

Integrative medicine: revolution or surrender?



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Integrative is the path, integral is the goal: ideally the path and goal are one.

For Chinese medicine (CM) it is the best of times and it is the worst of times. Chinese medicine is increasingly accepted, and practitioners are finding opportunities to work in more venues than ever before. Yet, the educational and regulatory institutions that serve as a vehicle for our medicine have bent too far in the face of the forces of cultural assimilation, and the fundamental integrity of the medicine and profession have been compromised. The cost of education has skyrocketed and many practitioners find it difficult to support themselves. We all want to see CM thrive; the question is ‘how do we get there?’

History

Chinese medicine is a rigorous qualitative science of function based on a world-view that places consciousness within the context of psychology, physiology, ecology, culture, and ultimately the cosmos. It is precisely this ecological perspective that makes CM so valuable at this point in its history.

The values that gave rise to western medicine (WM) and its cultural and institutional structures arose out of modernism and the pursuit of rational and objective knowledge in the face of 4,000 years of myth and superstition inherent in the western traditions. The objectivity afforded by scientific rationalism knocked god off his cloud and liberated the domains of the true (‘it’), the good (‘we’) and the beautiful (‘I’) from domination by the Church and state. Previously, these domains had been conflated and dominated by political and religious hierarchies intent on maintaining power. With the establishment of democracies, their development could potentially occur independently fueled by imagination and freedom of expression.

Such developmental leaps occur in the face of certain survival challenges and yet, in time,

when taken as absolute principles, inevitably create their own problems, to overcome which new steps must be taken. While certainly art and ethics have developed in an unprecedented way, the objective pursuit of ‘truth’ under the auspices of scientism has dominated cultural institutions and policy making. It should be obvious to the reader that the technological development that fuels economic growth and dominates policy has far outpaced our ethical development and our valuing of aesthetics.

Integral medicine

We live in a unique time where the confluence of global knowledge and culture enables a top-down perspective on history, allowing us to appreciate the weaknesses and strengths of various perspectives in a way that wasn’t possible when cultures were isolated from each other. The emerging, top-down, global perspective is congruent with the advent of an integral perspective on medicine. This integral perspective appreciates the weaknesses and strengths of CM and biomedicine, recognising that each has a complementary domain of application. Integral medicine appreciates the domains of the true, the good, and the beautiful as distinct spheres, each offering a perspective necessary for an integrated embrace of the patient. The integral approach values the strengths of both perspectives while understanding their limitations.

The integral perspective recognises that biomedicine is most efficacious in treating the exterior physical dimension of the human being when critical life-saving intervention is needed. Chinese medicine, on the other hand, addresses the interior functional dimension of the human, comprised of spirit, mind, soul; the non-physical dimensions of the self. It is best applied preventively, in long-term care, and in cases where life-saving

intervention is not required.

Integral medicine addresses the entire human, leaving no part behind. We understand that no individual is separate from the biosphere, culture, or cosmos, and that when we treat the ‘individual’ these domains simultaneously create the context and destination of treatment. We implicate ourselves by recognising that we cannot engender a higher integrity of function within our patients than we are willing to embrace. Finally, we recognise that CM is both a science and an art, and that the deeper and higher dimensions of the medicine, those that are truly beautiful, are interior and subjective, placing them beyond the scope of WM and its emphasis on the exterior and objective dimension of things.

Integrative medicine

These days, ‘integrative medicine’ is all the rage. The implication is that WM and CM are being integrated in some cutting edge way. However ‘integrative’ can mean many things. Often, ‘integrative’ is little more than a slogan used to pitch an individual or a group practice, like the words ‘natural’, ‘organic’, or ‘holistic’. For the individual it can mean, ‘I study some of this and some of that’. While the pretence is ‘cutting edge’, the practical reality is that the methods and models ‘integrated’ are often compromised by partial understanding.

‘Integrative’ applied to a group practice often means, ‘we have physicians, acupuncturists, nutritionists, and Vedic astrologers who talk to each other’. While holding multiple perspectives is advantageous in forming a diagnosis, the fact remains that, due to the unnatural hierarchy of power in clinical practice, physicians have the lion’s share of liability as well as legal authority to determine treatment strategy. As a profession we have to consider how much legal liability we want to take on because with prescriptive rights – ordering and interpreting biomedical tests – come increased liability and external controls. We should also remember that CM itself is capable of multiple perspectives, as it contains different methods of pattern differentiation, from channel, viscera/bowel, yin/yang, or five-phase theory for example.

Prevailing thought seems to be that, by conforming to the conventions of the culture that have risen out of the principles and perspectives that shaped the practice of WM, we will rise to the point of receiving the same respect, income, and job security of those in biomedicine. Given the unnatural hierarchy that dominates medicine it seems unlikely that this will be so, or that conforming to the culture of biomedicine is the best path to

achieve such status. The more logical outcome is that licensed acupuncturists will become second- or third-tier providers working under the direction of physicians and relying on their diagnoses and treatment directives, just as physical therapists and nurses work within the present system.

