

Why I'm Going to Western Medical School

By Brian Carter, MSCi, LAc

It's obvious from my educational history that I didn't plan to become a doctor. My bachelor's degree in interdisciplinary studies left me without job options. (I was unable to find any philosophy companies.) I chose to go for the four-year master's in Oriental medicine because I wanted an interesting job that challenged my mind and allowed me to help people.

I was heavily involved in personal growth, so I was hungry for Oriental medicine's mind-body-emotion wisdom.

The best classes at Pacific College of Oriental Medicine challenged me to integrate Western medicine. They pushed me toward Western medicine and the idea of becoming a great doctor. I became a voice for integration at my school, on my Web site for laypeople (www.pulsemed.org), and in this column. I felt like I had an "MD on my shoulder," because every time I learned an OM theory, I wondered if there were related evidence and insights from Western medical science.

I agonized over going to Western medical school. I knew about the horrors of residency, the initiation into indifference, the HMO quagmire. I wasn't sure Western medicine (WM) would help me heal people. I wondered if committing another decade to higher education was a selfish thing for a husband to do.

But it nagged at me. I wanted to integrate Western and Oriental medicine. I learned as much as I could from Medline and other Web sites, but I knew my Western medicine was full of holes - or it might be - but how would I know? I didn't have access to full research articles, just abstracts. I didn't know how to critique or defend research methodology. I knew experiential education, working with real doctors, had been important in learning OM, but I hadn't had that in WM.

I ran into glass ceilings. I wrote to the public about Oriental medicine for five years, wrote acupuncture research reviews, spoke on the radio and was consulted and quoted by popular magazines, yet consistently

the media ignored most of what I told them, instead quoting an MD. Forget that we're the experts on OM, herbs, and acupuncture - we're not medical experts in their eyes. They rely on the opinions of MDs, and this prevents us from getting our message heard. Some hospitals give privileges to acupuncturists, but not in San Diego, where I live. An acupuncturist I know gave up his privileges in a Los Angeles hospital, refusing to be disrespected by arrogant doctors. My literary agent said my Chinese medicine books for the layperson would go further if I were an MD.

Finally, and most importantly, my desire to be a great doctor was aroused. A William Osler biography crystallized my respect for science and commitment to clinical excellence. The MD on my shoulder was winning. I met James Rotchford, MD, a medical acupuncturist who founded both the American Association of Medical Acupuncture and **Acubriefs.com**, the biggest online repository of acupuncture research. We discussed acupuncture research and some of the connections I'd found between traditional acupuncture and visual studies. My respect for medical acupuncturists grew when I saw that many of their journal articles discussed both traditional theory and modern research. I wondered why an acupuncturist like myself, who respects research and Western medical science, should be excluded from their journals, and why all acupuncturists couldn't be in the same organization and work together.

We have two medicines: I don't believe there are two realities, just two perspectives on the mind-body. We can choose to look at life in two dimensions with one medicine, or three dimensions with both. From what I've read about our great historical doctors, I doubt they'd reject any means of learning more about human health and how to help people. Don't you think MRIs would have fascinated Hua-to? Don't you think Li Dong Yuan would want to understand *H. pylori* and intestinal dysbioses? Chinese medicine has always grown and developed; why should it stop now?

My own research has revealed that:

- acupuncture points traditionally indicated for aphasia activate the same brain areas¹ that become active in post-stroke patients who successfully recover speech without acupuncture;²
- the spleen's production of blood (which seems ludicrous to physicians, since we know hemogenesis is stimulated by the kidney and happens in the bone marrow) might be explained by the fact that erythroid cells are less responsive to erythropoietin when there is insufficient protein;³ and
- Stomach 36's shen-calming effect⁴ might be explained by the fact that it lowers blood pressure and slows the heart rate via nitric oxide and the gracile nucleus (in the brain).⁵

Research confirms and explains Chinese medical theories. All of this can be found on PubMed if you're willing to look, but few people have, so as a result, we don't know what we already know.

Each medicine has its strengths and weaknesses:

- **Research:** Chinese medicine was always based on the scientific method, but has only recently begun using Western medicine's technology and methodology. Better research will improve Chinese medicine.
- **Therapies:** Western medicine often causes side-effects. Chinese herbal medicine prevents and ameliorates side-effects. Many surgeries have not been tested against the placebo effect and are not as safe as acupuncture.
- **Perspective:** Chinese medicine's overview of health and disease makes more sense to many Western medical students. Western medicine is good with details, but Chinese medicine has a better "big picture."

We have some research on herbal pharmacology⁶ and acupuncture physiology that has improved our understanding and treatments.⁷ There are many unanswered questions and lessons ahead. We've just begun.

Chinese medicine is not the ultimate answer. We can't heal everyone and every disease, so let's not gossip about "us and them": the compromised halls of conservative medicine, AMA conspiracies, and pharmaceutical industry domination. Even if some of it is true, should it keep us from learning more about health and disease, improving our ability to help our patients, and creating research that improves alternative medicine? I'm excited about what we may discover and how we might make Oriental medicine even better - but I'm convinced that we need the strengths and tools of both medicines to get there.

References

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3. Barcelo AC, Alippi RM, Boyer P, et al. Impaired response of polycythemic mice to erythropoietin induced by protein starvation imposed after hormone administration. *Stem Cells* Jul 1993;11(4):296-302.

4. See point functions for ST36 in *Deadman's Manual of Acupuncture*.
 5. Chen S, Ma SX. Nitric oxide in the gracile nucleus mediates depressor response to acupuncture (ST36). *J Neurophysiol* 2003 Aug;90(2):780-5. Epub 2003 Apr 02.
 6. See books like K.C. Huang's *Pharmacology of Chinese Herbs*.
 7. Philippe Sionneau has a book in French, *Modern Chinese Herbal Formulas*, which integrates traditional formulas and theories with herbal pharmacology. Ideally, it will soon be available in English.
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