

Chinese Herbal Medicine in the Treatment of Acute Respiratory Tract Infections: Review of Randomized and Controlled Clinical Trials. CHAOYING LIU AND ROBERT M. DOUGLAS. *From the National Centre for Epidemiology and Population Health, The Australian National University, Australia*

We carried out a modified search of the Chinese- and English-language literature and identified 27 clinical trials on the role of Chinese herbal medicine (CHM) in the treatment of acute respiratory infections [1–27]. Twenty-six of the identified studies were published in Chinese-language journals and only one appeared in an English-language journal. A range of methods was used to describe the clinical outcomes of the treatment, including an “effect rate” and comparison of a group of clinical symptoms. The herbal medicine groups were reported to have a significantly higher “effect rate” in 15 of 22 studies, and generally the studies in which herbal medicines were compared with Western medicines (often antibiotics), claimed greater improvement in patient’s clinical symptoms and physical signs (table 1).

Table 1. Reported treatment outcomes of clinical trials on the role of Chinese herbal medicine in the treatment of acute respiratory infections.

Variable	No. studies with variable	CHM vs. control	
		No. studies with significant improvement	No. studies with no significant difference
“Cured” (“effect rate”)	22	15	7
Fever	18	14	4
Cough	11	9	2
Chest crackles	12	8	4
Hospitalization	9	6	3
Laboratory findings (X-ray or WBC count)	6	4	2

NOTE. CHM = Chinese herbal medicine.

Despite these apparently favorable results, definitive conclusions about efficacy are difficult to draw. There was insufficient information on randomization and baseline comparisons; outcome measures were either complicated or of doubtful validity, and in most instances the terms were poorly defined or explained. Data analysis and presentation were generally too limited to enable us to assess the adequacy of the statistical analysis. At a time when there is growing dissatisfaction with the application of antibiotics and when herbal medicine is increasing in popularity as an alternative approach in some Western countries, there is some urgency to test

in a more rigorous fashion the assumptions which are built into Chinese clinical practice.

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Reprints or correspondence: Prof. Robert M. Douglas, National Centre for Epidemiology and Population Health, Australian National University, Canberra, ACT 0200, Australia (Bob.Douglas@anu.edu.au).

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