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What is the modern Western medical tradition, and how do I belong to it?

I feel a cool, tingling sensation on my leg. When I have mosquito bites from playing outside at night, my mother has rubbed in White Flower oil. We use White Flower oil to accelerate the healing of a small sprain, to relieve nausea, to stop a headache. Three years ago, I fell and had an ankle so sprained that a radiology technician was surprised that it wasn't broken. My mom unwrapped my temporary cast every day and slathering the ankle with a thick yellow emulsion named "Tiger Balm." A registered nurse, she trained in the Western tradition of medicine, at that point specializing in orthopedics, but she still turned to Chinese traditional medicine first, before she would give me over-the-counter medications. While she has rejected various elements of traditional medicine in the face of proven Western alternatives, for example, acupuncture versus medical for pain alleviation, she also recognizes the efficacy of some traditional treatments through personal experience, such as Tiger Balm to increase the recovery rate from sprains. From a young age, I was aware that there exists more than one way to accomplish a task, whether in math or in medicine. Brought up in Hong Kong, I grew up in a synthesis of British and Chinese cultures: language, food, and education. Similarly, my medical tradition combines the proven techniques of the Western tradition of medicine with alternative medicine from various cultures. More specifically, I believe in the integration of traditional medicine into modern Western medicine on a basic level, and the development of alternative medicines as valid, publicly accepted, and insured alternatives to the current medical system.

I will discuss mainly Chinese traditional medicine (CTM) because it is my cultural background, and the one with which I have personal experience. Chinese traditional medicine should be allowed to be a legitimate medical alternative that is not denounced by other medical traditions. In addition, despite the conceptual and philosophical elements that still permeate CTM today that puts it in conflict with the scientific Western medicine, the modern Western medicine should incorporate some of the practices of other cultures. The modern Western medical tradition is evidence-based and overwhelmingly scientific. Insurance companies would rather all diagnoses come from a checklist of symptoms, and all treatments come from a proven clinical trial. This type of tradition dehumanizes both the practitioner and the patient. My medical tradition is personal, separates religion from medicine, integrates book learning and practical application in medical education, and recognizes that different medical traditions can be equally valid.

Medical tradition is not a static course of behavior clinically, but rather consists of continued exploration, research, and study. To belong to a medical tradition means to train in it, to turn to it as a first recourse when ill, and to synthesize and continue to make it progress. We must continually increase the body of medical knowledge through exploration of alternatives, whether it is an alternative chemical formulation of a drug or an alternative practice and tradition. I believe that medicine should have scientific foundations, and, in response to arguments that traditional medicine is nonscientific, that it is critical to sponsor the study and research of the traditional medical treatments. However, medicine is not solely scientific nor always produces tangible results. Effects can be psychological, spiritual, emotional, and not quantifiable by technology. Traditional medicine has in general been better than modern medicine at treating the body as a whole and not simply as a set of symptoms.

Historically, the Western tradition of medicine has been very intertwined with religion. It is from the Jewish “religious obligation to care for their fellow Jews... occasionally [including] medical treatment” leading to “a tangible and permanent form” of medical care provided to travelers by AD 60, that the precursor to hospitals as we know it now came (Conrad, et. al., 73). Religion helped to place an early emphasis on helping the sick and on developing new ways to treat illnesses. The values of Galenic and Christian medicine were similar and compatible religiously. Therefore, medicine as developed by the Greeks was able to integrate within Western culture easier; in fact, the patron saints of medicine, S.S. Cosmas and Damian “thoroughly mastered the healing of Hippocrates and Galen” (Conrad, et. al., 75). By 400 AD “a community without a healer was, in Jewish law, no proper community” (Conrad, et. al., 73). The Koran assured that “there is no fault in the lame (Conrad, et. al., 96) and Muslim “quests of learning” in the ninth century led to further encouragement of medicine (Conrad, et. al., 98). On the other hand, religion has also restricted medical exploration.

