

Save the Economy: Use Chinese Medicine

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The most patriotic thing you can do is use Chinese medicine or introduce acupuncture to someone with a chronic disease. In addition to supporting your country, you will strengthen the partnership between Eastern and Western Medicine, creating the best healthcare options for our patients.

Here's why:

Our population is aging and older people suffer more from chronic diseases. The anticipated cost of caring for our elders threatens to cripple the economy. Right now, the public debate focuses more on who will pay the bill, rather than how we can collectively reduce the spending while improving care.

According to a 2007 study by the Milken Institute, "more than half of Americans suffer from one or more chronic diseases. Each year, millions of people are diagnosed with chronic diseases, and millions more die from their condition. By our calculation, the most common chronic diseases are costing the economy more than \$1 trillion annually, and that figure threatens to reach \$6 trillion by the middle of the century. Yet much of this cost is avoidable. This failure to contain the containable is undermining prospects for extending health insurance coverage and for coping with the medical costs of an aging population. The rising rate of chronic disease is a crucial but frequently ignored contributor to growth in medical expenditures."¹

The projected increase in chronic disease ranges from a low of 29 percent for stroke patients to all time highs of 62 percent for cancer and 54 percent and 53 percent for people with mental disorders and diabetes. The study examined anticipated growth in only seven of the most expensive chronic diseases, but did not include many common chronic conditions that erode productivity and are costly in terms of time and payment for medicine, such as chronic pain.

Frequent hospitalizations of people with the chronic diseases studied by the Milken Institute showed it drives up the cost of their care. In addition, any seasoned hospital administrator will tell you that the cost of treating diabetics dramatically exceeds treatment for non-diabetics with exactly the same condition. In other words, if you are a diabetic and you are in a car accident, your hospitalization for fractures, your concussion and bruising will far exceed that of someone without your disease. If you have the big two - diabetes and heart disease, your hospitalization costs skyrocket. In addition, more and more people suffer from "co-morbidities" - having more than one disease at a time, making the cost of any one disease increasingly harder to track, and just as complicated to treat.

When many people are very ill, and their healthcare is expensive, everyone's cost goes up. It is no longer possible to treat health as if it were the solely an individual right and responsibility. My diabetes or obesity is now *your* problem.

There are three solutions to creating conditions for better health and improved care: 1. keep people out of hospitals as much as is possible 2. find them care for their chronic conditions that

leads to either containing the disease progression or reversing its course and 3. Help educate the population about how to take care of itself.

That's where Chinese medicine fits in.

By providing quality healthcare, practitioners of acupuncture and Chinese herbal medicine provide not only treatment, but also the necessary patient education that is essential in improving health. We do not separate the person from his or her disease, and, unlike our partners in Western medicine, we think of our patients as complete people, not "disease states." Whether you trained in Traditional Chinese Medicine, Japanese acupuncture, Five Element Acupuncture or French constitutional acupuncture, you have been educated to evaluate and treat all aspects of the person's energy, not just one symptom.

This approach perfectly matches the needs of older patients who often have multiple health issues occurring simultaneously. Think of that 55-year-old woman with digestive problems who also can't sleep, or that 65-year-old fellow with prostatitis, and chronic backache, who is also hypertensive. Our job is to help them get better, both through treatment and dietary and exercise counsel.

Many chronic diseases such as asthma, arthritis, chronic infections and chronic pain represent the acute end of a disease state that can often be improved, not just managed using Chinese medicine. Many of my patients report dramatic reduction and even occasionally the elimination of conditions they thought would be lifelong after a couple of years of treatment. This is because Chinese medicine evaluates chronic conditions along a spectrum of severity and is able to alter treatment strategies to address the change in energy along each step in a continuum of healing. Acute symptoms lessen over time, both in frequency and severity.

Often the first stage of treatment using Chinese medicine is to remove the most extreme energy - frequently heat - which leads to inflammation. Later stages remove stagnation and move energy through an area. Treatments can often improve or even eliminate conditions previously considered incurable using Western medicine. I find this the case with almost all of my patients with arthritic pain, asthma or digestive disturbances, almost all of whom improve dramatically even if they have been deemed "chronic" by their Western medical providers.

