

## Chapter 13 A Comparison of the Western and Eastern Paradigms

In the 1990s, as I accepted more invitations to lecture on Eastern medicine, a field that was receiving ever-increasing attention, I tried to define some of the differences between the Eastern and Western paradigms.

Before I fully understood TCM, I had maintained a monolithic view: what was taught in medical school was the only medical paradigm. Now I realize that Western medicine is actually a product of Cartesian philosophy. In college, philosophy was not one of my favorite subjects. It is only recently that I have come to understand what a profound effect philosophy has had on the development of society in general and on medicine in particular. Just as Taoism shaped the course of Eastern medicine, Descartes, the sixteenth-century philosopher who said, “I think, therefore I am,” shaped the course of Western medicine.

### Mechanistic vs. Organic

One day, I described to Dr. Lai how a patient with infertility was worked up by Western practitioners: first a laparoscopy was performed to view the status of her reproductive organs, then came laser lysis of adhesions from endometriosis, and then came the hysterosalpingogram to check if her tubes were open. He mused, “These Americans treat the female reproductive tract like a car—clean and tune the engine, check out the hoses—and they expect it to function.” This mechanistic approach can be understood if we recognize that it comes from Cartesian philosophy.

Descartes likened the human being to two clocks: one is the body and the other, the mind, each running independently of the other and of its surroundings. The parts of the clock are uniform for all individuals. When a malfunction occurs, you take the clock apart, find and fix the

broken part, and function is restored (Osborne 1992, 70–75). The Western tradition of analysis came from this concept.

Cartesian philosophy also accounts for the prevailing Western notion that if the patient's illness cannot be explained with available tests on the body, then it must, by default, be in the patient's mind and not worthy of any further investigation or attention. Exploration of the mind-body connection is a recent Western medical trend. We are regarding this connection as if it were a newly discovered concept. It is novel to us only because we have forgotten that before Descartes, the mind and body were not separated.

Early in my integrated practice, a man from somewhere in the Midwest phoned to seek my help as an acupuncturist. He told me he was desperate to get relief, even if he had to fly west to see me. His problem began after a hernia operation that was complicated postoperatively by an infection in his testicle. The surgeon must have thought that if the testicle hurt so much, he could solve the problem by removing it. After the testicle was removed, the patient suffered even more from agonizing phantom pain. Still new to practicing acupuncture, I was unsure if acupuncture could help him and advised him against making the long journey to see me. Later, he called back to tell me he had obtained relief from an antidepressant drug. We now know antidepressants work for pain relief via their action on pain pathways in the nervous system independent of their antidepressant effects. This man's story was a poignant reminder to me of the fallacy of viewing the human organism as a machine. Years ago my family doctor explained PMS to me as "the cry of the dying ovum." I believe today's widespread pursuit of complementary care represents the Western patient's cry: "I am not a machine."

In Chinese landscape painting, people are depicted as a tiny portion of the whole landscape. This reflects the Eastern worldview that man is but a tiny part of the cosmos. An

extension of this Eastern concept is that the human organism itself is a microcosm, where the sum of all parts, including the mind and body, are interrelated, and cannot be separated from the whole. Disease can occur when there is a disruption of the normal harmony between man and the cosmos. It can also occur when, within the microcosm of man himself, there is a disruption in the homeostatic mechanisms responsible for maintaining normalcy. The Eastern view takes into account the external and internal, past and present, and aims not only to treat the body's external invaders but also to restore the patient's balance.

#### Focusing on the Present vs. Connecting the Present to the Past

Years ago, a patient in his early forties came to see me seeking acupuncture for pain in his right groin. His past medical history included a testicular cancer on that side, which was removed successfully when he was in his twenties. At the time, still inexperienced, I intuitively asked if there could be a relationship between the past surgery and the present pain. He rejected that idea, insisting that the surgery was long ago, the wound had healed, and the whole thing was only past history. He proceeded to ask how many cases of this type I had treated. "Not many," I told him. With his Western mindset, he was intent on finding an acupuncturist who specialized or had a lot of experience treating groin pain. Still accustomed to the Western way of thinking, I told him I knew of no one and probably could not help him. In retrospect, with my added years of experience, I think there was a relationship between his past surgery and his pain. If I had resisted the pull of his Western way of thinking and hung on to my original conviction, I probably could have helped him.

