

XIAMEN UNIVERSITY MALAYSIA

TCM & INTEGRATIVE MEDICINE EVIDENCE REVIEW

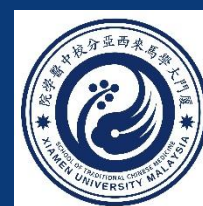
A triannual digest of critically appraised research in traditional, complementary & integrative medicine



INSIDE THIS ISSUE

Promising signals, important limits: Reading TCM evidence critically

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About this bulletin

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Aims & scope *TCM & Integrative Medicine Evidence Review provides concise, critically appraised summaries of recent research in traditional Chinese medicine, complementary medicine, and integrative healthcare. It is intended for academics, clinicians, researchers, and students of the School of Traditional Chinese Medicine, Xiamen University Malaysia, with emphasis on clinical relevance, research quality, safety, and appropriate interpretation of evidence.*

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Evidence digest

[ACUPUNCTURE · RANDOMIZED CLINICAL STUDY]

ACUPUNCTURE

Deeper electroacupuncture at Jiaji points showed greater improvements than shallow needling in patients with NAFLD

Source: Li L, Han C, Yu H. Therapeutic observation of electroacupuncture at Jiaji (EX-B2) points to different depths for non-alcoholic fatty liver disease. *J Acupunct Tuina Sci.* 2026;24:378–385. doi:10.1007/s11726-026-1586-5.

What. Seventy-two patients with non-alcoholic fatty liver disease were randomly allocated to two groups of 36. Both groups received basic intervention. The observation group received electroacupuncture at T7–T10 Jiaji (EX-B2) points with a needling depth of 1.5 Cun, while the control group received electroacupuncture at the same points to a depth of 0.5 Cun. Treatment was given for 30 minutes per session, three times weekly for 8 weeks.

Findings. Two participants withdrew from the observation group and three from the control group. Based on hepatic ultrasonographic grading, the reported effective rate was 88.2% with deeper needling versus 57.6% with shallow needling ($P < 0.01$). The deeper-needling group also showed greater improvements in fatty-liver ultrasonographic grading and TCM symptom score, and greater reductions in ALT, AST, total cholesterol, triglycerides, and LDL-C. Differences between groups were not significant for GGT or HDL-C.

Bottom line. In this study, electroacupuncture with a 1.5-Cun needling depth produced greater improvements than 0.5-Cun needling for several ultrasonographic, symptom, liver-enzyme, and lipid outcomes in patients with NAFLD. No between-group advantage was reported for GGT or HDL-C.

[ACUPUNCTURE · COMBINATION THERAPY · CLINICAL STUDY]

ACUPUNCTURE

Wrist-ankle acupuncture plus auricular point sticking improved pain, range of motion, and quality of life after stroke

Source: Zhou Y, Jin L, Liu H, et al. Clinical observation of wrist-ankle acupuncture plus auricular point sticking for poststroke shoulder-hand syndrome in phase I. *J Acupunct Tuina Sci.* 2026;24:247–254. doi:10.1007/s11726-026-1575-8.

What. This clinical study included 90 patients with phase I poststroke shoulder-hand syndrome, divided into three groups of 30 according to treatment method. The conventional group received rehabilitation training, the auricular-point group received rehabilitation plus auricular point sticking, and the combination group received wrist-ankle acupuncture in addition to the auricular-point intervention. Treatment was provided 5 days per week for 6 weeks. Outcomes included clinical efficacy, pain, upper-limb range of motion, quality of life, serum ET-1, nitric oxide and bradykinin levels, and adverse reactions.

Findings. The reported total effective rate was 96.7% in the combination group, compared with 83.3% in the auricular-point group and 70.0% in the conventional rehabilitation group ($P < 0.05$). Pain scores decreased in all groups after 3 and 6 weeks but were lower in the combination group. Upper-limb range of motion and quality-of-life scores also improved more in the combination group. The combination group showed lower ET-1 and bradykinin levels and higher nitric oxide levels than the other groups after treatment. No adverse reactions were reported in any of the three groups during treatment.

Bottom line. In this study, adding wrist-ankle acupuncture to rehabilitation plus auricular point sticking was associated with greater improvements in pain, upper-limb range of motion, quality of life, and selected serum biomarkers than the other two treatment approaches in patients with phase I poststroke shoulder-hand syndrome. No adverse reactions were reported during the 6-week treatment period.

[MOXIBUSTION · COMBINATION THERAPY · RANDOMIZED CLINICAL STUDY]

MOXIBUSTION

Adding moxibustion to Fu Zheng Xiao Shui umbilical application improved several short-term outcomes in malignant ascites

Source: Li R, Xin J, Qi X, et al. Efficacy analysis of moxibustion therapy combined with umbilical application in patients with malignant ascites. *J Acupunct Tuina Sci.* 2026;24:392–398. doi:10.1007/s11726-026-1588-3.

What. This clinical study included 84 patients with malignant ascites who were randomly allocated by a random number table to two groups of 42. The control group received umbilical application of Fu Zheng Xiao Shui formula, while the combined group received the same treatment plus moxibustion. Treatment continued for 4 weeks. Outcomes included clinical total effective rate, ascites control efficacy, body mass response, abdominal circumference, Karnofsky performance status (KPS), and daily urine output.

Findings. After treatment, the combined group showed better clinical total effective rate, ascites control efficacy, and body mass response than umbilical application alone ($P < 0.01$ or $P < 0.05$). Both groups had reduced abdominal circumference and increased KPS scores, but improvements were greater in the combined group. Daily urine output also increased in both groups and was higher with the combined treatment.

Bottom line. In this study, adding moxibustion to Fu Zheng Xiao Shui umbilical application produced better short-term outcomes than umbilical application alone for several measures related to malignant ascites, including abdominal circumference, functional status, and urine output.

[HERBAL MEDICINE · PRECLINICAL STUDY]

HERBAL

Wuling powder may protect against acute kidney injury by inhibiting ferroptosis

Source: Xiong J, Long Z, Ma J, et al. Wuling powder alleviates acute kidney injury by regulating S1PR2/GPX4 axis to inhibit ferroptosis. *Phytomedicine.* 2026. doi:10.1016/j.phymed.2026.158801.

What. This experimental study investigated whether Wuling powder, a classical Chinese herbal formula, could protect against cisplatin-induced acute kidney injury. The researchers used mouse models and mouse renal tubular epithelial cells and examined renal function, tissue injury, inflammation, ferroptosis-related markers, and the S1PR2/GPX4 signalling pathway.

Findings. Wuling powder improved renal function and histological injury, reduced inflammation, and inhibited ferroptosis. It increased sphingosine-1-phosphate levels and activated the S1PR2/GPX4 axis. Deletion of S1pr2 worsened renal injury and substantially reduced the protective effects of Wuling powder, supporting a role for this pathway in its observed effects.