We may note that even physicians no longer control their sources of information, fees, diagnoses, or treatments. Rather, these are controlled by outside forces such as insurance companies, regulatory boards, and government agencies. Hence, even physicians are employees of a hierarchical system that begins with forces that simply don’t have integrity in the practice of medicine as a significant motive.

‘Neither donkey nor horse’*

Many western practitioners of TCM fail to consider, without adequate historical perspective, that it is already an ‘integrated’ medicine for the most part, already containing varying flavours and degrees of biomedicine. In the 1950s, a new version of this medicine – zhong xi yi jie he/integrated eastern-western medicine – was developed and taught in Chinese schools. After only a few years, this approach fell apart, as both clinical results and comprehension by graduates declined. There was simply not enough training in either CM or biomedicine to be proficient at either, and it became difficult to understand the sources for what was being studied due to a promiscuous mixing of metaphors, sources, and therapeutics.

Education: know thyself

The responsibility of schools is to impart a value of depth rooted in the capacity of each student to create his or her own synthesis and to lay the foundation for a lifetime of learning. The question is, ‘to what degree are the values and perspectives being imparted by schools consciously held or just unconscious reflections of the culture at large?’

Many TCM schools teach technique and information rather than imparting an overarching philosophical framework that focuses on the importance of qualitative diagnosis, and the synthetic mode of inquiry upon which it is based. Chinese diagnosis entails a deep understanding of the processes that underlie manifestation. Ideally, emphasis is placed on looking at phenomena through multiple perspectives and the creation of a unique synthesis that includes all relationships that are central to the patient’s life. This synthesis comprises a living and evolving picture including the patient’s past, present, and potential futures. Instead of focusing on imparting a context of depth, schools are forced to teach to tests that primarily value the modern tradition of TCM practice integrated with a high percentage of WM. Students are less taught the principles of medicine and are instead taught how to pass an exam.

This conclusion is validated by the fact that

so many practitioners founder after graduation and fail to run successful practices. People have not been placed on a path of inquiry. They have been given a fish, but not taught to fish. Any practitioner who has gained an authentic basis in the medicine will have a foundation into which anything newly learned can be integrated. When foundation lacks integrity, meaningful synthesis is impossible.

The two most significant dimensions of education that schools often fail to impart are an adequate basis in pulse diagnosis and an appreciation for the Chinese language. Time, dollars, and attention placed in these domains will yield a far better outcome over the long term than undue emphasis on learning biomedicine and research protocols for the sake of assimilating into the cultural status quo.

Conclusions

My concern is that the homogenising force of cultural assimilation is so strong that ‘integrative’ medicine, even if it provides jobs, will be detrimental to the further development of CM here in the West. It is my hope that schools and institutions might take heed of the points made here and re-evaluate implementing doctoral programmes focused on ‘integrative medicine’.

Such an emphasis should be a minor component of any advanced degree and programmes should endeavour to provide a significantly firmer rooting in Chinese medical theory, history, language, diagnosis, embodied practice, and treatment planning. Meaningful integration can only occur once we have taken a sufficient stand for the values inherent in our own medicine.

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Revolution

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CHINESE LESSON

In the Yi Jing, Book of Changes, after hexagram 47 困 Exhaustion (kun 困) comes hexagram 48 井 The Well (jing 井), then hexagram 49 革 Revolution (ge 革) followed by hexagram 50 鼎 The Cauldron (ding 鼎), celebrating the founding of a new dynasty, a new beginning. This mini series of four hexagrams indicates the process before and after transformative revolution.

Hexagram 47 困 Exhaustion (kun 困) shows a tree 木 thwarted in its growth, encased and enclosed 口 by restrictions and restraints, a dire situation where all the water 水 has drained from the marsh 田, leaving a wasteland. This unhappy circumstance is resolved by hexagram 48 井 the communal Well (jing 井), where the bamboo pole 耜 goes down into the depths to draw up the water 水. So unremitting hard times and destitution give way to the ability to resource and refresh and to work in harmony in community.

Then comes hexagram 49 革 Revolution (ge 革), which literally shows a sheep’s skin stretched out to dry, transforming to leather. It is the hexagram of change and reform, the shedding of the old skin, an abbreviation of ge ming 革命, the revoking of the heavenly mandate to rule because of corruption and abuse, the rejection of the decadent and through this the renewal of life. Fire 火 and the marsh 田 struggle for supremacy.

This struggle is resolved in Hexagram 50 鼎 The Cauldron (ding 鼎). The Chinese cauldron is neither the one Asterix’s companion Obelix fell into as a child, rendering him invincible, nor the double double toil and trouble cauldron of the Scottish play. It is a three-legged bronze urn, a ding 鼎, a container of offerings to the spirits, a crucible of transformation for the inner alchemist, a symbol of imperial power, a place of connection, transmutation, refinement and renewal. The wood 木 burns to give the bright illumination of fire 火, stabilising instability to unfold ming 命 destiny. A new phase begins.

Whether this fourfold hexagram sequence follows a patient who, from extreme ill health and uncertain future is able to regenerate, or whether it is a group, an organisation or a nation, the process is the same. Without The Well, we remain in the wasteland and the Revolution is doomed to fail. With The Well, harmony is restored and the Revolution succeeds as the inexhaustible renews every cell.