Necessary conditions for the globalization of traditional Chinese medicine

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Abstract: With the current trend of globalization, unprecedented opportunities and enormous changes have emerged for the global development of traditional Chinese medicine (TCM). However, many old and new challenges and problems still remain, including partial or limited comprehension of acupuncture, oriental medicine and TCM, the existence of non-standardized institutes of TCM and acupuncture training schools, unqualified TCM practitioners, and problems concerning Chinese herbal medicine and inexperience in conducting TCM business. These problems will doubtlessly impede the further development of TCM worldwide in the foreseeable future. It is also clear that the globalization of TCM will require a large scale systematic project and constitute an arduous historical task. This paper aims to consolidate 6 strategic development modes to reinforce and facilitate the process of TCM globalization through a detailed analysis of both the present status and existing problems concerning the development of TCM in the United States.

Keywords: medicine, Chinese traditional; internationality; research on developing (TCM); United States

Traditional Chinese medicine (TCM) is one of the oldest continuous systems of medicine in history, with recorded instances dating as far back as 2,000 BC. This is in sharp contrast to the Western forms of health care, which have been in existence for a far shorter time span. In this thesis, the authors plan to summarize the present status of TCM development in the United States, illustrate the existing problems and then offer several appropriate suggestions for the globalization of TCM in the foreseeable future.

Let’s now first look at the key events influencing the progress of TCM in the United States\(^1\).

1972: President Nixon’s visit to China promoted interest in Chinese culture and opened new avenues of exchange. Traveling with Nixon, a New York Times columnist, James Reston, reported the benefits of an acupuncture treatment he received while in China. His praising account of the experience and the featured TV documentaries showing surgical operations using acupuncture anesthesia in China were widely publicized and promoted...
great interest both among the public and the medical establishment.

1992: National Institutes of Health (NIH) established the Office of Alternative Medicine (OAM). The establishment greatly promoted the research and regulation of alternative medicine.

1994: Food and Drug Administration (FDA) passed the Dietary Supplement and Health Education Act (DSHEA), in order to regulate herbs as dietary supplements to be sold on the market thereby avoiding the rigorous regulations applied to standard drugs. The act greatly promoted the promotion of herbal medicine in the United States.

1996: FDA reclassified acupuncture needles; upgrading the supplies from Class III (experimental use) to Class II (general medical use).

1997: NIH successfully sponsored an Acupuncture Consensus on Acupuncture Efficacy. The meeting confirmed the efficacy, application and safety of acupuncture for selected conditions.

1998: In November, several major American medical journals (Journal of the American Medical Association, Archives of Internal Medicine, etc) joined focus on complementary and alternative medicine (CAM) and about 90 articles on alternative medicines were researched and published. This event elevated alternative medicine to a new level of development and identified it as an area in need of future research. Attention was given to the regulation and safety of complementary medical treatments.

1999: Government-sponsored Botanical/Dietary Supplements Research Centers were proposed.

1 The present status of TCM in the United States

In the United States, the progress of TCM is an integral part of the growing field of CAM. Although often used together or interchangeably, the term complementary refers to therapies used in addition to standard medical treatments while the term alternative describes medical practices used instead of the standard medicine. Also known under such headings as holistic, natural, mind-body or Oriental medicines, the field of CAM to a great extent incorporates and draws from Chinese medicine acupuncture, herbal medicine, massage and Tai Chi/Qigong exercises. Over recent decades, the trend toward CAM has become a significant area of exploration by the public, health care industry and academia. Most of the interest has been driven by a growing consumer demand for “natural medicine”, forcing Western medical practitioners to rethink their attitude towards alternative medicine.

1.1 Legislations regarding TCM In the United States, regulatory controls surrounding CAM involve 6 related areas of laws: licensing, scope of practice, malpractice, professional discipline, third-party reimbursement and access to treatment.

State laws dominate the first 5 areas. Federal laws, particularly food and drug laws, largely control the 6th [2]. Here the authors will focus on the licensing and the specific insurance policies concerning TCM.