Religion was often very conflicted in its attitude toward medicine and its development. I am personally agnostic and am often confounded by ways in which religion can restrict scientific and medical development and implementation: that some countries and not others will research stem-cell technology fully, that abortions are still being challenged and denied to women who need them. I believe that the best medicine should be used, not the best medicine as restricted by religious ideals, as in the selective translation of medical texts that agreed with Islamic ideals (Conrad, et. al., 97). In Christianity, though St. Basil agreed that “God had put medicines and herbs in this world for human us... [there was a belief in the fifth century and likely now] the truly religious should not need them” (Conrad, et. al., 77). The idea that “disease and sin were closely linked; illness was a consequence of mankind’s fallen nature” was rampant (Conrad, et.

al., 75-6). There continue to be Christians who reject medical care because of religious beliefs. Human cadavers, a large component of today's medical education that contributes much to students' understanding of the human body, were "abhorrent to both Muslim and Christian sensibilities and, if not explicitly forbidden, was almost always out of the question" (Conrad, et. al., 131). Education and research should not be limited by religious factors. Though religion may have helped to create medicine (for example, from Judaic ideals of hospitality), I believe that now, development of medicine should be independent of religious beliefs and influence.

The formalized training and hospitals in modern day medicine seem to arise from the Islamic model (Conrad, et. al., 125). Competing ideals of formal study with a teacher, book learning, experience and empirical observation, and logical skills and formal listening synthesized to today's medical tradition. However, the Islamic classical tradition of medical education "concentrated on written texts," and many students began practicing medicine without having treated a patient in their education (Conrad, et. al., 131). Today's first years of medical school, whether Western or CTM, require memorizing dozens of books and the lectures of professors, and later years of medical school, residency, and internship emphasize practical experience while being supervised by an older doctor. Medical training is preceded by an undergraduate degree that develops general rhetorical and logical skills. I agree with the emphasis on a well-rounded education that does not solely focus on medicine, and then intensive study and practice. One cannot be a doctor in any medical tradition without both book and practical learning, and a long term of study. I believe strongly in written instruction, both in textbooks and in lectures that are supported by textual references. As a result, I do not believe in oral traditions. If a traditional was originally oral, it should be documented, checked, preserved, and propagated in written format. Inherent any passing on of knowledge is the danger of the

teacher's interpretation being different from the original; this risk of passing on bias increases tremendously with an exclusively oral tradition.

The creation of the medical compendium by the Arab-Islamic tradition, which to us now seem less than innovative, allowed for not only the collecting of existing medical knowledge, but also to “pursue its implications to their appropriate conclusions, fill in gaps, and so [be] broadly authoritative works” (Conrad, et. al., 115,112). Training is not complete without practical application of learned skills, not the short training period of Methodists but an extended apprenticeship experience for those who choose to make a career of medicine. Historically, the Arab-Islamic translation movement led to the “revival of Greek humoral medicine in an Arab-Islamic context,” creating a formal vocabulary (Conrad, et. al., 108). The book learning is critical to ensure that colleagues can communicate with each other regardless of what language they speak. Today's compendium should not solely be Western, but acknowledge other cultures as well. In modern days, apprenticeship is not an efficient way of imparting knowledge: only a few are taught in a specific tradition. Instead, the knowledge should be capable of being shared around the world and synthesized into the medical tradition of different cultures. I do not believe that practices are truly medical unless they can be taught to, and evaluated by others, whether quantitatively or qualitatively.

Everyone should have a basic understanding of how medicine works, as promoted by the Islamic ideal of “incorporat[ing] medical learning” (Conrad, et. al., 124). Because almost all cultures have traditional medicine that they have learned from their family, people should be able to identify the helpful and dangerous elements of their tradition. For many, the home remedies they learned are often the first recourse when they are ill. An appointment with a physician is made only after this fails. Many combine the modern Western medical tradition of going to the doctor

with cultural remedies and often supplement prescribed medications with dietary changes and supplements dictated by alternative medicine. A patient should have the ability to decide when alternative medicine may actually hurt them and to also understand doctors, especially when the physician has a reason for rejecting the traditional medicine.