Bottom line. The study provides mechanistic evidence that Wuling powder may protect against cisplatin-induced acute kidney injury by regulating ferroptosis through the S1PR2/GPX4 pathway. However, the findings are based on animal and cell models and should not be interpreted as evidence of clinical effectiveness in patients.

HERBAL

[HERBAL MEDICINE · BIOACTIVE COMPOUND · PRECLINICAL STUDY]

6-Gingerol may attenuate hepatic fibrosis by targeting metabolic reprogramming

Source: Fang H, Yang F, Shu M, et al. 6-Gingerol alleviates hepatic fibrosis via inhibiting glycolytic reprogramming by targeting IGF2BP2. *Chinese Herbal Medicines.* 2026;18:585–603. doi:10.1016/j.chmed.2026.05.012.

What. This preclinical study investigated the antifibrotic effects of 6-gingerol, a major bioactive constituent of *Zingiber officinale*. Researchers used carbon tetrachloride- and bile duct ligation-induced mouse models of hepatic fibrosis, together with hepatic stellate cells and complementary molecular approaches, to examine its effects and underlying mechanism.

Findings. 6-Gingerol reduced hepatic injury and collagen deposition and improved liver function in both animal models. Mechanistically, it suppressed glycolytic reprogramming by reducing HK2, PKM2 and LDHA expression, normalizing pyruvate and lactate metabolism, and improving mitochondrial respiration. IGF2BP2 was identified as an important mediator of these effects.

Bottom line. The findings suggest that 6-gingerol may exert antifibrotic effects by targeting IGF2BP2-dependent glycolytic reprogramming and inhibiting hepatic stellate-cell activation. However, the evidence remains preclinical, and clinical studies are required before therapeutic effectiveness in patients can be established.

HERBAL

[HERBAL MEDICINE · CLASSICAL FORMULA · PRECLINICAL STUDY]*Huashi Baidu formula may protect against adriamycin-induced myocardial injury by regulating ferroptosis*

Source: Li W, Li X, Huang C, et al. Huashi Baidu formula may attenuate adriamycin-induced myocardial injury via modulating NRF2-ATF3-SRXN1 axis-mediated ferroptosis. *Chinese Herbal Medicines*. 2026;18:621–634. doi:10.1016/j.chmed.2026.05.009.

What. This preclinical study investigated whether Huashi Baidu formula could protect against adriamycin-induced myocardial injury and explored the underlying molecular mechanisms. Researchers used a mouse model together with transcriptomic profiling, protein-network analysis, molecular docking, and molecular dynamics simulations to identify key pathways and potential bioactive compounds.

Findings. Huashi Baidu formula reduced myocardial injury, cardiac fibrosis, inflammatory markers, oxidative damage, iron accumulation, and cardiomyocyte death in the animal model. Mechanistic analyses suggested that its effects were associated with modulation of the NRF2-ATF3-SRXN1 signalling axis and inhibition of ferroptosis.

Bottom line. The findings suggest that Huashi Baidu formula may exert cardioprotective effects against adriamycin-induced myocardial injury by regulating ferroptosis through the NRF2-ATF3-SRXN1 pathway. Emodin, rhein, and lactiflorin were identified as potential representative bioactive compounds, but the evidence remains preclinical and requires clinical validation before conclusions about patient benefit can be made.

HERBAL

[HERBAL MEDICINE · FORMULA COMPATIBILITY · PRECLINICAL STUDY]*Chrysanthemi Indici Flos compound may inhibit hepatocellular carcinoma through regulation of DNMTs/TET2 balance*

Source: He Z, Guo C, Zhang F, et al. Compatibility mechanism of Chrysanthemi Indici Flos compound against hepatocellular carcinoma based on balance of DNMTs/TET2. *Chinese Herbal Medicines*. 2026;18:725–736. doi:10.1016/j.chmed.2026.03.003.

What. This preclinical study investigated the compatibility and antitumor mechanism of a Chrysanthemi Indici Flos-based compound (YJHFF) against hepatocellular carcinoma. The formula contained Chrysanthemi Indici Flos, Prunellae Spica, Ginseng Radix et Rhizoma, and Glycyrrhizae Radix et Rhizoma, arranged according to the traditional monarch–minister–assistant–messenger principle. Researchers evaluated different compatibility ratios using hepatocellular carcinoma cell lines and subsequently tested the optimized formula in a mouse orthotopic liver-tumor model.

Findings. The optimized formula inhibited tumor-cell proliferation and produced a tumor growth inhibition rate of 62.97% in the mouse model. Treatment was associated with increased tumor-cell apoptosis, reduced proliferation, improved oxidative-stress and liver-function indicators, and greater infiltration of CD3+, CD4+, and CD8+ T lymphocytes. The effects were also associated with regulation of DNMT1, DNMT3a, DNMT3b, and TET2, supporting a possible role for restoration of DNMTs/TET2 epigenetic balance.

Bottom line. The study provides preclinical evidence that the compatibility of a multi-herb TCM formula may influence antitumor activity through regulation of epigenetic balance and the tumor immune microenvironment. It also offers an experimental approach for connecting traditional formula compatibility principles with measurable molecular mechanisms. However, these findings are based on cell and animal models and require clinical validation before conclusions can be drawn regarding effectiveness in patients.

HERBAL

[HERBAL MEDICINE · FORMULA COMPATIBILITY & SAFETY · PRECLINICAL STUDY]

Fengshi Gutong Capsules may reduce aconitum-related nephrotoxicity by promoting toxic alkaloid elimination

Source: Liu J, Liu F, Hong L, et al. Fengshi Gutong Capsules alleviate aconitums-induced nephrotoxicity via PXR-mediated efflux of aconitum alkaloid. *Journal of Ethnopharmacology*. 2027. doi:10.1016/j.jep.2026.122365.

What. This preclinical study investigated how the compatibility of herbs within Fengshi Gutong Capsules may reduce nephrotoxicity associated with its aconitum-containing components. Researchers used a collagen-induced arthritis rat model and compared Fengshi Gutong Capsules with modified formulations containing or lacking the aconitum components. Renal injury, aconitum alkaloid concentrations in plasma, kidney and urine, and the FBXO44/PXR/P-gp signalling pathway were examined using pharmacokinetic, biochemical and molecular approaches.

Findings. Fengshi Gutong Capsules retained anti-rheumatoid arthritis activity while reducing aconitum-associated renal toxicity. The formulation accelerated clearance and urinary excretion of toxic aconitum alkaloids and reduced their accumulation in kidney tissue. Mechanistically, the findings implicated inhibition of FBXO44, increased PXR expression and activation of the PXR/P-gp efflux pathway. The study also identified 18 α -glycyrrhetic acid and kaempferol as components capable of directly binding FBXO44.