1.1.1 Licensing There are, in essence, two different sets of regulations for those in the acupuncture profession. Thirty nine of the 40 states that license acupuncturists follow one set of regulations, while one state, California, which accounts for more than one-third of all the American acupuncture specialists, follows another.

Almost all the other states require acupuncture specialists to take the exams of and/or obtained certification from National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Those with that certification will be granted the title of a diploma in acupuncture, such as licensed acupuncturist (L. Ac. or Lic. Ac.), certified acupuncturist (C. A.), or registered acupuncturist (R. Ac.). California has its own system for establishing educational requirements, accrediting schools, and overseeing the licensing examination process — the California Acupuncture Board and it does not recognize NCCAOM certification, and only around 10 of the 39 other states leave open the option of recognizing California’s acupuncture licensing. To become a licensed acupuncturist in California, one must pass two state examinations. In order to qualify to take those examinations, one must graduate from a state-approved instruction program.

1.1.2 Insurance policies In 2001, 39 out of 50 states in the United States legislated on the practice of acupuncture and many giant insurance companies such as Diversified Business Communications and Mutual of Omaha Insurance Company even put acupuncture into their insurance courage. Furthermore, the future of the Federal Acupuncture Coverage Act is quite optimistic since “when it was first introduced in 1993, only 5 members of Congress signed on to the bill as co-sponsors. By the end 2004, the bill had received a record 63 co-sponsors. The current version of the act reintroduced by Rep. Hinchey, has already garnered 33 co-sponsors. If enacted, it would provide access to acupuncture for more than 40 million Americans who are eligible for Medicare benefits, along with the 9 million federal workers, their dependants and retirees who are covered under the Federal Employees Health Benefits program” [3].

1.2 Education system Just as the legislation of related laws was generally supported over the years, so was the public’s acceptance of acupuncture. This brought about a large increase in American acupuncture learners, thus arousing a national requirement for the standardization of acupuncture education and examination systems. In the 1980s, as a consequence, the NCCAOM was founded. It is responsible for assessing both academic and
clinical teaching of acupuncture and Oriental medicine, drafting the teaching programs for postgraduate or doctoral level education, and instructing other non-member schools or institutes to receive recognition from the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine (NACSCAO). At present, there are 80 TCM institutes and acupuncture training schools including, for example, the Master of Science in TCM, Santa Barbara College of Oriental Medicine, Southwest Acupuncture College. Of these, only 47 institutes were publicly recognized by NACSCAO as member institutes[4]. Since the 1990s, some Universities from Ivy League, such as Yale University, Harvard University, Stanford University, and Connell University have offered CAM courses in succession. In addition, the NIH even established projects for post doctorate of CAM in 1996, aiming at encouraging doctors in the United States to further their research in the field of CAM, particularly in acupuncture or Chinese herbal medicine.

1.3 The ever-growing popularity of acupuncturists

There is no doubt that acupuncturists in the United States are more popular than ever before. It is estimated that there is a total number of 15,000 licensed acupuncturists in the United States, of which 10,000 live in California and another 2,500 have settled in New York[4]. There are approximately one million patients accepting acupuncture and moxibustion every year. In the clinics, acupuncture and moxibustion treatments usually include acupuncture therapy, stimulation therapy with electric acupuncture apparatus, moxibustion therapy rather than fire needle therapy, needle-embedding therapy or skycraping therapy. Acupuncture is no longer considered only a tool for one’s trade in the United States since acupuncturists can bring in a considerable income, thus making it one of the top 100 promising careers of over 30,000 careers in the United States, according to an investigation conducted by the National Institution of Career Service in 2002[5].

2 Existing problems of TCM in the United States

2.1 Partial comprehension of acupuncture, Oriental Medicine and TCM

Many people often equate the practice of acupuncture with the practice of TCM. While acupuncture is the most often practiced component of TCM, it is simply an important piece of a much larger puzzle. TCM encompasses several methods designed to help patients achieve and maintain health. Along with acupuncture, TCM incorporates adjunctive techniques such as acupressure, moxibustion, manipulative and massage techniques, herbal medicine, diet and lifestyle changes, meditation, and exercise (often in the form of Qigong or Tai Chi).

