Editorial

Evidence Based Medicine and Herbal Medicine

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Evidence based medicine (EBM) can be found as far back as the 1940s. However, it was in 1972 that the concept first came into play, originated by Professor Archie Cochrane, in his book, Effectiveness & Efficiency: Random Reflections on Health Services. This was the foundation for evidence based research, and in 1992 a facility was funded by the UK government, with the aim of performing randomly controlled tests on health services.

This is no coincidence since evidence-based medicine suggests a personal responsibility for clinicians to keep abreast of research that would be difficult without the information access that the web provides. Evidence-based medicine is now generally perceived to be the dominant operating system in conventional medicine. The term "evidence-based medicine" first appears in 1991, in a piece by Gordon Guyatt [1]. But EBM came to the attention of a wider audience in 1992 with an article by the Evidence-Based Medicine Working Group [2] that boldly proclaimed

EBM as a "new paradigm" in medicine. The National Institutes of Health defines "clinical research" as research conducted with human subjects (or on material of human origin such tissues, specimens and cognitive as phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Indeed, Clinical trials are important component of evidence based medicine. A clinical trial is a research study that finds new ways to prevent, diagnose or treat disease [3-9]. For example, cancer clinical trials test new treatments in people with cancer. These treatments investigate promising new drugs, combinations, new approaches to surgery or radiation therapy, and advances in new areas such as gene therapy. Clinical trials are the final step in a long process. There is no doubt that EBM plays an important role in the future of herbal medicine.



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