The Invisible Medicine for Unquantifiable Maladies

February 15, 2011 By Mike Barr

When I first started this program it was common for students to go around the room the first week of classes and explain why they chose to study Chinese (or Asian/Eastern) medicine. From what I knew at the time, I would often say that it seemed the perfect medicine for invisible ailments: a mystery medicine for mystery complaints. So many of my parents' friends, now in their early late 60s and early 70s, were spending their every waking hour going from specialist MD to specialist MD trying to find relief from common, everyday discomforts for which Western medicine didn't really seem to have a solution: knee pain, swelling of lower legs and feet, ulcerative colitis or irritable bowel, insomnia, headaches, dry mouth after cancer was removed from the throat.

I was also attracted to the fact that, unbeknownst to me until I began the program in the autumn of 2009, these people have taken as a given the oneness (wow, that sounds really New Age-y; I didn't mean to be!) and inseparability of mind (what the Traditional Chinese Medicine calls the "Shen") and body--two thousand or so years ago! And Western medicine has only lately, and still begrudgingly it seems, begun to accept this possibility, or fact. This made me feel certain I was where I wanted to be.

I mention this in response to some of the enthusiastic and generous comments received over the past two days. With regard to HIV specifically, I know of no root, rhizome, calyx, twig, leaf, fruit or flower that has been shown--either in the lab or in the human body--to reduce viral load or cure someone's PCP or CMV. This must of course be made clear again and again. (And if anyone knows of such research, please bring it to my attention!) But I am then reminded of all the invisibilities or "known unknowns," to daringly quote a disgraced defense secretary (not to mention former CEO of Gilead Health Sciences), of HIV infection that remain to this day.

Sean is not the only one to note the cases of people over the years who have been helped greatly by Eastern medicine. And it brings to mind all the debates we (more precisely, I suppose, "they," although it had become common practice over the years for activists, myself included it seems, to insert ourselves into the middle of debates among scientists, as if by reporting on such events we were actually participating in them; but I digress) have had over the years about the mysterious "CD8 viral suppressive factor" a la Jay Levy (not to pick on Dr. Levy; he's just a famous example) and others or, more recently, of the possible import and probable causes of leaky gut syndrome, immune activation, or a chronic but systemic low-level inflammation in the body. The research continues, but I have yet to see any clinically useful fruit of ten plus years of this kind of

speculation and, yes, pontification.

What is sort of genius about Asian (I still want to call it TCM, Traditional Chinese Medicine, but am stopping myself) medicine is that, well, *It doesn't matter what you call it!* We (there I go again, first person pluralizing a world of which I am really only the third person observer) *already have* our own language (and tools) for these things--it's just that that language is entirely different (and many, with reason, would argue wholly unscientific) than the language we are used to.

Case in point: This past week a young woman, being treated for nodules on her thyroid, came in to the clinic for a follow-up visit from the week prior. She had had surgery in 2010 to have nodules removed, but now they were back and she did not want to have another surgery. So she came to our school clinic to seek out an alternative approach.

In Chinese medicine, thyroid nodules are treated as what has been translated, over the centuries, into English as Phlegm and Qi stagnation. Acupuncture points were selected based on this diagnosis and the treatment principle to "Resolve Phlegm, Move Qi." She also took home a seven day supply of single dose envelopes of an herbal powder mix, prepared for her according to the "recipe" prepared by the supervising physician--also based on the "Resolve Phlegm, Move Qi" treatment principle, with perhaps one or two herbs added into the mix that, according to Chinese medical history and practice, might help "guide" the formula to her neck and throat. (I realize this sounds insane, and it has taken me a full eighteen months of immersion in this Alice in Wonderland (or worse) crazy world of poetic language and "N of 1" methodological examination to only recently begin to suspend disbelief!)

Long story short, the woman returned seven days later with significant (self report and visual inspection only, of course) improvement in the swelling around her throat and her own report of reduced pressure and discomfort. There were no ultrasounds, no Thyroid Function Tests, no MRIs or biopsies, although these may well follow in the future if her condition continues to improve and a more or less complete resolution occurs. All I am saying is that if Chinese medicine, for all its poetry and superstitions and lack of scientific rigor, can do for this woman what an expensive and unpleasant surgery could not, then maybe, if applied with the same skill and deliberation, it could help with some of the less quantifiable pathologies or morbidities of chronic infection with HIV (or HCV/HBV/HPV/HSV?)--or those caused by the drugs used to control these viruses--while the big university and foundation and NCI labs take their sweet time to make clinically useful discoveries and translate them into tolerable and affordable treatments.

Speaking of our school clinic, I am reminded of a comment by someone about the affordability of Asian medicine. As both a patient and (one day, god willing) a practitioner, I lament the fact that coverage for many but not all insurance plans is far from ideal. And now that I am all hot on herbs, it's a cold reality check to remember that not now and likely not ever will herbal therapies ever be reimbursed by even the most enlightened insurance plans. So what are the options? There are two that I can think of. If you are in or near a city with an acupuncture school, these school clinics are often a decent option for affordable care.

Here in Los Angeles, we have a half dozen or so TCM schools, variously Chinese, Korean, and American run, each with its own student clinic where oftentimes the first visit (or every Monday, as is the case at my school) is free. After that (with the exception of New York City where the Pacific College's school clinic will set you back, I understand, around fifty bucks a pop) a visit is usually along the lines of $20 to $25. That does not include herbs, however, should one want to take them--which can cost from as little as $15 a month or as much as $50 a week depending on whether one chooses the tea pills, the powder or the liquid extraction, but there are often ways to minimize these costs.

(I will address the conflict-of-interest observation--a topic near and dear to my heart--about selling herbs to one's patients, in a future blog post.)

The second option might be, once an appropriate practitioner has been identified, to sit down with her or him and try to work out a financial arrangement that both can stomach. In these tough economic times, I suspect there are more than a few healthcare folks out there willing to cut deals, as it were, on their regular rates. Dentists, medical doctors, chiropractors, massage therapists, you name it, all seem to be suffering from the ravaged economy and consumers' newly tightened purse strings. Especially if someone expressed a desire to enter into a regular relationship with an acupuncturist and/or herbalist, I imagine there are many folks out there who would be willing to work out an affordable plan.

(In my dream world... there would be so much research being conducted--and funded by whom exactly?--out there that folks interested in pursuing the mystery and power of Asian medicine would simply be able to sign up for a clinical trial at the nearest big town and receive the herbs and/or acupuncture and clinical follow-up for free (or even be paid to participate: it seems to be standard practice in HIV clinical trials these days) for the duration of the study. Where is the Korean or Chinese Howard Hughes, Bill Gates, George Soros or Irene Diamond when we need her?)

But more on this in a moment or two. I would like to try to respond to the other comments received over the past two days. Please keep them coming--and thanks!

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