Advancing traditional and integrated medicine: reflections from an international roundtable

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Introduction

With the global healthcare system evolving and Traditional Medicine (TM) gaining increasing recognition, there is an urgent need to address the challenges in advancing TM and facilitating its deeper integration with Modern Medicine (MM). Despite growing global interest, TM still faces critical barriers, including fragmented evidence frameworks, inconsistent standards and limited integration with mainstream healthcare systems—gaps that hinder its widespread acceptance and optimal utilisation. To tackle these challenges and promote global convergence on evidence and integration, an international roundtable was convened, creating a vital platform for global experts to exchange insights and chart a path forward. This manuscript summarises the main reflections from the roundtable, focusing on three core topics: building high-quality evidence frameworks for TM, developing integration mechanisms for TM and MM and considerations for translating evidence into clinical practice and policy.

Building high-quality evidence frameworks

Diversifying the evidence ecosystem is critical for TM research. TM is complex in real-world settings, so a broader methodological toolkit is essential.[1] It is important to acknowledge the complementary roles of randomised controlled trials (RCTs) and real-world studies: while RCTs remain the gold standard for establishing causal relationships due to their bias control, real-world approaches (including pragmatic studies and registry-based research) provide critical insights into how TM performs in diverse unselected populations and routine clinical practice—addressing gaps that RCTs cannot fully cover.[2 3] Pragmatic studies capture the real-world application of TM interventions in clinical practice and their actual effects in unselected patient groups under routine care conditions. Registry-based research is another important approach. For example, acupuncture registries collect long-term data on treatment outcomes, utilisation patterns and adverse events across large patient cohorts.[4] These studies account for patient lifestyle, diet and other medications.[5 6] However, long-term follow-up and sustainability of the registry platform is a big challenge, especially on patient outcomes. Notably, many of the Patient-Reported Outcome Measures (PROMs) critical to evaluating TM—such as quality of life, symptom relief and functional improvement—are not routinely collected in registry data and often lack blinding, requiring careful design and standardisation to ensure validity.

Current TM research faces challenges including opaque data reporting, inconsistent standards and redundant studies—all of which undermine the comparability and reproducibility of evidence.[7 8] The conference advocated for establishing unified global data standards for TM research, including standardised data collection metrics, clear data quality control protocols and transparent data reporting guidelines. Furthermore, it calls for the continuous improvement of international TM trial registration platforms and shared data repositories, striving to achieve standardised management and sharing of research data. Beyond data integrity alone, the conference also emphasised the importance of upholding overall research integrity—including rigorous study design, transparent reporting of methods and results and adherence to ethical standards—to ensure the credibility of TM evidence globally.

The WHO plays a pivotal steering role in the global TM evidence ecosystem by sharing evidence and best practices, fostering trust and promoting consistent approaches to TM governance—a role that underscores the need to bridge the gap between TM research and policymaking.[9] Many high-quality findings are under-used because poor communication prevents them from reaching policymakers.[10] This disconnect contributes to unregulated TM use in many regions, as decision-makers lack reliable evidence on safety and efficacy. [11]To address this, two key strategies were proposed: first, institutionalising collaboration—for example, organising regular 'docking meetings' where researchers translate complex findings into policy-relevant insights and establishing centralised 'evidence repositories' tailored for policy formulation. Second, translating research into policy, as demonstrated in some Asian countries where TM has been integrated into national primary healthcare systems through evidence-informed policymaking.[12 13]

The conference emphasised that cross-border collaboration is vital for building research capacity and ensuring methodological consistency in TM research, as cross-institutional partnerships are the cornerstone of addressing global TM research disparities and unifying technical standards. Participants proposed three key initiatives: establishing multinational research networks, supporting jointly funded researcher training programmes and developing open-access publishing platforms. These measures are designed to enhance the comparability of global TM research data, accelerate the sharing of research

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outcomes and collectively advance the high-quality development of international TM research.

The core of cultivating evidence-based practice (EBP) in TM lies in identifying effective interventions through rigorous research. Specifically, this entails identifying not only effective TM treatments validated by high-quality research but also those that are ineffective or potentially harmful. This distinction is fundamental to EBP, as it ensures clinical practice is guided by rigorous, reproducible evidence rather than mere tradition, anecdotal experience or cultural norms. For TM to gain global credibility, it must move beyond uncritical acceptance of traditional practices and adopt critical appraisal. This allows practitioners to discern interventions supported by robust studies from those failing to meet safety and efficacy standards. Integrating this distinction into EBP culture safeguards patients, avoids dogma and aligns TM with EBP's core: prioritising patient welfare through evidence-informed decisions.

Integrating TM and MM

Synergistic care models should be patient-centred and establish clear clinical pathways involving both TM and MM practitioners. In diagnosis and treatment, collaboration points between TM and MM teams should be explicitly defined: both parties jointly develop personalised treatment plans and hold regular case meetings to adjust plans based on patient progress.[6] Additionally, training programmes should be implemented to enhance practitioners' understanding of each other's theoretical frameworks, addressing collaboration barriers stemming from cognitive differences.

TM and MM integration involves two distinct medical systems, with differences in diagnostic/treatment norms and quality evaluation standards. A robust institutional framework is therefore required to ensure patient safety and consistent care quality in integrated settings. At the regulatory level, a transparent audit mechanism for integrated TM and MM practice should be established to regularly assess the standardisation, efficacy and safety of integrated treatment protocols. Diagnostic and treatment guidelines should also be dynamically updated based on audit results and the latest research evidence.[14]

The conference proposed a dual-track talent development system underpinned by interdisciplinary curricula and cross-professional training. First, medical colleges should offer 'Integrated TM and MM' programmes with interdisciplinary curricula covering both systems. Second, in-service training on TM and MM integration should be provided for existing practitioners—for example, training MM doctors in evidence-based TM techniques and educating TM practitioners on modern medical knowledge to enhance collaborative capacity. Additionally, practitioners of both systems should be encouraged to collaborate on clinical practice and research projects. This will develop practical collaborative skills and build a workforce proficiency in both TM and MM.