At the same time, doctors should make an active attempt to learn more about alternative medicines and faith healing, because it would increase cultural understanding and the body of medical knowledge. There should be a more accurate account of alternative medicines, and studies of its efficacy, though we should also realize that not every treatment necessarily has an obvious and physical effect, and traditional medicine should not be judged by the standards of a different medical tradition. If a treatment has existed for thousands of years and has survived up to modern day, it most likely works or is at least not dangerous. If it is efficacious, it should be available for everyone. An example of a generally helpful folk remedy, the drinking of Coca-Cola heated with lemon was marketed as a cold remedy in China. Though it sounds ridiculous, in the end, the remedy provided liquid and sugar for patients who are too ill to eat solid foods and vitamin C, an antioxidant proven to help colds. As for traditional medicine, my White Flower oil is very effective in keeping me from scratching and infecting a bug bite. In the case of the string tied around Lia's wrists in The Spirit Catches You and You Fall, the remedy was not dangerous and helped to contribute to the parents' peace of mind, and may have had a nonphysical effect. There should be an organization of alternative traditions, rather than an attitude of "eliminat[ing] pagan animism" as in early Islam (Conrad, et. al., 97). Alternative medicines should be evaluated for their ability to treat the ailments they claim. The level of efficacy and dangers of each treatment should be recorded. Physicians should be able to easily learn more about the treatments

that their patients are already taking, and should be taught about the more popular ones in their official training.

Usage of traditional medicine is a part of many cultures: Chinese traditional medicine, Indian Ayurvedic, and others have existed for thousands of years and “traditional Chinese medicine ha[s] accumulated enormous effective experiences in the thousands of years of its practice” (Fan, 216). From both a cultural and medical standpoint, it would be negligent to ignore the cures and treatments of traditional medicine merely because they have not been tested in “randomized, double-blind, placebo-controlled” trials (Normille, 189). The scientific method is a relatively modern innovation, and it is not reasonable to expect that discoveries made thousands of years before to all be investigated instantaneously. History and anecdotal evidence is the proof of the validity of the treatment.

Denying the possible efficacy of medicine by “choos[ing] the simple course and advis[ing] the patient to discontinue or moderate its use” can hurt the patient-doctor relationship (Ergil, et. al., 277). If I were told to quit using even my topical Chinese ointments because they are worthless, I would simply not tell my doctors that I am using them for minor ailments. I do not need a study to prove to me that they work and without the side-effects that an over-the-counter medication would have. It would also make me suspect that the physicians may not value the long history and achievements of my culture and decrease my respect for them. A Western-trained physician skepticism of traditional medicine’s contributions is often because the model of medicine is so different, and the physician knows so little about it. Chinese traditional medicine relies on clinical observation, and treatment plans are inconsistent for similar maladies. Practitioners of Chinese traditional medicine often come to similar diagnoses but treatments may vary or conversely, the treatments may be the same, but the diagnoses are different (Zhang, et.

al., 70). One study showed that while five out of seven acupuncturists diagnoses the same illness, the prescribed treatments varied greatly (Zhang, et. al, 67). In modern Western medicine, the disparity may be interpreted as malpractice, but the subjectivity is inherent in the Chinese model, the same way objectivity and empiricism is inherent in Western medicine. Both models can exist and contribute to healthcare.

Unfortunately, the modern medical tradition is empirical and desires a single remedy for a diagnosis. It often disparages other, less scientific traditions. China, the Democratic People's Republic of Korea, the Republic of Korea, and Viet Nam are the only countries considered by the World Health Organization to have an integrative health system, where traditional medicine "is officially recognized and incorporated into all areas of health care provision" (WHO, 18). However, even in these countries, the incorporation is not equal. Instead of synthesizing the two traditions into a new medical tradition, the value of Chinese medicine is judged by Western standards, and found to be lacking because of its inherent inability to conform to Western medical science because of its subjectivity. Western medicine relies on technology to diagnose, consistent diagnoses for similar symptoms, and set regimens of treatment. Chinese traditional medicine relies on the unenhanced senses to diagnose, is more conceptual in diagnosis (which is grounded in the classical Chinese philosophies of yin and yang, the Five Elements, etc.) and treats each patient separately, with no one set course of treatments and prescriptions. Often, illnesses are attributed to non-physical factors: when I have a sore throat, my mom tells me not to eat fried foods because they are "hot" (in a non-temperature sense) and thus exacerbate my sore throat. To a Western doctor, this advice may seem nonsensical but helps with my sore throat and following it also leads to better nutrition and generally better health. Further, analysis of the various contributing elements of my life also treats me as a whole, rather than a single symptom

to be treated. Over even the course of a single visit, a traditional medicine practitioner will likely develop a better understanding of my life and ways of thinking than a Western physician would over years of treating only the flu or a sprain. Alternative medicine needs to be evaluated on its own standards and guidelines, the ones from which it originally developed and expanded.