Bottom line. The study provides preclinical mechanistic evidence supporting the traditional Chinese medicine concept of “detoxification by compatibility.” The findings suggest that components within the complete Fengshi Gutong formulation may facilitate the elimination of toxic aconitum alkaloids and thereby reduce renal exposure. However, the evidence is based on animal and mechanistic experiments and does not by itself establish clinical safety in patients.

HERBAL

[HERBAL MEDICINE · TRADITIONAL PROCESSING · PRECLINICAL STUDY]

Rice vinegar extraction may enhance the antifungal activity of Artemisia argyi

Source: Chen L, Xu W, Guo C, et al. Modern scientific connotation of a traditional Chinese medicine theory: Rice vinegar extract of *Artemisia argyi* exhibits excellent antifungal effects against dermatophytes. *Chinese Herbal Medicines*. 2026;18:746–757. doi:10.1016/j.chmed.2025.03.008.

What. This preclinical study investigated the scientific basis of the traditional practice of “decocting *Artemisia argyi* with bitter wine” for dermatophytosis. Researchers compared eight different extracts against three dermatophytes, optimized the rice vinegar extraction process, tested the extract in a mouse model of *Trichophyton rubrum* infection, and used metabolomic and transcriptomic approaches to explore its active components and antifungal mechanisms.

Findings. The rice vinegar extract showed the strongest antifungal activity among the tested preparations. Topical treatment reduced skin redness, swelling and ulceration in infected mice and improved skin structure. Compared with the traditional water extract, 11 unique compounds were identified in the rice vinegar extract. Mechanistic analyses suggested that the extract damaged fungal structure, increased oxidative stress, disrupted energy metabolism, and inhibited ergosterol and cholesterol biosynthesis required for fungal cell-membrane integrity.

Bottom line. The study provides experimental support for a traditional Chinese medicine processing practice by showing that rice vinegar extraction may enhance the antifungal activity of *Artemisia argyi*. It offers an example of how historical TCM knowledge can be investigated using modern pharmacology, metabolomics and transcriptomics. However, the evidence remains preclinical and requires confirmation in human clinical studies before therapeutic effectiveness can be established.

HERBAL

[HERBAL MEDICINE · RESEARCH LETTER · PRECLINICAL EVIDENCE]*Xuezhikang may protect the neurovascular unit after ischemic stroke through multiple molecular targets*

Source: Zhang X, Hou C, Wang Y, et al. Xuezhikang Capsule ameliorates ischemic stroke via multi-target modulation of neurovascular units. *Chinese Herbal Medicines*. 2026;18:767–769. Research Letter. doi:10.1016/j.chmed.2026.05.010.

What. This research letter investigated the neuroprotective effects of Xuezhikang, a standardized extract of red yeast rice, using a rat model of ischemic stroke. The researchers combined experimental stroke modelling with thermal proteome profiling, network pharmacology, and cellular validation to identify potential molecular targets and biological pathways.

Findings. Xuezhikang reduced cerebral edema and infarct volume and improved neurological function following experimental ischemic stroke. Proteomic analysis identified 221 candidate stroke-related targets, with implicated pathways involving energy metabolism, HIF-1 signalling, and synaptic regulation. Xuezhikang also preserved blood–brain barrier integrity, reduced neuroinflammatory responses, and improved mitochondrial function.

Bottom line. The findings suggest that Xuezhikang may exert neuroprotective effects through coordinated actions on energy metabolism, neurovascular integrity, inflammation, and mitochondrial function. However, the stroke evidence reported in this research letter is preclinical, and clinical efficacy in patients with ischemic stroke remains to be established.

HERBAL

[HERBAL MEDICINE · CLASSICAL FORMULA · PRECLINICAL STUDY]*Shugan Bushen decoction may alleviate lumbar disc herniation-related pain and affective disturbances through amygdala neuroimmune–synaptic regulation*

Source: Huang Z, Xu J, Gao J, et al. Shugan Bushen decoction alleviates lumbar disc herniation-related pain and affective disturbances by modulating amygdala synaptic plasticity and neuroinflammation. *Journal of Ethnopharmacology*. 2027;374:122341. doi:10.1016/j.jep.2026.122341.

What. This preclinical study investigated the effects of Shugan Bushen decoction on pain and affective behavioral abnormalities associated with lumbar disc herniation. Researchers used a rat model of lumbar disc herniation and combined behavioral testing with targeted cerebrospinal-fluid metabolomics, amygdala transcriptomics, electrophysiological recordings, Western blotting, ELISA, immunofluorescence, and network pharmacology to explore central mechanisms.

Findings. Shugan Bushen decoction reduced mechanical and thermal hypersensitivity and improved affective behavioral abnormalities in the rat model. Treatment partially normalized glutamate/GABA imbalance in the amygdala, reduced markers of excitatory glutamatergic signalling, increased inhibitory-associated markers, and decreased abnormal neuronal firing. It also modulated PI3K/AKT/CREB-related signalling and suppressed IL-17A/NF-κB-associated neuroinflammatory responses.

Bottom line. The findings suggest that Shugan Bushen decoction may alleviate lumbar disc herniation-related pain and associated affective disturbances by modulating amygdala synaptic plasticity, neurotransmitter balance, neuronal activity, and neuroinflammation. However, the evidence is based on an animal model and does not establish clinical effectiveness in patients.

SPOTLIGHT

Adjunct, not alternative: What does the latest evidence say about integrating TCM with conventional care?

Recent clinical studies suggest that some TCM and integrative interventions may add benefit to conventional treatment, but the strength and clinical meaning of the evidence vary considerably.

BY Muhammad Shahzad Aslam

Background

Much of contemporary TCM research evaluates traditional interventions not as replacements for conventional medicine, but as adjuncts to established treatment. This distinction matters: an intervention may provide additional symptomatic or functional benefit while conventional therapy remains the foundation of care. Several studies highlighted in this issue illustrate both the potential and the limitations of this integrative model.

What the evidence says

In diabetic peripheral neuropathy, adding Mudan granules to mecobalamin produced greater improvement in Michigan Diabetic Neuropathy Score than mecobalamin plus placebo after 24 weeks. However, nerve-conduction velocity and corneal nerve-fiber outcomes did not differ significantly between groups.

For post-stroke rehabilitation, adding Yijinjing training to conventional inpatient rehabilitation produced greater improvement in balance than adding matched stretching, with additional gains in gait, motor function and activities of daily living. The trial was small, single-center and limited to short-term outcomes.

In migraine without aura, real acupuncture produced a modest reduction in monthly migraine days compared with sham acupuncture, although the proportion of patients achieving at least a 50% reduction in migraine days was not significantly different.

