

Major Newspaper Gives Good News Space to Suspect Reporting

Sunday's article in the Chicago Tribune, "*Federal Center Pays Good Money for Suspect Medicine*"¹, highlights an increasingly amplified conversation about integrative medicine and the various forms of therapies that are lumped together to define this category. Fundamentally, this conversation is about what we seek to study, and where we look for answers in medicine. Today's medical structure is beyond broken. The American public is besieged with remedies that frequently cause them more harm than good; antibiotic resistant bacteria are the rule; and a belief in the fundamental ability of the human body to heal is lacking, despite the observational data to overwhelmingly show this to be true. There are more deaths that occur due to hospital errors and acquired infections, and more public monies spent on expensive but unnecessary procedures and tests than can be fathomed (or compared to what is spent on legitimate research of integrative medicines).

Despite this, some still have the nerve to claim that integrative medical practices, practices that affirm low-tech, relatively low-cost interventions that benefit patients and in the case of Acupuncture have been shown frequently cost effective, is yet again under attack. For our community, Acupuncture is yet again named at the top of the list of unclear remedies. As we wrestle with trying to get researchers to understand the basics of our medicine and focus on researching how to do the research, we are nonetheless finding ourselves repeating the same beginner level concepts – sham acupuncture is not biologically inert; acupuncture was never meant to be used out of the context of participation in healing; and the effort and willingness of the patient to get well is paramount to their healing response. All of these ideas are still beyond the small minded critics, hell bent on destroying research attempts because they cannot be bothered to learn the foundations of the theory. The only legitimate research, it seems, is towards interventions that can be put into a pill, or lead to something being cut out of a patient. Most evident in the Chicago Tribune article is the reliance on testimony by Wallace Sampson. A man I would consider the "go-to guy" for a negative quote. To get a sense as to where this individual is coming from is encapsulated in the quote below. What is critical, is realizing that this person represents the teaching occurring at the highest levels of medicine, where even Stanford University cannot be bothered to find lecturers who do basic research into the fields they so freely criticize. In a recent article, we see,

"But run those remedies by Wallace Sampson, a clinical professor of medicine at Stanford University, and you'll get an earful. Sampson teaches a class called "Alternative Medicine: A Scientific View," in which he underscores the pitfalls of the Chinese approach.

"(Traditional Chinese medical practitioners) reach in the drawer and pull out dried plants, but they have no idea of the ratio of leaf to branch to root to flower, or the concentration of active ingredients, if there are any," said Sampson.

"The Chinese diagnosis is even funnier," continued Sampson. "They take your pulse and look at your tongue, look out the window and tell you that you have kidney disease. ... The entire system on which they base their claims is false."

¹ <http://www.chicagotribune.com/health/ct-met-nccam-overview-20111211,0,5396003,print.story>

If a treatment is followed by recovery, Sampson views it as a random event or that the malady simply ran its natural course.”²

Aside from the complete lack of willingness to recognize the large body of in vitro and in vivo studies that have been applied to Chinese herbal medicines, not to mention the already completed biochemical characterizations of the substances and multi-thousand year history of scrutinized clinical use, the Kidney system in Chinese medicine is entirely different from the anatomical kidney, and beginners in Chinese medicine should know that a diagnosis of “Kidney disease” in Chinese medicine should never be directly correlated to damage in the anatomical kidney. The foundational organ systems in Chinese medicine are representative of systems of functions, and the language used to describe them (in English), is an approximation of the meaning of the original Chinese concept. A few minutes of thoughtful, scholarly background research should reveal this, if the one doing the searching is actually intellectually honest and interested in true knowledge. This type of commentary reveals that the speaker doesn’t take even the most rudimentary steps towards learning anything about his lecture topic. He did get Stanford to give him a pulpit from which he could promulgate his hateful, bigoted opinion of what the University feels comfortable labeling as “Alternative Medicine: A Scientific View”, so kudos to him. To those of us actually concerned with advancing human medicine and our understanding of human physiology, what a loss.

