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PERSPECTIVES FROM THE NEXT GENERATION

East-West Medicine: Irreconcilably Complementary

Alex Moroz

50 Brighton First Road, 12-C
Brooklyn, New York 11235, U.S.A

Abstract: This article compares and contrasts philosophical foundations as well as practical approaches of eastern and western medical systems. Discussion is based on the premise that medicine is a reflection of a society's more general structures and beliefs. Historical developments of Oriental and Occidental cultures and their respective medical models follows and is used to explain the disparity in practice that exists today. The dichotomy of medicine in the East and West is then considered in terms of Yin and Yang, as well as possibilities for interaction.

*When Autumn color deepens in the West,
there comes the balmy Spring in the East.*

*Such is the principle of lively moving Energy in
Nature, Yin and Yang.*

*When Yin and Yang mingle with one another
in harmony.*

The benefits reach to human being.

Thus the East-West medicines cooperate.

The West with mess revives even the Brain nerves.

The East with needles invented a new anesthesia.

*Although the methods of benefiting people and
saving the world are different,*

*the East-West medicines have the same
goal in benevolence,*

They should cooperate in perfect virtue.

In quest of truth.

Kyong-Man Choe, Korea¹

Please address all correspondence and reprint requests directly to the author at the above address.

MEDICAL models and culinary styles are culture-specific. Both develop and change as society itself grows and evolves. Today, Chinese cuisine is unique and different from that in the West, but also from ancient Chinese dishes. How much more true of medicine.

Although having been fortunate to get a taste of Western and a flavor of Eastern medical systems, I am by no means an expert in either field. Having just entered my third year in a Western school of medicine and having no formal education in Chinese medicine, I have, however, regularly attended and observed weekly sessions at the Bellevue Hospital Acupuncture Clinic since its opening in 1992. Looking at two very different systems simultaneously has led me to certain tentative perspectives.

The fundamental premise of this discussion is that medicine is dependent on philosophical concepts, accepted and utilized by the society in which that model of medicine is practiced. Assumptions concerning the nature of disease entities, canons of possible explanations, and the modes of proper treatment are merely extensions of the paradigm that dominates a particular

medical system. The characteristics of a given system of medicine can ultimately be traced to the notions held by the then current society as a whole.

Worldviews underlying the contemporary Western medical model have largely been shaped and directed by Cartesian thinking of the 17th century's scientific revolution. Paralleling the explosive development of science and technology, medicine of the West gradually became much more of a science than an art. As knowledge in the natural sciences deepened and expanded, views on the human body in health and disease changed likewise. Impressed by significant advances in physics and chemistry, and tempted by the apparent clarity and security that their objective methodology provided, biologists and physicians also directed their focus on the physical and chemical foundations of life.

A shrinking minority of "vitalists," who maintained that there was more to life than its physical manifestations, had become unpopular and consequently invisible by the middle of the 19th century. Mechanistic biology and medicine had become the most widely used and trusted.

The theoretical foundations of today's medicine are not much different from those utilized by physicians a hundred years ago.

"At the core of modern medical practice is the Cartesian revelation: *the living body can be treated as essentially no different from the machine.*"^{2(p23)}

Given the notion of embodiment underlying disease categories and therapeutic modalities, it is not surprising that the process usually culminates in mechanistic forms of treatment. After all, chemical reactions are controlled with addition and subtraction of chemicals; a structural defect is corrected by physical manipulation. Assuming that the "live body" is merely the sum of its constituent parts and amenable to physical and chemical modifications if applied properly, these manipulations should theoretically be sufficient for a complete cure.

The evolution of medicine from an art

to a science also reflects unique characteristics of our society. Western culture of today idealizes assertive, physically active, hard-working individuals who push for the extremes and are rewarded with fame, financial well-being and physical and emotional pleasures. These are all positive, external qualities. Concomitantly, the present conventional medical system focuses on the external or "foreign" aspects of human disease. Claude Bernard's notions of "internal milieu" have been overshadowed since Pasteur's 19th century discovery of microbial origins of infectious disease. Although Pasteur confessed shortly before he died that his opponent was correct, the direction of medicine had been determined.