At the evidence-synthesis level, perioperative transcutaneous electrical acupoint stimulation was associated with lower postoperative nausea and vomiting compared with sham stimulation, but the meta-analysis included only seven trials and had limited geographic representation.

“The strongest emerging signal is not replacement of conventional care, but carefully evaluated adjunctive use.”

Where the gaps are

Important uncertainties remain. Many studies are single-center, relatively small, short in duration, or conducted within one country. Outcomes are often heterogeneous, and improvements in symptoms or functional scores are not always accompanied by objective physiological change. Future research should prioritize adequately powered multicenter trials, longer follow-up, clinically meaningful outcomes, standardized intervention reporting, and designs that can determine whether the traditional intervention adds benefit beyond conventional treatment.

Systematic review & meta-analysis at a glance

SYSTEMATIC REVIEW

[HERBAL MEDICINE · SYSTEMATIC REVIEW · NETWORK META-ANALYSIS]

Traditional Chinese medicine injections as adjuncts to chemotherapy for ovarian cancer

Source: Liu Y, Huang W, Guo Z. Comparative efficacy and safety of traditional Chinese medicine injections combined with chemotherapy in ovarian cancer: A systematic review and network meta-analysis. *Journal of Ethnopharmacology*. doi:10.1016/j.jep.2026.122361.

Question & methods. This systematic review and network meta-analysis compared ten traditional Chinese medicine injections (TCMIs) used alongside platinum-based chemotherapy with chemotherapy alone in ovarian cancer. Eight databases were searched from inception through March 2026 for randomized controlled trials. The primary outcomes were objective response rate and Karnofsky Performance Status-defined functional improvement; secondary outcomes included gastrointestinal adverse events, bone marrow suppression, hepatic and renal impairment, and serum CA125. A random-effects frequentist network meta-analysis was performed, and the review was registered in PROSPERO (CRD420261341791).

Evidence Base. The review included 59 randomized controlled trials involving 4,483 patients and ten different TCM injections. The treatment network was connected through chemotherapy but was star-shaped, meaning that the comparisons between different TCM injections were indirect rather than based on head-to-head trials.

Key Findings. For objective response rate, Xiaoaiping Injection plus chemotherapy showed a relative risk of 1.46 (95% CI 1.17–1.82) versus chemotherapy alone, Compound Kushen Injection 1.35 (1.22–1.49), and Shenqi Fuzheng Injection 1.34 (1.17–1.54). After excluding sparsely studied treatment nodes, favorable estimates remained for several injections, including Compound Kushen, Shenqi Fuzheng, Aidi, Kang'ai, and Shenmai injections.

For serum CA125, Shenqi Fuzheng Injection plus chemotherapy was associated with a lower level than chemotherapy alone, but this analysis included only six trials with 498 patients and showed very high heterogeneity ($I^2 = 97.4\%$). Safety estimates varied in precision and certainty, and the review did not establish a reliable head-to-head safety hierarchy among the injections.

Certainty & Limitations. The authors reported predominantly low-to-moderate certainty evidence. Important limitations included the absence of direct head-to-head comparisons between TCM injections, inability to statistically assess incoherence because the network contained no closed loops, sparse evidence for some treatments, possible unmeasured effect modifiers, and the absence of trials judged to be at overall low risk of bias. No progression-free survival or overall survival data were available.

Bottom line. Adding some traditional Chinese medicine injections to platinum-based chemotherapy showed potentially favorable signals for short-term treatment response and selected secondary outcomes in ovarian cancer. However, the evidence does not support choosing one injection over another, and the treatment rankings should be regarded as exploratory. More rigorous, adequately powered head-to-head randomized trials with clinically important outcomes such as progression-free and overall survival are needed.

SYSTEMATIC REVIEW

[TUINA · SYSTEMATIC REVIEW · BAYESIAN NETWORK META-ANALYSIS]

Tuina combinations showed favorable results for non-specific low back pain, but most comparisons were not statistically different

Source: Chen J, Hu Q, Hu J, Yin L, Liu S. Clinical efficacy of Tuina therapy for non-specific low back pain: a Bayesian network meta-analysis based on randomized controlled trials. *Journal of Acupuncture and Tuina Science*. 2026;24:300–310. doi:10.1007/s11726-026-1580-y.

Question & methods. This systematic review and Bayesian network meta-analysis evaluated the efficacy and safety of Tuina for non-specific low back pain. Randomized controlled trials were searched in China National Knowledge Infrastructure, China Science Periodical Database, Chinese Science Citation Database, Chinese Biomedical Literature Database, PubMed, Embase, Cochrane Library, and Web of Science from database inception to February 13, 2025. Risk of bias was assessed using the Cochrane risk-of-bias assessment tool for randomized controlled trials. Network meta-analysis was conducted using Stata 19 and R version 4.2.0, with mean differences

and confidence intervals used for statistical description. The review was registered in PROSPERO (CRD42024590809).

Evidence Base. The review included randomized controlled trials evaluating Tuina alone or in combination with other interventions for non-specific low back pain. The accessible abstract does not report the number of included trials, total participants, or the detailed structure of the treatment network; these details therefore cannot be summarized from the available material.

Key Findings. The authors reported no statistically significant differences in overall efficacy among the various interventions. SUCRA rankings nevertheless suggested favorable outcomes for Tuina combined with acupuncture. For pain measured using the visual analog scale, Tuina combined with routine exercise training showed a mean difference of -1.41 (95% CI -1.92 to -0.82) compared with Tuina alone. SUCRA analysis also favored Tuina combined with routine exercise training for visual analog scale and Oswestry Disability Index outcomes, although statistically significant differences among interventions were generally not observed.

Certainty & Limitations. The authors identified the limited number of included studies as an important limitation and stated that further high-quality randomized controlled trials are needed to substantiate the findings regarding efficacy and safety.

Bottom line. The available evidence suggests that combining Tuina with routine exercise training or acupuncture may offer benefits for non-specific low back pain. Tuina plus routine exercise showed a statistically significant reduction in visual analog scale pain score compared with Tuina alone, while treatment rankings favored selected combination approaches. However, most between-intervention comparisons were not statistically significant, and the limited evidence base means that the rankings should be interpreted cautiously. Additional high-quality randomized controlled trials are needed to clarify comparative efficacy and safety.

SYSTEMATIC REVIEW

[ELECTROACUPUNCTURE · SYSTEMATIC REVIEW & META-ANALYSIS]

Electroacupuncture for pain and recovery after abortion

Source: Nam T, Hong M, Son M, Kim A, Oh Y. Can Electroacupuncture Effectively Improve Post-Abortion Care? A Systematic Review and Meta-Analysis. *Innovations in Acupuncture and Medicine*. 2026;19:11. doi:10.1186/s44424-025-00039-7.

