

The Unified Medicine Project, Part One

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"In fighting diseases and saving lives, there is only one medicine - the one that works the best for patients, no matter what it is named. The best therapeutic outcome will be achieved when Chinese medicine and Western medicine cooperate with each other and complement one another to form a 'unified medicine' that combines the merits of both medicines. Let the unified medicine be born."

The preceding paragraph was extracted from a letter sent to the U.S. Congress in 2002. It introduced the concept of unified medicine, and brought out the task of establishing the future of medicine.¹

The American Chinese Medicine Association's (ACMA) Unified Medicine Project was created to achieve the above goal. This project also will address other issues relating to different medicines.

Existing Problems

Medicine is a sacred field. As a science for the maintenance of health and the prevention, alleviation or cure of diseases, it should be oriented primarily to patients and the public from the beginning. It should be dedicated to fighting diseases and saving lives, and it should serve the best interests of patients and the public.

However, for a variety of reasons, the development of medicine has deviated from this direction and has not achieved this goal. As a result, some inappropriate and undesired phenomena have occurred in medicine. They have not only seriously damaged the interests of patients and the public, they also have jeopardized the integrity and sacredness of medicine.

How could this have happened? The Unified Medicine Project attempts to address these issues, to search for answers, and to provide solutions.

Due to historical, geographical, and other reasons, forms of medicine have developed unevenly around the world. Some medicines developed earlier, while others developed relatively recently. Some medicines developed in one country, while others developed in several countries.

Because different medicines were developed in different eras and at different locations around the globe, and because there were no efficient methods of communication tool in those eras, two major problems were generated in the history of medicine - historical gaps and conflicts of interest.

Historical Gaps

Medicine is a scientific field. Therefore, similar to all other scientific fields, the development of a new medicine should undergo rigorous evaluation procedures before being justified as "new."

However, due to historic reasons, most "new" medicines in history developed unchecked, without any evaluation or scrutiny. For this reason, there exists inappropriate use, misuse, and abuse of the term "medicine" in the medicinal field.

For example, some forms of medicine that developed unchecked at a later stage in time have close similarities to medicines that existed previously. Some modifications, alterations, or development of pre-existing medicines were inappropriately claimed and named as "new" medicines.

In science, to protect academic integrity, any similar findings demand rigorous scientific scrutiny before they can be justified or claimed as "new." However, at the time those "new" medicines were claimed and coined, there was no mechanism to implement scientific scrutiny on them internationally. As a result, the normal due process of scientific scrutiny for those "new" medicines was bypassed and was not pursued. Therefore, historical gaps were created in the history of medicine. These historical gaps, if left in place, may undermine the integrity of science and medicine.

The inappropriate use, misuse and abuse of "medicine" has created chaotic situations in medicine. It has generated confusion in the minds of patients and the public, and has introduced inappropriate competition into medicine.

For example, there is no mechanism to differentiate effective, safe or appropriate medicines from ineffective, harmful or inappropriate medicines. As a result, patients and the public have to try each "medicine" blindly by chance, and often cannot get access to the most appropriate, effective and safe medicine when they need it. The price for this blind process of "trying" medicine process is very high. It may not only delay treatment times, it also may cause irreversible damage to patients, and even led to unnecessary deaths in some cases.

Conflicts of Interest

Because some "new" medicines were introduced unchecked in different eras, the field of medicine lacks a coherent, consistent and systematic direction and guideline for patients and the public. These groups have to undergo the blind process of "trying medicine" to find the medicine that works best for them. As a result, conflicts of interest between practitioners of medicine, patients and the public have occurred. These conflicts of interest have driven medicine away from its original direction and goal.

Goals of the Unified Medicine Project

The above two problems in medicine are undesired and should not have existed. To address these problems, the Unified Medicine Project has been initiated. There are two major goals in this project.

The first goal of the project is to call attention for the international communities in medicine, science and history to the abovementioned historical gaps. In order to protect the integrity of science and medicine, and to preserve human civilization, the historical gaps generated in the history of medicine as mentioned above should be filled.

The project's second goal is to establish a future medicine - "unified medicine." It will help achieve medicine's ultimate goal of working for the best interest of patients in fighting diseases and saving lives by introducing the unified medicine system. This unified medicine system is equipped with certain special characteristics that will allow patients and the public to get access to the most effective, safe and appropriate medicine when they need it.

The ultimate goal of this project is to set up a unified theoretical and clinical system for medicine. This will reduce the chaos rampant in medicine, improve efficacy and safety of in practice, and help patients and the public get access to the most appropriate medicine quickly and efficiently, which will save both time and lives.

Concepts of Independent Professional Medicine (IPM)

Before describing the unified medicine system in detail, several concepts need to be introduced.

Medicine is a rigorous science. Its definition and terminology demand rigorous criteria. In order to clarify confusion in naming medicines and protect the integrity of medicine, we will first introduce more detailed definitions and classifications of medicine.

Independent Professional Medicine (IPM) and Non-Independent Professional Medicine (NIPM)

Independent professional medicine (IPM) is defined as follows: If a field is to be qualified as a field of independent professional medicine, it should have established, comprehensive, independent, distinguished, consistent, complete, and systematic principles, theories, diagnostic techniques, treatment methods, etc., that are significantly different from other independent professional medicines.

Here we see that the definition of independent professional medicine is based on stringent requirements on the framework of the medicine's principles, theories, diagnostic techniques, treatment methods, and other protocols.

In contrast, non-independent professional medicine (NIPM) is defined as follows: Any medicines that do not qualify as a type of independent professional medicine will fall into the category of non-independent professional medicine.

If a medicine is not equipped with the stringent requirements regarding the medicine's principles, theories, diagnostic techniques, treatment methods, etc., it is not qualified to be an independent professional medicine, and should be regarded as non-independent.

