

Traditional Chinese Medicine: Learning from Dr. Henry Lu, PhD, Dr.TCM

Alvin H. Ip^{a,o}, BKin

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^oCorresponding author: alvinip@alumni.ubc.ca

^a MD Candidate 2016, Faculty of Medicine, University of British Columbia, Vancouver, BC

Traditional Chinese Medicine (TCM) originated in China over 2,500 years ago and represents a myriad of modalities and techniques, such as acupuncture, herbal medicine, tui na (Chinese therapeutic massage), and tai chi.¹ TCM is based on the idea that qi (the body's vital energy) flows through the meridians (channels) of the body and keeps a person spiritually, emotionally, mentally, and physically healthy—in essence, qi maintains a state of "balance".² When qi is blocked, a person will tumble out of "balance" and suffer disease. Therefore, TCM treatments attempt to restore a state of "balance" in order to alleviate disease.²

In Canada, the history of TCM started with the significant immigration of Chinese workers during the gold rush and development of the Canadian Pacific Railway in the 1880s.³ Although the use of TCM was initially limited to the Chinese community, it is now more well-known and accepted within the Canadian population.³ For example, acupuncture has become very popular in Canada: 17 % of the Canadian population have used it at least once in their lifetime.⁴ In 2008, British Columbia became the first province in Canada to reimburse acupuncture treatments as part of its Medical Services Plan.⁵

While still in its early stages, the regulation of TCM in Canada is importantly becoming more rigorous. Five provinces in Canada have approved the legislation of TCM as a health profession and five corresponding provincial Colleges of TCM have been formed.³ These Colleges benefit from self-regulation and have established codes of ethics and professional practice standards. The entry-level occupational competencies for TCM practitioners and doctors of TCM have been respectively

developed in 2010 and 2014.³ National licensing examinations for various professions within the field of TCM (herbalist, acupuncturist, TCM practitioner, etc.) have been administered since 2013.³

Dr. Henry Lu, PhD, Dr.TCM is a licensed doctor of TCM in British Columbia and has practiced Chinese medicine since 1972. He received his PhD degree from the University of Alberta and has taught at the University of Alberta and University of Calgary. Dr. Lu has translated and published more than 30 books on TCM. He is most famous for his complete Chinese-to-English translation of Nei-Jing (colloquially known as the "Chinese Medical Bible"), a classic that not only inspired the development of TCM, but is also highly regarded by Chinese physicians. Dr. Lu founded the International College of Traditional Chinese Medicine of Vancouver in 1986. As President, he plays an active role in teaching TCM and developing its accredited curriculum. Dr. Lu has been involved in the introduction of legislation for TCM in British Columbia and has sat on the Federal Board of Natural Health Products in Canada. Dr. Lu was interviewed on the topic of TCM, including its role in today's health care and how he believes TCM and conventional Western medicine can work together.⁶

How did you come to practice TCM?

I had chronic constipation and constant nasal discharge since high school. The symptoms continued into my college years when I moved to the city of Taipei, Taiwan. As Western doctors were available in the city, I did not think of TCM doctors because I did not believe in the practice of TCM. One by one, I consulted Western doctors, but none of them could help me. When I graduated from college, I had the chance to pursue graduate study in

the United States. I was excited because I thought that the United States was one of the most advanced nations in the world and that my chronic constipation and constant nasal discharge would have a cure at last. Upon my arrival in Honolulu, I was anxious to consult American doctors for my problems. However, I did not expect them to give me the same treatments as I had been given in Taiwan, the same laxatives that caused pain to my intestines. All in all, I was very disappointed. It made me realize that the use of laxatives in Western

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medicine to treat all types of constipation was a typical symptomatic treatment. Other solutions suggested to me include fruits, diet, and exercises, none of which helped me. My chronic constipation and constant nasal discharge were causing me extreme fatigue. Later on, I went back to Taiwan to visit my relatives and I had the chance to consult a Chinese herbalist. He gave me an herbal formula to take. I began to feel very energetic within a few days, which impressed me a great deal.

