

Reconsidering Food Therapy

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In a perfect world, after a patient visits a TCM clinic, a prescription (if formulated) and acupuncture and/or herbal medicine are administered, resulting in the amelioration of the patient's presenting complaint. Unfortunately, this is not often the case in the West. In my clinical experience, the average Western patient brings to the examining table an extremely poor diet combined with a high-stress, sedentary lifestyle. All too often, these contributing factors are not included in the equation when TCM clinicians attempt to formulate a diagnosis or treatment protocol.

According to a study published in the Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report*, 70 percent of adults do not eat at least two fruit servings and three vegetable servings per day! Frankly, this should be a startling wake-up call to clinicians in the West. This issue of extremely poor dietary habits is the elephant standing in the middle of the room that patients and clinicians alike seem to ignore.

Health is not created in a vacuum, nor is disease. Similarly, acupuncture and Chinese medicine do not work independently of factors such as diet and lifestyle. Correspondingly, if a patient has a poor diet and a stressful sedentary lifestyle, the ability of acupuncture and herbal medicine to affect a change or awaken the body's innate healing intelligence is dramatically limited. If a clinician does not inquire about a patient's diet and lifestyle habits, an accurate evaluation of prescribed acupuncture and/or herbal medicine protocols can become very challenging.

For example, let's say the patient suffers from type 2 diabetes, with hypertension as a complicating factor and the TCM pattern presentation is stomach fire with kidney *yin* vacuity. If the patient eats large amounts of processed low-fiber, high-sodium foods and is inactive, no amount of *qing wei san* and/or *liu wei di huang wan* will affect a substantial clinical shift. There may be minor transient improvements, especially if frequent acupuncture sessions are administered concomitantly with TCM medicine; however, the patient's poor diet and lifestyle patterns eventually will overpower the natural therapies.

This is the point at which many clinicians miss the mark and struggle to see positive changes in the patient by constantly modifying or changing the diagnosis, or by dramatically increasing the dose of medicine, often resulting in poor patient compliance or side effects. This especially becomes problematic when the TCM medicinal therapy is patent medicines. How can the clinician expect eight small pills taken three times a day to produce significant clinical results, when the patient continually reinforces their disease pattern multiple times a day with extremely poor dietary choices?

This becomes an important consideration when TCM therapies are called upon to treat the frightening rise in the rates of type 2 diabetes and obesity in the U.S. There is no doubt that acupuncture and Chinese medicine have much to offer in these disease conditions. However, clinicians cannot afford to ignore the crucial and often causative role of diet and lifestyle when treating obesity and type 2 diabetes. Patients often view acupuncture/TCM as a "magical

alternative" to changing their diet or starting an exercise program. Unfortunately, all too often, TCM practitioners support this belief by promising to "balance the *qi*" in order to help patients eschew an active role in their healing process.

While it is true that acupuncture and Chinese medicine can effectively "balance the *qi*," these natural therapies cannot replace a healthy diet, patient responsibility or an appropriate exercise program - particularly when addressing type 2 diabetes or obesity scenarios. I often observe students and clinicians alike prescribe *shen ling bai zhu san* or high dosages of *da huang*-based formulas to obese patients without inquiring about dietary or exercise habits. If clinicians and student practitioners are not honest with patients in these scenarios and give patients false expectations, TCM will come to be viewed as a type of fad "spa therapy" treatment, rather than an intelligent, patient-centered medicine. In order for TCM to continue to authentically evolve and flourish in the West, we must avoid such poor representations.

One of the simplest ways to access a patient's diet and lifestyle is with the use of a food diary. This encourages the patient to assume an active role in the healing process, and allows the clinician to see where simple changes can be implemented to support the appropriate TCM treatment protocol. Dietary therapy is often not about handing a patient a complex list of foods to supplement *yin* or course the *qi*. Food therapy is often about teaching the patient which foods to avoid and why, and showing them how to slowly start making small yet substantial changes that will support their healing process. A food diary also allows the clinician to see which food or lifestyle choices are preventing the prescribed TCM therapies from working at the deepest levels. This can prevent the clinician from becoming confused when the TCM therapies are only providing modest changes, and avoid the juggling of medicine in an attempt to see clinical results. When this occurs, it also can show the patient how their choices can determine the ultimate success of the treatment procedures, thereby improving patient compliance.

I hope you enjoyed this short article on food therapy and its importance in the clinical setting. In my next article, I will present some case studies that reflect these ideas, and show how simple changes can yield powerful and encouraging clinical results. Until then, best wishes.

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