

Barriers and Bridges: Balancing Eastern Thought and Western Science

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Paul C.K. Lin, co-founder of the Texas College of Traditional Chinese Medicine, likens the separation of TCM from classical theory to "chop-suey." On TCTCM's website, Dr. Lin explains chop-suey first appeared in the U.S. alongside more traditional Chinese dishes as a response to increased cultural interest in Americans. The Americans were interested in the cuisine however, authentic dishes were too bizarre and unfamiliar for their untrained pallets, so savvy Chinese businessmen created something they could tolerate.

Chop-suey was close enough in look and taste to Chinese cuisine to satisfy the inexperienced Americans, but it wasn't at all authentic. Dr. Lin's point is that now that authentic Chinese cuisine is familiar, chop-suey is no longer found on menus in Chinese restaurants. As Americans explored and became familiar to what was once bizarre, now became acceptable.

I see the same trend in our medicine. I regularly use language like: Qi, Damp, Hot, Cold, Stagnation in my practice when I describe the Chinese medical perspective to patients and they increasingly accept this. I consistently counter-balance discussions by demonstrating Western medical knowledge and often help to reduce their frustration with their allopathic doctors. I do this balancing act because when I stand on the shoulders of the masters I get dependable results, and when I gain a patient's trust I increase their ability to self-heal.

The public's cultural predisposition to trust scientific studies regardless of their design, odd language and concepts, can make TCM seem bizarre or magical. This along with the tendency for uninformed patients to decide based on one treatment "I tried it and it didn't work," type of mentality, all work against our profession's respectability and credibility. The way to offset these barriers over time is to be extremely effective; each time any one of us demonstrates inexplicable success in treatment, we tip the scale of public opinion in our favor.

Often practitioners who have not deconstructed their own cultural predispositions tend to assume westernizing Chinese Medicine as the logical way to advance the profession. However, Giovanni Maciocia has often lectured that as soon as we translate a Chinese concept into English and try to fit it into a Western definition we lose a part of it's meaning.

And Jason Blalack and Z'ev Rosenberg pointed out in their *Acupuncture Today* article, "*Another Perspective: Studying the Classics for a Firm Foundation*," (January 2012) that Westernizing our medicine most often compromises results.

Our medicine is considered both art and science. In art the ability to improvise well only comes after classical theory is mastered and science has just begun to grasp that spiritual, mental, emotional states do affect health. The vital foundation of our medical system is only now being discussed in reputable scientific journals.

It may be necessary to adjust language to fit more scientific settings, and it is necessary to be well-

trained in Western sciences in order to bridge the medicines; however we need to be clear that when we adjust language or concepts we have shifted away from authentic TCM.

For example the Chinese pattern "blood deficiency" could be considered a sub-clinical case of anemia but we know this pattern it references more than a hemoglobin counts. We do science a disservice if we forget or negate the concepts that make TCM unique.

When we shift away from the classic theory, compromise our professional language, or when we reach automatically for a patient medicinal or acupuncture protocol based solely on a Western diagnosis we reduce our ability to think like Chinese physicians and we make chop-suey of this great medicine.

I agree with Blalack and Rosenberg' statement that "the haphazard integration with Western medicine has resulted in over-simplification of the medicine and as a whole is far less effective than more traditional models of practice."

A Western doctor told me he believed Chinese medicine was effective, but noted effectiveness depended on a finding a good practitioner. He then politely estimated that only one in 10 of us seemed to be "good." Every leader in our field emphasizes rooting in the classic tradition is what make one good; we must listen and hold the course.

It is a challenge to balance intellectually between honoring the masters as we build bridges to the Western system. The TCM version of chop-suey may have been necessary initially, but those who doggedly keep the integrity of the medicine intact serve a great purpose. Those that hold to classic theory hold knowledge of a physical reality and the human condition in trust, until science evolves to the place it can be understood "scientifically."

And science is working on this. The broader scientific question has become "how does it work?" indicating a trend toward accepting empirical evidence over randomized control trials with sham acupuncture that continue to claim that it does not. Researchers are stepping around the RCT's, and are quantifying the effects of acupuncture in other ways, and as the body of evidence grows, the cultural climate is changing.

Multiple MRI studies on individual points like LI4, GB40, and Kd6 all record specific shifts in brain activity due to acupuncture stimulation; these studies are demonstrating acupuncture has an inexplicable effect on connectivity of different areas of the brain. The study on LI4 also demonstrated that tactile stimulation of the point produced a reaction similar to acupuncture, however only the acupuncture activated the deeper levels of the brain, suggesting an effect as deep as the limbic system.

Citing scientific research while inserting needles serves to both distract and educate patients - I do this all the time. Patients still face skepticism from peers and family; they need information that assures them they are not crazy.

Another breakthrough came out of Georgetown University Medical Center in December 2011 where researchers isolated a neuropeptide (NPY) related to stress in the body. A decrease in this protein was measured as a result of acupuncture. The Georgetown study utilized rats, but when it is repeated in humans it will create a tangible quantifiable repeatable proof that acupuncture relieves stress.

Additionally, the benefits of acupuncture continued for four days after treatment; in spite of no change in the animals stress levels. This indicates that beyond correcting the negative effects of stress, acupuncture has a protective function. The point utilized for this study was St 36.

The military has been studying CAM therapies, (acupuncture, yoga, meditation), for some time and an article in the December 2011 issue of *Wired* magazine on this topic specifically noted the military was had been criticized for the amount of money poured into this effort given the lack of scientific studies (RCTs) that supported efficacy.

The article indicated the military stands firm on their position regarding acupuncture, and quoted (Col.) Dr. Richard Petri "There's been vigorous research in combat and out. We know it works." We know it works too and now our profession has the military backing up that statement.

Battlefield acupuncture has been introduced into combat zones, and based on their findings the plan is to now roll the program out across all branches of service. The conclusion of the military has been that acupuncture has demonstrated effectiveness and benefits for the veterans.

Other researchers have stepped up the arguments against the use of RCTs. Arguments that RCTs depend on a mythical average patient while our medicine emphasizes personalized medicine, and the point that the placebo effect measures the body's ability to self-heal which is not viewed negatively in TCM have been made.

However, in a recent article in *Nature*, reputable researchers out of China described our medicine as both an art and science and asserted that current methods of study (RCTs) were inadequate for proving our efficacy. These studies were designed to test pharmaceuticals.

The authors cites an example of how Western bio-medicine's increased knowledge of genotypes, which allows more target medications will encounter the same problem with RCTs that affect our medicine, and made suggestions for how these trials could be more flexible.

Uncovering the scientific underpinning of Chinese Medicine increases human knowledge, help patients respond better, and increases credibility. However, the results of this scientific inquiry should not necessarily have an effect on actual clinical practice.

There is thousands of years of empirical proof that the knowledge given to us through the classics is effective. If applied in the traditional manner, with precision. Modern adaptation can be made, but care should be taken that we do not confuse necessary adaptation with the authentic medicine. If we practice the medicine and are effective, as Chinese physicians have been for thousands of years, our bizarre concepts and odd language will continue to gain mainstream acceptance.

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