TCM should not also be confused with Oriental medicine. Oriental medicine is a catch-all phrase for the styles of acupuncture, herbal medicine, massage and exercise that have been developed and practice not only in the United States, but worldwide.

As such, more publicity with the help of network, multi-media, radio and television, newspapers etc. regarding the content and sound effectiveness of original TCM theory and practice should be intensified worldwide.

2.2 Non-standard institutes for TCM training

At present, American education of TCM embodies 4 kinds of educational forms, including colleges of TCM education, TCM education in colleges of Western medicine, TCM continuous education of Western medicine professionals and TCM postdoctoral education of NIH. Despite the fact that 80 TCM institutes have been established all over the United States, 33 of them still have not gained official recognition from NACSCAO. Moreover, there are approximately 2,000 to 2,500 TCM graduates every year, of which 90% from member institutes go on to pass either national or state exams to acquire their licenses for practicing TCM. A great majority of the training institutes are operated unprofessionally. Here, the authors would like to take colleges of TCM education for example to analyze the shortcomings and irregularities of TCM education in the United States since it accounts for the largest proportion of the four educational forms. Generally speaking, these colleges share the following characteristics:

* Low entry barrier, which welcomes applicants who have completed a bachelor’s degree with a minimum cumulative grade point average of 2.0 or its equivalent[6].

* Irrational teaching programs that contain two to three years’ curriculum totaling approximately 2,500 hours, coupled with short term clinical practice of at least 50 patients, which would be far from enough for medical students in China[6].

* A heterogeneous mix of teaching materials, some of which are translated from Korean or Japanese medicine, and the rest are from TCM. This includes a large number of errors and misconceptions inherent in the process of bilingual translation.

* An acute shortage of full-time professional TCM practitioners with both impressive language and practical skills since many of them are temporary teachers or amateurs of TCM. Those who are of excellent language background merely have some superficial knowledge regarding TCM; while others who have encyclopedic knowledge and profound understanding concerning TCM are poor at communicating with English-speaking patients.

Therefore, it is strongly recommended that Chinese governmental bodies start Sino-America educational investments, allowing a magnitude of high-level and professional TCM practitioners to be sent to the United States to enhance the efficacy
of TCM instruction.

2.3 Unqualified TCM practitioners An analysis on the compositions of the American TCM practitioners indicated that among all the American TCM practitioners, 30% of them were from China, of which only 10% were TCM major graduates, and another 20% graduated from non-medical majors, including 10% with fundamentals of TCM background and another 10% with Chinese herbal medicine background. The remaining 70% were graduates from those diverse TCM institutes and acupuncture training schools in the United States as described above.

For those who graduated from a TCM major, though they tended to have sufficient clinical experience, they faced many difficulties in communicating with patients and they may also have to study acupuncture on their own in order to make a living since acupuncture is much more popular in the United States. Furthermore, they do not have much experience or concept of operating clinics, even though it is very easy and common for TCM practitioners to open clinics in the United States. Consequently, it constitutes a great challenge for them to present the virtual qualifications of their own and significant efficacy of TCM in the United States, let alone the remaining graduates either from native American TCM training schools or non-medical majors in China.

Accordingly, more educational cooperations between Chinese TCM universities and various American TCM institutes or acupuncture training schools should be greatly encouraged and put into effect with the aim of creating a win-win situation for both sides.

2.4 Problems concerning Chinese herbal medicine

2.4.1 The unregulated Chinese herbal medicine market

It is extremely difficult for Chinese governmental bodies to track the various marketing channels for herbal products around the world, particularly in this multi-level marketing today. For example, there are innumerable small local stores which can easily be missed by the governments’ tracking system; there are no records on the particular market for TCM; the E-commerce of TCM in the world can be hardly charted, let alone those star-studded stores and pharmacies.

In different parts of the world there are various routes to the consumer. For example, in the United States, almost half of the consumers are buying their herbs from the special food stores, whereas in Europe, there is a much larger percentage going through pharmacies or drugstores because of different regulations. In Japan over 50% are direct sales or a multi-level marketing.

