

INTEGRATIVE MEDICINE- the Lamb and the Lion

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INTRODUCTION

I have recently argued against the westernizing of Chinese Medicine and asserted elsewhere, also, 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 a million practitioners [in the USA] join a medicine with less than twenty-thousand practitioners without swallowing, digesting and spitting out those twenty-thousand as technicians serving the larger medicine as it sees fit and within it's own conceptual parameters. Do Chinese medical practitioners want to be Chinese medical physicians, engaging the full range of the medicine, or be technicians serving another alien concept of medicine?

Chinese Medicine and Allopathic medicine can live and work together as medical equals both safely for Chinese medicine and with advantages for both Chinese medicine and allopathic medicine. They have done so in my practice for 37 years. How? I offer two examples.

REFERRAL

Let me illustrate what is a common occurrence. The purpose is to demonstrate the use of referrals to allopathic physicians by a Chinese medical practitioner as a viable form of the integration of the two medicines. This presentation is not meant for the purposes of teaching or illustrating diagnosis, management or treatment except in the interest of demonstrating how the two medicines can safely and productively work together.

CLINICAL ILLUSTRATION

SYMPTOMS

A 43 year old woman came with complaints of gas and bloating, right shoulder pain and tense gluteals. The latter two were due to incorrect Yoga practice. The principal problem, gas and bloating and abdominal discomfort, getting worse with age was accompanied by the following information.

Her gastrointestinal problems were abdominal discomfort after eating lunch & dinner. Cramping was worse with meat, dairy, soy & cheese, nuts, raw salad, and occurred below the umbilicus where her abdomen was also tender. This was better with warm tea, rest & relaxation, herbs, a heating pad, pressure, chewing food well and paradoxically eating meat within a modified Adkins diet. She was worse with stress experiencing stabbing pains with presentations and the pressure of exams. Several months ago after a homeopathic remedy she passed a large round worm with her bowel movement after severe pain leading to explosive diarrhea. Travels include Europe and Mexico.

She associates the onset of these problems with working with computers in the early 1990's when she ate irregularly and rapidly when under pressure. She improved in the later 1990s with a vegetarian diet including raw salads and pasta, though worse with bread, simple carbohydrates and sweet beverages. She is still hungry after eating.

A 'review of systems' revealed that she eats three times a day, snacks between meals and is tired after she eats. She hears gurgling, passes gas with little or no odor that increases with stress and is very embarrassing. She describes herself as introverted and is very anxious for example on dates when this often happens. She has a metallic taste, belching with herbal formulas and receding gums.

With her periods she craves more food, dark chocolate, salt, wine and coffee, experiences nausea and explosive diarrhea, especially with diminished sleep & excessive alcohol.

Her history included a bowel movement every other day or every 3rd day her entire life, occurring usually at 8am. The bowel movement included sticky mucus and undigested food, was medium brown, sank and was all one piece with rare balls. Her bowel movements feel unfinished, with heat in the anal areas and she feels energized after movement.

CONDITIONS

An integrated summary of her conditions, including Asking, Looking, Listening, Touching [CCPD Pulse Diagnosisⁱ] and DRRBFⁱⁱ was as follows, and while irrelevant to the message of this paper, is offered only to place her symptoms into the larger context of her physical and emotional being.

There was significant Middle Burner deficiency especially with symptoms of Spleen Qi deficiency, causing Food stagnation and Stomach-Intestines Damp Heat with evidence of its vulnerability being the object of Liver Qi 'Attacking'.

This Middle Burner deficiency affects 'centering' that in her instance manifests itself in the question 'who am I' and what is real about me and life. A powerful contributing factor to these questions 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 its origins in mother's alcoholism at conception and during pregnancy. This is a foundation deficit, compensated by a strong genetic line at least through her father.

This uncertainty [foundation and centering] about who she is and about reality has led to a fear of failure and reluctance to take chances that might have led to major success and is her deepest regret. One `compensatory phase is Wood Yin Excess [withdrawal, retreat and pacifism](see DRRBF). These `centering` and `foundation` deficits, as well as the lack of maternal bonding and healthy boundaries as a model, and a remote father [“there if asked”] has led to an imbalance in her relations with men.

This resulted is an imbalanced feminine-masculine equilibrium of which she is aware (and concerned) that has led to a second compensatory adaptation, Closing her Heart [Heart Small-Blood Stagnation](see DRRBF) rather than communicating [a Heart Phase function], and an excess Pericardium Yin [see DRRBF] and deficient Triple Burner(see DRRBF). Other Heart conditions include, Fire, Qi & Blood deficiency, Agitation and Phlegm Misting the Orifices. The source of her Heart vulnerability is probably in-utero shock from her mother’s alcoholism. [She was born a “pink baby” almost needing a blood transfusion and in incubator for a few hours”.]

Another aspect of the GI symptoms is the fact that both the GB and Stomach divergent channel pass through the Heart and is probably used by the heart to divert some of it’s excesses such as Heat and Phlegm.

Other Conditions include Gall-Bladder Damp Heat [severe] increasing the Middle Burner dysfunction, Liver Qi Stagnation, severe Excess Heat, Yin and Blood deficiency [interfering with her recovery from trauma], severe Lung Qi deficiency and stagnation, severe Lung Blood and Yin deficiency.

There is also severe Blood Stagnation in the Lower Burner and in the Blood [also a severe Damp condition] and Circulation [Trauma-multiple and severe]. There is a severe Retained Heat and Toxin Pathogen that could be parasites, Neoplastic activity [Mild except severe in GI tract] a Nervous System Tense condition, and evidence of excessive lifting [Diaphragm Inflated – especially right] and some suppressed positive interpersonal feelings possibly replace by anger [Inflated on the Left Diaphragm].

