Chinese Medicine Takes Root

October 1, 1994 By Michael C. Botkin

This is a story about two mutually hostile philosophies forced against their wills to collaborate to everyone's benefit.

A pair of activists rush to the front of the conference hall, yelling at the top of their lungs and slamming discussions to a halt. One panelist, perched behind a table on the stage, is smirking broadly; clearly, he's in cahoots with the disrupters. The other panelists look confused or angry. The organizer of this AIDS conference scurries to the site of the disturbance and manages to restore order, but the session remains volatile until its end.

It sounds typical enough of a conference, but it's not. The conference is on Chinese medicine and AIDS; the disrupters are alternative treatment activists who are protesting a recently begun study on the effectiveness of Chinese herbs because, in their opinion, Chinese medicine is not only useless for the treatment of AIDS but is actively destructive.

The reaction of these particular activists is extreme, but it does illustrate the escalating level of conflict between proponents of mainstream Western medical technology and traditional Chinese medicine (TCM). But like the civil rights movement most recently demonstrated, tensions usually escalate whenever two cultures are in the process of merging.

Before the advent of AIDS, few Western medical practitioners had heard of TCM and fewer still considered it anything more than worthless mumbo jumbo. But the AIDS crisis and Western medicine's disappointing response have encouraged many people with HIV and health care providers to experiment with TCM, often with encouraging results. Despite the vast differences between modern Western techniques and TCM -- to say nothing of the mutual mistrust felt by practitioners of both methods -- there is a growing tendency to combine them, a trend reinforced by promising research.

Western physicians have a very hard time accepting TCM as a legitimate form of health care. TCM diagnostic tools sound too much like romantic voodoo. Based on the concept of the four basic elements, some organs are considered "earth," others are "fire," "water" or "air." TCM practitioners believe that good health arises when the four elements are properly balanced in the body, a process facilitated by herb mixtures, acupuncture and other treatments. Open-minded doctors may concede that it's the most effective of all traditional or folk medicines, but they don't consider this to be saying much -- not unlike, perhaps, praising a witch doctor for good bedside manner.

The root of the problem is that most Western physicians don't see TCM as a science at all but as simply a philosophical system; interesting, perhaps, but without objective validity. They want organs you can dissect, microbes you can see and theories based on hard, replicable laboratory data. From this perspective, TCM is fakery supported by superstition, a last resort for those with no alternatives.

The hostility is mutual. Many practitioners of TCM are indifferent to Western medicine. Some even recommend that their patients with AIDS avoid all Western pharmaceuticals. Others don't bother asking what meds thair patients are on or for the Western diagnoses of their illnesses, regarding such information as peripheral to their own independent assessment of the balance of their patients' vital forces. Although many TCM providers are glad to use their techniques to alleviate the side effects of Western medicine for AIDS (at which they've had surprising successes, including peripheral neuropathy and diarrhea), they also dislike being relegated to the role of secondary therapists who can only fine-tune and adjust the "real" treatments -- drugs -- administered by mainstream doctors.

Virtually all practitioners of TCM share a deep contempt for Western research techniques, which they consider misleading and inhumane. It is clear, they claim, from 3,000 years of hit-and-miss clinical practice what works and what doesn't; and the fact that a treatment works for one patient says little about what it might do for another. Denying a patient effective treatment (by giving a placebo), using pure chance to decide what to give them (by random assignment to one of many arms of a study) or denying both the patient and the doctor information about what's being studied (using the "double-blind" research technique) are seen as absurd and cruel manipulations.

Both sides see the other as crazy, dangerous and exploitive -- and both can cite numerous damning examples, making collaboration a bit awkward.

The American medical mainstream sells TCM considerably short. Comparative studies of TCM and Western medicine, carried out by the Chinese government in the 1950s, found that TCM -- for treatments not requiring antibiotics or surgery -- had as good a record as Western techniques. Despite these studies, TCM is simply too far out for the American medical mainstream to accept. TCP is beginning to make some headway, however.

