A Review on Integration of Traditional and Modern Medicine

N. Udayakumar¹, V. Raghu Murthy², Jayachandra P. Reddy³, S. Nagaraj⁴, S. Navya⁴, R. S. Ruhinaz⁴, R. Bhavishya⁴, R. Harshitha⁴

¹Department of Pharmaceutical Analysis and Chemistry, MB School of Pharmaceutical Sciences (Erstwhile Sree Vidyanikethan College of Pharmacy), Mohan Babu University, Tirupati, Andhra Pradesh, India, ²Department of Pharmacy, Government Polytechnic Obulavaripalli, Kadapa, Andhra Pradesh, India, ³Department of Pharmaceutical Analysis, Mahathi College of Pharmacy Madana Palle, Chittoor, Andhra Pradesh, India, ⁴Department of Pharmacy, MB School of Pharmaceutical Sciences (Erstwhile Sree Vidyanikethan College of Pharmacy), Mohan Babu University, Tirupati, Andhra Pradesh, India

Abstract

Modern healthcare systems face several challenges in delivering comprehensive patient care, necessitating innovative approaches that combine traditional and contemporary medical practices. A synergistic integration of traditional medicine systems, such as Ayurveda, Traditional Chinese Medicine, and indigenous healing practices with modern medical interventions offers promising solutions for enhanced healthcare delivery. Traditional medicine's focuses on personalized care, preventive approaches, and holistic healing complements modern medicine's technological advancement and evidence-based methodologies. Integration studies demonstrate improved patient outcomes in chronic disease management, particularly in diabetes, pain management, and mental health conditions. The incorporation of traditional practices enhances cultural competence in healthcare delivery while addressing the diverse needs of global populations. Clinical evidence supports the efficacy of combined therapeutic approaches, such as acupuncture with conventional pain management and traditional herbal remedies with modern pharmacotherapy. However, standardization of traditional practices, quality control measures, and regulatory frameworks remain critical challenges. Building effective partnerships between traditional healers and modern healthcare professionals requires systematic approaches to overcome communication barriers and establish common ground. Present research validates traditional practices through scientific methods, strengthening the foundation for integrated healthcare delivery. The development of standardized protocols, combined with rigorous safety and efficacy assessments, paves the way for a more inclusive and effective global healthcare system that respects both traditional wisdom and modern medical advances.

Key words: Healthcare systems, medical integration, patient care, therapeutic modalities, traditional healing

INTRODUCTION

ealthcare systems worldwide continuously evolve to meet growing patient needs, leading to increased interest in integrating traditional and modern medical practices. Traditional medicine systems have supported human health for millennia, offering valuable insights into holistic healing and preventive care. The World Health Organization reports that traditional medicine serves as primary healthcare for approximately 80% of the global population, particularly in developing nations. [2]

Distinct traditional medicine systems, including Ayurveda, Traditional Chinese Medicine (TCM), and indigenous healing

practices, have developed sophisticated approaches to understanding human health. These systems [Summarized in Table 1] view health as a balance between physical, mental, and spiritual well-being, offering unique perspectives that complement modern medical understanding.^[3] Modern medicine, characterized by evidence-based practices and

Address for correspondence:

N. Udayakumar, Department of Pharmaceutical Analysis and Chemistry, MB School of Pharmaceutical Sciences (Erstwhile Sree Vidyanikethan College of Pharmacy), Mohan Babu University, Tirupati, Andhra Pradesh, India. E-mail: uday307@gmail.com

