The Extractive Nature of Integrative Medicine

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Abstract

Integrative medicine is a reasonable theoretical model but becomes dysfunctional when put into practice. This article explains the problems and nature of integrative medicine, with a particular focus on its relationship to traditional Chinese medicine. Ma Huang (Ephedrae Herba) and 'dry needling' are explored as two simple examples of the risks of removing something from the Chinese medical paradigm and placing them into another paradigm devoid of context. A large integrative clinic is examined to determine the detrimental effects of the application of the full integrative model. Finally, a simple three-tiered model is proposed as an alternative to the integrative model.

Keywords
Integrative medicine, acupuncture, herbal medicine, ma huang, dry needling, future of Chinese medicine

Introduction

There is a story, likely apocryphal but nevertheless incisive, about a 90-year-old native American man who was asked what changes he had seen to his homeland since the European invaders had come. He answered that before the foreigners arrived there were no taxes, no debt and no prisons. There were plenty of mushrooms, berries, buffalo, salmon and clean water. Medicine men did not charge for their services. His people spent their days gathering, hunting and fishing. Since the invaders came all that had reversed. He lamented that now everyone had to get jobs and could only hunt or fish on the weekends, if they were lucky.

Discussion

Integrative medicine is a very good idea, in theory. It is hard to fault an approach to medical care that seeks to benefit patients by combining biomedical therapies such as medication and surgery with other therapies that have been shown through clinical trials to be safe and effective. In practice, however, the dominant paradigm of integrative medicine, which is invariably biomedicine, extracts anything it deems valuable from other therapies without regard for its original context, and subsumes it into its own paradigm.

The process of trying to neatly fit the extracted therapy from its original ecosystem into the biomedical paradigm inevitably degrades that therapy's benefits as well as increasing its risks. Ma Huang is a good example. From the perspective of biomedicine, the focus is on its main active ingredient ephedrine, and every other aspect of Ma Huang is discarded. In the biomedical paradigm ephedrine is simply known as a central nervous system stimulant. From that vantage point there is no reason not to prescribe it to a young healthy athlete who needs a 'pick me up', even if they are training in 100 degree Fahrenheit (37 degrees Celsius) weather. From a Chinese medical perspective Ma Huang is, as we know, never prescribed on its own. It is always embedded in a formula where the qualities

of the other medicinals in the formula can enhance the beneficial qualities of Ma Huang and mitigate any unwanted side effects. According to the almost 2,000-year-old *Shen Nong Ben Cao Jing* (Divine Farmer's Materia Medica), Ma Huang is classified as a middle class medicinal (Nugent-Head, 2014) and as such, should not be taken long term. Its nature is warm, and it is used to treat wind strike and cold damage. Its actions are to expel cold, effuse the exterior and promote sweating. These qualities have been confirmed by two millennia of clinical use. As practitioners of Chinese medicine, we can definitively say that the warm, cold-expelling and sweat-promoting nature of a medicinal like Ma Huang is absolutely contraindicated for a young, fit athlete exercising and sweating in the heat of a Florida summer. Unfortunately, Steve Bechler, a 23-year-old major league baseball pitcher for the Baltimore Orioles, consumed Ma Huang and - unaware of its Chinese medicine context - died after a training workout (Charatan, 2003). The cause of death was determined to be heatstroke after his body temperature rose to 107 degrees Fahrenheit (42 degrees Celsius).

Another example of using an aspect of Chinese medicine divorced from its theoretical underpinnings is 'dry needling'. The *Huang Di Nei Jing Ling Shu* (Yellow Emperor's Inner Classic Divine Pivot) Chapter 8 states, 'All norms of piercing require one to first of all consider the spirit as foundation' (Unschuld, 2016). Practitioners of Chinese medicine who 'use the spirit as foundation' are able to employ needles to address any disharmony that appears in a patient's body and mind. A dry needling technician on the other hand, strip-mines the tool from the Chinese medical landscape, but not the context for using that tool. The technician employs a needle to activate a local twitch response to stimulate the sensory afferent A-fibres to activate the enkephalinergic inhibitory dorsal horn interneuron's, to increase levels of bradykinin, Substance P and the 37-amino acid neuropeptide calcitonin gene-related peptide at sensitised motor end plates (Absolute Health Center, ND). This is worlds apart from considering the spirit as foundation for every needle inserted into a patient. Even the term 'dry needling' is bizarre; as acupuncturist Benjamin Hawes has noted - 'Our needles have always been dry'.

I spoke with a biomedical doctor after he completed a weekend 'training' in dry needling. He told me that since he used guide tubes to insert the needles, he could retain them for longer than twenty minutes (and I still have no idea what he meant by that). He was also surprised when he experienced syncope after his fellow trainees, also medical doctors, inserted more than 20 needles into his body to practice. Since he had no concept of yang collapse and because there is no known mechanism between increasing bradykinin and syncope, he was at a loss for how this happened.