The fact is, Chinese medicine is a careful cataloging of human physiologic states and the interactions of those states with one another in the context of the patient’s environment. Chinese medicine is the study of how to affect those states, so as to help an individual return from a state of illness to a state of health. The patient’s subjective experience is paramount to both the disease state and the course of healing (because that’s how your neocortical and limbic systems interrelate with your body), and the patient-physician relationship is emphasized rather than demeaned. (Which is an application of our best western research showing the therapeutic encounter is highly significant to the healing process, yet Chinese medical theory preceded that research and applied it by, again, thousands of documented years.) Chinese medicine is predictive, repeatable, and based on 2000+ years of clinical experience, which is deeply rooted in evidence based medicine and the Scientific Method. This is not to say there is no research work to do, but to apply the medicine out of context, with little study, and then discount it as bunk is, frankly, intellectually impotent. Further, juxtaposing this medicine with unrelated, questionable theories, and trying to negate its worth through associational guilt is petty. This particular Chicago Tribune article appears to be trying to spur controversy, perhaps since that sells good papers. It is not an example of critical and well researched reporting. Not a single identified person from the Illinois Acupuncture community was consulted in this work, which is telling.

The article should be a clarion call to all legitimately trained Acupuncturists. It is calling into question whether study of this medicine should be part of a national strategy towards improving our current train wreck, and all those involved should be incised to action. Call your state representatives and state senators; call your national representatives and national senators. Let all your elected officials know that you have found this medicine to be effective and worth further research. Tell them not to throw the baby out with the bathwater, you deserve inclusion in the national health care system, and just because some bad choices in study funding may have

² <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2006/06/27/CHINESEMED.TMP&ao=all>

been made in the past, this does not mean that we cut all attempts to increase our understanding. The death of science is the call for 'no more study'.

I am in full agreement with neurologist, Dean of the University of Virginia medical school, and NCCAM advisory council member Dr. Steven DeKosky who states, "Finding out through well-designed scientific studies whether these treatments work is a valuable service...I don't know who else would do that other than NCCAM." What needs to be done, however, is that we take time to engage those who best know this medicine, and consult them appropriately in further study design. None of us feel we should fund poorly conceived work, but funding legitimate inquiry is critical to transforming a system which is not working. We are behind Japan and China in health achievements in many areas. Our reliance on our current model has in no way been proven to be superior to that of other countries who integrate multiple approaches to health and wellness. The tone of some of those quoted in the Chicago Tribune is not that of the scientific critic, but rather that of jingoistic pseudo scientists who cannot be bothered to do basic inquiry into a medicine coming to them in a language which seems foreign.

We need the NCCAM. It is NOT a "small, little-known branch of the National Institutes of Health." The NCCAM is a focal point of attention for many if not most individuals interested in equal investigation into what are currently being called CAM therapies. Calls to defund this institution are calls for the death of research that may lead to non-pharmaceutical and non-surgical based treatments, independent of the large corporations invested in those treatment methods. These calls speak to the lowest element in the scientific community; those who cannot conceive that something that may have originated off of their shores or which seems strange to their limited understanding of mathematics and physics could have validity. Fight vehemently against these voices; do not be complicit. Join your professional associations.

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With the endorsement of the Illinois Association of Acupuncture and Oriental Medicine and the Illinois Acupuncture Federation

P.S. Thank you to the Tribune for prior positive articles such as:

<http://www.chicagotribune.com/sns-health-natural-med-acupuncture,0,7909544.story>

http://articles.chicagotribune.com/2009-01-25/features/0901190534_1_acupuncture-alternative-medicine-western-medicine

http://articles.chicagotribune.com/2009-01-14/news/0901130339_1_alternative-medicine-integrative-medicine-acupuncture

http://articles.chicagotribune.com/2008-06-24/features/0806200390_1_pain-sore-muscles-massage

http://articles.chicagotribune.com/2000-08-27/features/0008260367_1_acupuncture-chinese-medicine-practitioners-yale-medical-school