Question & methods. This systematic review and meta-analysis evaluated electroacupuncture for managing pain and other effects associated with abortion and post-abortion care. The review followed PRISMA guidance and was registered in PROSPERO (CRD42024483542). Eight English-, Chinese-, and Korean-language databases were searched through February 2024. Only randomized controlled trials were included. Comparisons included electroacupuncture versus no intervention, electroacupuncture versus analgesics, and electroacupuncture plus analgesics versus analgesics alone. Abdominal pain measured using a visual analog scale was the primary outcome, while uterine bleeding-related outcomes were secondary outcomes.

Evidence Base. Six randomized controlled studies involving 556 participants were included in the qualitative synthesis. All included studies were conducted in China. Three studies provided sufficiently comparable and complete data for quantitative meta-analysis; other studies were excluded from pooling because of differences in outcome assessment or missing standard-deviation data. Electroacupuncture protocols varied in acupoint selection and stimulation parameters.

Key Findings. Compared with no intervention, electroacupuncture was associated with greater reduction in post-abortion pain [MD -2.52 , 95% CI -2.84 to -2.20], although heterogeneity was substantial ($I^2=76\%$). Compared with analgesics, the pooled estimate favored electroacupuncture but was not statistically significant [MD -0.37 , 95% CI -0.75 to 0.01 ; $I^2=74\%$]. In subgroup analyses, electroacupuncture reduced pain compared with no intervention following surgical abortion [MD -2.46 , 95% CI -2.80 to -2.12 ; $I^2=87\%$]. For drug-induced abortion, the corresponding estimate was MD -3.06 (95% CI -4.05 to -2.08), with no observed heterogeneity ($I^2=0\%$). Individual studies also reported favorable findings for outcomes related to intrauterine residual tissue, duration of vaginal bleeding, and secondary surgery, although these outcomes were not all quantitatively pooled.

Certainty & Limitations. Four studies were judged by the review authors to have low risk of bias for random-sequence generation, while this domain was unclear in two studies. The authors judged allocation concealment to be at high risk of bias across the included studies, while incomplete outcome data and selective reporting were generally judged at low risk. Important limitations included substantial heterogeneity in several pooled analyses, inclusion of studies conducted exclusively in China, variation in acupuncture points and stimulation protocols, and non-standardized Western medications used in combination-treatment studies. A formal GRADE certainty-of-evidence assessment was not reported.

Bottom line. Electroacupuncture reduced post-abortion pain compared with no intervention, with a particularly consistent effect reported in the drug-induced abortion subgroup. In contrast, the pooled comparison with analgesics did not reach statistical significance. Although individual studies also suggested possible benefits for bleeding-related and recovery outcomes, substantial heterogeneity, variation in treatment protocols, risk-of-bias concerns, and restriction of the evidence base to China limit the strength and generalizability of the conclusions. Larger, methodologically rigorous trials using standardized electroacupuncture protocols are needed.

SYSTEMATIC REVIEW

[ACUPUNCTURE-ASSISTED ANESTHESIA · SYSTEMATIC REVIEW & META-ANALYSIS]

Acupuncture-assisted anesthesia for prevention of postoperative nausea and vomiting

Source: Li D, Xie X, Huang C, Shi S. Effect of Acupuncture-Assisted Anesthesia on Prevention of Postoperative Nausea and Vomiting: A Meta-Analysis. *Innovations in Acupuncture and Medicine*. 2026;19:4. doi:10.1186/s44424-025-00046-8.

Question & methods. This meta-analysis evaluated perioperative acupuncture-assisted anesthesia (AAA) as a structured component of anesthesia management for preventing postoperative nausea and vomiting (PONV) and improving postoperative recovery. Randomized controlled trials involving patients undergoing elective surgery under general anesthesia were eligible. The experimental intervention was perioperative acupuncture used as an adjunct to anesthesia, compared with sham AAA. The review was registered in PROSPERO (CRD420251021390), and RevMan 5.3 was used for quantitative synthesis. The full Methods section reports searches of PubMed, EMBASE, CNKI, and Cochrane Central from inception through July 2025, although the abstract states that studies were searched through March 2025.

Evidence Base. Seven randomized controlled trials involving 775 participants were included, with 389 participants in the AAA group and 386 in the control group. The trials were published between 2020 and 2024, with individual sample sizes ranging from 29 to 90. All included studies used transcutaneous electrical acupoint stimulation (TEAS) as the standardized perioperative intervention and sham TEAS as the control. Surgical settings included spine, thoracic, video-assisted thoracoscopic, gastrointestinal endoscopic, and transurethral procedures.

Key Findings. Across all seven trials, AAA was associated with a lower incidence of postoperative nausea and vomiting than control [RR 0.29, 95% CI 0.20–0.41; $P < 0.00001$; $I^2 = 7\%$]. The reported event rates were 7.7% in the AAA group and 27.5% in the control group, corresponding to an absolute risk reduction of 19.8% and a reported number needed to treat of 5. For secondary outcomes, two studies involving 162 participants showed a reduction in cough [RR 0.71, 95% CI 0.52–0.97; $I^2 = 0\%$]. Two studies involving 164 participants showed lower postoperative pain scores [MD -1.20, 95% CI -1.42 to -0.98; $I^2 = 0\%$]. Two trials involving 284 participants also reported shorter time to first flatus [MD -1.71 h, 95% CI -2.56 to -0.86] and first defecation [MD -4.32 h, 95% CI -6.21 to -2.43], with no observed heterogeneity for either outcome.

Certainty & Limitations. All seven trials were judged to have low risk of bias for random sequence generation, incomplete outcome data, selective reporting, and other assessed sources of bias. Allocation concealment was unclear in all trials, while blinding was judged low risk in four studies and unclear in three. Publication-bias testing was not performed because fewer than ten studies were available. Important limitations identified by the authors included the small number of RCTs, reliance on only two studies for cough, pain, and gastrointestinal-recovery outcomes, restriction of the evidence to Asian populations, the narrow intervention definition, possible missed studies because of the search terminology, and the possibility of unpublished negative studies.

Bottom line. Acupuncture-assisted anesthesia, implemented in the included trials as perioperative TEAS, was associated with a substantially lower risk of postoperative nausea and vomiting compared with sham TEAS, with little statistical heterogeneity across the seven trials. Favorable effects were also reported for postoperative pain, cough, and gastrointestinal recovery, although these secondary findings were based on only two studies each. The small evidence base, unclear allocation concealment, restricted geographic representation, and potential publication and search limitations mean that the magnitude and generalizability of the reported benefits require confirmation in larger, independently conducted trials.