Why did you decide to establish the International College of Traditional Chinese Medicine of Vancouver?

I founded the International College of Traditional Chinese Medicine of Vancouver in 1986. I believe that if traditional Chinese medicine and acupuncture are to take root in the Western world, it is not sufficient to practice them, but also necessary to spread the knowledge of it to the Western people by means of education.

Why do you want to spread the knowledge of TCM? What role does TCM play in today's health care?

People sometimes ask me why it is useful to study a system of knowledge as old as TCM. I believe the thinking of equating "old" with "obsolete" is not always valid. In the world of knowledge, there are

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ever-changing phenomena and there are eternal principles. Medicine is no exception. Our knowledge about the stomach or kidneys or liver may be ever-changing, but some principles are not subject to change. There are men and women in the world, there are two eyes and two ears, and there is the stomach and liver and heart in the human body; the functions of these internal organs and their interrelationships remain the same from time immemorial. Such things were, are, and will always be the case and many fundamental principles inherent in TCM fall under this category; they are as valid in ancient times as they are today.

How are best practices in TCM determined and how does a practitioner stay up-to-date on them?

Up-to-date is not the key; treatment effect is the criterion. A treatment technique invented 3,000 years ago is still in common use because it is effective. A modern practitioner can tell you, "I have invented a new method of treatment which has proven very effective," and every practitioner will follow suit. A modern practitioner can also say, "I have invented a new method of treatment which is up-to-date," but no one is interested unless it is effective.

What methods do you use to define treatment effectiveness? How does TCM as a field monitor treatment safety and effectiveness?

If a patient has a headache and his or her headache is gone after treatment, this means that the treatment is effective. In other words, the patient is the judge of treatment effectiveness and not the practitioner. There is no centralized reporting system, but there are guidelines in many publications.⁷ As to treatment safety, several principles are common knowledge to TCM practitioners, such as "don't needle patients right after a meal" and "forbidden points are not to be needled."

Is there a system for ensuring that TCM practices are evidence-based?

TCM practices are evidence-based. For example, I cannot claim that I have cured atrophy of Peter's gums unless Peter's atrophy is gone. I cannot say I have cured Peter's headache unless his headache is

gone. This is the best evidence. In many cases, the patient's testimonial is the best evidence. I don't need any other evidence. I would consider myself to be a successful TCM doctor with testimonials from all my patients. But of course, this is hard to come by.

What is the nature of the practitioner-patient relationship in TCM?

As a rule, friendship characterizes the practitioner-patient relationship in TCM; a patient often sees the same TCM doctor, like a family doctor in Western medicine.

How do you think that TCM and Western medicine can work together?

TCM and Western medicine are different from each other, so they cannot be merged. However, it is possible to build bridges between them by putting the two medical systems together to compensate for poor clinical effects, to increase patient satisfaction, or both. Each system has its own strengths and weaknesses; some diseases may be better treated by Western medicine, while others may be better treated by TCM, and still others may be better treated by a combination of the two systems. To a large extent, the interaction between the two medical systems is a comparative and competitive approach in clinical practice.

As a general principle, if a TCM doctor can treat a patient successfully, one should do so. If this is not the case, then referring the patient to a Western doctor for treatment would be appropriate. On the other hand, if a Western doctor can treat a patient successfully, he or she should do so. But if this is not the case, the patient should be referred to a TCM doctor for treatment.

I believe that TCM and Western medicine can work together in four interactive ways:

- I. Use advanced methods of Western diagnostics to confirm or direct TCM diagnoses.

Many advanced methods of diagnostics used in Western medicine may be used to confirm a TCM doctor's diagnosis or narrow down the possibilities so the TCM doctor may be more confident in finding the correct diagnosis. Methods of diagnostics include tissue biopsy, ultrasound, x-ray, and computed tomography.