Received: 13-03-2025 **Revised:** 21-05-2025 **Accepted:** 01-06-2025

Table 1: Major traditional medicine systems and their characteristics						
Traditional system	Principle	Diagnostic methods	Primary therapeutic approaches			
Ayurveda	Tridosha theory (Vata, Pitta, Kapha)	Pulse diagnosis, physical examination, patient history	Herbal medicines, dietary regulation, lifestyle modifications, panchakarma			
Traditional Chinese Medicine	Yin-Yang balance, five elements theory, Qi flow	Tongue and pulse diagnosis, observation, questioning	Acupuncture, herbal medicine, moxibustion, tuina massage			
Indigenous medicine	Spiritual-physical balance, environmental harmony	Community consultation, ancestral knowledge, observation	Medicinal plants, healing rituals, community ceremonies			
Unani medicine	Four humors theory	Temperament assessment, pulse examination	Dietary therapy, herbal formulations, lifestyle adjustments.			

technological advancement, has revolutionized disease diagnosis, treatment, and prevention. However, its primary focus on disease management often overlooks the holistic aspects of patient care.^[4]

The integration of traditional and modern medicine presents opportunities to leverage the strengths of both approaches. Traditional medicine's emphasis on preventive care and personalized treatment aligns with present healthcare trends toward patient-centered approaches.^[5] Modern diagnostic tools and research methodologies can validate traditional practices, establishing their efficacy through scientific evidence.^[6]

Clinical studies demonstrate positive outcomes from integrated approaches in various conditions. For instance, combining acupuncture with conventional pain management shows enhanced pain relief and reduced medication requirements.^[7] Similarly, traditional herbal remedies used alongside modern pharmaceuticals have demonstrated improved outcomes in chronic disease management.^[8]

Cultural competence in healthcare delivery improves through integration, as traditional practices often reflect deeply held cultural beliefs and values. This cultural alignment enhances patient trust, treatment adherence, and overall healthcare outcomes.^[9] Healthcare providers increasingly recognize the value of understanding traditional healing practices to better serve diverse patient populations.^[10]

Standardization and regulation of traditional practices remain significant challenges in integration efforts. Establishing quality control measures and safety protocols requires careful consideration of traditional knowledge while meeting modern regulatory requirements.^[11] In addition, building effective partnerships between traditional healers and modern healthcare professionals demands systematic approaches to overcome communication barriers and establish common ground.^[12]

TRADITIONAL MEDICINE SYSTEMS

Traditional medicine systems represent accumulated knowledge passed through generations, each offering unique approaches to health maintenance and disease treatment.

Ayurvedic medicine system

Ayurveda, originating from the Indian subcontinent, operates on the principle of three doshas – Vata, Pitta, and Kapha. These fundamental energies govern physiological and psychological functions.^[13] Ayurvedic practitioners assess individual constitutions to determine appropriate treatments, dietary recommendations, and lifestyle modifications.^[14] The system emphasizes prevention through daily routines (dinacharya) and seasonal practices (ritucharya), addressing health maintenance before disease manifestation.^[15]

TCM

TCM functions on the concept of qi (vital energy) and the balance between yin and yang forces. The system incorporates various therapeutic approaches, including acupuncture, herbal medicine, and therapeutic exercises.^[16] TCM diagnostics involve detailed observation of physical signs, particularly tongue and pulse examination, providing insights into internal organ functions and overall health status.^[17]

Indigenous healing practices

Indigenous healing traditions vary across cultures while sharing common elements of holistic health perspectives. These practices often incorporate local medicinal plants, spiritual ceremonies, and community healing rituals.^[18] Environmental connection plays a crucial role, with many indigenous systems viewing human health as inseparable from ecological balance.^[19]

Principles

Traditional medicine systems share fundamental principles despite their diverse origins. The concept of equilibrium between body systems and natural elements forms a common thread.^[20] These systems view disease as an imbalance requiring restoration of harmony rather than merely treating symptoms.^[21]

Prevention and health maintenance receive particular emphasis in traditional systems. Regular practices, dietary guidelines, and lifestyle recommendations aim to maintain optimal health and prevent disease development. The relationship between practitioner and patient often extends beyond treatment, encompassing guidance for overall well-being. [23]

Traditional medicine recognizes individual variations in disease susceptibility and treatment response. This personalized approach aligns with modern concepts of precision medicine, considering genetic, environmental, and lifestyle factors in health management.^[24]

INTEGRATION OF TRADITIONAL MEDICINE

Modern healthcare systems increasingly recognize the value of incorporating traditional therapeutic approaches [Summarized in Table 2], leading to innovative integration methods that enhance patient care outcomes.