Clinical trial highlight

Acupuncture for migraine without aura

Source: Zhang X, Chen Q, Liu Y, et al. Acupuncture for Migraine Without Aura and Connection-Based Efficacy Prediction: A Randomized Clinical Trial. *JAMA Network Open*. 2026;9(1):e2555454. doi:10.1001/jamanetworkopen.2025.55454. Trial registration: ChiCTR2100044251

Population	120 adults aged 18–65 years with migraine without aura, treated at Beijing Hospital of Traditional Chinese Medicine; participants had ≥ 2 migraine attacks in the previous 4 weeks and a migraine history of ≥ 1 year.
Intervention	Real acupuncture: 12 sessions of 30 minutes over 4 weeks (3 sessions/week) using 8 acupoints—GV20, GV16, bilateral GB20, bilateral EX-HN5, and bilateral LI4—with needle manipulation to elicit deqi.
Comparator	Sham acupuncture: superficial needling at 8 non-meridian sham points, using similar procedures but without eliciting deqi.
Outcome	Primary: change from baseline in monthly migraine days during weeks 1–4. Secondary: $\geq 50\%$ reduction in monthly migraine days, monthly headache days, acute medication-use days, pain intensity, headache-related disability, and migraine-specific quality of life.
Result	Real acupuncture produced a greater reduction in monthly migraine days than sham acupuncture: median between-group difference -1.0 day (95% CI -2.0 to 0 ; $P=.02$). Monthly headache days, acute medication-use days, pain score, HIT-6 disability score, and quality-of-life domains also favored real acupuncture. The $\geq 50\%$ migraine-day responder rate was not significantly different between groups (OR 1.80, 95% CI 0.84–3.66; $P=.14$).

What it means

Four weeks of real acupuncture produced a modest but statistically significant reduction in monthly migraine days compared with sham acupuncture, with additional improvements in headache frequency, medication use, pain, disability, and quality of life. However, the proportion achieving at least a 50% reduction in monthly migraine days did not differ significantly between groups, and the trial assessed only a short 4-week treatment period at a single center. The findings therefore support a short-term specific effect of acupuncture beyond the sham procedure, while longer-term and multicenter confirmation remains important.

Mudan granules as adjunct treatment for diabetic peripheral neuropathy

Source: Jin D, Gao Q, Zhang Y, et al. Efficacy and safety of Mudan granules for treatment of diabetic peripheral neuropathy: a multicenter, double-blind, placebo-controlled, randomized, clinical trial. *Journal of Ethnopharmacology*. 2026;368:121754. doi:10.1016/j.jep.2026.121754. Trial registration: NCT04711980.

Population	400 adults aged 30–70 years with type 2 diabetes and confirmed diabetic peripheral neuropathy, including reduced nerve-conduction velocity in ≥ 2 nerves and TCM-diagnosed qi deficiency and collateral obstruction syndrome, recruited from 13 tertiary hospitals in China.
Intervention	Mudan granules 7 g three times daily + mecobalamin 0.5 mg three times daily for 24 weeks, alongside standardized glycemic and comorbidity management.
Comparator	Matched placebo granules + mecobalamin 0.5 mg three times daily for 24 weeks, with the same background diabetes management.
Outcome	Primary: change from baseline in Michigan Diabetic Neuropathy Score (MDNS) at 24 weeks. Secondary outcomes included Toronto Clinical Scoring System, clinical symptoms and syndrome scores, nerve-conduction velocity, and corneal nerve-fiber parameters.
Result	At 24 weeks, adjusted MDNS change was -4.74 (95% CI -5.33 to -4.15) with Mudan versus -2.72 (95% CI -3.33 to -2.11) with placebo; the between-group difference in improvement was 2.02 points (95% CI 1.18–2.87; $P<0.0001$), favoring Mudan.

What it means

Adding Mudan granules to mecobalamin produced greater improvement in clinical diabetic neuropathy scores over 24 weeks than mecobalamin plus placebo, providing placebo-controlled evidence for symptomatic benefit in patients with DPN and the TCM pattern of qi deficiency and collateral obstruction. However, nerve-conduction velocity and corneal nerve-fiber measures did not differ significantly between groups, so the trial demonstrates improvement in clinical symptoms rather than evidence of structural or electrophysiological nerve recovery. Safety also warrants attention: adverse drug reactions were reported in 6.0% of the Mudan group versus 1.52% of controls, mainly gastrointestinal symptoms and liver-enzyme elevations; no fatal events occurred, and the investigators considered serious adverse events unrelated to the trial products.

Yijinjing mind-body training for balance and gait after stroke

Source: Luo KL, Cheng XP, Xie LL, et al. A traditional Chinese Yijinjing mind-body training program improves balance and gait in stroke survivors: A randomized controlled trial. *Complementary Therapies in Medicine*. 2026;99:103387. doi:10.1016/j.ctim.2026.103387. Trial registration: ChiCTR2100042302

Population	70 stroke survivors aged 50–80 years with a first-ever stroke 1–12 months previously, unilateral hemiplegia, and mild-to-moderate disability (Brunnstrom stages III–V). Participants could stand independently for at least 1 minute and walk with or without an assistive device.
Intervention	Yijinjing training for 30 minutes/session, 5 days/week for 5 weeks, using six selected Yijinjing movements, in addition to hospital-based conventional stroke rehabilitation.
Comparator	Stretching training matched for duration, frequency, and personnel, also added to the same conventional rehabilitation program.
Outcome	Primary: change in Berg Balance Scale (BBS) after 5 weeks. Secondary: gait cycle, step length, gait speed, cadence, Gait Asymmetry Index, Fugl-Meyer Assessment (FMA), and Modified Barthel Index (MBI).
Result	Improvement in BBS was greater with Yijinjing than stretching: 11.94 vs 6.51 points; between-group mean difference 5.51 points (95% CI 3.92–7.10; $P < 0.001$). Yijinjing also produced greater improvements in step length, gait speed, gait asymmetry, motor function, and activities of daily living.

What it means

Adding a 5-week Yijinjing program to conventional inpatient stroke rehabilitation improved balance more than adding matched stretching, with the 5.51-point between-group difference in BBS exceeding the approximately 5-point minimal clinically important difference cited by the authors. Improvements also extended to gait, motor function, and activities of daily living. However, this was a small, single-center inpatient trial, participants and therapists could not be blinded, and outcomes were assessed only immediately after the 5-week intervention. The durability and generalizability of the benefits therefore remain uncertain.

Visual abstract



Depicts: *About 1 in 2 adults with cancer (51%, 95% CI 45–56%) use complementary or traditional medicine alongside conventional treatment.*
Toniolo J, et al. "Global use of traditional, complementary and integrative medicine among adults with cancer in hospital and clinical settings: A systematic review and meta-analysis." European Journal of Integrative Medicine 86 (2026) 102698.

Acknowledgement: Visual created by Claude (Anthropic).