REFERRALS

As a basic part of her Management were referrals to allopathic physicians. Stools for parasites were suggested because of her history of passing a large unidentifiable worm, mucous in stool, the presence on her pulse of a retained toxic heat pathogen and a history of travel to areas endemic for parasites.

Referral for a gynecological exam is based on severe signs of blood stagnation in the lower burner positions, spider veins, a history of birth control pills for 7 years, small purple clots and a history of HPV. 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, the latter's vulnerability to stress [Liver `Attacking the Intestine' with explosive diarrhea] and the advisability for such an exam before the age of fifty. At the present a colonoscopy at least by the age of fifty saves many lives.

The recommendation for a cardiac evaluation was due to pulse signs of periodic arrhythmia, signs of Heart Qi deficiency, Heart [coronary] Blood Stagnation, parenchymal damage and functional impairment.

An endoscopy is recommended because of signs of inflammation and dysfunction in the esophagus, the prominence of gastro-intestinal problems in her complaints and history and the epidemic nature of Barretts's Syndrome [a precancerous condition] in the United States.

Finally, an ultra-sound of her GB is indicated due again to the conspicuousness of gastro-intestinal symptoms, especially stabbing pain with stress and findings of significant damp heat in the gallbladder on the pulse.

COMBINED CHINESE AND ALLOPATHIC DIAGNOSIS AND TREATMENT

A sixty-three old man with a previous history of cholecystectomy nine years previously presented himself in the emergency room with extreme left quadrant pain. He was informed that he had multiple gall-stones in his hepatic ducts and at that time nothing could be done until the stones moved by themselves into the common bile duct and he was discharged. The patient presented himself at my office with continued pain later that day and I endeavored to move the stones out of the liver ducts into the common duct and intestines through the Sphincter of Odi with acupuncture including the Dai Mai [GB-41,(GB-26, GB-27, GB-28,) TB-5,] and Liver 13, 14 and Lung 1 [Exit entry] to move the stones, GB-40 for Damp Heat [patient had a fever], ST- 12 [front Mu point of Stomach and TB Mu point for Middle Burner] . Within one half hour the patient felt movement in his abdomen with some relief and then sudden extreme left quadrant pain. He was returned to hospital where the gastroenterologist was again consulted and on endoscopy and canulation of the Sphincter of Odi one large stone was found that could not pass. A sphincterotomy [opening of the common bile duct into the small intestine] was performed and the large stone came through followed by another large number. Apparently smaller ones had already passed. The patient was hospitalized with a fever that passed in two days of antibiotics.

Here we have a seldom seen collaboration between East and West, unintended in this instance, each performing a service uniquely within its sphere of expertise. Allopathic medicine had no way to clear the many small hepatic ducts of stones and Chinese medicine had no way of opening the Sphincter of Odi closed by a large stone brought out of the liver by acupuncture. Acupuncture cleared the hepatic ducts and allopathic medicine opened the sphincter for the large stone that would not pass and could have damaged the pancreas.

In the over twenty years since this incident the gastroenterologist, who I know, has never commented or inquired about the expelling of the stones from the hepatic ducts though he knew that the patient received acupuncture regularly and on that day.

CONCLUSION

Since the inception of my practice as a medical doctor of any persuasion, originally as a psychiatrist-psychoanalyst and later as both Chinese Medical practitioner and the former, from my diagnostic examination I have referred patients with any indication of possible gross pathology to a qualified medical practitioner. With the ability of CCPD to uncover the process of disease at an early stage, as indicated above, this has become more frequent.

For example, in the late 1950's a psychologist referred his sixty-year old mother who was depressed for one year. Discussion revealed the sudden onset of this depression with no history of this disorder or ostensible reason for it. On further questioning about what was happening around the time that the depression began she revealed that she had a severe fall and had hit her head. She had no physical symptoms, headache or otherwise.

The absence of a history of depression or reasons for it led me to consider the etiological involvement of the fall. I referred her to a neurologist who found a subdural hematoma resulting from her fall that was removed with no further symptoms of depression.

This calls to mind the persistent treatment of George Gershwin's headaches by a famous psychoanalyst who refused a referral to a neurologist to detect the brain tumor that ultimately killed Gershwin.

I have usually preferred and even insisted that a patient have their symptoms completely explored by allopathic medicine before or in the early stages of our work together. 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 while the patient works with me they desist from all other types of medical intervention 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 patient.

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 the population with early discover and intervention with valuable treatment modalities, and if they patiently inform and demonstrate these skills to both the multitude and allopathic professionals.

Timely referrals by alternative practitioners to allopathic physicians is our 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 as demonstrated above will become routine. The lamb and the lion will finally lay down together.

One quick comment. TCM is more or less the trade name for the distortion of Chinese medicine that was inherited and twisted to fit into mainland Chinese communism's materialistic values and inclinations towards allopathic medicine. My lineage is pre-Mao and I call it simply, Chinese Medicine [CM]. The medical texts to which you refer are pre-TCM and potentially much more valuable. A large part of my work is to revive CM and revise it, to adapt it to the 20th and 21st centuries.

ⁱ Hammer, Leon; Chinese Pulse Diagnosis: A Contemporary Approach-Revised Edition; Eastland Press, 2005

ⁱⁱ Hammer, Leon I.; Dragon Rises Red Bird Flies-Revised; Eastland Press, 2005