I once attended a conference on acupuncture treatment of back pain. To demonstrate her technique, the lecturer asked for volunteers from the audience who had back problems. A woman

in her forties stood up as a willing subject. She said she was not a back pain sufferer now, but anticipated problems in the future. She gave the following explanation. In her family, the men carried a genetic defect that caused them to lose kidney function at a young age. The women in the family were free from this genetically transmitted disease and donated their kidneys to the men. Usually about twenty years after the women donated their kidneys, they developed back problems, and most of them had to undergo lumbar laminectomies. She had recently donated her kidney to a cousin. She wanted treatments to prevent the lower back problems the other kidney donors in her family had developed. This sounded fascinating. I went up to talk to her after the lecture and asked if the transplant surgeons knew about this complication of the kidney donors. She answered that because the complication was so remote from the time of surgery, the surgeons were not aware of it.

This story made me realize how shortsighted we tend to be. I began to think of cases I had treated in the past. There was the physician who had a childhood leg injury. It was not until two decades later that she developed back and leg pain, and I treated her with acupuncture. There was the elderly patient who had undergone hip replacement. Her course was complicated by postoperative bleeding, and she required reoperation. She saw me for persistent hip pain for which no apparent cause could be found. Her surgeon told her the X-rays and MRIs had shown a successful hip replacement. I found the muscles around her hip area were tense, and when I loosened them using acupuncture, her pain was relieved.

These cases seemed to have a common theme. After a procedure or trauma, the body's muscles guard the area by tightening around it, leading to problems years later. In the case of the kidney donors, when the muscles of the back on the operated side tightened, they gradually caused a curvature in the spine. With years of this abnormal pull, the disc space on that side

became narrowed, resulting in lumbar disc disease. Western medicine needs to recognize that the past does influence the present.

### Reductionism vs. Integration

If we begin with the premise that the body is a clock, logic dictates that when it malfunctions, we must take it apart in order to locate the problem. The Cartesian tradition is analytical, reducing things to the smallest common denominator in search of the cause for malfunctions. The penultimate example is the mapping of the human genome. This approach makes specificity paramount. Treatment is targeted for a specific cause. To treat a serious bacterial infection, for example, Western medicine takes a specimen such as blood or sputum, cultures it to identify the offending microorganism, and runs further tests to determine which antimicrobials are the most effective in killing the microorganism.

The perceived need for specificity permeates Western thinking among both doctors and patients. Sometimes it is carried to extremes. The assumption is that until the diagnosis is completely clarified with minute testing, treatment cannot be determined. When patients do not improve, they often ask for more tests “to find out what’s wrong with me.” Even then, the most sophisticated tests may not shed any further light on their problems. This not only drives up the cost of health care, it delays needed treatment.

One patient of mine had been in an automobile accident in which he sustained a back injury. He had undergone surgery for lumbar disc herniation. After the surgery, he continued to have residual pain in his back, radiating down his leg in the typical sciatic nerve distribution. He also complained of pain at the tip of his penis. Looking at my neuroanatomy book, I noted that the distribution of his penile pain was precisely the area supplied by the S2 nerve root. I told him

his pain was most likely from the nerve root to his penis having been injured in the accident. Not satisfied with that explanation, he sought out a urologist who proceeded to perform a cystoscopy to look inside his urethra and bladder. The urologist found no pathology in the urinary tract, but the patient suffered the complication of a bladder infection after the procedure. When I later asked him why he had gone through all that suffering for naught, he answered, "I just wanted to be sure of what was wrong with me."