Guideline update

2024 ASCO–Society for Integrative Oncology guideline update

Guideline: Bower JE, Lacchetti C, Alici Y, et al. Management of Fatigue in Adult Survivors of Cancer: ASCO–Society for Integrative Oncology Guideline Update. *Journal of Clinical Oncology*. 2024;42:2456–2487. doi:10.1200/JCO.24.00541.

What changed

The 2014 ASCO guideline focused on fatigue after completion of primary cancer treatment. The 2024 update broadens the scope to the entire cancer trajectory—from diagnosis and active treatment through survivorship and end of life—and incorporates evidence from 113 randomized controlled trials. For integrative care, the update specifically recommends low- to moderate-intensity tai chi or qigong during active cancer treatment, while acupressure and moxibustion may be considered after treatment.

Strength of recommendation / certainty

*During active treatment, tai chi or qigong carries a strong recommendation with moderate-certainty evidence. American ginseng (*Panax quinquefolius*), 2,000 mg daily, carries a conditional recommendation with low-certainty evidence. After completion of treatment, both acupressure and moxibustion carry conditional recommendations with low-certainty evidence. Evidence remains insufficient or inconclusive to recommend for or against acupuncture or tai chi/qigong for fatigue after completion of cancer treatment.*

Implication for practice

For adults experiencing cancer-related fatigue during active treatment, clinicians can recommend low- to moderate-intensity tai chi or qigong as an evidence-supported option. After treatment, acupressure or moxibustion may be offered selectively, with patients informed that the supporting evidence is of low certainty. Acupuncture should not currently be presented as guideline-supported specifically for post-treatment cancer-related fatigue because the available trials produced inconsistent results.

Case report summary

Visual and anatomical improvement after integrated acupuncture and Conbercept for Macular Telangiectasia Type 1

Source: Liu Z, Liu C, Yang S, Tang X, Wang J, Zhang J. Macular Telangiectasia type 1 treated with integrated traditional Chinese acupuncture and Conbercept: a case report. *Frontiers in Medicine*. 2026;13:1717145. doi:10.3389/fmed.2026.1717145.

Case

A 38-year-old man presented with approximately 8 years of progressive vision loss and metamorphopsia in the right eye, with deterioration during the preceding 4 months. Best-corrected visual acuity was 20/50 in the affected eye. Multimodal imaging showed cystoid macular edema, circinate hard exudates and juxtafoveal telangiectatic vascular changes, confirming Macular Telangiectasia type 1. Central macular thickness was 342.4 μm .

Treatment consisted of three monthly intravitreal Conbercept injections (0.5 mg/0.05 mL) combined with electroacupuncture. Before each injection, acupuncture was administered once daily for 5 consecutive days for 30 minutes per session. Periocular electroacupuncture was applied at BL1, BL2, ST2, GB14 and Ashi points, with additional distal acupuncture points including GB37, SI6, GB34 and GB40.

Outcome

One month after completion of the three treatment cycles, right-eye visual acuity improved to 20/20 and central macular thickness decreased from 342.4 μm to 309.1 μm . The patient also reported substantial improvement in metamorphopsia. Four months after the final treatment, visual acuity had further improved to 20/12.5, and the anatomical improvement remained relatively stable. No ocular or systemic adverse events were reported.

Teaching point

This case illustrates a potentially useful integrative approach combining acupuncture with anti-VEGF therapy for Macular Telangiectasia type 1, but it does not establish that acupuncture caused the improvement. Because this was a single uncontrolled case receiving Conbercept and acupuncture together, the additional contribution of acupuncture cannot be separated from the effect of anti-VEGF treatment or spontaneous disease variation. Follow-up was also limited to 4 months after the final treatment.

Pain, function, and quality-of-life improvement after multimodal integrative Korean medicine for refractory fibromyalgia

Source: Park S, Lee J, Wang SJ, et al. Integrative Korean medicine intervention incorporating *Angelica gigas* for refractory chronic fibromyalgia: A clinical case report. *EXPLORE*. 2026;22:103340. doi:10.1016/j.explore.2026.103340.

Case

A woman in her 50s with a more than 10-year history of fibromyalgia presented with persistent widespread pain, sleep disturbance, impaired walking, and marked functional limitation despite treatment with multiple analgesics, including long-term buprenorphine patches. The authors assessed her presentation as a longstanding “blood stasis” pattern. During approximately 6 weeks of inpatient treatment, she received a multimodal integrative Korean medicine program comprising herbal medicine, acupuncture, pharmacopuncture, Chuna manual therapy, and physical therapy.

From day 5, treatment included a modified Hwalmyung-eum decoction centered on *Angelica gigas*; the *Angelica gigas* dose was initially 30 g and was subsequently increased to 37.5 g. Acupuncture and pharmacopuncture were administered twice daily, alongside daily Chuna therapy and structured physical rehabilitation.

Outcome

After 6 weeks, pain decreased across all assessed regions: knee pain fell from NRS 8 to 4, shoulder pain from 7 to 4, and lumbar and cervical pain from 6 to 4. Functional measures also improved, including WOMAC, SPADI,

ODI, and NDI scores. Knee flexion improved from 100° to 135°, shoulder flexion from 100° to 180°, lumbar flexion from 60° to 90°, and cervical flexion from 30° to 45°.

Quality of life measured by EQ-5D increased from 0.409 to 0.913, and the patient rated herself as “much better” at discharge. Sleep duration improved to more than 5 continuous hours, and walking ability improved. No adverse events were reported during treatment. During approximately 6 months of outpatient follow-up, pain did not recur to a level that interfered with daily activities and sleep improvement was maintained.

Teaching point

This case illustrates how a multimodal traditional and integrative medicine program may be associated with improvement in refractory fibromyalgia when conventional pharmacotherapy has provided inadequate symptom control. However, because herbal medicine, acupuncture, pharmacopuncture, Chuna therapy, physical therapy, and other interventions were delivered together in a single uncontrolled case, the observed improvement cannot be attributed specifically to *Angelica gigas*—or to any one component of the treatment program. Controlled studies are needed to determine efficacy, safety, and the contribution of individual therapies.

Aristolochic acid nephropathy after nasal inhalation of a traditional herbal remedy

Source: Kanjanabuch T, Wattanasatja V, Kanjanabuch P, Udomkarnjananun S, Eiam-Ong S. Beyond Ingestion: Nasal Inhalation-Induced Aristolochic Acid Nephropathy from a Traditional Herbal Remedy – A Case Report. *Glomerular Diseases*. 2026;6:52–55. doi:10.1159/000550695.

Case

An 80-year-old Thai monk was evaluated for progressive kidney dysfunction, with estimated glomerular filtration rate declining from 47 to 22 mL/min/1.73 m² over one year. He had proteinuria and bilaterally small, echogenic kidneys but denied oral herbal remedy use. Kidney biopsy showed extensive interstitial fibrosis and tubular atrophy involving approximately 80% of the cortical area, and aristolochic acid–DNA adducts were detected in renal tissue, confirming aristolochic acid nephropathy.

