Is Chinese Medicine Integrative Medicine?

By William Morris, DAOM, PhD, LAc

Throughout the history of its development, Chinese medical practitioners have integrated practices from other cultures. In America, the integration of Chinese medicine into American culture was present on the East Coast, physician and chemist Franklin Bache, a great-grandson of Benjamin Franklin, translated and published Morand’s Memoir on Acupuncture (1825).\(^1\) By 1900, the father of American medical education, William Osler stated that acupuncture was good for "lumbago."\(^2\)

The Chinese railroad workers furthered Chinese medical practices. As they moved from the West Coast towards Davenport, Iowa, bringing their medicine with them, Chinese medical practitioners likely influenced D.D. Palmer’s creation of chiropractic. At least, that is what some of the elder Tuina practitioners in the U.S. have said.

In China, integration has been a part of the historical development of practice. In terms of pharmacopoeia, herbal materials have been in trade between China and other nations, these include agents such as Cortex Cinnamomi cassiae (rou gui), American Ginseng – Radix Panax quinquifolium (xi yang shen) and Fructus Terminlia chebula (he zi). In terms of philosophical and religious thought, in different time frames practitioners of Chinese medicine have integrated Confucian, Daoist, Buddhist, Hindu, Christian and atheist forms of thought into the analytical framework of practice.

Departing from the religiously inspired views, integration is embedded throughout the history of Chinese medicine. Consider these the slogans used during the development of TCM: The Cooperation of Chinese and Western Medicine used from 1945-50; The Unification of Chinese and Western Medicine used from 1950-58; Chinese Medicine Studies Western Medicine used from 1950-53; Western Medicine Studies Chinese Medicine used from 1954–58; and Integration of Chinese and Western Medicine used from 1958 – Present.

The result was a synthesized product of Chinese and Western medicine that was taught in the major university medical systems throughout China. Chinese medicine as we know it in the west, is – right now - an integration of Eastern and Western medical thought.
If the idea of integration is limited to the synthesis of biomedical and Chinese medical thought, there are risks. After her six-month internship at Dongzhimen TCM hospital in Beijing, Kim Taylor stated, "the reduction of [Chinese medical] theories to a few easily identifiable syndromes, many of which have been designed to correlate with major Western disease categories, has greatly undermined the potential to plumb the considerable depths of TCM theory." Values of integration must not place us in a position of losing the rich plurality of the Chinese medical traditions that are transmitted through both family lineages and classical literature. These forms of knowledge must also be sustained and nurtured.

**In a Word - Integration**

Increasingly validated as a medical discipline, the inclusion of Chinese medicine and acupuncture in the West is often described as complementary, alternative, integrative and integral forms of healthcare. The environments where these terms are used include the multidisciplinary, interdisciplinary and integrative clinics – but also policy making units - where these terms are used to provide nuances in definition of the delivery of healthcare. Complementary and Alternative Medicine (CAM), is changing as the National Institute of Health Defines it, "Complementary Medicine is used together with conventional medicine, and alternative medicine is used in place of conventional medicine."

Multidisciplinary usually refers to a diverse group of practitioners in the same facilities. Such practices are increasingly including Chinese medicine. Interdisciplinary practices will often have more collaboration. Examples include Cedar Sinai or Good Samaritan hospitals in Los Angeles, where acupuncturists collaborate with practitioners of various disciplines to provide patient care. I participated in an integrative interdisciplinary project during the early 1990s in the Berkshires of Massachusetts. All the providers, involving: MD, PhD biochemist nutrition, art therapy and movement therapy would sit together at the beginning of a two-week retreat and look at the medical records with the pictures of the patients. They were discussed. This procedure took place twice a week. This was the only truly integrative medical project that I have participated in. All others took place at multidisciplinary facilities or through referral systems.

The use of the term "integrative" emerges as various methods of integrating whole systems medicine (Chinese medicine) into mainstream care increase. Integrative medicine seems to be taking the lead in many arenas of practice. Institute of Medicine (IOM) President, Harvey V. Fineberg, MD, PhD, framed the discussion on integrative medicine at the Summit on Integrative Medicine and the Health of the Public held in February in Washington, DC, as, orienting the healthcare process to engage patients and caregivers in the
full range of physical, psychological, social, preventive, and therapeutic factors known to be effective and necessary for the achievement of optimal health.

The idea of integration might be considered as a paradigm of wholeness, where there is integrity within the system. The earliest record in 1638, defines it as "to render (something) whole," the word has roots in the Latin integratus or integrare, which is to make whole, and relates to the word integer: whole. The root word, "inter" also speaks of commerce between two aspects of a system. Thus, one may go between areas of concentration in an interdisciplinary level of consideration.

Integration takes place through many strata, here we explore places where it may be located. The exploration of the integrative idea in medicine can take place in reference to its basis in theory, practice and social systems. Integration takes place cognitively for the practitioner who may integrate across cultures in daily practice. This could be the medical acupuncturist who integrates procedurally and maintains the medical epistemologies of contemporary technological styles of medicine. It could be the acupuncturist who employs lab work and imaging to inform their history and physical with diagnostic workup for a patient. Integration can take place in a clinic with practitioners of various disciplines. Policy is another area as well as institutional levels of collaboration.

**Summary**

Integration takes place for the patient who has to resolve the death of a loved one, or an insurmountable change in the status of health. The process of becoming whole is continually recurrent. The essence of integrative medicine is the people. Both the physician and the patient are interested in a healing process that includes the mind, body, and spirit. This point of view has lived at the heart of Chinese medical practice since the earliest known medical cases histories of Sima Qian (ca 86 BCE).  

There are dimensions of integrative medicine ranging from "the centrality of the individual" to the potential and complexities of common electronic health records. The core of integrative medicine is patient-centered care, continuity of care, chronic disease prevention and management. The discussion is about orienting the health care process to create a seamless engagement by patients and caregivers in the full range of physical psychological and social preventive and therapeutic factors known to be effective and necessary for the achievement of optimal health over the course of one’s life. In short, it is about both integrating approaches and integrating systems. As for Chinese medicine and integration – at the risk of a premature conclusion, the process seems to be ongoing.
References


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