2. Use advanced methods of Western diagnostics to evaluate TCM treatment effect.

Many advanced methods of diagnostics in Western medicine may be used to evaluate a Chinese doctor's treatment effect. If a patient is treated for hepatitis, it is relevant to see if the virus or antibody, which was present before the treatment, is gone. If a patient is treated for hypertension, it is important to take blood pressure to see if it returns to normal following TCM treatment. If a patient is treated for cholecystitis, it is important to see if the gallstone is gone.

3. TCM offers Western medicine opportunities for treatment and research.

TCM doctors have successfully treated many symptoms and diseases and Western doctors can conduct research into the causes of their success. There are

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many different herbs that are used in TCM but why are they effective, scientifically speaking?

4. TCM and Western medicine benefit from each other to improve clinical effects and patient satisfaction.

From the patient's viewpoint, both a Western doctor and a TCM doctor should understand the strengths and weaknesses of each system. Patients have everything to lose if a disease can be better treated by Western medicine, but a TCM doctor is not aware of it and insists on TCM treatment. The same thing will happen if a disease can be better treated by TCM, but a Western doctor is not aware of it and insists on Western treatment. In the emergency department, for example, a patient is likely to have an accident, stroke, or heart attack and Western medicine is preferred for its access to modern technology. In such cases, after doctors of Western medicine have given initial care, they may hand the patient over to a TCM doctor for follow-up.

Author commentary

Most medical students have little to no knowledge regarding TCM and its diverse practices. As the use of TCM is becoming more prevalent among Canadians, it is important for medical students, physicians, and other health care professionals to be better informed on the topic in order to effectively interview patients, assess for potential drug and treatment interactions, and provide evidence-based recommendations. It is very encouraging to see the progressive development and regulation of the TCM profession in Canada. The practice of TCM is largely focused on tradition, practitioner experience, and outcomes of individual patients. It will be worthwhile to further explore and learn from the wealth of experience of TCM. However, it is also imperative to establish the safety and efficacy of TCM treatments through scientific research. In this interview, Dr. Lu also shared his thoughts on how TCM and Western medicine can work together. It will be important for the medical profession to continue to reach out to alternative medicine practitioners, listen to what they have to say, and work together to explore and address issues to best provide well-informed health care to patients.

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disclosures

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references

1. Bielory L. Complementary and alternative therapies for allergic rhinitis and conjunctivitis [Internet]. Feldweg AM, editor. Waltham (MA): UpToDate [updated 2014 Dec 18; cited 2015 Apr 28]. Available from: <http://www.uptodate.com/contents/complementary-and-alternative-therapies-for-allergic-rhinitis-and-conjunctivitis>
2. Ahn AC. Acupuncture [Internet]. Rind DM, editor. Waltham (MA): UpToDate [updated 2014 Nov 24; cited 2015 Apr 28]. Available from: <http://www.uptodate.com/contents/acupuncture>
3. Cao BB. Current status and future prospects of acupuncture and traditional Chinese medicine in Canada. *Chin J Integr Med.* 2015 Mar;21(3):166-72.
4. Esmail N. Complementary and alternative medicine in Canada: trends in use and public attitudes, 1997-2006. Public Policy Sources. Vancouver (B.C.): The Fraser Institute; 2007. 53 p. Report No.: 87.
5. Ministry of Health. Acupuncture added as supplementary MSP benefit. [Internet]. 2008 Mar 30 [cited 2015 Mar 28]. Available from: http://www2.news.gov.bc.ca/news_releases_2005-2009/2008HEALTH0031-000429.htm
6. Ip, Alvin (MD Undergraduate Program, Faculty of Medicine, University of British Columbia, Vancouver, B.C.). Interview with: Dr. Henry Lu (International College of Traditional Chinese Medicine of Vancouver, Vancouver, B.C.). 2015 Mar 14
7. College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia (CTCMA). Practice standards [Internet]. Vancouver (B.C.): CTCMA; 2004 [updated 2015 Apr 20; cited 2015 Apr 28]. Available from: <http://www.ctcma.bc.ca/index.php?id=48>