

Highlights From the 10th East-West Integrative Medical Conference

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In March, more than 200 delegates met at the Royal College of Physicians in London for the 10th East-West Integrative Medical Conference. The conference, organized by the Chinese Medical Institute and Register (CMIR) and sponsored by AcuMedic Foundation, welcomed representatives from all over the world including the U.K., U.S., China, Canada, Australia, Germany, Russia, Romania, Austria, India, Nigeria and Hong Kong. The goal of the conference was to provide a platform for an international discussion on the future of integrative medicine.

Key organizations included the World Health Organization (WHO), the U.K. Parliamentary Group for Integrated and Complementary Healthcare, the Prince Foundation for Integrated Health (U.K.), the Integrative Medicine Alliance (U.S.), the College of Integrated Medicine (Canada), the U.K. Lung Cancer Coalition, the Chinese Medicine Regulatory Working Group, the DoH (U.K.), the Chinese Medicine Association (China), Beijing University of Chinese Medicine, Tianjin University of Chinese Medicine, Guangxi Medical University, Brunel University and a host of hospitals.

The mission of this year's conference was "a call for a global approach to health care," with an aim to foster international collaborations and cooperation. The urgent challenge laid out for the attendees was how to integrate evidenced-based rationales with a medical methodology capable of dealing with the complex 21st-century illnesses facing the world today, such as cancer, AIDS, bird flu and SARS.

The diverse group of participants created a lively forum for a meaningful exchange of information, ideas and new research. The delegate composition was 50 percent medical doctors and academic research professionals with a doctorate in medicine or equivalent; 12.5 percent holistic therapists and practitioners; 8.5 percent lobbyists for CAM, politicians, nutritionists, exhibitors and journalists. High-profile professors and keynote speakers comprised the remaining 29 percent.

It was highly encouraging that a conference focused on integration provided a platform for debating integration versus disintegration. Is the push for "integration" the double-edge sword that is simply being translated into "regulation"? The closer we partner with allopathic medicine, do we further compromise the integrity of TCM/CAM by opening our profession to gatekeepers who lack the comprehensive understanding necessary to make recommendations on issues such as herbal regulation, provider oversight and evidence-based-only practice models? How do we advocate for integration, yet assure that CAM providers remain active voices at the table and are included as stakeholders in all forms of development, research and regulation. As the writers of this piece, we personally work in many integrative settings, but must caution our profession to ensure that integration does not become commodification. We must protect our medicine, our art and our practices from merely being absorbed into the allopathic provider's medicine bag.

Words of wisdom and inspiration resonated throughout the packed two-day schedule comprised of more than 45 presentations. Several presenters offered new ways to think about terminology.

Harvey Zarren, MD, president of the Integrative Medicine Alliance (U.S.), reminded us that in "community" medicine we all have joint ownership. Therefore, we must consider that we all are affected, at risk and responsible for health care change. Mike O'Farrell, chairman of a Chinese medicine regulatory working group in the U.K., suggested we consider the phrase "interactive, not just integrative" to describe CAM in the larger medical context. Professor Man Fong Mei, FInstD, PhD, and chairman of the Chinese Medical Institute and Register, enthusiastically stated we should drop the "T" from TCM, suggesting we are a "modern medicine with a traditional wisdom."

Professor Nicola Robinson, PhD, LAc, professor of complementary medicine and head of the Centre for Complementary Healthcare and Integrated Medicine at Thames Valley University, presented an examination of the U.K. progress of integration and how current integrated services operating successfully over the last 10 years are under threat, despite positive service evaluations. She described a disturbing trend in the U.K., where a range of services that have long been integrated, from the prestigious homeopathic hospitals to maternity and HIV services, are now being disintegrated. Professor Robinson made the distinction that "disintegration in China is of a very different nature where, in some cases, traditional values are being compromised in the rush to modernize. The U.K. and China have much to learn from each other."

David L. Heymann, MD, representative of the Director-General of the WHO, outlined the risks to world health from infectious disease and the roles that both traditional and modern medicine have to play. He shared innovations to the International Health Regulations (IHR) that have created a real-time mechanism that countries can use to work together to "limit the international spread of emerging or re-emerging infections using proven public health measures." He stated, "As the recent SARS outbreak and the current avian pandemic of influenza (H5N1) make clear, international partners working closely together within the IHR framework can be a very effective means of decreasing the risk of international spread of infectious diseases."

The scope of presentations encompassed both macro-level, visionary strategy, as well as micro-perspectives on new treatment, research results and highlights of working integrative models. Jose Olalde, president of Adaptogenic Medical Centers in Venezuela, showed a persuasive slide presentation of diabetic patients who were referred for amputation due to foot infections, who instead chose to use an herbal remedy. The difference in before and after photos was powerful evidence of the impact that Eastern medicine can have on saving the lives and limbs of patients. Mr. Olalde presented "Systemic Theory That Allows Herbal Practice to Be Systematized."

In accordance with Systemic Theory's concepts, the survival potential or health of any living system depends on the correction of three elements that coexist under a triangular relationship. These factors are: Energy, Intelligence and Organization. Energy (E) is understood as the physiological mechanisms associated with ATP synthesis (such as oxidative phosphorylation, Krebs cycle, beta-oxidation etc.). Intelligence or Biological Intelligence (BI) is that element responsible for regulating the neuroendocrine, biochemical, immune and cellular processes. He explained the key to his success is that the systemic treatments combine medicinal plants that "modulate the three axes of the survival or health triangle" and therefore improve the clinical history and quality of life of the patient. This systemic formula has "been proven by gene expression, to be synergistic and to modulate cellular energy, intelligence and organization by positively influencing the human genome." Two such studies have been carried out by his group.

Our presentation, "Integrating Acupuncture into Six Clinical Institutional Settings," provided "how to" practical skills through evaluating the highlights, successes and challenges of six integrative models that we developed. Settings included inpatient and outpatient hospital services, a residential substance-abuse facility, and a clinic serving homeless youth.

The conference ended with a talk-back session of comments from the audience. Participants overwhelmingly voiced appreciation for the dialogue and a commitment to continue it post-conference. Publication of all the presentations currently is in progress and planning for next year's conference will begin in September.

For more information visit: www.cmir.org.uk.

JULY 2007