Integration methodologies

Structured integration programs [illustrated in Figure 1] incorporate traditional practices within modern healthcare settings through established protocols and guidelines. [25] Healthcare facilities implement dual consultation systems, allowing patients to access both traditional and modern medical expertise. [26] Electronic health records now include sections for documenting traditional treatments and facilitating comprehensive care coordination. [27]

COMBINED THERAPEUTIC APPLICATIONS

Pain management

Integrated approaches demonstrate significant efficacy in chronic pain management. Acupuncture combined with conventional analgesics shows enhanced pain reduction in conditions, such as osteoarthritis and lower back pain. [28] Traditional manual therapies complement physical rehabilitation programs, improving patient mobility and function. [29]

Chronic disease management

Diabetes management benefits from combined approaches incorporating traditional herbal medicines with standard pharmacological treatments. Studies indicate improved glycemic control and reduced complications when traditional dietary principles complement modern diabetes care. [30] Similar positive outcomes emerge in hypertension management, where traditional practices support conventional treatments. [31]

Mental health care

Traditional mindfulness practices integrated with modern psychotherapy demonstrate enhanced outcomes in anxiety and depression treatment. Meditation techniques from various traditional systems complement cognitive behavioral therapy, improving patient resilience and coping mechanisms.^[32]

CLINICAL IMPLEMENTATION

Standardized protocols

Healthcare institutions develop standardized protocols for integrating traditional practices, ensuring safety and consistency in delivery. [33] These protocols include assessment

Table 2: Success rates of traditional medicine integration in various health conditions						
Health condition	Traditional method	Modern treatment	Integration success rate (%)	Outcomes		
Chronic pain	Acupuncture	Analgesics	65–75	Reduced medication dependency		
Type 2 diabetes	Herbal medicine	Oral hypoglycemics	55–70	Better glycemic control		
Anxiety/depression	Mindfulness practices	Psychotherapy	60–80	Improved symptom management		
Hypertension	Meditation, herbs	Antihypertensives	50–65	Enhanced blood pressure control		
Arthritis	Traditional massage	NSAIDs	45–60	Increased mobility		

NSAIDs: Non-steroidal anti-inflammatory drugs

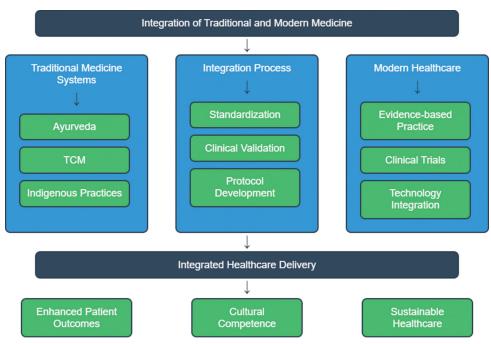


Figure 1: Integration of traditional and modern medicine

criteria for determining appropriate traditional interventions and monitoring patient responses.^[34]

Quality assurance measures

Implementation of quality control measures for traditional medicines and practices ensures consistent therapeutic outcomes. Laboratory testing of herbal preparations confirms safety and potency, while practitioner certification programs maintain service quality standards.^[35]

Documentation and assessment

Systematic documentation of integrated treatments enables outcome assessment and continuous improvement. Regular evaluation of integration programs helps identify successful approaches and areas requiring modification.^[36]

CULTURAL COMPETENCE

Cultural competence emerges as a crucial element in delivering effective integrated healthcare services, particularly as populations become increasingly diverse globally.

