BMJ Stellungnahme

Title: Reframing Integrative Medicine: Evidence, Safety, and the Risk of Misleading Dichotomies

To the Editor, The BMJ

We read with great interest the Editorial by Philips et al. [1] regarding the World Health Organization's (WHO) Global Traditional Medicine Strategy 2025–2034. While we share the authors' unwavering commitment to patient safety, rigorous scientific standards, and the mitigation of health misinformation, we contend that their broad sweeping critique conflates unregulated lay practices with evidence-based, medically supervised Integrative Medicine.

The authors rightly highlight severe risks associated with unverified herbal products, adulteration, and hepatotoxicity. However, framing Complementary and Alternative Medicine (CAM) as a monolithic entity of "unproved interventions" obscures decades of high-level clinical research. Physician-provided interventions -such as medical acupuncture- possess a robust, continuously expanding body of evidence. Meta-analyses involving tens of thousands of patients confirm that acupuncture is significantly more effective than both sham acupuncture and usual care for chronic pain conditions [2] or e.g. post-operative nausea and vomiting [3], exhibiting long-term sustained treatment effects [2,4]. Based on this high-level evidence, such modalities have long been incorporated into national clinical practice guidelines and standard healthcare delivery (e.g. NICE guideline low back pain and sciatica in over 16s [5], or Society for Ambulatory Anesthesia guidelines for the management of postoperative nausea and vomiting [6]).

Furthermore, the Editorial's focus on uncertified over-the-counter botanicals overlooks established national safety frameworks designed precisely to address these vulnerabilities. In countries such as Germany, Austria, and Switzerland, Chinese Herbal Therapy (CHT) operates within strict statutory quality controls:

Raw drug materials undergo mandatory pharmaceutical testing for heavy metals, pesticides, and contaminants prior to pharmacy dispensing. Moreover, national monitoring networks like the Center for Safety of Chinese Herbal Medicine (CTCA) actively track and analyse adverse drug reactions, demonstrating that professional, physician-led prescribing yields a high margin of safety [7]. In contrast to the numerous cases of Herb-Induced Liver Injury (HILI) associated with uncertified dietary supplements, only two deaths in Europe have been reported since the 1990s in association with quality-assured Chinese Herbal medicines [8,9].

Over recent decades, extensive research has evaluated CHT, examining both its physiological mechanisms of action and clinical efficacy across diverse medical conditions. Notably, several high-quality randomized-controlled trials have demonstrated statistically significant benefits of CHT in patients with myocardial infarction [10], heart failure [11], and impaired glucose metabolism [12]. Furthermore, large-scale cohort studies, again including several thousand patients, indicate e.g. that CHT is associated with a reduced incidence of cardiovascular events [13] or improved overall survival in breast cancer populations [15]. Importantly, active pharmacovigilance and systematic tracking within trial settings reveal that CHT is well tolerated, showing no significant difference in adverse event rates compared to control arms.

Scientific progress relies on nuanced evaluation rather than ideological polarization. The proper clinical response to unregulated health claims is not the indiscriminate rejection of traditional systems, but the strict enforcement of physician qualifications, standardized quality control, and the

continuous scientific evaluation of complementary therapies. Public health policies and institutional stakeholders must likewise support this field by allocating financial resources and fostering rigorous research in integrative medicine. Patients worldwide are best served when evidence-based integrative modalities are safely embedded within conventional healthcare systems.

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