



# Quality of Reporting of Randomised Controlled Trials of Herbal Interventions in ASEAN Plus Six Countries: A Systematic Review

Chayanin Pratoomsoot<sup>1</sup>, Rosarin Sruamsiri<sup>2,6</sup>, Piyameth Dilokthornsakul<sup>2,7</sup>,  
Nathorn Chaiyakunapruk<sup>2,3,4,5\*</sup>

**1** Faculty of Public Health, Naresuan University, Phitsanulok, Thailand, **2** Center of Pharmaceutical Outcomes Research, Department of Pharmacy Practice, Faculty of Pharmaceutical Sciences, Naresuan University, Phitsanulok, Thailand, **3** School of Pharmacy, Monash University Malaysia, Jalan Lagoan Selatan, Bandar Sunway, Selangor, Malaysia, **4** School of Population Health, Public Health Building, University of Queensland, Herston, Australia, **5** School of Pharmacy, University of Wisconsin, Madison, WI, United States of America, **6** Department of Population Medicine, Drug Policy Research Group, Harvard Medical School & Harvard Pilgrim Health Care Institute, Boston, MA, United States of America, **7** Center for Pharmacoepidemiology and Pharmaco-economic Research and Department of Pharmacy Systems, Outcomes and Policy, College of Pharmacy, University of Illinois at Chicago, Chicago, IL, United States of America

## Abstract

**Background:** Many randomised controlled trials (RCTs) of herbal interventions have been conducted in the ASEAN Communities. Good quality reporting of RCTs is essential for assessing clinical significance. Given the importance ASEAN placed on herbal medicines, the reporting quality of RCTs of herbal interventions among the ASEAN Communities deserved a special attention.

**Objectives:** To systematically review the quality of reporting of RCTs of herbal interventions conducted in the ASEAN Plus Six Countries.

**Methods:** Searches were performed using PubMed, EMBASE, The Cochrane Library, and Allied and Complementary Medicine (AMED), from inception through October 2013. These were limited to studies specific to humans and RCTs. Herbal species search terms were based on those listed in the National List of Essential Medicines [NLEM (Thailand, 2011)]. Studies conducted in the ASEAN Plus Six Countries, published in English were included.

**Results:** Seventy-one articles were identified. Thirty (42.25%) RCTs were from ASEAN Countries, whereas 41 RCTs (57.75%) were from Plus Six Group. Adherence to the recommended CONSORT checklist items for reporting of RCTs of herbal interventions among ASEAN Plus Six Countries ranged from 0% to 97.18%. Less than a quarter of the RCTs (18.31%) reported information on standardisation of the herbal products. However, the scope of our interventions of interest was limited to those developed from 20 herbal species listed in the NLEM of Thailand.

**Conclusions:** The present study highlights the need to improve reporting quality of RCTs of herbal interventions across ASEAN Plus Six Communities.

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\* Email: nathorn.chaiyakunapruk@monash.edu

## Introduction

Traditional Medicine is recognised as part of historical and cultural heritage in the communities of the Association of Southeast Asian Nations (ASEAN) Member States. The role and contribution of traditional medicine has been highlighted by the ASEAN Socio-cultural Community (ASCC) Blueprint under section B4: Access to healthcare and promotion of healthy lifestyles [1]. Under which, the strategic objectives were to ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the people of ASEAN. Specific actions include the facilitation of research and cross-

country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, notably, the strengthening of the evidence base for herbal medicines and products.

ASEAN's external relations with other nations led to the formation of an economic partnership known as the ASEAN Plus Six Group, which comprised of the members of the ASEAN plus Australia, China, India, Japan, New Zealand, and South Korea. This regional framework signifies the promotion of cooperation, prompting economic ties, increasing market scale and resource supply capacity [2].



































