



CHINESE & ASIAN MEDICINE

An Interview With A Thought Leader in Public Health: Ayurvedic Medicine & TCM

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Sivarama "Prasad" Vinjamury holds an medical degree in ayurveda, a master's degree in acupuncture and Oriental medicine, and a master's degree in public health. He is currently based at Southern California University of Health Sciences (SCUHS), where he is a professor of research and director of capstone research.

Vinjamury is a licensed acupuncturist in California and holds a diplomate in acupuncture from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). His multiple roles include practitioner/provider, scholar, teacher, and researcher.

As a supervising clinician in ayurvedic medicine, acupuncture, and Eastern medicine at SCUHS Health Center, Vinjamury utilizes his over 20 years of clinical experience to educate and train the next generation of practitioners. He also advises students and patients in yoga, tai qi, and breathing practices.



In Search of ...

His wide-ranging research interests include the management of gastro-intestinal, respiratory, immunological, psychological and cardiovascular conditions. The collaborative environment of SCUHS nurtures partnerships between acupuncturists and practitioners of TCM, chiropractors, and ayurvedic practitioners. Vinjamury's work reflects the linkages and cross-fertilizations between these forms of medicine. A central area of research interest has been investigating complementary and alternative medicine therapies to validate their usefulness and efficacy. His work has significantly contributed to the body of evidence related to efficacy of acupuncture as well as ayurvedic methods.

Current Studies

Most recently, Vinjamury has been involved in a multi-site randomized controlled trial evaluating the effects of acupuncture for hypertension. He has also been part of research teams evaluating the efficacy of acupuncture in fibromyalgia treatment. Vinjamury served as principal investigator for a study examining the usefulness of acupuncture on quality of life and pain in patients diagnosed with cancer.¹

An Author Too

He is currently co-editing (with Sommers) a special issue of *Medicines* that is dedicated to integrative approaches to care for individuals diagnosed and living with cancer. This issue will be available later in 2017. Dedication to training the next generation of practitioners and researchers is evident in much of Vinjamury's work. His article "Writing a Case Report" was published in the *American Acupuncturist*

in 2012.²

The article articulately describes the steps necessary in developing a high quality informative case study that can be submitted to and published in a peer-reviewed journal. He describes the "anatomy of a case study" in detail and provides an excellent checklist for the complete process from choosing a case or cases to summarizing key data.

APHA Involvement

Vinjamury has been a member of the American Public Health Association (APHA) for many years. In particular, he has been involved with APHA's section specializing in Integrative, Complementary and Traditional Health Practices (ICTHP). He currently serves as the section's chair.

ICTHP has approximately 500 members and is a multi-disciplinary group consisting of clinicians, researchers, students, educators, community activists, and policy-makers. Members are involved in disciplines such as traditional Chinese or Asian medicine, ayurvedic medicine, massage, herbal medicine, yoga, nutrition, mindfulness approaches, *Tai Qi* and *Qi Gong*.³

The ongoing crisis of the national opioid epidemic has promoted dialogue between practitioners of integrative approaches, especially acupuncture, and colleagues involved in all aspects of addiction treatment and related public policies. Non-pharmacological approaches to detoxification and recovery promotion have gained increased importance and respect from many colleagues in biomedicine.⁴

The public health appreciation of the value of approaches such as acupuncture has resulted in increasing collaboration. Vinjamury and colleagues in ICTHP will be highlighting some of these collaborations at the November 2017 Annual Meeting of APHA.⁵ Josephine Briggs MD, Director of NIH's National Center for Complementary and Integrative Health (NCCIH) will be a featured speaker for ICTHP as well as in a large plenary session highlighting the role of integrative approaches.

Dr. Vinjamury answers questions on a number of topics relevant to the intersectionality and synergies between TCM and ayurveda.

Can you talk about the relationship between Ayurveda and TCM?

Ayurveda and TCM are ancient systems of health that can trace their origins to around the same time in history. Both these systems adopt a holistic approach in diagnosis and treatment of diseases. I also note that perhaps, the philosophy of prevention originated in these systems for the first time. Practice of tai-chi, regulating qi, seasonal practices to avoid diseases are similar to daily routine (dina charya), seasonal routine (ritu charya), yoga in ayurveda. Both these systems emphasize diet and lifestyle as important factors in the causation and management of diseases. ayurveda uses: herbs, diet, lifestyle, detoxification therapies and marma therapy as tools; TCM uses: herbs, diet, lifestyle, acupuncture, tai-chi, tui-na as tools to manage diseases. Although each of these systems can be used independently because they are whole systems, I noticed that combining the two systems in managing conditions is really helpful and work synergistically. Particularly, combining ayurvedic herbs and Chinese herbs has been very useful for me in my practice.

Should patients be aware of any precautions in using Ayurvedic methods as well as TCM?

There are no contraindications, rather ayurveda and TCM work very well synergistically and support each other's treatment. For example, a patient with fatigue who consults with an ayurvedic practitioner first may receive acupuncture in addition to ayurvedic herbs to enhance the treatment effect. Acupuncture tonifies the qi quickly, while the herbs take time to act. Additionally, the two systems complement each other in addressing two different symptoms of the same condition as well. So, my recommendation for people, who want to combine these two is to clearly understand what their and their practitioner's goals are. Integrating these two is easy, but as always cost is a major factor — affordability and access to such synergistic therapies may be a challenge.

How does public health fit into your clinical practice?

According to my perspective, diet and lifestyle are the two pillars or factors that are responsible for the most common public health issues such as cardiovascular diseases, diabetes, and obesity. Also, digestive disorders are very common, which lead to all the intolerances and allergies. So, I focus on these in my practice to address public health issues. Also, patient education is an important focus.

Can you say a few words about your involvement with ICTHP?

I started attending and presenting at APHA meetings almost 12 years ago. ICTHP was my automatic choice because of my background. I have been an active member, first as a program co-chair for several years, then as chair-elect and now as a chair. It is a great experience always. Learned a lot from my colleagues there and keep learning still. Our ICTHP section has to eventually take the lead in emphasizing the non-pharmacological, natural, age-old approaches that can be easily integrated into conventional approaches to address the obesity and opioid epidemics. I will try my best to accomplish this goal as an individual and as a Chair of this section.

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