chinese traditional medicine, and when we resume western medicine. Though there is limited evidence, patient choice may provide clues in such aspect. Considering the fact that most people with influenza have self-limiting uncomplicated illness, those with mild illness would prefer to go to Chinese traditional medicine for symptomatic benefit, specifically fever. For patients with complicated illness, they would chose western medicine, which appears more comprehensive and effective than herb medicine.

Does that mean herbal medicine only serve as an alternative therapy to antipyretics in mildly ill people? In a recent randomized trial compared maxingshigan–yinqiaosan with oseltamivir alone, oseltamivir plus maxingshigan–yinqiaosan, and no treatment in mild and uncomplicated patients with confirmed H1N1 influenza, fever resolved sooner in all three therapeutic groups than in the group that received no treatment (5). The study clearly shows that maxingshigan–yinqiaosan speeds fever resolution similarly to oseltamivir.

No potential conflict of interest.

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Submitted Nov 03, 2011. Accepted for publication Nov 10, 2011.

Available at www.jthoracdis.com

However, it remains unclear whether the observed effect on fever is due to antipyretic or antiviral effects. Another frequently raised question is the effective ingredient in a compound of herbal medicine, which has to be determined. From future perspectives, well-designed clinical trials are needed to improve our understanding of mechanisms of herbal medicine and its effective ingredient. Though challenging, it appears to be an opportunity for Chinese traditional medicine to transform from experience-based medicine (art) to evidence-based medicine (science).

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Cite this article as: Han JN. Treatment of influenza: Chinese medicine vs. western medicine. J Thorac Dis 2012;4:10-11. DOI: 10.3978/j.issn.2072-1439.2011.11.04