disease status, lifestyle and spiritual change, etc.) were significantly related to CAM use. Meanwhile, 10 (2.6%) of study results found that geographical regions, health services, health providers or families which the individuals belonged to played an important role on predicting CAM use. The statistical techniques currently used in these studies with hierarchal data structure e.g. t-test, univariate or multivariate regression have the risks to exaggerate the standard errors and confidence intervals. So that we may not well conclude that there are real associations.

Conclusion: Most of the data from current surveys had hierarchical structures and could not meet the assumption of independently identically distribution (iid). There were notable methodological limitations in the existing studies. Future researches should take account of the clustering structure in their samples, and apply multilevel models to handle the clustered or grouped data to avoid concluding biased results.

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P05.13
Decision Analytic Modeling: An Innovative Tool to Explore the Effectiveness of Acupuncture on Patients in the United States with Lower Back Pain (LBP)

Abstract Withdrawn

P05.14
Method of Drug Discovery in the Classical Tradition of Ayurveda as a Preliminary Tool for Refinement of Folklore Knowledge of Medicinal Plants

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Purpose: The study aims to understand the methods employed by ancient physicians of Ayurveda to discover the medicinal properties of plants and to formally incorporate them into the Ayurvedic Pharmacopoeia. A little more than 1/10th of nearly 9000 plants used for medicinal purposes in India has been used in Ayurveda suggesting the existence of rigorous criteria and methodology for acceptance of medicinal plants.

Methods: Twelve classical text books of Ayurveda representing typical chrono-geographical reference points in the evolutionary history of Ayurveda were selected for analysis. These sources were studied for methodological criteria used for rigorous study and acceptance of plant sources as medicines for use in humans. The texts were carefully studied to determine and classify information available on medicinal plants under specific data heads. The minimum, maximum and average time span for addition of new plants into the pharmacopoeia was also determined by study of the selected texts.

Results: It was found that Ayurveda employs fairly rigorous methods to evaluate and accept plant sources as medicines. Inadequately understood plants are prohibited from being used as medicines. For accepting a plant source as medicine, elaborate information had to compiled and classified under the data heads of nomenclature, identity, properties and applications of the plant. This includes standardisation of nomenclature, study of varieties, substitutes, pharmacological properties, interactions, safety and specific disease applications. Perhaps Zoopharmacognosy may have been an important method for first clues of medicinal properties of plants. It took anywhere between 30 years to a few centuries before new plants were added to the Pharmacopoeia suggesting that plant sources were studied for long periods before being accepted as medicines.

Conclusion: Classical Ayurvedic texts delineate an early systematic attempt of bioprospecting and development of drugs from plant sources that can be developed as a preliminary tool to filter and refine folklore knowledge of medicinal plants.

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P05.15
Using the Systematic Review Data Repository for Systematic Reviews of Complementary Medicine

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Purpose: The Systematic Review Data Repository (SRDR) is a Web-based open-access tool that supports electronic data extraction and entry by multiple users, data comparison and exporting, and data archiving and sharing. SRDR has the potential to reduce the burden of conducting systematic reviews (SRs), while improving data quality and transparency of the process. The development of SRDR is funded by AHRQ and is