When Two Great Medical Traditions Meet

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In the vast domain of medicine, Chinese and Western approaches to diagnosis and treatment shine in their own way. The first could be likened to a broad-brush, macro perspective, the second to precise, micro pictures.

These two broad styles of medicine, when joined, benefit patients more than either can do separately. The Clinical Research Center of Integrated Chinese and Western Medicine at Taichung Tzu Chi General Hospital is implementing that vision of collaboration. The facility combines ancient Chinese wisdom with modern Western medical technology and brings real benefits to the ill.
Originating from different cultural perspectives, Chinese and Western medicine have evolved into very distinct entities.

Traditional Chinese medicine, or TCM, has its foundation in the concepts of yin and yang and the “five phases” of wood, fire, earth, metal, and water. It focuses primarily on “meridians”—invisible circulatory channels distinct from the palpable physical organs and body tissues. This approach views disease from an all-body vantage point.

Western medicine, on the other hand, focuses on physical cells, organs, and organ systems, often with laser-like precision that is possible only with the use of advanced modern technology.

These different approaches give rise to the macro vs. micro analogy. There can be a definite benefit to the patient when both styles of medicine are used to treat an injury or illness. For example, when treatment efficacy hits a plateau for a patient, a Western doctor may refer the patient to a TCM physician, and vice versa. For all their differences, there is a greater benefit when both approaches are used at the same time, each complementing the other.

Taiichung Tzu Chi General Hospital inaugurated the Clinical Research Center of Integrated Chinese and Western Medicine in July 2012. The center joins physicians from the TCM Department with doctors practicing Western medicine at the hospital. Working together, they treat patients with a wide array of diseases and conditions: colon cancer, breast cancer, lung cancer, allergies, rheumatism, brain damage, metabolic disorders, or disorders of the endocrine system. Master Cheng Yen urged the medical staff to keep their minds wide open so as to get the most benefit from the integration. Center director and hospital deputy superintendent Dr. Wang Jen-shu (王人澍) in the depart-ment of Chinese medicine in hopes of providing better help for him.

Referring to patients suffering from A-feng's condition, Dr. Huang observed, “It's a highly critical condition. Usually one in three such patients dies, another becomes bedridden, and only the third has a chance to walk again.”

A-feng was fortunate to receive timely and concurrent joint interventions from doctors of both Western and Chinese medicine. Happily, he is making steady progress with the help of ongoing physical therapy. He is now able to walk scores of meters with the aid of a quad cane.

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“In conjunction with Western medicine, if patients start taking brewed herbal medication within seven days of a head injury or within five days of a stroke, they often see remarkable progress,” Huang said, referring to the so-called “golden window” of joint treatment with both Western and Chinese medicine.

Huang has seen many significant recoveries in patients who received joint treatments like A-feng, but he warned against procrastination: “Moderately to seriously ill patients [with brain damage] usually have great difficulty leading a normal life without assistance if their joint treatment is delayed.” He said treatment that is started within one month after a condition occurs is the most effective.

Early intervention

Huang makes his rounds on Monday, Wednesday, and Friday mornings to check on his patients in the wards and the rehabilitation center. On his rounds, Huang introduced us to a high school student who was stepping gingerly forward. “Xiao-jie is doing really well. His neurosurgeon estimated it would take six months for him to walk, but look at what he's already doing after less than two months.”

Xiao-jie, 20, sustained a head injury in an automobile accident in late July 2012, and his mobility and memory were damaged. He started receiving joint Western and Chinese treatment three days after the accident. Huang attributed Xiao-jie’s impressive progress to early joint intervention and his youth. The doctor was optimistic that the young man would soon be able to return to school.

As he does with all his patients during his rounds, Huang asks Xiao-jie how he feels, observes his dexterity and appearance, and takes his pulse. “This is typical of a ‘look, listen, ask, and touch’ approach to patient care used in traditional Chinese medicine,” explained Huang.

The doctor is careful to take notes about what he observes and what the patient tells him. The information that he gathers helps guide him to the next step of therapy.

Xiao-jie told Dr. Huang that among all his problems, he was most concerned about his double vision and difficulty in balancing. Huang asked if he wanted to try acupuncture. Though the young patient was apprehensive of needles, he nonetheless mustered his courage and agreed to the treatment. “Chinese medicine has sped up my recovery,” said Xiao-jie, “so I’m willing to give acupuncture a try.”

Other patients echo Xiao-jie’s satisfaction, but other doctors also approve the joint approach. Dr. Huang Bo-ren (黃伯仁) is the head of neurosurgery and works with Huang. He voiced his approval of TCM: “Adding Chinese medicine to patient treatment quickens their recovery in physical therapy. I’m quite convinced of that.

A key to treating brain damage

Mr. Wang, in his 70s, walked into Huang’s clinic for a return visit, accompanied by his wife. As soon as he laid eyes on Huang, the man could not seem to stop talking. He looked healthy and energetic. It was hard to imagine that just a year before he had fallen off a water storage tank and suffered hemorrhages on both sides of his temporal lobe.

Because the bleeding in the brain was limited, neurosurgeon Dr. Jiang Jun-ting (江俊廷) decided against surgery. This was to avoid the risk of additional hemorrhaging that might damage functioning cerebral cells. He instead used medication to lower the pressure in Wang’s brain. The strategy stabilized his condition but
left him with aphasia. Though he was able to speak, he often talked nonsense. Jiang then referred Mr. Wang to Huang.

“Mr. Wang recognized his family but couldn’t properly name them,” Huang explained. “For example, he would call his wife ‘Mom’ or ‘Grandma.’ His choice of words was off and his speech lacked logic.”