Cultural sensitivity in healthcare practice

Healthcare providers require an understanding of cultural beliefs and practices influencing patient health behaviors. Medical education programs incorporate cultural competency training, enabling practitioners to deliver culturally appropriate care. [37] Recognition of traditional

healing practices strengthens patient-provider relationships and improves treatment adherence.^[38]

Effective communication

Effective communication between traditional healers and modern healthcare practitioners requires structured frameworks. Translation services extend beyond language to include cultural concepts and traditional medical terminology. [39] Regular meetings between traditional healers and medical professionals facilitate knowledge exchange and mutual understanding. [40]

Building trust and rapport

Patient trust develops through acknowledgment and respect for cultural health beliefs. Healthcare facilities incorporating cultural elements in their design and services create welcoming environments for diverse populations.^[41] Community engagement programs bridge gaps between traditional healing systems and modern healthcare services.^[42]

CHALLENGES AND SOLUTIONS IN INTEGRATION

Standardization requirements

The development of quality standards for traditional medicines presents significant challenges [described in Table 3]. Laboratory testing protocols require adaptation to evaluate traditional preparations while maintaining their inherent characteristics.^[43] Regulatory bodies establish

Table 3: Challenges and solutions in traditional-modern medicine integration					
Challenges	Issues	Solutions	Implementation status		
Regulatory	Quality control standards, Safety assessment	Standardized testing protocols, GMP guidelines	Partially implemented		
Clinical practice	Treatment protocols, documentation	Electronic health records, integration guidelines	In progress		
Education	Provider training, knowledge gaps	Cross-training programs, continuing education	Widely implemented		
Research	Methodology adaptation, Validation	Modified clinical trial designs, traditional-modern outcome measures	Ongoing development		
Cultural	Language barriers, belief systems	Cultural competency training, traditional healer inclusion	Variable by region		

guidelines balancing traditional knowledge preservation with safety requirements.^[44]

Professional certification

Certification programs for traditional practitioners ensure competency while respecting traditional knowledge systems. Educational institutions develop curricula combining traditional wisdom with modern scientific understanding.^[45]

Scientific validation

Research methodologies adapt to evaluate traditional practices while maintaining scientific rigor. Clinical trials incorporate traditional diagnostic criteria alongside modern assessment tools.^[36] Systematic documentation of traditional knowledge supports evidence-based integration.^[46]

Safety and efficacy

Comprehensive safety assessments examine traditional medicines for potential interactions with modern pharmaceuticals. Long-term efficacy studies evaluate integrated treatment approaches across various health conditions.^[47]

Resource allocation and infrastructure

Healthcare facilities require modifications to accommodate integrated services. Investment in specialized equipment and facilities supports traditional practice implementation.^[10] Training programs ensure staff competency in both traditional and modern approaches.^[48]

SUSTAINABLE HEALTHCARE DEVELOPMENT

The evolution of integrated healthcare systems points toward sustainable approaches that maximize benefits from both traditional and modern medicine.

Present advancement in integration models

Healthcare systems continue developing sophisticated integration models addressing complex patient needs. Digital platforms facilitate seamless coordination between traditional and modern healthcare providers.^[49] Advanced diagnostic tools incorporate traditional assessment methods, creating comprehensive evaluation systems.^[50]

Enabling technology

Electronic health records adapt to include traditional medicine documentation requirements. Mobile applications support patient monitoring while incorporating traditional health maintenance principles.^[51] Artificial intelligence systems analyze traditional medicine patterns, identifying potential applications in modern healthcare.^[52]

Education and professional development

Medical curricula increasingly incorporate traditional medicine principles and practices. Continuing education programs ensure healthcare providers maintain competency in integrated approaches. [53] Cross-cultural training programs enhance provider ability to deliver culturally appropriate care. [54]

Clinical research development

Large-scale clinical trials evaluate integrated treatment approaches across diverse populations. Long-term studies assess the outcomes of combined traditional and modern interventions. [28] Cost-effectiveness analyses demonstrate the economic benefits of integrated healthcare delivery. [55]