Cartesian reductionism also accounts for the trend toward specialization, and even sub-specialization, in medicine. When specialist care becomes the initial step, we sometimes lose sight of the forest for the trees. Before coming to see me for primary care, a patient went to multiple eye specialists for discomfort in her eyes. The specialists repeatedly told her there was nothing wrong with her eyes. When I saw her, I discovered that an overactive thyroid gland was causing her symptoms. Eye discomfort with bulging is a common accompaniment of Grave's Disease. Western patients share a common misconception that if they can only find a super-specialist to deal with the body part giving them symptoms, their problems will be solved. Unfortunately, the human organism, contrary to Descartes' teaching, is not always so simple as the sum of its parts.

Anne was fourteen years old when she began having lower abdominal pain, back pain, and severe constipation. Through an HMO system, she had seen a pediatrician and an emergency room physician. For her back pain, a back X-ray was ordered. For her constipation, a dietary consultation was ordered. The back X-ray showed scoliosis. She was then sent to a back specialist who determined that her back pain was not from a disease of the back. The diet recommended did not help her constipation. By the time she came to see me, the patient and her parents were very frustrated. Since she had constipation, I thought the most basic examination

was in order. As soon as I performed the rectal exam, I found a large pelvic mass. I referred her to a gynecologist. After performing an examination under anesthesia, the gynecologist found that Anne had an abnormal reproductive tract, causing obstruction to normal flow of menstrual blood. The mass I felt on rectal exam was actually the accumulation of blood in her vagina. All her symptoms came from it. Pressure from this mass caused pain in the lower abdomen and back. Pressure on the rectum from it accounted for her constipation. The reason Anne's case took so long to unravel was that her previous physicians, rather than listening to her story and performing a basic physical examination, had been distracted with specialized tests.

TCM treatment does not depend on a specific diagnosis. Chinese medicine therefore does not require extensive testing. It uses an integrative approach. To diagnose, TCM practitioners just need to determine which system is out of balance. Multiple herbs with similar actions are prescribed to barrage the offending "evil," along with herbs to rebalance the host's ability to fight disease. Acupuncture directs blood flow to the area that is diseased and helps the body to take over and normalize itself.

#### Focus on Disease vs. Disease and Host

The Western premise that the body is like a machine implies that the body has no inherent ability to repair itself and therefore requires a mechanic to repair it. Consequently, Western medicine focuses on conquering disease rather than on the host's ability to fight disease. At times, this approach can lead to some measure of harm because the battleground is the body itself. To some degree, treatment to attack the invader can also undermine the host's well-being. To address this, Western medicine targets the disease with increasing specificity to minimize harm to the host.

The development of monoclonal antibodies, which attack cancer cells specifically and leave all other cells alone, is an example.

Eastern treatment uses a two-pronged approach, directing attention not only at the causative invader but also at strengthening the host. My friend Frances, a missionary in China, e-mailed me about her medical problem. She was having bladder infections one after another despite multiple courses of antibiotic treatments, including one prolonged course. It seemed as soon as she was off antibiotics, she would suffer another bout of bladder infection. After three months, the strain of bacteria causing her infection was getting resistant to almost all antibiotics. Her doctors, at an impasse, were planning to study her immune system. The test results later turned out to be normal. She noticed that the beginning of her symptoms seemed to have coincided with the discontinuation of estrogen replacement hormones, a decision prompted by recent warnings about estrogen replacement therapy being linked to cancer. Frances told me that twenty years ago, when she was in her forties, she developed uterine fibroids for which she underwent surgery. About a year after her surgery, she had severe pain on her right side, and she underwent a second operation. Her surgeons found that she had a pelvic infection, a complication of the first surgery. They also found so much scarring and abscess formation around the ovaries that they had to remove them. She was then put on estrogen replacement until very recently. Using my TCM background, I reasoned that with all the complications of her surgery, her pelvic organs, including the bladder, had undergone scarring, and the blood supply to these organs was inadequate. The twenty years of estrogen replacement was what maintained her normal bladder immunity. When that was discontinued, her bladder's ability to fight bacterial infection was compromised. I advised her to use a topical estrogen cream and e-mailed a prescription of herbs that tonify the Kidney, restore Yin to the pelvic mucous membranes, and promote circulation to



the pelvic area. After about three weeks on this regimen, her bladder infections no longer recurred. Whereas the Western approach focused mainly on her bladder infection, the Eastern approach focused on the patient.