Huang gave Wang brewed herbal concoctions to repair the damage in his brain. After being discharged from the hospital, Wang regularly returned to the hospital for follow-up appointments, acupuncture, and speech therapy. He has been making great progress.

Dr. Jiang recounted Wang’s follow-up visit just a few days before. “During his last visit, Mr. Wang wanted to get a disability determination from me. He said, ‘I’m sorry, but I have to bother you with something.’ I was startled by such a clear expression of his ideas. He’s recovering very well. I almost wonder if he is still disabled.”

Gesturing to his wife, Wang said, “This is my wife.” He was indeed much better than a year ago. People are astonished by his improvement, something made possible only by the joint benefits of Western and Chinese medicine, each bringing its own unique advantages to the patient care equation.

Huang gave a metaphorical description of his experience in treating head injuries. “I know a key that can open the door of treatment for head trauma and stroke. It is true that this key is still rough around the edges. It may at places get stuck going into the keyhole, but [with a little wigging here and there] it eventually opens the door. This key can only be crafted with the joined hands of Western and Chinese medicine. As the two sides get more and more experience working together, the key will fit the door more closely and open it with increasing ease.” Huang and others are on a mission to unlock the secret of the debilitating powers of brain damage.

Imagine, he suggested, how much better life would be for brain-damaged patients and their families, how much misery could be spared, and how many lives could be lightened if this key were duplicated and such patients could receive a timely protocol of joint Western and Chinese treatment.

A key to other medical frontiers

Dr. Huang’s dream is a key to but one area of human illness. It is clear that more collaboration between the two large branches of medicine is needed so as to benefit sufferers of other diseases.

“Chinese medicine can support a wide array of conditions. For example, it is a great help in weaning intensive care patients off artificial respirators, and it significantly moderates the side effects of chemotherapy for cancer patients,” said Dr. Chen Jian-Jung (陳建仲), director of the TCM Department at Taichung Tzu Chi Hospital. He added that in making a diagnosis, hospital TCM physicians now refer to patients’ Western medicine check-up reports. Traditional Chinese medicine historically relied on the judgment and experience of the TCM practitioner, to the exclusion of input from the realm of Western medicine. But understanding the advantages that advancements in technology can bring, some TCM physicians have modified their traditional protocols to include the numbers, precision equipment, and benefits that Western medicine has to offer.

“Though eight times out of ten I can arrive at a correct diagnosis simply from a patient’s complaint and my own observations, I still recommend that my patients get Western diagnostic tests. In addition to verifying my judgment, the test results can also help patients get a better picture of their own health,” Huang stated.

It appears that the same can be said of physicians of Western medicine in their willingness to try things outside their conventional playbooks.
Joint efficacy

His Eminence Cardinal Paul Shan Kuo-Hsi, S.J. (單國璽, 12/2/1923-8/22/2012), was diagnosed with lung cancer in 2006. The doctors put him on targeted chemotherapy, but he was also treated with Chinese medicine in hopes of boosting his immunity. He praised the efficacy of the joint treatment in helping him fight the disease.

Dr. John D. Young (楊定一), chairman of Chang Gung Biotechnology Corp., writes about the wisdom of ancient medicine and the modern science of nanotechnology in his book, *Primordia Medicine*. He says, “The more minute Western medicine becomes, the more it recognizes the legitimacy of the macro, whole-body approach of traditional Chinese medicine. Likewise, Chinese medicine concurs that modern science and advanced technology are instrumental in solving problems in medical care.”

Despite the fact that Western and Chinese medicine come from vastly divergent philosophies and theories, “They are no longer traveling on parallel lines. Rather, the two can intersect,” said Dr. Wang Jen-shu, director of the Clinical Research Center of Integrated Chinese and Western Medicine. He is in a good position to make such a comment: He is licensed to practice both Chinese and Western medicine.

Dr. Wang has been involved with the integration of the two branches of medicine for some time now. He and a few TCM physicians formed the Association of Integrated Chinese and Western Medicine in 1993 to help bring the benefits of both to patients. Now he is actively promoting the Clinical Research Center at Taichung Tzu Chi Hospital. He is working to establish a model of cooperation between Chinese and Western medicine, and he is pushing for the publication of research papers on Chinese medicine.

From the examples in this article, it seems that the cooperation has gotten underway. However, Wang acknowledges that the abstract approach of traditional Chinese medicine has not lent itself well to the writing of research papers. He plans to encourage his colleagues at the hospital to use patient cases in the current cross-referral model as subjects of study, apply the rigorous research methods of Western medicine, and document their findings in research papers fit for publication in international journals. This should improve the visibility of TCM and may spur interest elsewhere in collaboration between Western and Chinese medicine.

This summer, Tzu Chi University inaugurated its post-baccalaureate degree program in Chinese medicine. More than 1,600 applicants vied for admission for 45 slots. A big draw of the program comes from its emphasis on the integration of Chinese and Western medicine. Furthermore, the program enjoys input from expert physicians, a wealth of resources, and real-life cases of collaboration in the large network of the six Tzu Chi hospitals in Taiwan.

When it comes to joint treatment with Chinese and Western medicine in these six hospitals, the Dalin hospital has the most experience in cancer cases, Hualien is known for its treatment of urinary tract infections and acupuncture for wounds, Taichung excels in herbal medicine, and Taipei shines in gynecology.

It is inevitable that Chinese and Western medicine will collaborate more in the future. Only when old turf wars are abolished can the two sides join hands in developing new treatments and creating the most benefits for the human race.