Misconceptions about TM and MM integration persist among some members of the public. To address this, participating experts proposed a multidimensional public education strategy. Content should include accessible explanations of integration principles and advantages, paired with evidence of integrated care's effectiveness. Channels for dissemination should include social media, public hospital official platforms and authoritative health education institutions—ensuring the delivery of scientific, accurate information and mitigating misinformation.[15]

Integrated TM and MM research requires robust clinical data support. However, current data systems in TM and MM institutions are often siloed and non-standardised, hindering data sharing, joint analysis and research progress.[16] Participants therefore emphasised the importance of developing interoperable data systems and joint research platforms connecting TM and MM institutions. Such infrastructure is critical for conducting large-scale comparative effectiveness studies and sustaining evidence-based integration.

Considerations on implementation

For the successful clinical implementation of TM interventions, their evidence must be fully integrated into national health systems. Participating experts suggested three key steps: first, incorporating rigorously effective TM interventions into healthcare reimbursement catalogues to improve accessibility. Second, integrating TM intervention outcomes into the performance evaluation metrics of medical institutions and practitioners, incentivising EBP. Third, integrating TM syndrome differentiation data and treatment plans into electronic health records and developing TM-focused intelligent auxiliary diagnosis systems—providing clinicians with evidence support and ensuring standardised TM application in clinical practice.

Discussions highlighted that continuous evaluation is critical to ensuring the effectiveness and cost-efficiency of implemented TM interventions. Panel members recommended leveraging tools including national TM registries, real-time data dashboards and standardised outcome indicators to track progress. For example, in diabetes care, long-term monitoring of TM interventions (eg, herbal medicine, dietary adjustments) enables comparison of outcomes with Western treatments.[17] For insomnia, standardised metrics (eg, sleep duration, sleep quality) quantify TM's impact.[18] These data-driven tools not only evaluate TM's value but also enable timely adjustments to clinical strategies, ensuring policymakers and practitioners optimise TM's clinical utility in healthcare systems.

The key to enhancing the international influence of TM lies in promoting the global dissemination of high-quality evidence, breaking down language and geographical barriers. Participants proposed strengthening cooperation with top international medical journals to publish high-quality TM research outcomes, promoting the integration of TM evidence into the global healthcare decision-making reference system.[19]

Policy alignment and leadership were identified as key drivers of systemic change for TM integration. Participants noted that sustained policy leadership is essential to translating evidence into national TM practice, and that effective implementation requires collaborative governance among health ministries, regulatory authorities and academic institutions—all aligned under a clear, long-term strategic vision for TM integration.

China's successful integration of TM into its healthcare system serves as a model: it has been enabled by strategic policies including increased TM research funding, standardised practice regulations and cross-system coordination. Such collaborative, policy-led efforts ensure consistent progress in TM integration, translating evidence-based goals into tangible healthcare improvements.[12]

Building implementation capacity is essential for sustaining the impact of TM interventions. Discussions emphasised that workforce training and institutional readiness are central to embedding evidence-based TM into routine practice, with the feasibility of capacity-building closely tied to the institutional setting.

In TM-dominant settings, structured capacity-building programmes can effectively equip clinicians with skills to apply and adapt TM interventions, while empowering administrators to lead organisational changes necessary for sustaining evidence-informed TM practice over time. However, in MM-dominant settings, relying solely on workforce training to enable WM practitioners to implement TM interventions may face greater challenges, and its effectiveness remains less certain.

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Next steps for TM and IM

With the growing global demand for 'holistic and personalised' healthcare, TM and integrated medicine are poised for expanded development.[20] In the future, TM will continue to evolve through the integration of evidence-based research with modern technologies (eg, artificial intelligence, big data),[21] modernising TM theories and advancing precision diagnosis and treatment[22]—building on its empirical foundations. TM and MM integration will evolve from 'clinical collaboration' to 'systematic integration', forming a mature integrated model and becoming a key component of the global healthcare system.

The proposed frameworks feature globally applicable core principles, adaptable to Western systems via curriculum and practice pathway optimisation. Low-resource settings can leverage registry-based research and cross-border capacity building, with phased implementation addressing contextual constraints like inadequate data infrastructure.

Meanwhile, the advancement of TM and IM requires strengthened global cooperation to collectively address challenges in evidence construction, standard unification and cultural exchange.[23 24] It is anticipated that through joint efforts from all stakeholders, TM and IM will make greater contributions to improving global health outcomes and realising the goal of 'health for all'.

Conclusion

This manuscript synthesises key insights from an international roundtable on advancing traditional and IM, addressing critical translational gaps in evidence, integration and implementation. It serves as a vital and further supplement to the Gujarat Declaration and the WHO TM Strategy 2025–2034: moving beyond their high-level global strategic guidance and foundational consensus, the work delivers context-specific, actionable methodological and policy insights for diverse health systems. For researchers, clinicians and policymakers, it offers pragmatic pathways to diversify evidence ecosystems, build synergistic integration models and bridge research-policy divides, translating global principles into on-the-ground practice. These contributions drive tangible global convergence of TM and MM, enhancing its role in advancing universal health coverage and global health outcomes.

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