### Structural vs. Functional

Since Western medicine likens the body to a clock, the natural corollary is that you either take it apart to fix it or somehow peer inside to find the malfunctioning part. We have therefore devised methods of looking into any and every orifice possible, from gastroesophagoscopy, to colonoscopy, and now to ductoscopy (looking inside the milk ducts of the breast). The goal of these diagnostic procedures is to find a structural abnormality that Western science can treat. In a common scenario, the patient does not feel well and sees the allopathic doctor. When the physical examination shows no abnormalities, tests are ordered. If the complaint is gastrointestinal distress, for example, the tests will probably include looking into either the upper or lower GI tract or both. A few days later, the physician informs the patient of the good news. “All your tests are normal.” The patient then wonders, “If all my tests are normal, what is wrong with me?” The patient may not recognize that the tests are for structure, not function.

The absence of structural abnormalities does not exclude functional problems. In this example, nerves to the intestine may not be working optimally for normal synchronous motion. Actually, the term “functional” carries a definite connotation. To the mind of a Western practitioner, “functional” means the problem is not serious; it does not require much attention; it is most likely just in the patient’s mind, and it can be dismissed. Deeper in the physician’s mind is the knowledge that Western medicine does not offer many good treatment options for

functional conditions. Structural problems are those that we excel in treating. Before studying TCM, I also held this view.

One patient's story is a sad caricature of the attitude I used to share with so many Western colleagues. Herman was a middle-aged man who had led a life sheltered from the medical system. One day he went to the local hospital emergency room for chest pain. He was quickly admitted to the coronary care unit. He described with bewilderment the way he was treated. "In one instant, the hospital staff treated me with such care, as if I were a delicate rose. They did not allow me to pick up even the lightest of objects. In the next instant, when the tests all came back normal, ruling out a heart attack, they could not push me out their door fast enough." Testing had moved Herman's chest pain from the structural to the functional bin. In a flash, Herman, once the center of attention, became a nonentity in his caregivers' eyes. If mainstream practitioners ever wonder why disenchanted patients are flocking to complementary practitioners, they should examine themselves.

Taoism influenced Eastern medicine to shun invasion of the body. While Eastern practitioners have fewer solutions for structural abnormalities, which represent a more advanced stage of disease, they do offer viable solutions for functional abnormalities. TCM directs treatment at encouraging the body to regain normal function.

### Replace vs. Restore

Western medicine fixes malfunctioning parts by replacing them. When someone has degenerative arthritis, Western practitioners wait until the joint is completely destroyed, and then replace it. When blood vessels are occluded, such as in coronary heart disease, we replace them with normal blood vessels from other parts of the body. When a larger vessel such as the aorta is

involved, we replace it with an artificial vessel. Western medicine addresses early disease with “watchful waiting.”

Eastern medicine uses a different approach. It aims to restore malfunctioning parts so that they will function longer. Acupuncture tends to improve circulation to the joint and surrounding muscles, forestalling further degeneration in the joint. For vascular occlusive disease, TCM practitioners can use herbs that discourage arteriosclerotic plaque formation.

I once saw a Public Broadcasting television program about the remarkable Egyptian obelisks (Pharaoh’s Obelisk 1994). The modern project was to figure out how the early Egyptians were able to raise these magnificent tall structures to the upright position. A British engineer tried to devise a method simulating the resources available at that time. The obelisk was hoisted on a large crane and tied with ropes. Two hundred men, at a prescribed distance, were assigned to pull the ropes. As they pulled, the obelisk would begin to slide off its moorings. The task was finally abandoned because of the unnecessary danger to the men. But an American sculptor in the group was not willing to give up so easily. He used a different approach. By displacing the sand underneath the obelisk, he used the obelisk’s own weight to shift and pivot itself to an upright position. I think this is a good analogy for comparing Western and Eastern medicine. Western medicine uses powerful external force to effect change, but it is accompanied by some risk. Eastern medicine leverages existing internal forces to achieve the same result with less risk.