Therefore, it is obvious that the market development of TCM, home and abroad is really in a state of chaos, which should also be considered a tremendous market whose size is not easily estimated or well understood. Thus, there is more work to be done to understand how widespread these herbs are throughout the world.

2.4.2 Restrictions in the application of herbal medicine Chinese herbal medicine is very often used in TCM as one of the distinguished features of TCM. Over the past 2,000 years, medical practitioners in China have developed many different preparation forms through which to administer Chinese herbs to patients, these include decoctions, powders, pills, soft extracts, syrups, granules, tablets and injections. However, the implementation of herbal medicine and preparations in the United States is severely confined.

For instance, decoctions, in which the ingredients are placed in water, or in wine, and then boiled for a specific period of time, can be rapidly absorbed by the body, and their effects are strong and immediately perceived by the patients. Decoctions are indeed considered a preferred method of dispensing herbal medicine in China. Nevertheless, this method has not yet become the public’s preference abroad.

However, powder is becoming more and more popular, owing to its convenience in preparation, ability to store for long periods of time, and lower cost. Nevertheless, until now, not enough feedback has been collected by certain assessment centers to discover the clinical efficacy of powder. After all, the ingredients are ground up and sifted into a relatively uniform powder, which can be taken directly, swallowed with liquid, or as a draft, instead of having to pay attention to the proper procedures of decocting herbal medicine, such as decocting earlier (Calcite), decocting later (Chrysanthemum), decocting with a drug wrapped (Asiatic Plantain Seed) etc.

Furthermore, proprietary Chinese medicines are generally recognized by the American population, provided that they can manage to pass a series of stern examinations conducted by the American FDA. This is also the reason why a large number of pharmaceutical factories, specifications or prices of proprietary Chinese medicine are seriously restricted, creating more difficulties for TCM to expand in overseas markets.

Hence, it is strongly suggested we intensify our capacity in scientific research and technological development, such as supporting the scientific method for cultivating environment-friendly herbs, promoting the development and introduction of new technologies of Chinese patent drugs, and processing and boosting their application. Furthermore, more importance should be attached to quality testing and packing. Most significantly, the Chinese government needs to establish a specific organization, for instance, Union for TCM Development or TCM Development Fund to be in charge of business management and operation of Chinese herbal medicine in the overseas market.

2.5 Inexperience in conducting TCM business
The graduate students from TCM colleges and universities in China usually go to provincial, municipal, or district hospitals to start their medical career, despite the fierce competition for one position in the hospitals. They do not usually consider running their own business such as opening up a private clinic since those state-owned hospitals are truly mainstream in Chinese society and a magnitude of patients seek medical aid in these state-owned hospitals simply because of their authority. However, overseas TCM graduates only work with other practitioners in the beginning and eventually all of them have to open their own business. How to open and operate a business in the market is definitely a challenge for TCM practitioners. TCM business operation techniques should therefore be part of TCM education and training as well. Although they have a strong technological advantage in TCM, it is very difficult for them to run a business at first when they go abroad. At that time, they have to pay expensive tuition fees (time and money) to make up for extra classes, such as Marketing and Management. Consequently, in the process of internationalization of TCM, TCM educational reform is worthy of our serious consideration.

3 Measures to be taken further for the globalization of TCM

The practice mode for the strategic aim of achieving TCM globalization should be taken under an integrated framework, in which it can not only indicate the significance, but also emphasize feasibility studies and tentative design. The following are the 6 strategic modes suggested by the authors to reinforce and facilitate the process of TCM globalization in the foreseeable future.

3.1 Opening up an outlet by technology It is true that Chinese people do not often demand high level evidence concerning the exact efficacy and safety of TCM at this stage, since it appears to be part of Chinese culture and the belief that long clinical use of TCM as a healing art in China has already proven its efficacy. However, this situation will soon change since TCM practitioners are now facing a more educated and better informed public in the West who would like to be more involved in the progress of their healing care. As a consequence, research into its efficacy and safety should be set as a priority for the overall development of TCM. Evidence-based clinical trials on apparently promising herbs and herbal formulae offer a critical future to a genuine development of TCM. However, compromises are inevitable because quality control of herbs is not possible, and the exact chemical equation of the active constituent is not known. Most frequently, even the active constituent itself is not known. Future TCM research still depends on compromising effort. It would be naive if one expects that the active ingredients can be identified and made into pharmaceuticals. However, more and more herbs will be grown strictly according to one standard; thus conforming to good agricultural practice and simple efficient tests will emerge for quick testing of the true identities of different herbs; thus making good manufacture practice more feasible.