I believe that alternative medicines, where possible, should be integrated into modern Western medical science. Governments and universities should increase funds for research into the chemical values of traditional remedies. They must also realize that the traditional treatments require a combination and amounts of different herbs into an individualized treatment: one single combination is unlikely to be nearly as effective. For example, a recent drug trial is testing an extract of fifteen Chinese herbs as a treatment for hepatitis B, after researchers worked for ten years to find a standard formulation (Normille, 190). A different set of criterion may have to be developed for evaluating traditional medicine, as this one single combination may not work to the maximum benefit of all patients. Epinephrine and artemisin (for malaria) are two of the other drugs developed from Chinese herbal medicine that are used in the U.S. More drug discoveries are held back by a variety of reasons: herbal medicines are not innovative and thus cannot be patented easily, which makes pharmaceutical companies less likely to invest in research; spotty regulation lead to safety concerns; and skepticism by Western doctors over any possible discoveries decrease usage of CTM (Normille, 189). Professor emeritis of clinical medicine Wallace Sampson at Stanford University believes that medicinal plants promoted by traditional Chinese medicinal texts (which many practitioners use and learn the concepts of) are unlikely to lead to contributions to medical science and that claims of their efficacy are “unreliable, fanciful, false, [and] irrelevant” (Normille, 189).

Ideally, traditional medicine will continue in two ways. Traditional medicine excels in its “broad acceptance among many populations in developing countries” and its “comparative low cost,” which should encourage investment in traditional medicine on the part of physicians, governments, and health insurance companies, even if pharmaceutical companies may be unwilling to do substantial research due to the patenting issues (WHO, 19). The herbs and medicines used should be monitored for purity and to ensure that they are not deleterious to the patients’ health. In the United States, CTM scholars are often masters students or “licensed” acupuncturists, a term that is most often used in describing professions that require shorter terms of study and lower levels of knowledge. For example, licensed practical nurses require only an associate degree (two years of study). CTM should also be allowed to develop as its own field, with its practitioners becoming licensed medical doctors and PhD’s as they are in Asia. These physicians should have foundations in biomedical concepts and knowledge of both Western medicine and traditional medicine. From their education, these persons can then develop the most effective course of treatments. Their professional judgments should be esteemed as much as Western physicians’. At least in China, practitioners of CTM esteem the values of Western medicine: many are trained in both. Finally, the diagnostic abilities of either forms of medicine should be used to supplement each other. CTM diagnostic methods “may allow the practitioner to identify subtle disharmonies that laboratory tests may miss – which in turn permits... earlier diagnoses with important disease-prevention implications” (Zhang, et. al, 67). At the same time that the senses may not be able to discern certain symptoms that technology can, technology may fail to find underlying problems because they are too specific and impersonal. The two methods should be use concurrently to ensure the best analysis and diagnosis.

Traditional and Western medical traditions are similar in valuing not only curing illnesses but also prevention. In both is an emphasis on book learning followed by practical experience and a reliance on practitioner experience though much more so with CTM. Chinese traditional medicine has philosophical foundations, the same way that the Western tradition has, and in fact, the modern practice of Chinese traditional medicine has less of an infiltration of religious values (because of communism) that has often held back the development of medicine through the years. Though I personally believe that acupuncture is unlikely to cure serious, life-threatening illnesses, I also believe that one's body is one's own, and people who wish to should be able to be assured that acupuncture and alternative medicines are available and are regulated. There are many stories of sudden recoveries unexplained by modern medicine. The two medicines, traditional and modern, are in fact complementary, and are equally viable as medical alternatives on their own. Further, traditional medicine treats the entire patient and not just symptoms, a concept that modern Western medicine is losing in its drive to become more scientific. I believe that there is room for improvement in both that will allow for them to coexist without marginalizing either, regardless of culture, and medical care will only benefit from it.

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