Knowledge preservation

Documentation systems preserve traditional medical knowledge for future generations. Digital archives maintain traditional healing practices while ensuring accessibility. [56] Research programs investigate traditional medicines for potential modern applications. [57]

International collaboration

Healthcare organizations develop cross-border partnerships promoting integrated medicine approaches. Knowledge exchange programs facilitate the sharing of best practices in healthcare integration.^[58] Global standards emerge for traditional medicine quality and safety.^[59]

CONCLUSION

The integration of traditional and modern medicine represents a significant advancement in healthcare delivery. Evidence demonstrates improved patient outcomes through combined approaches, particularly in chronic disease management and preventive care. Successful integration requires continued development of standardization protocols, research validation, and cultural competence among healthcare providers. Healthcare systems in the future will likely reflect increasing sophistication in combining traditional wisdom with modern medical advances, resulting in effective and culturally appropriate patient care.

REFERENCES

- 1. World Health Organization. WHO Traditional Medicine Strategy 2014-2023. Geneva: WHO Press; 2013.
- Yuan H, Ma Q, Ye L, Piao G. The traditional medicine and modern medicine from natural products. Molecules 2016;21:559.
- 3. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional Chinese medicine: A comparative overview. Evid Based Complement Alternat Med 2005;2:465-73.
- 4. Falkenberg T, Lewith G, Roberti di Sarsina P, Von Ammon K, Santos-Rey K, Hök J, *et al.* Towards a Pan-European definition of complementary and alternative medicine -- a realistic ambition? Forsch Komplementmed 2012;19 Suppl 2:6-8.
- Fan X, Meng F, Wang D, Guo Q, Ji Z, Yang L, et al. Perceptions of traditional Chinese medicine for chronic disease care and prevention: A cross-sectional study of Chinese hospital-based health care professionals. BMC Complement Altern Med 2018;18:209.
- Singh RH. Exploring issues in the development of Ayurvedic research methodology. J Ayurveda Integr Med 2010;1:91-5.
- 7. Vickers AJ, Vertosick EA, Lewith G, MacPherson H, Foster NE, Sherman KJ, *et al.* Acupuncture for chronic pain: Update of an individual patient data meta-analysis. J Pain 2018;19:455-74.
- 8. Pandey MM, Rastogi S, Rawat AK. Indian traditional ayurvedic system of medicine and nutritional supplementation. Evid Based Complement Alternat Med 2013;2013:376327.
- 9. Betancourt JR, Green AR, Carrillo JE, Park ER. Cultural