Inappropriate Nomenclature

Current confusion regarding the terminology of medicines falls into the following categories:

1. Nomenclature of drugs and herbs. In this category, a medicine is named after where the drugs and herbs came from.
2. Nomenclature of location. In this category, a medicine is named after where the medicine is practiced.
3. Nomenclature of growth and development. In this category, a medicine is named after the growth and development of a pre-existing medicine.

We will now analyze these categories in more detail.

Nomenclature of Drugs and Herbs

Medicine is a scientific field. Drugs and herbs are tools used in the practice of medicine. A scientific field is relatively stable, while the tools used in that field can be updated and changed periodically.

For example, in Western medicine, new drugs are developed each year. There are also old drugs that become outdated in practice every year. Therefore, the tools (drugs) are changeable, while the field (Western medicine) is stable. The name of Western medicine will not change due to the introduction of new drugs or the removal of old drugs.

Also in Western medicine, some drugs were developed in countries other than Western nations. When a new pharmaceutical drug is developed in China, the new chemical drug cannot be called

"Chinese medicine" simply because it was developed and/or applied in China. It still belongs to Western medicine because its application is directed by the principles, theories, diagnostic techniques, and treatment methods of Western medicine.

In short, the definition of a medicine should not be associated with the drugs, herbs or other "tools" employed in the medicine.²

However, some medicines developed in history were based on where the tools (e.g., herbs used in the medicine) came from. This is an inappropriate nomenclature of medicine.

For example, as Chinese medicine was introduced to other countries and continents hundreds (perhaps thousands) of years ago, herbs in those countries and regions were introduced and eventually incorporated into the practice of Chinese medicine in those nations. Although local herbs were introduced into Chinese medicine there, the applications of the local herbs in those countries still follow the holistic principles, theories, diagnostic techniques, treatment methods, etc., of Chinese medicine. The use of local herbs could not change the fact that the medicines still fell into the umbrella of the holistic framework of Chinese medicine.

As long as the herbs of those countries and regions are applied under the holistic principles and theories of Chinese medicine, they still belong to the Chinese medicine system. Therefore, those medicines are simply branches or derivatives of Chinese medicine, and should not be termed as a new medicine.

Nomenclature of Location

Some medicines are named after where the medicines are practiced. However, the location nomenclature of medicine is not based on the stringent requirements on the framework of the medicine's principles, theories, etc. Location alone cannot justify the definition of a "new" medicine.

For example, when Western medicine was introduced to some countries (e.g. China), it could not be renamed "Chinese medicine" simply because of it being practiced in China. If every practitioner named their practice as a new type of medicine based on the location of their practice, there would be numerous medicines: " New York medicine," for example, or "Los Angeles medicine." This is unprofessional, and would only increase confusion in the medical world.

However, the issue of location nomenclature has happened in the practice of Chinese medicine. For example, some people have referred to "Hawaiian medicine," which is probably a branch of Chinese medicine brought to Hawaii by practitioners of Chinese medicine in other Asian countries.

Another example is the inappropriate naming of "Oriental/Asian/Eastern" medicine. Proponents of Oriental/Asian/Eastern medicine have referred to Chinese medicine as Oriental/Asian/Eastern medicine since the 1970s because Chinese medicine was practiced in most Asian countries. The logic behind renaming Chinese medicine "Oriental/Asian/Eastern medicine" is that since Chinese medicine was practiced in most Asian countries in the 1970s, it should be called Oriental/Asian/Eastern medicine. Based on this logic, what should Chinese medicine be renamed today, since it is practiced in America, Europe, Australia, Africa, etc.? Should it be renamed "American medicine" or "European medicine" - or "World medicine"?

The terms "Oriental/Asian/Eastern medicine" have brought about great confusion among patients and the public. Most people outside the profession of Chinese medicine do not know that Oriental/Asian/Eastern medicine is the same as Chinese medicine. On the contrary, many people

think Oriental medicine/Asian medicine/Eastern medicine are larger than Chinese medicine, and that Chinese medicine is only a small branch of a larger medicine. This has seriously damaged the reputation of Chinese medicine, and has jeopardized the healthy growth of Chinese medicine in America and around the world.²

Obviously, the nomenclature of location in medicine is inappropriate, and should be discontinued.

Nomenclature of Growth and Development

Similar to other scientific fields, growth and development in medicine are normal processes that have been proceeding continuously since the beginning of medicine. It is natural that growth and development in a field will add new content to that field's pre-existing knowledge. This is true in all scientific fields, including medicine. In medicine, new methods, techniques, drugs/herbs, etc., all provide the field with new content, which becomes an integral part of the pre-existing medicine.

For example, Western medicine has undergone many changes since its beginning. Many new specialties that did not exist before have been added. These specialties are new branches of the Western medicine system, but they still belong to Western medicine no matter how much they have grown and developed away from pre-existing Western medicine.

Therefore, the nomenclature of medicine based on the growth and development of pre-existing medicine is inappropriate. It is not based on the stringent requirements of the medicine's framework, so it is not justified to name a new "medicine" based on a pre-existing medicine's growth and development.

However, due to historic reasons, some of the growth and development of Chinese medicine over time has been regarded as a type of modification and alteration of pre-existing Chinese medicine, and has been considered as "new" types of medicine. We will discuss these issues in the second part of this article.

References

1. Xu B. Letter to U.S. Congress. *American Chinese Medicine Association Publication*, Aug. 2002. Available at www.americhinesemedicineassociation.org.
2. Xu B. On Chinese medicine vs. Oriental/Asian/Eastern medicine. *American Chinese Medicine Association Publication*, May 2003. Available online at www.americhinesemedicineassociation.org.

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