Thereafter, theoretical and therapeutic efforts have been mainly directed at defeating the pathogen assaulting the suffering patient—be it a microorganism, trauma or an inappropriate chemical. Those cells and processes of the body that are thought to be the main cause of malfunctioning or a structural change are also treated as foreign in practice. When the immune system goes out-of-control, it is suppressed; most researchers believe that the cure for cancer will ultimately be a chemical that selectively destroys the transformed cells, leaving the rest intact. This externalization of Western medicine (or what could be described in Chinese as an example of a "Yang" characteristic) is a source of its astonishing success in eradicating infectious diseases and managing acute, life-threatening conditions. It is also the reason for the inability of modern medicine to tackle chronic, degenerative diseases and ailments caused by derangements of the body's own cells and organs.

It is interesting to note that although modern Western medicine has its roots in ancient Greek traditions, it represents but a sample of the variety of theoretical schools that existed in ancient Greece. It is commonly believed that Hippocratic medicine was:

"... unitary in outlook ... dominated by a kind of radical naturalism focused on the

body, itself governed by bodily 'humors.' This 'one-sided' emphasis of Greek medicine is thought to express a bias that has been characteristic of Western medicine ever since."²(p102)

Prior to the 3rd century BC, the Hippocratic corpus had been represented by two main schools: dogmatism and empiricism. The dogmatists, guided by rigid logico-causal relationships, insisted that certain *a priori* knowledge was needed for proper diagnosis and treatment, and favored direct inspection through dissection and even vivisection. The empiricists argued that medical judgment ought to be based on practical experience. They refuted the notion of prejudging the patient's condition based on *a priori* knowledge. As a means of obtaining knowledge, the empiricists rejected dissection and vivisection not only for ethical and humanistic reasons, but also because these procedures were not thought to provide any useful therapeutic information. The dogmatists relied on a logical classification of disease and argued that obtaining knowledge was as important as treating the patient. Empiricism focused only on those symptoms that past experience had shown to be related to similar diseases and believed that knowledge is secondary to helping the suffering patient.

In spite of these different approaches, both of these branches of Hippocratic medicine proceeded in a way that we today may call objective. The physician's knowledge and experience was the all important factor; only the type of reasoning differed. As such, objectivity became the "golden rule" of science; perhaps modern Western medicine carries the legacy of the dogmatic, and to a lesser extent the empirical, schools of ancient Greek medicine.

A very different school of thought, classical skepticism, had developed later that refuted the dogmatic-empiricist conflict as overly theoretical and irrelevant to medical practice. The classical skeptics focused on the experience of the patient rather than that of the healer and, thus, were more sub-

jective rather than purely objective. Illness was seen as a phenomenological event that involved intertwining factors of that particular patient's physical, emotional and spiritual life. The treatment consisted of assisting the patient's internal resources in coping with an illness. This highly individualized approach to the unique experiences of the patient and the notion of the body as both a thing of the world but also an intentional entity giving rise to the world has foreshadowed Western phenomenology of this century, as well as "holistic" or "alternative" medical philosophy.

Oriental medicine is, in principle, much more akin to classical skepticism than it is to either Hellenic dogmatism or modern Western medicine. The origins of Chinese medicine date back at least as far as the Hippocratic schools. The crucial difference, however, is that unlike Greek medicine, Chinese medicine did not abandon the original principles or the ancient techniques. In contradistinction, philosophical foundations were maintained and techniques multiplied and elaborated. It has been noted that:

"... the works of Greek tradition were composed to serve as textbooks for the practitioner, yet the practical value of their contents was superseded centuries ago. Apart from their significance for the medical historian, the value of these works has for centuries consisted in creating for the Western physician the moral and ethical concept of the ideal physician."³(p76)

On the other hand, China's earliest extant book concerning the art of healing, *Yellow Emperor's Classic of Internal Medicine (Huang Di Nei Jing)*, originating at about the same time,

"... was never meant to be a mere textbook of medicine, but rather a treatise on the philosophy of health and disease; and yet it was taken over by a physician, not simply as a guide towards an ideal of life, but as a help for the actual practice of medicine."³(p76)

Beliefs expressed in the *Nei Jing* originated from the shadowy figures of Taoist sages. Thinking in terms of correspondence, Taoism views human beings as microcosms of the physical universe (the macrocosm).

