

The Lamb and the Lion

WESTERN AND EASTERN MEDICINE IN HARMONY

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I have recently argued against Westernizing Chinese medicine and asserted that prematurely integrating Chinese and allopathic medicine will destroy Chinese medicine as a valuable diagnostic methodology and preventive medicine. The danger is simple. You cannot have a medicine with almost 1 million practitioners join a medicine with less than 20,000 practitioners without swallowing, digesting and spitting out those 20,000 as technicians serving the larger medicine as it sees fit. As stated before, do Chinese medical practitioners want to be physicians, engaging the full range of the medicine, or be technicians serving another concept of medicine.

Chinese medicine and allopathic medicine can live and work together as equals both safely and with advantages for both. They have done so in my practice for 37 years. Let me illustrate. The purpose is to demonstrate the use of referrals to allopathic physicians by a Chinese medical practitioner as a viable form of integrating the two medicines. This presentation is not meant for the purposes of teaching or illustrating diagnosis, management or treatment.

Case Report

A 43-year-old woman came in with complaints of gas and bloating, getting worse with age. She had abdominal discomfort after eating lunch and dinner. Cramping was worse with meat, dairy, soy, cheese, nuts and raw salad, and occurred below the umbilicus where her abdomen was also tender. This improved with warm tea, rest, herbs, a heating pad, chewing well and (paradoxically) eating meat within a modified [Atkins diet](#). She was worse with stress, which she associated with working in the computer industry, when she ate irregularly and rapidly when under pressure. Symptoms also worsened with carbohydrates and sweet beverages. She was still hungry after eating. She eats three times a day, snacks between meals and is tired after she eats. She hears gurgling and passes gas with little or no odor. She describes herself as introverted and is very anxious. With her periods, she craves more food, especially dark chocolate, salt, wine and coffee, and experiences nausea and explosive diarrhea, particularly with diminished sleep and excessive alcohol.

Her history included a bowel movement every other day or every third day her entire life, occurring usually at 8 a.m. The bowel movement included sticky mucus and undigested food, was medium brown, sank and was all one piece with rare balls. Her bowel movements felt unfinished, with heat in the anal area, and she felt energized after movement.

An integrated summary of her conditions, including [pulse diagnosis](#) and [psychological evaluation](#),^{1,2} was taken. There was significant middle-burner deficiency, especially with symptoms of spleen *qi* deficiency, causing food stagnation and stomach-intestine damp heat. This middle-burner deficiency affects centering. In her instance, this manifested itself in the questions "Who am I," and "What is real about me and life?" A powerful contributing factor was the absence of a true mothering figure as a child, and the consequential sense of anonymity that turned her inward.

This deficiency, as well as the liver *qi* deficiency (center) may have its foundation in a kidney *qi*-

yang jing deficiency, with origins in the mother's alcoholism during pregnancy. This was a foundation deficit, compensated by a strong genetic line through her father. Her uncertainty led to a fear of failure and reluctance to take chances. One compensatory phase was wood *yin* excess (withdrawal, retreat and pacifism). Her deficits, as well as the lack of maternal bonding and healthy boundaries, and a remote father led to an imbalance in her relationships with men.

This resulted in an imbalanced feminine-masculine equilibrium that led to a second compensatory adaptation of closing her heart (small-blood stagnation), rather than communicating (a heart phase function), excess pericardium *yin* and deficient triple burner. Other heart conditions included fire, *qi* and blood deficiencies, agitation and phlegm misting the orifices. The source of her heart vulnerability was probably in-utero shock from her mother's alcoholism. Additionally, she almost needed a blood transfusion at birth and was in an incubator for a few hours.

Another aspect of the gastrointestinal symptoms was the fact that both the GB and Stomach divergent channels pass through the heart and are probably used by the heart to divert some of its excesses, such as heat and phlegm. Other conditions include severe gall-bladder damp heat increasing the middle-burner dysfunction, liver *qi* stagnation, *yin* and blood deficiency, severe lung *qi* deficiency and stagnation, and severe lung *yin* deficiency. There was also severe blood stagnation in the lower burner and in the circulation system. There was severe retained toxic heat pathogen that could be parasites, mild [neoplastic activity](#) (severe in the GI tract) a tense nervous-system condition, evidence of excessive lifting (right diaphragm inflated) and some suppressed positive interpersonal feelings possibly replace by anger (left diaphragm inflated).

Referrals to allopathic physicians were a basic part of her case management. Parasites were suggested because of her history of passing a large unidentifiable roundworm, mucous in the stool, pulse presence of a retained toxic heat pathogen and a history of travel to areas endemic for parasites. Referral for a gynecological exam was based on severe signs of blood stagnation in the lower-burner positions, spider veins, use of birth control pills, small purple clots and a history of [human papillomavirus](#). The pulse in these positions also showed diminished function. A colonoscopy was advisable because of the long history of digestive problems with considerable food stagnation due to deficiency, signs of heat and inflammation in the large intestine (liver attacking the intestine, with explosive diarrhea) and the advisability for such an exam before age 50. The recommendation for a cardiac evaluation was due to pulse signs of periodic arrhythmia, signs of *qi* deficiency, blood stagnation and functional impairment. An endoscopy was recommended because of signs of inflammation and dysfunction in the esophagus, the prominence of GI problems and the epidemic nature of [Barrett's syndrome](#) (a precancerous condition) in the United States. Finally, an ultrasound of her gallbladder was indicated also due to GI symptoms, especially stabbing pain with stress and significant damp heat in the gallbladder on the pulse diagnosis.

Exploring All the Avenues

Since the inception of my practice, originally as a psychiatrist/psychoanalyst and later as a Chinese medicine practitioner, I have referred patients with any indication of possible gross pathology to a qualified medical practitioner. With the ability of pulse diagnosis to uncover the process of disease at an early stage, this has become more frequent. In fact, I prefer to see people who have explored all other avenues, alternative as well as allopathic, before they work with me. If other therapeutic venues are unproductive, I have an understanding that the patient stop all other types of medical intervention while they work with me, except by mutual agreement so that we have a clear picture of what we are doing. When patients have refused to take my referrals, I ask them to sign a letter stating that they refused this advice. Allopathic is the standard medicine in this culture, and an alternative practitioner who ignores this endangers both themselves and their patients.

We can integrate Chinese and allopathic medicine today and preserve the integrity of both if they exist as respectful equals, each with their own unique and separate contribution to the health care system. This can be achieved as long as the practitioners of Chinese medicine respect themselves as possessing extraordinary diagnostic tools that favor early discovery and intervention, and if they patiently inform and demonstrate these skills to both the general populace and allopathic professionals.

Timely referrals by alternative practitioners to allopathic physicians is the current effective form of integration that maintains the integrity of both. Perhaps one day, for the sake of patients, and ultimately for the enhancement of both professions, the deliberate collaboration of both will become routine. At that time, the lamb and the lion will finally lay down together.

References

1. Hammer L. *Chinese Pulse Diagnosis: A Contemporary Approach: Revised Edition*. Seattle: Eastland Press, 2005.
2. Hammer L. *Dragon Rises, Red Bird Flies: Psychology & Chinese Medicine, Revised*. Seattle: Eastland Press, 2005.

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