Acupuncturists nationwide treat millions of patients with chronic diseases. These diseases include, but are not limited to those endorsed by the already dated National Institutes for Health (NIH) 1997 Consensus Statement on Acupuncture, which suggested that acupuncture should be used for post-operative nausea, pain, chemotherapy nausea and many other types of pain including menstrual pain, headache, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, as well as stroke rehabilitation and drug addiction. The positive view of acupuncture in 1997 led to an explosion of funding available for acupuncture research trails in the U.S. This led to a dramatic increase in newer published studies on the use of acupuncture in American healthcare settings well beyond those reviewed in 1997.

The World Health Organization, by contrast, reviewed worldwide research in Chinese medicine in 1998 and endorsed the use of acupuncture more broadly than NIH, recommending acupuncture not only for pain, but for the treatment and management of more acute, but chronic conditions, such as hypo and hypertension, malposition of the fetus (which often leads to caesarean section rather than natural birth), induction of labor, renal colic, depression, rheumatoid and osteoarthritis, sciatica and stroke.

Many people with these conditions find themselves using hospital care rather than being easily managed by one of the most effective and lowest cost types of treatment - acupuncture.

WHO's material also admits that, in 1998, before the explosion of Western research, there were promising therapeutic effects from acupuncture shown in abdominal pain (in acute gastroenteritis), alcohol dependence and detox, Bell's Palsy, bronchial asthma, cardiac neurosis, cholecystitis with acute exacerbation (gallstones), competition stress syndrome, craniocerebral injury, (closed), diabetes mellitus (non-insulin dependent), female infertility, facial spasm, gouty arthritis, Hepatitis B virus carrier status, herpes zoster, hyperlipidemia, insomnia, labor pain, lactation deficiency, Meniere's disease, neuralgia, opium, cocaine and heroin dependence, polycystic ovary syndrome, PMS, prostatitis (chronic), Radicular pain, Raynaud's syndrome, recurrent urinary tract infection, Sjogren syndrome, spine pain, stiff neck, tempomandibular joint dysfunction, Tietze syndrome, tobacco dependence, Tourette's syndrome, ulcerative colitis (chronic), vascular dementia and whooping cough, and obesity, to name a few.

Note that obesity is on this list of conditions which respond well to acupuncture. Obesity is also considered one of the building blocks to heart disease and diabetes, the most commonly target culprits of the rising cost of healthcare. Many new studies are also linking significant extra weight to cancer, osteoarthritis of the knee and the need for knee and hip replacements due to extra stress on the lower body from excess weight.

Obesity rates tended to hover at between 10-14 percent of our population in 1988. Now, there are only four states with rates under 25%.²

So, in addition to getting older, and more chronically ill, we are heavier and more prone to getting diseases associated with obesity.

The case for Chinese medicine in Primary care

In my December, 2011 column in *Acupuncture Today*, I made the case for putting acupuncture into emergency departments in hospitals as a way to improve clinical outcomes while reducing the cost of care. Now I'll advocate linking acupuncture and Oriental medicine to primary care and outpatient settings, in addition to expanding the demand for insurance coverage, primarily Medicare.

The Healthcare Advisory Board estimates that, now that baby boomers are turning 62, more than 6,000 people per day are signing up for Medicare, the federal government supported health care insurance.³

As people retire, they often shift from using health insurance paid for by their employer, to publicly funded health insurance - Medicare. Most often, their dispensable income drops since they now rely on retirement savings.

Although insurance coverage for Chinese medicine exists in some parts of the country, far more of our colleagues are paid out of pocket for their services as Chinese medical practitioners. As the population ages, we will likely find that a new hybrid funding model will be necessary so that older Americans can continue to afford treatment. Medicare and private insurers could save money by making acupuncture a necessary medical service.

Imagine: your older patients and family members have accessible and affordable Chinese medicine. The improvement in our population's health would be significant and the burden to reduce costs would be shared between and engaged, educated patient, the medical institutions, insurers and government.

It's a model of cooperation, not blame shifting. A model of health, not disease.

References

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