The problem with the integrative clinic

Let us now turn our attention from these simple examples and examine the full application of integrative medicine as it is administered at a large medical practice near my office. Unsurprisingly, the director of the integrative practice is a biomedical doctor. The director decides which patients get to be seen by which practitioner and for what conditions (however all patients are welcome to visit their vitamin B-12 IV drip 'happy hour'). The practitioners - medical doctors, naturopaths, chiropractors, massage therapists and acupuncturists - all have many letters after their names and vie to present to the director the latest research studies showing their modality's effectiveness.

The dominant paradigm of integrative medicine, which is invariably biomedicine, extracts anything it deems valuable without regard for its original context.

Clinical trials of Chinese medical modalities are increasing but they represent only a tiny fraction of the conditions successfully treated every day by Chinese medicine physicians. At this integrative centre the practitioners of Chinese medicine are restricted to only using acupuncture and only for conditions that have been proven effective in clinical trials. If the acupuncture intervention fails, then Chinese medicine as a whole is deemed to not work. This ignores all the other possible modalities that the clinician could have employed such as moxibustion, herbal formulas, tui na, qi gong, nutrition and lifestyle modifications. These modalities have millennia of successful outcomes but are disregarded by the director because they lack substantial and, in some cases, any clinical trials. At the integrative centre, if the acupuncture intervention does work, then Chinese medicine is diminished to being effective with just that modality and just for that condition. Only that narrow slice of Chinese medicine, cocooned into biomedical terms, is incorporated into the integrative model. When this model surveys the symbiotic and old growth ecosystem of Chinese medicine all it can see is board feet of lumber, waiting to be harvested.

A three-tiered solution

An alternative to this exploitative integrative model might be a three-tiered framework modelled after the upper-, middle- and lower-class herb system of the *Shen Nong Ben Cao Jing*. Like the model from the *Shen Nong Ben Cao Jing*, the upper tier of medicine would be focused on promoting longevity, and in our new model this would consist of the patient adopting an appropriate regimen of diet and exercise (Attia, 2023). If any of the patient's symptoms are not relieved by this regimen they would move onto the middle tier.

The middle tier would include the full range of Chinese medicine modalities and other systems that fall under the integrative label, all operating within their paradigms.. This middle tier, like the middle class of medicinals in the *Shen Nong Ben Cao Jing*, would be used to mitigate any already emerged illnesses and to prevent any new diseases from arising. Finally, the lower tier, which is according to the *Shen Nong Ben Cao Jing*, reserved for the most toxic (du 毒) interventions. This tier should be avoided if possible and if it is employed, only for very short periods of time. This tier would be accessed to treat fully manifested disease with surgery, medication and other potentially harmful biomedical interventions.

Like in the *Shen Nong Ben Cao Jing* model, the iatrogenic risks and toxicity increase as the patient descends the tiers of this model. The patient would not need to abandon any useful aspects of previous tiers as they descended the structure. For example, a patient would not need to stop exercising if they started getting acupuncture or stop practising qi gong if they were put on medication.

This three-tiered model avoids the predatory nature of the integrative model. Each tier would operate independently and in its own natural lane without interference by foreign paradigms. Chinese medicine would operate unrestricted in the middle tier and the practitioners in the lower tier would not have to import anything they did not understand (eg ginseng) into their tier. Each clinician would work, in full confidence, from their own specific knowledge base rather than poaching techniques without context from other systems.

Conclusion

Proponents of integrative medicine are completely uninterested in the Chinese medical paradigm. Integrative practitioners only want to extract anything they deem valuable from our paradigm and are unconcerned if they leave Chinese medicine as a discarded open pit mine. When assessing value, the integrative model treasures N of 150 randomised control trials conducted for six weeks and disregards N of hundreds of millions non-randomised trials that were conducted over millennia in the clinics of Chinese medical physicians. Some Chinese medicine practitioners, insecure in their own medicine and seeking validation are eager to help integrative medicine with their gleaning. Unfortunately, these practitioners end up without deep roots in either paradigm and struggle to effectively practise.

The sovereignty of Chinese medicine is under threat. Only practitioners of Chinese medicine with their intimate clinical knowledge of this medicine know its true significance. It is up to Chinese medical clinicians to protect and preserve this heritage. It is imperative that we pass this down as a complete medicine on its own terms to the next generation and not allow pieces of it to be fractured off into other paradigms. If we do not, then this generation or perhaps the next may only be able to practice Chinese medicine in its entirety on the weekend, if they are lucky.

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