In addition, research outcomes should be incorporated into educational programs in TCM training to ensure that graduates and future practitioners are well equipped not only for TCM practice, but also for the ability to pursue scientific scrutiny.

3.2 Paving the way by culture The cultural traits of TCM originate from its unique historical, national and regional background, and the wisdom and ideological essence behind it do not seem out of date, but suggest their advanced nature. However, as mentioned above, nowadays, a large number of people all over the world can not even fully understand the relation between TCM and acupuncture, let alone give a positive attitude towards TCM. Achieving the ultimate goal of realizing TCM globalization will require a large scale systematic project and constitute an arduous historical task. However, the immediate priority is to establish a clear position, understanding that the attraction of TCM to the future world should not just rely on its efficacy in clinical medical care, but also its unique wisdom concerning a way of life and a health-related culture. To achieve this aim the following steps should be put into effect.

Firstly, TCM cultural education should be expanded and intensified, thus making a sound academic atmosphere of TCM in China, in which researchers should further and perfect their studies concerning the fundamentals of TCM as well as strengthen the cultural inheritance of TCM.

Secondly, more emphasis should be put on interpersonal communication; we should appropriately guide the thoughts of foreigners here in China and use them as a springboard to assist in publicizing fundamentals of TCM abroad.

Thirdly, we should always prepare ourselves to get familiar with foreign cultures, and grasp their culture trends if we are attentive enough, so that we can generate ways in which foreigners are willing to accept the TCM culture.

Last but not the least, international medical collaboration and research should be reinforced, with focus on the establishment of international groups for TCM popularization and attaching importance to the feedback and requirements raised by these international official medical organizations. This will facilitate the formulation of better regulations concerning TCM popularization and timely promotion of TCM research and popularization.

All in all, to intensify the globalization of TCM culture, we should adhere to the principle of
representing oriental civilization and meeting the needs of global health as well as interpreting TCM culture with modern technology and living concepts, thereby bringing thousands of years of human achievement into the modern arena and developing a more practical and advanced medical system to guide people's self health care and health care practice.

3.3 Integrating with medical care The traditional forms of TCM not only include decoctions, pills, granules and pastes, but also a variety of naturopathy that include acupuncture, Chinese massage, bone-setting and fracture stabilization, treatment for ulcers and carbuncles, nutritional therapy, Qigong and Tai Chi. This naturopathy can also be used in combination with other complementary and alternative medicines and integrated with modern Western medicine to better maintain and protect patient health. This would attract the interest and attention of the international society, which would encourage people worldwide to voluntarily accept TCM into their health care service.

To accomplish this, we can, first open up single-ventured or joint-ventured specialist out-patient health care service clinics or internationally demonstrated TCM hospitals to build up an international health care model that specializes in applying TCM clinical treatment and health care services. Then we could achieve the demonstration effect of publicizing the safety and efficacy of TCM through taking advantage of those unique efficacies TCM has on rare illness. Furthermore, we should establish a detailed plan of setting up a standardized system for evaluating TCM efficacy in accordance with the life quality and health indicator that concerns both TCM and evidence-based medicine. In this way, we can on one hand, create an appropriate matching point to integrate TCM and modern medicine when confronted with certain key rare illnesses so that the two can learn from each other, and on the other hand achieve the goal of enhancing their efficacy and reducing toxic and side effects under the banner of integrative medicine. After all, efficacy is the absolute principle.

3.4 Advancing TCM industrialization With the aid of modern technology and evidence-based research to support its efficacy, it would be more convenient to intensify and advance the industrialization of herbal medicine, which includes prepared slices of Chinese crude herbs, granules, Chinese herbal extracts, Chinese patent drugs and health-care food. In order to achieve this goal, the conditions for the legal status of TCM in the international market should be established by setting up strict standards for TCM quality control, mechanism of action and clinical efficacy evaluation as well as conducting international joint research. Meanwhile, we should select special TCM techniques and products such as acupuncture and message that can represent innovative creativity as well as comparative advantages in an international arena for special demonstrative promotions.

