

Integrating Eastern and Western Medicine

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In this country we pronounce a treatment effective or safe after five years of clinical trials. While there are few controlled studies, Eastern medical treatments often have undergone more than 3000 years of clinical trials. It is logical that those with toxicity or that are ineffectual would have been weeded out by now.

It is imperative to understand that in Eastern (specifically Chinese) medicine, there is a whole set of terminology — some of which sound like Western concepts — but carry totally different meanings. Other terms may be enigmatic, but if analyzed, are found to have Western counterparts. Some Eastern organ systems, while sounding like the Western, are actually quite different: Liver actually refers to the sympathetic nervous system or adrenergic system. Kidney actually refers to the genitourinary and reproductive systems, including the reproductive endocrine system. Stomach and spleen refer to the immune system. Qi (Chi) represents function. Yin and Yang refer to polarities such as male and female hormones, sympathetic versus para-sympathetic nervous systems, heat versus cold. Heat diseases are usually, but not always, infectious diseases. Autoimmune diseases can also fall into this category. Wind represents any migratory phenomenon where the cause seems elusive, such as bacterial infection in the premicroscopic area, arthritic conditions or vascular headaches.

My usual approach is to first exhaust Western diagnostic methods. If the diagnosis is fairly evident and other serious diseases are ruled out, I weigh the Western versus Eastern treatment modalities and give the patient the choice—pointing out the pros and cons of each. Sometimes they are used together. If I treat a chronic disease where Western medications are already being used, I will add Eastern treatment. When therapy has proceeded to the point where the patient is asymptomatic, I may then try to taper the Western medication to reduce side effects and sometimes, I may even be able to discontinue the western medication altogether.

The AIDS epidemic enlightened me in two ways. In 1982 when I first began practicing alternative medicine, I was often asked, “Does acupuncture really cure the disease or merely decrease the symptoms?” In studying AIDS I discovered the term “cure” is imprecise at best. For without an intact immune system, no matter how potent the treatment, all bets are off for cure. The other lesson is that many diseases we used to think were caused by a hyperactive immune system such as eczema, idiopathic thrombocytopenia purpura, were actually exacerbated in AIDS patients. This tells us that patients with these maladies, instead of having overly strong immune systems, actually had weaker than normal immune systems. Many western drugs such as steroids used to treat them further weaken the immune system. The distinction of Eastern medicine is that treatment not only targets fighting the disease — called the external evil — but also builds up host immunity.

While the term holistic has been bandied about and misused, Eastern medicine truly takes a holistic approach. How many of you have seen a patient, especially an elderly one, who had a simple procedure such as cataract surgery and then in the postoperative period would have a seemingly unrelated catastrophe such as stroke? How

many postpartum patients will tell you about backaches and other complaints which date back to her pregnancy? How many of us have patients who have disorders such as digestive problems which they could date back to a particular crisis, like an accident? Western medicine would probably overlook these incidents as coincidences, but Eastern medicine would identify them as results of a disturbance in the homeostatic mechanism of the patient. In more traditional terms, it would be construed as loss of balance, Eastern medicine would interpret everything that happens to a patient as inter-related to everything else. Thus women, who lose a fair amount of blood normally every month as a result of menstruation, are not viewed as neurotic when they have aches, pains and temper tantrums. Their conditions are recognized for what they probably are, a deficiency of blood. If men had their testosterone levels manipulated up and down and got phlebotomized every month, perhaps they would have some idea of what a woman goes through.

Acupuncture

My theory of how acupuncture works is that the qi (chi) so often referred to is actually blood flow. I believe that it enhances circulation to the targeted body part and mobilizes natural mechanisms in the host to promote healing. The points are in many instances peripheral nerves. Why needling on certain parts of their length causes therapeutic effects is not understandable to me. Other points are trigger points. What is treatable? Generally any condition where a nonsteroidal anti-inflammatory drug (NSAID) helps acupuncture will probably help. Any condition mediated by the autonomic nervous system will also respond. I have not found neurological diseases involving spinal nerves to be very responsive nor have I had much luck with peripheral neuropathies. The only two neurological conditions I have found treatable are Bell's Palsy and trigeminal neuralgias. Low back pain is the premier disease for acupuncture.