Further history revealed long-term use of a traditional herbal powder by nasal inhalation for alertness and relief of nasal congestion. Chemical analysis of the preparation using LC-DAD-QTOF-MS detected aristolochic acid I, linking the inhaled product to the renal toxic exposure.

Outcome

The diagnosis of aristolochic acid nephropathy was established through the combination of kidney histopathology, detection of aristolochic acid–DNA adducts, exposure history, and chemical confirmation of aristolochic acid I in the herbal preparation. The patient reported that the product was no longer being used. The report does not provide subsequent renal-function recovery data after cessation of exposure.

Teaching point

Herbal-medicine exposure histories should include non-oral routes, not only ingestion. Nasal inhalation of an aristolochic acid-containing preparation was associated with severe chronic toxic kidney injury in this case. When kidney disease has no clear cause, clinicians should specifically ask about inhaled, topical, and other traditional remedies; confirmation may require both pathology and chemical or molecular testing.

News in brief

► **BRICS leaders advance commitment for traditional medicine in New Delhi Declaration.**

BRICS leaders formally welcomed the proposed establishment of an Expert Working Group on traditional, complementary and integrative medicine in the September 2026 New Delhi Declaration. The initiative is intended to support collaboration in research, medicinal plants and herbal preparations, evidence generation, quality, safety and regulatory approaches across participating countries. <https://www.who.int/news/item/14-09-2026-brics-leaders-advance-commitment-for-traditional-medicine-in-new-delhi-declaration>

► **WHO advances an International Herbal Pharmacopoeia.** *Experts from all six WHO regions met in Hong Kong SAR in June 2026 for the fifth WHO expert meeting on development of the International Herbal Pharmacopoeia. Discussions covered draft monographs and general chapters addressing herbal-medicine quality, safety, standardization, biodiversity, traditional knowledge and sustainable use, contributing to development of the pharmacopoeia's first volume.* <https://www.who.int/vanuatu/news/detail-global/23-06-2026-who-advances-global-harmonization-of-herbal-medicine-standards-through-expert-meeting-on-the-development-of-international-herbal-pharmacopoeia>

► **The Third Global Summit on Traditional Medicine set for November 2027.** *WHO confirmed that the Third Global Summit on Traditional Medicine will take place in Bangkok, Thailand, 10–12 November 2027. The summit is expected to review progress on previous commitments and highlight scientific advances, country implementation experiences and digital initiatives, including development of a global traditional medicine data network.* <https://www.who.int/news/item/02-09-2026-the-third-global-summit-on-traditional-medicine-set-for-november-2027>

Book & resource review

WHO sets global research priorities for TCIM through 2034

Reviewed: *WHO global research priorities and agenda for traditional, complementary and integrative medicine 2025–2034.* World Health Organization. 2026. ISBN 978-92-4-012473-8 (electronic); 978-92-4-012474-5 (print)

This WHO resource presents a global framework for directing research in traditional, complementary and integrative medicine (TCIM) over the period 2025–2034. It is intended for ministries of health, national research bodies, funders, researchers and other organizations involved in setting research priorities and translating evidence into policy and practice. Importantly, WHO states that the document is a research-prioritization framework—not a clinical guideline, regulatory instrument or policy prescription.

The agenda identifies priority areas including stroke, mental health, pain, musculoskeletal conditions, cancer, metabolic and endocrine conditions, and reproductive health and childbirth. It also highlights healthy ageing, preventive health and healthy childhood, alongside cross-sectoral priorities such as climate resilience, artificial intelligence, pandemics and antimicrobial resistance.

A major strength is the breadth of its development process. The programme analysed 39,927 research grants, 40 funding schemes, 57 published research-priority reports and 116 TCIM research institutes across 67 countries, and incorporated regional consultations with 199 stakeholders from 75 countries plus a two-round Delphi survey involving 235 participants.

Its principal limitation for clinicians is also deliberate: it does not determine whether individual TCIM interventions are effective or recommend particular treatments. Instead, it identifies where future evidence generation, research capacity and investment should be concentrated. For academic institutions, it provides a useful framework for aligning future TCIM research with internationally identified evidence gaps while adapting priorities to national and local needs.

Events calendar

DATE	EVENT	LOCATION / LINK
24–25 Oct 2026	2nd International Conference on Integrative & Complementary Medicine (ICIM 2026) — theme: Bridging Traditions, Pioneering Futures: Global Perspectives in Integrative Care; includes herbal medicine, acupuncture, traditional medicine, mind–body medicine and evidence-based integration.	Le Méridien Kota Kinabalu, Sabah, Malaysia / https://www.mmaevents.org/icim2026
6–8 Nov 2026	39th ICMART World Congress on Medical Acupuncture — international congress focused on medical acupuncture and related techniques	Istanbul, Türkiye / https://icmart2026.org/#
25–27 Nov 2026	Malaysia International Traditional Complementary Medicine & Health Technology Exhibition (TCM EX 2026) — international platform linking traditional and complementary medicine with health technology and innovation	MITEC, Kuala Lumpur, Malaysia / https://www.tcmex.my/about-us/about-tcmex-2026

Events are listed for informational purposes only; inclusion does not imply endorsement by the School, and readers should independently verify the organizer's credibility, accreditation, dates, and registration details before participating. Dates and venues are based on information available from official organizers at the time of publication. Readers should verify the event website for programme or schedule changes before registration.

Instructions for contributors

What we publish

Contributions are invited from academic staff and students of the School of Traditional Chinese Medicine, Xiamen University Malaysia. Submissions should focus on recent, credible evidence relevant to traditional Chinese medicine, integrative medicine, acupuncture, herbal medicine, rehabilitation, clinical practice, research methodology, safety, or related fields. Suitable formats include Evidence Digest items, systematic review summaries, clinical trial highlights, guideline updates, case report summaries, visual abstracts, and brief evidence-based commentaries.

How to submit

Submit a Word document together with the full-text article, guideline, report, or other primary source on which the contribution is based. Student submissions should be reviewed or endorsed by an XMUM TCM academic staff member before submission. Submit contributions to xmumtcm@xmu.edu.my

Style

Write concisely in clear academic language for a multidisciplinary readership. Paraphrase rather than copy source text, cite the primary source, report numerical findings accurately, and distinguish evidence from interpretation. Do not overstate conclusions or infer information that is not reported in the source. Figures or tables reproduced from published work must have appropriate permission or an applicable open-access licence.

Editorial note: *All submissions are subject to editorial review for relevance, accuracy, clarity, and consistency with the bulletin's evidence-focused scope.*

References, citation & copyright

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