Concurrently, the internalization of the TCM industry should be explored and achieved in accordance with diverse cultural backgrounds, regional policies and regulations, population, epidemiological investigation as well as the economic situation. For example, the international market nowadays for TCM can be generally divided into 4 categories: relative mature market including South East Asia and North East Asia (Japan and South Korea), key market including North America, Europe (Western Europe, Southern Europe and Northern Europe), and Oceania (Australia and New Zealand), potential markets including Arab region (Middle East), Southern Asia (India), Russia (Commonwealth of Independent States) and Eastern Europe, and market to be developed including Southern America and Africa. Accordingly, it is essential that we explore and expand each specific market in a planned and orderly manner.

3.5 Enhancing TCM marketing and emphasizing the dietary supplements Basically, TCM can be developed into a commercialized product in three areas. Clearly the largest one is the prescription drug market that is worth 90 billion US dollars in the United States with a growth rate of 6% annually. The second category is the over-the-counter (OTC) drugs that do not require prescriptions from the doctors. The United States market is about 26 billion US dollars, growing at about 4.7% annually. The last category is herbs, dietary supplements and food, and this market accounts for about 2.5 billion US dollars.

Table 1 illustrates the regulatory differences between dietary supplements and drugs. In the United States, the commercialization of dietary supplements does not need FDA approval, whereas marketing of drugs and OTC products does. Getting FDA approval does not automatically bring in a market share of a product. There is still a lot of marketing and education needed. Dietary supplements usually have a multiple active component, and the OTC or prescription drugs often have very well defined mechanisms, and clear active components.

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<th>Dietary supplements and food</th>
<th>Drugs (prescription or OTC drugs)</th>
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<tr>
<td>FDA approval not required</td>
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<td>Mixture of active constitutes</td>
<td>Single well-characterized chemical entities</td>
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<td>Efficacy based mainly on historical and anecdotal data</td>
<td>Prospective phase I to III studies</td>
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OTC: over-the-counter; FDA: Food and Drug Administration.
single and well characterized. The efficacy of Dietary supplements is based mainly on historical anecdotal data. For drugs, researchers have to conduct phase I, II and III studies, which is extremely costly.

As mentioned above, compromises between request for a magnitude of clinically based evidence and reality are inevitable because quality control of herbs is highly challenging, and the exact extent of active constituent is not all known. It would be a long way for governments all over the world to fully accept TCM. Accordingly, more emphasis and efforts should be put on the marketing of dietary supplements and food in the near future.

3.6 Outputting qualified personnel It is true that talented personnel will play a critical role in achieving the ultimate goal of TCM globalization, and they are the fundamental assurance for the internationalization and modernization of TCM. Practitioners with a poor quality of education and training, either at home or abroad, would definitely threaten the reputation of TCM. Thus, more collaborations and discussions should be implemented in order to introduce an international standard on TCM education. In this regard, formal education at university level with support from governments is critical. Firstly, it is advisable that in some Western countries, apart from China, TCM be offered as a degree course, such as a five-year full-time double degree in the Royal Melbourne Institute of Technology, Australia and a three-year master’s degree in the United Kingdom. Secondly, it is strongly recommended that Chinese governmental bodies start education combined with Sino-America investment, which allows a magnitude of high-level and professional TCM practitioners to be sent there as teachers to provide a chance for overseas students to experience the surprising efficacy of TCM and comprehend what makes a professional TCM practitioner. Meanwhile, the Chinese government should draw up preferential measures to attract more foreign students to study TCM in China, thus enabling the professional team working on TCM globalization to initiate a new phrase of having international talents and making talents international.

