Commentary

Commentary on *Designations of Medicines* by Nigel Wiseman

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The content of the paper is interesting (1). The work addresses concerns that are certainly timely in the context of the multitudes of names and acronyms that we find in the health sciences and in medicine presently.

The structure of the paper is reminiscent of an outline. The author introduces, presents and discusses each topic in one short paragraph. This style suggests notes jotted down as *pro-memoria*, rather than in-depth critical perusal. In the context of the Journal *eCAM*, for example, there is barely any discussion nor definition of ‘complementary medicine’. Each topic could have been treated in a more systematic and detailed discussion.

Certain over-arching statements deserve greater attention. For example, to define ‘Traditional Medicine’ as ‘any medicine tradition with a long history’ is certainly correct. What is incorrect is then to exclude Western medicine from that category, since we cannot ignore the fact that it too has a ‘long history’, which can be traced back to Ancient Rome, Ancient Greece, Macedonia and Ancient Egypt. In fact, it is true that ‘*medicina*’ is the Latin term from which our term ‘medicine’ has arisen. However, ‘*medicina*’ first meant not the field or domain of endeavor, as is argued in the manuscript, but rather that which was used to medicate (‘*medicare*’). In a subsequent evolution of the term and of the meaning, the word used to describe that which was used to medicate (‘*medicina*’) came to mean the domain of endeavor, which today we call ‘medicine’. We still use the term ‘medicine’ to indicate that which we use to medicate. The author cites the term as ‘related to’ the Latin ‘*medico*’. Actually, this is both correct and incorrect, but certainly imprecise since ‘*medico*’ in Latin signifies ‘I medicate’, from the verb ‘*medicare*’. It would have been precise and correct to state that the term ‘*medicina*’ derived from (rather than is ‘related to’) the action verb ‘*medicare*’.

A more serious lack of correctness and precision relates to the rather laconic description of evidence-based medicine as referring ‘...to any medical practice that is based on evidence to the scientific community...’, whereas ‘...traditional, complementary and alternative medicines rest on theory that lacks basis on evidence...’. Let us clarify first that ‘evidence-based medicine’ is not ‘medicine based on the evidence’. Evidence-based medicine rests on a systematic review of all the available evidence to generate an over-arching critical analysis and evaluation (e.g. meta-analysis and meta-regression). ‘Medicine based on the evidence’ refers to medicine conducted wisely based on this or that piece of evidence, which could be established knowledge, previous clinical experience and/or random consultation of the literature: this is the traditional approach of Western medicine since Drs Pierre Charles Alexandre Louis (1787–1872) and Maurizio Bufalini (1785–1875) introduced it in the mid-1850s (2,3). ‘Evidence-based medicine’ is a new evolution of ‘medicine based on the evidence’, and in that respect has become medicine based on the systematic process of research of the best available evidence. This process follows the stringency of the scientific endeavor of research, and its product is a carefully crafted analysis of all of the possible and available evidence relating to the medical problem under study (the word ‘all’ is most important here) (4).

Whereas it is true that several approaches to medicine are not evidence-based, including still a large domain of Western medicine, it is not correct to state that the theories of alternative medicine, etc. ‘lack basis in evidence’, and that it is for that reason that alternative medicine, for example, is not evidence-based. Domains of medicine that are not evidence based are not so, not because they may or may not have a theory based on evidence, but rather because the scientific process of evidence-based research has not been applied to this or that domain of medicine extensively as of yet. Indeed, it is further incorrect to suggest that alternative medicine has not seen the light of evidence-based medicine yet since there have been several systematic reviews on alternative medicine, some

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mandated and funded by the Federal Government, and others conducted by the RAND Corporation for instance, for generating systematic reviews that evaluate the treatment of certain ailments by means of alternative medical intervention.

Although the reasoning of the author in organizing the manuscript is laudable and understandable, it is difficult to conceptualize so many ‘medicines’. Rather, should there not be only one medicine (or medical field), which then could be considered to be composed of several branches or domains or approaches or dimensions? A Western medicine approach, an alternative medicine approach, etc. This is reminiscent of the situation in psychology. We have one psychological field, but we recognize several domains within it: cognitive psychology,

behavioral psychology, experimental psychology, etc. We could not talk of ‘psychologies’, could we?

Overall, the author took on a laudable endeavor, which deserves further expansion, in-depth critical discussion and systematic examination.

References

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