All of the forces operating in the environment, therefore, also subject humans to their actions. Diseases are seen not as rigid cause and effect entities amenable to direct observation and reductionist dissection, but rather as functional relationships or imbalances between energetic systems within, as well as outside, the body. Oriental diagnosis and treatment consists of maintaining the balance and identifying and correcting imbalance, as opposed to the approach of Occidental medicine, which is generally a corrective system. Oriental healing places much emphasis on maintaining health and preventing disease. This tendency can be traced to the writings attributed to an eminent figure in Taoism, Lao Tzu:

It is easy to maintain a situation while it is still secure;

It is easy to deal with a situation before symptoms develop;

It is easy to break a thing when it is yet brittle;

It is easy to dissolve a thing when it is yet minute.

Deal with a thing while it is still nothing,

Keep a thing in order before disorder sets in.

A tree that can fill the span of man's arms

Grows from a downy tip;

A terrace nine stories high

Rises from hodfuls of earth;

A journey of a thousand miles

Starts from beneath one's feet.⁴

The concept of diagnosis at the stage of inception of disease was a logical extension of this preventive approach—the greatest medical art.

"The superior physician helps before the early budding of the disease. The inferior physician begins to help when the disease has already developed; he helps when destruction has already set in. And since his help comes when the disease has already developed, it is said of him that he is ignorant.^{3(p57-8)}

In the Eastern medical model, disease process is said to originate from the complex interactions of a person's energetic state with exogenous (environmental insults such as excessive heat, dryness, wind) and endogenous (excessive emotions such as anger,

joy, fear) disturbances. Temporally, energetic imbalance appears first, before any symptoms develop. Careful observation and physical examination including abdominal and back palpation, examination of peripheral pulses and the tongue allow the physician to intervene at the time when the patient is still asymptomatic. Therefore, patients need prophylactic visits, which are usually indicated at the change of seasons four times a year. An often cited tradition of practitioners in rural China was to charge his fees while a patient was well; the payments stopped if the patient succumbed to a disease. The physician lost money if their patients fell ill; also because he was responsible for providing all the materials necessary for the treatment.

The treatment itself consisted of multiple modalities including massage, herbal supplements and nutritional correction, meditation, and martial art practice. As was true in the past, some contemporary practitioners specialize in one mode of treatment, for example, acupuncture. Others provide a broader range of healing opportunities combining two or more approaches in a comprehensive treatment. Whatever the specific situation might be, all the therapeutic branches serve as a means of assisting the patient's internal forces in dealing with a disturbance. The focus is placed on internal rather than external causes of an illness; therapy is also directed at regaining balanced internal relationships rather than destroying an external causative agent.

In the Eastern medical model, as well as in the case of Western medicine, the cultural inclinations of society in general are reflected in its medical practices. The valorized image of a recluse sage, who is unmoved by flutters of the external world content within himself and satisfied by existence, is prominent in the intellectual heritage of traditional Chinese culture. The principles and practice of the medicine that evolved in this context are also relatively internal, negative, or Yin. This quality of Eastern medicine explains its relative inept-

itude in dealing with acute, life-threatening emergencies such as severe trauma, cardiac arrest, sudden bleeding and the like. It also allows for successful treatment of functional, chronic, neurological and degenerative conditions unmanageable in the West.