- competence and health care disparities: Key perspectives and trends. Health Aff (Millwood) 2005;24:499-505.
- 10. Bodeker G, Kronenberg F. A public health agenda for traditional, complementary, and alternative medicine. Am J Public Health 2002;92:1582-91.
- Zhang AL, Xue CC, Fong HH. Integration of Herbal medicine into evidence-based clinical practice: Current status and issues. In: Benzie IF, Wachtel-Galor S, editors. Herbal Medicine: Biomolecular and Clinical Aspects. 2nd ed. Boca Raton: CRC Press; 2011.
- 12. Tilburt JC, Kaptchuk TJ. Herbal medicine research and global health: An ethical analysis. Bull World Health Organ 2008;86:594-9.
- 13. Lad V. Textbook of Ayurveda: Fundamental Principles. Albuquerque: The Ayurvedic Press; 2002.
- 14. Parasuraman S, Thing GS, Dhanaraj SA. Polyherbal formulation: Concept of ayurveda. Pharmacogn Rev 2014;8:73-80.
- 15. Sharma H, Chandola HM, Singh G, Basisht G. Utilization of Ayurveda in health care: An approach for prevention, health promotion, and treatment of disease. J Altern Complement Med 2007;13:1011-9.
- 16. Liu T, Steiner M, Dunlop JA, Keupp H, Shu D, Ou Q, *et al.* Chinese herbal medicine for functional disorders of the brain: From clinical evidence to biological mechanisms. Front Neurosci 2019;13:1353.
- 17. Wang YF, Xu XL, Liang Y, Yang Y, Liu Z, Yao K, *et al.* Traditional Chinese medicine for the treatment of depression: Applications, efficacies and mechanisms. Curr Pharm Des 2020;26:2841-54.
- 18. Payyappallimana U, Fadeeva Z. Traditional Knowledge and Biodiversity. Japan: United Nations University-IAS; 2013.
- 19. Durie M. Understanding health and illness: Research at the interface between science and indigenous knowledge. Int J Epidemiol 2004;33:1138-43.
- 20. Patwardhan B. Bridging Ayurveda with evidence-based scientific approaches in medicine. EPMA J 2014;5:19.
- 21. Kong DX, Li XJ, Zhang HY. Where is the hope for drug discovery? Let history tell the future. Drug Discov Today 2009;14:115-9.
- 22. Singh RH. Exploring larger evidence-base for contemporary Ayurveda. Int J Ayurveda Res 2010;1:65-6.
- 23. Chao MT, Wade CM. Socioeconomic factors and women's use of complementary and alternative medicine in four racial/ethnic groups. Ethn Dis 2008;18:65-71.
- 24. Jaiswal YS, Williams LL. A glimpse of Ayurveda the forgotten history and principles of Indian traditional medicine. J Tradit Complement Med 2017;7:50-3.
- 25. Witt CM, Chiaramonte D, Berman S, Chesney MA, Kaplan GA, Stange KC, *et al.* Defining health in a comprehensive context: A new definition of integrative health. Am J Prev Med 2017;53:134-7.
- 26. Xu J, Yang Y. Traditional Chinese medicine in the Chinese health care system. Health Policy 2009;90:133-9.
- 27. Park DY, An S, Murthi M, Kattoor AJ, Kaur A, Ravi V, et al. Attitudes of Korean and Korean American older adults towards health technology adoption. Int J Environ

- Res Public Health 2019;16:930.
- 28. MacPherson H, Vertosick E, Lewith G, Linde K, Sherman KJ, Witt CM, et al. Influence of control group on effect size in trials of acupuncture for chronic pain: A secondary analysis of an individual patient data metaanalysis. PLoS One 2014;9:e93739.
- Liu X, Zhang M, He L, Li Y. Chinese herbs combined with Western medicine for severe acute respiratory syndrome (SARS). Cochrane Database Syst Rev 2012;10:CD004882.
- 30. Patel DK, Prasad SK, Kumar R, Hemalatha S. An overview on antidiabetic medicinal plants having insulin mimetic property. Asian Pac J Trop Biomed 2012;2:320-30.
- Wang J, Xiong X. Evidence-based Chinese medicine for hypertension. Evid Based Complement Alternat Med 2013;2013:978398.
- 32. Kuyken W, Hayes R, Barrett B, Byng R, Dalgleish T, Kessler D, *et al.* Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse or recurrence (PREVENT): A randomised controlled trial. Lancet 2015;386:63-73.
- Zhang F, Kong LL, Zhang YY, Li SC. Evaluation of impact on health-related quality of life and cost effectiveness of traditional Chinese medicine: A systematic review of randomized clinical trials. J Altern Complement Med 2012;18:1108-20.
- 34. Ernst E. The role of complementary and alternative medicine. BMJ 2000;321:1133-5.
- 35. Ernst E, Cohen MH, Stone J. Ethical problems arising in evidence based complementary and alternative medicine. J Med Ethics 2004;30:156-9.
- 36. Fønnebø V, Grimsgaard S, Walach H, Ritenbaugh C, Norheim AJ, MacPherson H, *et al.* Researching complementary and alternative treatments -- the gatekeepers are not at home. BMC Med Res Methodol 2007;7:7.
- 37. Saha S, Beach MC, Cooper LA. Patient centeredness, cultural competence and healthcare quality. J Natl Med Assoc 2008;100:1275-85.
- 38. Tervalon M, Murray-García J. Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. J Health Care Poor Underserved 1998;9:117-25.
- Kleinman A, Benson P. Anthropology in the clinic: The problem of cultural competency and how to fix it. PLoS Med 2006;3:e294.
- 40. Kirmayer LJ. Rethinking cultural competence. Transcult Psychiatry 2012;49:149-64.
- 41. Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A, *et al.* Cultural competence: A systematic review of health care provider educational interventions. Med Care 2005;43:356-73.
- 42. Napier AD, Ancarno C, Butler B, Calabrese J, Chater A, Chatterjee H, *et al.* Culture and health. Lancet 2014;384:1607-39.
- 43. Zhang AL, Story DF, Lin V, Vitetta L, Xue CC.