4 Conclusions

4.1 Summary The development of TCM is based upon the accumulation of experience and knowledge gathered over the centuries. TCM in the United States has already accomplished great achievements in respect of some legislation policies, education systems as well as the ever growing popularity of TCM. We also have to admit that due to the limitations of technology and scientific knowledge in the past, TCM has not made major advances that truly accelerated discovery and development regarding TCM in the past 40 years, which is quite different from that of Western medicine. As a result, TCM has had only a relatively minor impact on mainstream medicine, and it is not currently globally accepted, which will doubtlessly impede the further development of TCM worldwide in the foreseeable future.

4.2 Suggestions Accordingly, the best approach in developing future medicines, from the authors’ point of view is to integrate both approaches. To integrate the current mainstream medicine and TCM will be a major undertaking requiring international collaboration. For areas of the world that do have a strong focus on using TCM, it is the obligation of government and private enterprise to take the necessary steps to ensure the health of their population by improving the quality and verifying the effectiveness of TCM. In those areas that are not familiar with Chinese medicine, serious attempts should be made to take advantage of the knowledge accumulated through many years in order to meet the clinical needs that remain poorly treated. Most importantly, joint efforts among different governments and enterprises across the international borders should be strongly encouraged to insure the safety and efficacy of TCM. It is strongly and sincerely believed that a convergence of Western medicine and TCM may evolve into a greatly improved method of human health care in the coming century.

With the 6 strategic modes illustrated above, together with appropriate integration with Western medicine, TCM has the potential to make a difference in this historical era of globalization.

REFERENCES

中医药国际化的必备条件与因素

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摘要：随着全球政治、经济文化和一体化趋势的不断深化，中医药在全球这一共同体中遇到了前所未有的发展机遇，创造出一个又一个的显著成就，但依然面临新的问题，特别是对中医、东方医学和针灸的片面认识，国外广泛存在的不规范的中医和针灸培训课程，不规范的中医师，中医师及医师中医学专业中的经验不足等，从长远角度考虑，这些问题的存在都将成为中医药实现全球化这一终极目标的障碍，而中医药国际化的目标又注定了是一项规模宏大的系统工程和长期艰巨的历史任务，因而要求我们要有紧迫感和长期奋斗的准备。本文旨在通过对中医药在美国的发展现状和存在问题的详细分析，提出扩大和完善中医药全球化发展的6大战略发展计划。

关键词：医学，中国传统文化，国际性，中医学发展，美国

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国际补充医学研究学会第6届年会第一轮通知

国际补充医学研究学会(The International Society for Complementary Medicine Research，ISCMR)是一个全球性非盈利专业学会，是全球本领域内的顶级学会，是一个以科研人员、临床医生和各国医学决策者的国际性学术研究组织。致力于促进全球补充和结合医学研究的科研人员及临床医生在世界范围内的交流与合作、多学科的研究和发展，以及和传播补充医学、传统医学和结合医学知识。ISCMR每年召开一次国际补充医学研究大会，轮流在非洲大陆和亚洲的不同地区举行。2011年5月7～9日将在我国成都举行第6届年会，这是首次在亚洲举办ISCMR年会。

这次学术年会是全球补充和结合医学相互交流的盛会，也是我国结合医学、中医药学领域的研究者、临床医师向全球展示我国在本领域的研究和实践成果的极好机会，为加强和发展我国结合医学和中医药学领域与国际CAM学术界的联系提供一个难得的交流平台。我们诚邀全国补充和结合医学、中医药学领域的专家学者及临床医师积极投稿，参与本次盛会。凡投稿并参会者需参加国际学术会议证书。为鼓励研究生参会，将从投稿研究生中选择10名免注册费。

投稿要求：(1)未在杂志发表的研究报告、研究计划书；(2)只接受摘要；(3)所有摘要均用中文、英文两种文字；(4)中文摘要不超过300字，英文摘要不超过400个词；(5)研究生部分：临床研究、基础研究、预防医学研究(包括体质医学、锻炼等)、康复医学研究(包括运动疗法、心理疗法、营养疗法等)、药物开发、新技术新疗法研究、政策研究、伦理学研究(包括伦理学伦理学、医学研究伦理学、医学期刊编辑伦理学)、循证医学实践与证据研究(包括临床循证实践和系统评价)。

注册费：每位代表1500元，学生750元，包括伙食。住宿费用自理。

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