The Potential Benefits of Integrative East-West Medicine

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What is integrative medicine?

Integrative medicine, as defined by the Consortium of Academic Health Centers for Integrative Medicine which consists of 57 academic medical centers and affiliated institutions, is “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

Interestingly, during the height of the healthcare reform debate, a summit was convened in 2009 at the Institute of Medicine on “Integrative Medicine and the Health of the Public” examining different topics, including the science, evidence base, research and models of care involved.

A subsequent statement entitled “Integrative Medicine: A Vital Part of the New Health Care System” was issued by the late Senator Edward “Ted” Kennedy, who was chair of the Senate Health, Education, Labor and Pensions (HELP) Committee at the time, with a specific focus upon prevention and wellness as fundamental components of integrative medicine.

The statement also emphasized the promotion of health as defined by the World Health Organization, which is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

What is integrative East-West medicine?

Integrative East-West medicine is a healthcare paradigm that embodies this description of integrative medicine through bringing together the best diagnostic and therapeutic modalities of modern Western and traditional Chinese medicine for the care of patients. Through the individual strengths of each, both Western and Chinese medicine can address the entire spectrum of healthcare.

Some of the salient differences between Western and Chinese medicine include a disparate philosophical construct (e.g. reductionism versus holism, respectively) and a parallel ontological perspective about the mind and body (e.g. dichotomous versus unified). The division of the mind and body is generally attributed to the French philosopher, René Descartes, and hence the phrase ‘Cartesian dualism’ is often used.

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As an illustration, I often like to use the analogy of a camera, whereby reductionism is much like a ‘telephoto lens’ that precisely hones in on the specific pathophysiologic mediators involved, such as various neurotransmitters and hormones, while holism is similar to a ‘wide-angle lens’ that provides a broad, panoramic view of multiple interactive physiologic cascades.

Through this analogy, it should become apparent that the models of reductionism and holism are not mutually exclusive, but rather provide ‘different perspectives’ along the continuum of health and disease.

A recent shift, however, in the modern Western healthcare paradigm from reductionism to holism has been described whereby the latter incorporates the dynamic, integrative systems of the human body and its complex biochemical, physiological and environmental interactions, with a key tenet being “cura personalis” — that is care for the whole person.6

This holistic paradigm can be seen in various emerging fields, such as systems medicine, systems biology, complexity theory and nonlinear dynamics.7,8

What is acupuncture and how does it work?

Acupuncture, a therapeutic modality that involves insertion and manipulation of thin needles in the body, has been reported as early as the 5th century B.C. for treatment of various disorders involving the head and neck.9

Its therapeutic effects primarily derive from re-regulation of multiple physiological cascades within the internal milieu of the body, whether through modulation of the autonomic nervous system, neuroendocrine axis, inflammatory response, immune system, limbic system or pain pathway.10–15

The therapeutic effects of acupuncture can be achieved not only through the use of needles, but via any modality that can stimulate acupoints, such as acupressure, transcutaneous electrical nerve stimulation (TENS) and trigger point injections.

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LI-4 (Hegu)

Location. Found at the highest spot of the muscle when the thumb and index fingers are brought together

Indications. Stress, headaches, neck pain, facial pain, sinus congestion, toothache

Caution. Can induce labor in pregnant women

Note. Acupuncture of this point has been shown to modulate the limbic system and subcortical gray structures of the brain on functional MRI.22

P-6 (Neiguan)

Location. Three finger breadths proximal to the wrist crease, in between the two tendons

Indications. Nausea, motion sickness, vertigo/dizziness, anxiety, carpal tunnel syndrome, upset stomach

Note. In a randomized controlled trial, acupressure of this acupoint has been demonstrated to be effective in the treatment of vertigo.23

ST Acupuncture Meridian

ST 8. Migraine/tension headaches, facial motor tics, dizziness

ST 7. Facial pain, temporomandibular joint disorder, ear pain, tinnitus

ST 4/5/6. Bell’s palsy, lockjaw/trismus

ST 3. Maxillary sinus congestion
What are myofascial pain and trigger point injections?

Myofascial pain (syndrome) is a condition that affects the muscles and surrounding fascia/soft tissue within which can be found trigger points — discrete, highly sensitive and taut nodules of muscle fiber that can produce pain locally and in a referred pattern.

While always tender to palpation, trigger points can be ‘active’ or ‘latent’ depending upon the presence of spontaneous pain at rest.

Trigger points can be caused by a number of factors and are commonly a manifestation of a pain condition, but may often times be associated with a variety of non-pain disorders.

Trigger point injections, usually administered using an anesthetic solution such as lidocaine, can effectively inactivate trigger points and provide symptomatic relief.

As an interesting historical fact, President John F. Kennedy had received trigger point injections by White House physician, Janet Travell, M.D., for treatment of his back pain. Dr. Travell, along with David Simons, M.D., wrote a two volume set about myofascial pain and trigger points that is considered to be the authoritative source on the topic. 16

It is also notable that correlation between acupuncture points and trigger points, while not entirely equivalent, has been described. 19

What conditions can be treated?

The therapies that we offer are primarily adjunctive to standard Western medical care with the goals of treatment being to:

1) reduce symptoms,
2) improve quality of life,
3) minimize adverse effects of conventional care and
4) enhance wellness.

Acupuncture and trigger point injections can be therapeutic for various musculoskeletal pain disorders, including those conditions most relevant to patients with acoustic neuroma—notably headache, neck/facial pain and post-operative pain.

A consensus conference at the National Institutes of Health concluded that acupuncture was shown to be effective for the treatment of post-operative pain, dental pain and chemotherapy-related nausea/vomiting and was recommended as an adjunct treatment for headaches, fibromyalgia, myofascial pain, osteoarthritis, low back pain, carpal tunnel syndrome, tennis elbow and menstrual cramps. 18

Non-pain conditions such as dizziness/vertigo, tinnitus, insomnia, anxiety and stress may also be amenable to treatment and may perhaps be mediated through modulation of the somatosensory system. 19–21

References
1) http://www.imconsortium.org