

## Chinese Medicine at the Crossroads

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My thesis is that specialty boards are anathema to the body and spirit of Chinese medical practice. They will destroy Chinese medicine's relevance to the health care system now and in the future, as well as that aspect that enhances our being: its inherent unifying harmony.

Sometimes rapidly and sometimes slowly Chinese medicine has made it's way towards a Western model of medicine over the past 57 years in particular and 100 years in general. This will destroy Chinese medicine's relevance to the health care system now and in the future, as well as that aspect that enhances our being: its inherent unifying harmony.

It accelerated 55 years ago, as many mainland TCM practitioners have told me, by "throwing out all that garbage" that included all of the subtle diagnostic methodologies of Chinese medicine such as sophisticated pulse systems and anything that of the human soul that might challenge the materialism of a communist regime. Because pulse diagnosticians of diverse systems did not agree they discarded the tool without appreciating that their differences involved accessing different information from the pulse rather than proving it's unreliability. [Research has been conducted proving reproducibility when tested within the same pulse model.<sup>1</sup>]

The move towards a Western model is predicated on the ubiquitous belief that Western medicine and science is 'real' and that Chinese medicine is a 'meta-medicine', a crude allegorical expression of reality by people ignorant of expressing their clinical experience in terms of 'real' science. Therefore, Chinese medicine must prove itself according to Western medical research standards of standard deviation, statistical significance and double-blind studies and resemble the biomedical model in all of it's formal structure to be literally and genuinely 'real'.

Thus we observe the seemingly inexorable reshaping of Chinese medicine into the 'real thing'. Along with this transformation is not only the effort to fit the knowledge and experience of Chinese medicine into the Western model but an equally powerful drive to adopt all of Western medicine's formalities based on increasing differentiation into unrelated entities. A patient consulting their

oncologist recently was told that a suspected metastasis was only an infection and when asked for some treatment was told that he did not treat infection, only cancer. Likewise, another patient referred to an orthopedist for treatment of a shoulder problem was told that he did only knees.

This fragmentation of allopathic medicine into specialties and sub-specialties has not enhanced the value of the medicine to the average consumer. To a great extent my practice consisted of those alienated from their practitioners by specialization. The right hand no longer knew what the left hand was doing, and patients suffered. Why do increasing numbers of people seek an `alternative`? Many if not most patients are dissatisfied with the specialization, segmentation and disintegration of Western medical practice? Is it in the best interest of our patient's, the health care system or even of our own relevance to either, to replicate what they are fleeing?

Chinese medicine is round. The Chinese medical model works best where there are many diverse events occurring simultaneously since it is concerned with relationships. The terms are exact, but the measure [yin-yang; Five Elements (Phase) etc. is inexact]. We have a body of knowledge that has been “severely tested”<sup>ii</sup> over a long period of time that tells us how each organ and area of the body affects another, and how that body interfaces with the human mind and it's evolution through life. And we have learned that without that understanding of these relationships our medicine is superficial and the results short-lived.

Think of abdominal pain and regurgitation. Here is a symptom that cannot be successfully treated unless we consider the input of the Liver [qi stagnation or deficiency], Spleen Qi deficiency and Stomach Qi stagnation, Kidney Yang deficiency [underlying Spleen Qi deficiency], Triple Burner deficiency [Internal Duct function of separating the pure from the impure] and the Lung's ability to descend the fluid it receives from the Spleen, to say nothing of life-style issues. They may all be involved at once.

Chinese medicine is inherently a medicine that operates successfully through relationships, between organs and etiologies, requiring for success the presence of many variables at the same time and is therefore is (only one “is”) not measurable or it's value determined by a digital statistical system that relies on studying one variable at a time.

On the other hand, the biomedical model operates best with deductive, digital thinking, which is easily measurable in linear (metric) terms, with few or no diverse events and where reliability depends on the homogeneity and materiality of

data. In its experimental mode, biomedicine requires the elimination of all but one variable. This is the antithesis of Chinese medicine, which flourishes in the simultaneous relationships of many variables we call patterns. How can we gainfully apply the biomedical modality to the rough example of the preceding paragraph?

Furthermore, statistical significance and standard deviations - the *modus vivendi* of biomedical research - is our modern mythology and our new faith is "probability." If a factor is statistically significant, it means it could not have happened by chance. However, if an observation is not statistically significant, it simply means the recorded event might have happened by chance. It does not mean it is not true.

The statistician who invented the standard deviation regretted it as the greatest informational disaster of all time, because the amount of meaningful material that has been discarded because it might have occurred by chance. I heard this with my own ears in 1949 at Cornell Medical College. Is this how we wish to assess the worth of our precious heritage?

Research projects are springing up in many hospitals similar to the one I know about at a major medical center, where they are treating asthma with a simple single protocol - one treatment for all the endless variations of asthma. Is this Chinese medicine? Do we treat asthma or do we collaboratively "manage" individuals who have asthma?

One cannot isolate the single factor that makes for illness or for healing; that single magic bullet of etiology and cure with which biomedicine is preoccupied. People are a complex expression of the interaction of genetics, life experience and lifestyle, and are best studied by a methodology that can address that complexity.

With the ubiquitous loss of the tools of Chinese medical diagnosis, the capacity of the Chinese medical practitioner to appreciate that complexity, and to perceive the earliest stages of patterns of disharmony and the process of disease, is sharply curtailed. Therefore, Chinese medicine also has increasingly lost the ability to serve its highest purposes, beyond even the power to treat individuals rather than biomedical diseases, to prevent illness.

Chinese medicine practitioners, driven by the need to be accepted by biomedicine, *the culturally stronger medicine* and to increase earnings through that association, are abrogating their unique diagnostic system in favor of biomedicine's diagnostic

model. Without Chinese diagnostics Chinese medical physicians become biomedical technicians.

### Summary

It is natural for one culture to reduce the logic and concepts of another culture into its own. Reductionism is as old as human history. It would seem to be unnatural for the weaker culture to seek to be absorbed by the stronger one and lose its unique identity. Paradoxically, those who were the targets for destruction by biomedicine for 75 years have chosen to "identify with the aggressor" and imitate it. Chinese practitioners are choosing to take the same road to ruin.

In this instance it is the reduction of the analogue inductive Chinese model into the digital deductive system of logic characteristic of biomedicine and the eagerness of Chinese medical practitioners to be absorbed as an accepted partner to the more powerful culture, biomedicine. Chinese medicine is inherently a medicine that operates successfully through relationships, between organs and etiologies, requiring for success the presence of many variables at the same time and is therefore is not measurable or its value determined by a digital statistical system that relies on studying one variable at a time.

### Conclusion

We are at a crossroads in the profession: embracing the everlasting mystery of the ancient medicine or escaping into the certainties of a Western-style paradigm that has taken the heart out of its medicine, its practitioners and its patients. People desperately need the humanity of our medicine as an alternative to the mechanical cadence of technology. They need the touch of warmth of our imperfect hearts.

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<sup>i</sup> Bilton, Karen;

<sup>ii</sup> Definition of Science as: "knowledge, most severely tested, coordinated and systematized, especially regarding those wide generalizations call the laws of nature". Oxford Twentieth Century Dictionary