"Many doctors in San Francisco will recommend TCM for conditions that don't respond well to traditional treatments, like diarrhea and peripheral neuropathy," says Dr. Donald Abrams of San Francisco General Hospital.

Abrams was a principal investigator in the first double-blind, placebo-controlled experiment designed to test Chinese herbs for the general treatment of AIDS, a study completed last year and due to be published soon. When the preliminary results were announced at last year's International Conference on AIDS in Berlin, the sharpest criticism came not from Western physicians but, to Abrams's surprise, from TCM practitioners.

"A Chinese doctor stood up and gave four reasons why TCM can't and shouldn't be tested by

Western research methods. First of all, he said, placebos are inhumane and unacceptable; second, it makes no sense to use herbs without also doing acupuncture; third, using pills instead of fresh herbal extracts omits vital components; and lastly, it's absurd to evaluate TCM on the basis of the Western, instead of the Chinese, diagnosis system," Abrams says.

Indeed, most recent attempts to evaluate TCM have not focused on its pure, traditional form but on a hybridized East-West fusion approach that tests herbal formulas based on TCM. Hard-core TCM practitioners denounce this practice for the reasons cited above, but Misha Cohen, founder and director of San Francisco's Quan Yin Healing Arts Center, believes otherwise.

"Chinese medicine often uses standard formulas to deal with common syndromes," she says, defending the practice of researching herbal combinations recently developed to treat HIV, which have names such as "Resist," "Clear Heat" and "Compound A." "However, practitioners will tailor the treatment by adding modifying components, such as other herbs or acupuncture."

This individualized focus of TCM is hailed as both its greatest strength and most serious weakness. Its intense scrutiny of the individual, the method of classifying syndromes and the careful tailoring of an individualized treatment regimen often give it an edge over the one-size-fits-all nostrums of Western medicine.

The weaknesses of TCM include a poor ability to be adapted to mass applications. How, for example, would an expanded access program of a promising TCM therapy work when it requires such individualized prescriptions? TCM is also poorly adapted to the broad-based verification required by mainstream medicine.

But using TCM and verifying it by modern medical research are two different things. The biggest barrier, according to both Eastern and Western medicine, is the difference in diagnostic systems. Measuring Chinese medicines with Western diagnostic tools clearly weights the odds against TCM, which is stripped of some of its essential elements in order to shoehorn it into mainstream techniques.

Despite this conceptual problem, the need to find adequate treatments for HIV has promoted research of TCM. Misha Cohen is most interested in a study being considered by the Swiss government that will evaluate 200 patients for half a year. "This study would use diagnosis by both Chinese and Western techniques," Cohen says.

It will clearly be some time before either TCM or its East-West fusion are generally accepted by the American public. "East is East, and West is West, and never the twain shall meet," Rudyard Kipling, the bard of British imperialism, claimed. By this he meant that the West was superior and that there was no point in even trying to penetrate the superstitious mysteries of the East. But Kipling's life never depended on keeping an open mind or on being willing to try approaches that were unfamiliar. Modern times and modern dilemmas like AIDS have eroded that brand of chauvinism.

“We can’t afford to leave any stone unturned in our search for effective treatments for AIDS,” Abrams says, and increasing numbers of people with HIV and caregivers are inclined to agree with him.

Not even TCM practitioners harbor illusions that the practice holds a silver bullet against AIDS. “None of us has the answer,” said TCM expert Arthur Shattuck, author of *Treating AIDS with Chinese Medicine*. “If I don’t believe there’s one Western medicine to treat HIV, how can I believe there’s one herbal formula?”

There is a growing consensus on both sides that TCM and Western medicine have much to learn from each other. Cooperation could improve the health of both systems, not to mention that of thousands of people with HIV and others who currently fall through the cracks of contemporary health care.

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