As a matter of fact, numerous attempts to compare and contrast the two seemingly irreconcilable models fit neatly within the Yin-Yang framework. For example, a physician who began using acupuncture (one of the modalities of Chinese medicine) after practicing dermatology for many years claims that his success rate has increased from 65% to 95% after combining the two systems in his treatment.⁵ He compares the models in the following way:

Western Medicine	Eastern Medicine (e.g. acupuncture)
objective	subjective
visible	invisible
seeing	feeling
physical	spiritual [emotional ^a]
structural	physiological [functional ^a]
materialistic	philosophical
outer- consciousness	subconsciousness
intellect	inner knowing [intuition ^a]
reasoning	awareness
organic	functional
signs	symptoms

a: author's addition

One notices how eloquently qualities of Yang, described in the left column, contrast with those of Yin in the right column.

An American practitioner of acupuncture trained in Britain provides an interesting hypothesis related to right and left brain function:

"The western world is represented [*sic*] by primarily left brain function, with the focus on the individual, and the world his oyster. This is expressed stereotypically by analytical, objective and logical qualities of thought, stressing verbal excellence, and distinctions of good-bad, right-wrong . . . The other [world], eastern, and primarily [emphasizing] right brain function has [*sic*]

a vision of a man as just one integral part of the whole universe, and is represented by functions of insight, intuition, emotions, and universal concepts."⁶

Clearly, right and left brain functions and their expressions are but manifestations of Yin-Yang duality.

Disorders of a Yang nature have an objective basis and respond best to Yang treatment modalities (e.g., surgery, pharmacotherapy). Manifestations of diseases belonging to the realm of Yin are experienced by the patients but have no demonstrable underlying pathology. "Idiopathic," "functional" and "somatoform" conditions are best addressed by Yin forms of therapy (e.g., acupuncture, meditation).

Perhaps due to unique historical developments or obscure genetic mechanisms, two geographically dissociated societies have drifted apart, carried by currents of time. The relatively Yang culture of the West has created a medical system based on Yang concepts and the use of relatively Yang therapies successful in managing acute (Yang) disturbances. On the other hand, the comparatively Yin Oriental culture of the East has developed a medical model based on more Yin concepts and successful in managing relatively Yin disturbances.

In a situation where two diametrically opposed systems coexist and are both enjoying a high degree of success, there are several possibilities for interaction, e.g.:

1) Integration (the Yin approach) provides an opportunity for combining Eastern and Western approaches to promote health, at the possible risk of losing identity. This implies change and probably the evolution of philosophical concepts. It seems promising.

2) Conversely, competition (the Yang approach) nurtures unique qualities and techniques of a system at the expense of missing important counterparts and principles utilized by that system. An example of this approach is the use of particular acupuncture points for particular symptoms regardless of an individual patient's presen-

tation; in such a "cookbook" approach techniques are applied without reference to the underlying principles. This implies maintaining the *status quo*. There are many advocates of both attitudes among practitioners of Eastern as well as Western medicine.

Wary of finite judgments and conclusive decisions, I am unsure where I belong. It seems likely that an intermediate approach would be worth trying, where an evolving exchange of principles and practices would not compromise the unique attributes and beauty of each system.

Editor's Note: As testimony to the possibilities of an evolving medicine, see "In the News," page 386, for a list of grants made by the Office of Alternative Medicine of the National Institute of Health.

About the Author

Alex Moroz was born and raised in the Soviet Union where he received his early education. Arriving in the U.S. in 1989, he received a BA in 1992 from Brooklyn College of the City University of New York. He entered New York University School of Medicine where he has regularly attended and observed the practice of acupuncture in the Bellevue Hospital Acupuncture Clinic since its opening in 1992. Now in his third year of medical school, he notes that his interest in Chinese Medicine has sustained two years of basic sciences and several months of Western clinical training. He notes, "I think it allows me to put medicine, as we practice it here, in a broader perspective—as one of many approaches to health and disease, with all its strengths and shortcomings. I hope it will also help me become a better doctor by providing yet another means of restoring and maintaining well-being."

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