Herbs

When I first began studying herbs, one of my teachers mentioned he was treating purulent Sinusitis with herbs and I was appalled. My knee-jerk response was that he shouldn't be messing with this disease in which only antibiotics are indicated. However, I have since learned that there are herbs with antibacterial, antiviral and antiparasitic properties. In fact an ancient herb has recently been revived for treating resistant malaria. Even some of our Western medications are derived from herbs: Digoxin, Ephedrine and the anticancer drug Vincristine, which is derived from periwinkle.

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How do I combine Western and Eastern treatments? If there is a Western medication that has proven efficacy, low toxicity and can be given in the short term, I often do not bother with herbs. For strep tonsillitis or urinary tract infections, I routinely and solely use antibiotics. If there are conditions where the Western treatment has side effects or where the condition is chronic, I may treat the acute episode such as bronchial asthma with life-saving medications such as steroids and beta adrenergic drugs. I would then incorporate herbs which have bronchodilating properties that are not beta agonists and therefore less toxic in hopes of being able to taper the Western medications. Simultaneously I would try to build up host immunity. Often this kind of approach in some concurrent diseases such

as atopic dermatitis will naturally resolve without having to use further topical steroids. Chronic fatigue is another condition amenable to treatment with a combination of antiviral herbs with immune system- and nervous system- tonifying herbs. Dysmenorrhea and PMS are also conditions very amenable to treatment with herbs and acupuncture. Serendipitously I discovered that there are herbs which can somehow improve peripheral vascular blood flow when there is arterial occlusive disease. Ten years ago while treating a patient in her 70s for allergic rhinitis with acupuncture and herbs, she asked me if my treatment also helped circulation. She had one-block claudication in the past and was able to walk four-to-five blocks after the treatments. Her vascular surgeon also told her the Doppler flow studies of her legs had also improved. I later discovered that certain allergy herbs help dilate small vessels. Additionally there are herbs which I believe have antiplatelet activity. Therefore I treat peripheral vascular diseases with herbs with some success.

Toward incorporating alternative Eastern therapies

I would like to see some controlled studies using acupuncture versus conventional methods for treating low back pain and lumbosacral disc disease which would also examine the amount of time spent away from work. Other studies should be conducted comparing morbidity and cost of NSAID treatment versus acupuncture for soft tissue musculoskeletal disease. Controlled studies should be conducted on the use of herbs for peripheral vascular disease and using acupuncture for the treatment of acne.

My particular interest and bias are that Eastern medicine does compare favorably as far as cost effectiveness and low-risk/benefit ratios. At present some potentially toxic medications are being used to treat some very common diseases: NSAIDs and gastrointestinal bleeding, Coumadin and iatrogenic bleeding, Accutane is being used for a benign condition and steroids with their myriad of long-term toxicities. All these iatrogenic problems may be circumvented or at least minimized if there were some integration of Eastern medicine into the therapeutic regimen.

In my experience, the main danger of Eastern medicine is when treatment has been based on an inaccurate diagnosis — not on the inherent toxicity of the herbs when they are prescribed in their natural form. We as physicians should not ignore, but explore the rich heritage of Eastern medicine. Part of the nonacceptance of mainstream medicine is based on prejudice and ignorance. What I usually read in the charts of Chinese patients who are on herbs is that they are on unknown herbs.

Finally, as Western doctors we must admit in our heart of hearts that when a patient comes to us with the common cold, aren't we being Uncle Toms by prescribing antibiotics? We know they do not need antibiotics. We also know that almost all the symptomatic medications that might help can be purchased over the counter. So what can we do to justify their visit? Chinese herbs are an answer. There are very effective antiviral herbs and also herbs to resolve coughing and sputum with minimal-to-no side effects. Finally I can offer them something that will keep them busy and make them feel good! It is time for us to learn about these herbs, their potential benefits as well as dangers and engage in dialogue with our Eastern counterparts rather than stand apart in judgment of them.