

Bringing the Mountain to Mohammed

AOM CLINIC OFFERS INTERNSHIP TO UC MEDICAL STUDENTS

Editorial Staff

Talk about integrated medicine abounds within the acupuncture and Oriental medicine community. We would all like to see Oriental medicine viewed as an equal (if not superior) to Western medicine. It does indeed appear impossible to [bring Mohammed to the mountain](#), to borrow a popular phrase. [C. Kwong-Robbins, MSTCM, LAc, RPh, PharmD](#), and [Frank Robbins, MSTCM, LAc](#), of the [Center for Integrated Medicine \(CIM\)](#) in Visalia, Calif., appear to have found a way to bring together the worlds of Eastern and Western medicine in a way that can benefit both. [PhD graduates, interns, residents or fellows from any University of California in the biomedical or pharmacological fields can now take an elective medical rotation at CIM in order to learn traditional Chinese medicine](#). In this exclusive interview, they talk about how they decided to bring the mountain to Mohammed.

Acupuncture Today: Can you explain how the internships at your center work?

C K-R: The Center for Integrated Medicine is the first complementary and alternative medicine clinic of its kind in California to be affiliated with the [University of California Regents](#). Interns have an opportunity to learn an entirely different medical paradigm to which they have not been exposed in their medical training.

Eight years ago, I developed the first integrative medicine practicum at CIM to introduce a completely different health paradigm to students from various universities. The goals of the elective clinical rotation in TCM is to give conventional medical interns/residents an opportunity to learn first-hand how TCM works, gain confidence in conversing and interacting with licensed acupuncturists/Chinese medicine doctors, learn that TCM can be an important collaborative resource to link with conventional allopathic medicine.

FR: The student interns are allow to go on rounds with the licensed acupuncturist, observe patients and discuss cases from both biomedical point of view as well the Oriental holistic medicine perspectives. It is best to capture these students before they graduated from medical schools because they are more apt to be open to new ideas.

AT: What are the prerequisites? How long do they intern with you? What sort of activities do they get involved in?



C K-R: There are no TCM prerequisites required for the internship program, although there are reading assignments before the start of the internship. Depending on the university students come from, their goals and objectives may change slightly to fit their field of study. Each intern must be in good standing with the university and must be committed to work at CIM a minimum of 40 hours per week. Each clinical rotation is approximately six weeks (one semester) in length. Residents and fellows may stay longer, for a few months. They receive six to 12 college units.

The following is a brief list of activities for the interns.

1. Shadow acupuncturists during patient appointments
2. Develop patient profiles according to TCM standards
3. Monitor blood pressure or other vital signs, blood sugar or weight
4. Periodically evaluate scientific or other health care literature.
5. Provide counseling to patients
6. Help in herbal pharmacy.
7. Learn the business aspect of a TCM medical practice

AT: How do you feel that these internships benefit the interns? The AOM profession?

C K-R: There are many benefits to the interns. By completing this rotation, interns realize that Oriental medicine cannot be mastered in a short period of time. However, we provide the opportunity for these interns to be exposed to TCM/acupuncture in a clinical setting. They come to understand that **TCM is an extensive field of study and that licensed acupuncturists are graduate-level medical practitioners**. Interns learn that TCM may not always fit into a Western scientific model and should be considered to fill the gaps in conventional medicine and improve patient outcomes. They **have more first-hand experience in Oriental medicine than those who take the medical acupuncture program for physicians**.

Most of our interns proceed to residency programs before they become doctors in their field of specialty. There is a big benefit to the AOM profession because once they graduated and practice on their own, they are more likely to refer patients to acupuncturist in their area. They are more apt to collaborate with acupuncturists to share responsibility for continuity of patient care.

AT: Are there other Oriental medicine clinics that offer similar sorts of internships? If so, how is your program unique? What sort of feedback have you gotten from your interns after they have completed their rotation?

C K-R: There are no other acupuncture practices that we know of which offer this type of clinical rotation, especially at this high a level. From the start, CIM received neither monetary benefits nor any outside funding. All costs are taken out of our budget. We do this solely on a voluntary basis to help promote the profession of TCM/acupuncture and build bridges between the two disciplines.

We've received excellent feedback from interns and their clinical university coordinators. They especially like the fact that interns have to complete a minimum of three [patient case studies](#), to be presented during the last week of their rotation. These case studies must include both allopathic and TCM perspectives.

AT: Anything else you would like to share?

C K-R: Currently there is reluctance to use herbs/natural medicinals concurrently with drugs. One must understand that majority of patients in the U.S. are not able to have acupuncture sessions once or twice daily, as is done in a Chinese hospital. Thus, it is important to use herbs in conjunction with acupuncture. Acupuncture is now relatively accepted by conventional physicians as part of mainstream medicine, but more work still needs to be done with herbs/natural medicinals as well as other branches of TCM. Most physicians do not have a reference point when it comes to the clinical use of herbs/natural medicinals and therefore are reluctant to recommend them, for fear of drug-herb interactions.

We need to dispel some of the confusion over herbal medicine that currently exists. Even with patients that are on high doses of drugs or multiple drugs, it is safe to use Chinese herbs as long as the patient is seen regularly by the acupuncturist. I often start patients with low-dose herbs and taper upwards. New patients are followed up in a few days (or sooner) to ensure proper monitoring.

When conversing with other doctors, it is not only the therapeutics of Chinese herbs/natural medicinals that they don't understand. More importantly, allopathic doctors are not familiar with the [general practice of a Chinese natural pharmacy](#), which hinders them from recommending herbs to their patients, even though they may have no problem recommending acupuncture. Most conventional physicians do not know the difference between a health food store and a TCM herbal/natural medicine apothecary. Once we demonstrate how our TCM pharmacy works, allopathic doctors are comfortable allowing the acupuncturist to prescribe herbs, even when these patients are on extensive drug regimens.

We are especially interested in doctorate candidates to apply for internship with a background in pharmacology, pharmaceutical sciences, medicinal chemistry, biopharmaceutics, pharmacy practice, health policy and management. We are also seeking acupuncture interns and associates. Those interested may e-mail their CV and school transcript, along with three work references to integratedmedicine@sbcglobal.net. For more information about CIS, please visit www.allholisticmed.com/default.asp.