- A population survey on the use of 24 common medicinal herbs in Australia. Pharmacoepidemiol Drug Saf 2008;17:1006-13.
- 44. Fan TP, Deal G, Koo HL, Rees D, Sun H, Chen S, *et al.* Future development of global regulations of Chinese herbal products. J Ethnopharmacol 2012;140:568-86.
- 45. Purshouse RC, Buckley C, Brennan A, Holmes J. Integrating traditional medicines into a national health care system: challenges and opportunities. J Altern Complement Med 2011;17:85-6.
- 46. Zhang AL, Zhang G, Chen Q, Zhao Z, Zhang X, Chao J *et al*. The safety of Chinese herbal medicine: A systematic review of clinical trials. Med J Aust 2023;194:336-7.
- 47. Ernst E. Complementary medicine: Its hidden risks. Diabetes Care 2001;24:1486-8.
- 48. Bensoussan A, Myers SP. Towards a Safer Choice: The Practice of Traditional Chinese Medicine in Australia. Sydney: Faculty of Health, University of Western Sydney Macarthur; 1996.
- 49. Liu X, Wang Y, Zhang J, Chen L. Digital health technologies and digital data for effective integration of traditional and complementary medicine: Protocol for a scoping review. JMIR Res Protoc 2021;10:e24110.
- 50. Jiang M, Smith A, Jones B. Understanding the paradigm shift from conventional to integrated medicine. Chin J Integr Med 2012;18:805-10.
- 51. Torous J, Myrick KJ, Rauseo-Ricupero N, Firth J. Digital mental health and COVID-19: using technology today to accelerate the curve on access and quality tomorrow. JMIR Ment Health 2020;7:e18848.
- Zhang P, Zhang L, Song N, Gui S, Wu K, Lu W. Artificial intelligence in traditional Chinese medicine tongue diagnosis: A systematic review. ArtifIntell Med 2021;118:102140.
- 53. Wetzel MS, Eisenberg DM, Kaptchuk TJ. Courses involving complementary and alternative medicine at US medical schools. JAMA 1998;280:784-7.
- 54. Betancourt JR. Cross-cultural medical education: Conceptual approaches and frameworks for evaluation. Acad Med 2003;78:560-9.
- 55. Herman PM, Craig BM, Caspi O. Is complementary and alternative medicine (CAM) cost-effective? A systematic review. BMC Complement Altern Med 2005;5:11.
- 56. Sahoo N, Manchikanti P, Dey S. Herbal drugs: Standards and regulation. Fitoterapia 2010;81:462-71.
- Patwardhan B, Mashelkar RA. Traditional medicineinspired approaches to drug discovery: Can Ayurveda show the way forward? Drug Discov Today 2009;14:804-11.
- 58. World Health Organization. WHO Global Report on Traditional and Complementary Medicine. Geneva: World Health Organization; 2019.
- 59. Lu M, Zhang Q, Deng M, Miao J, Guo Y, Gao W, *et al*. Current status of Chinese medicines in the treatment of respiratory diseases. Pharmacol Res. 2020;151:104487.

Source of Support: Nil. Conflicts of Interest: None declared.