The Principle and Practice of Integrative Chinese and Western Medicine

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Integrative Chinese and Western Medicine (ICWM) was one of the great achievements of the Chinese health care and hygiene system in the fifties of the 20th century. To combine the knowledge of Chinese medicine (CM) with that of Western Medicine (WM), mutually adopt their advantages and offset their shortcomings, merge together and understand thoroughly, develop new medical models; and to elevate clinical efficacy, renovate the medical theory, enhance the culture of Chinese traditional medicine, to enrich world medicine and benefit all of mankind are the aims of ICWM.

CURRENT STATUS

Three sentences summarize the current policy in developing CM. “To lay equal emphasis on CM and WM”, “To implement the modernization of CM” and “To promote the integrative CM and WM”, which are mutual complementary to each other, and should not be taken out of context and each takes what he needs.

ICWM is the objective paradigm for the co-existence of CM and modern medicine. It is the scientific development and advancement toward inexorable trends of crossing and comprehension, systematization, internationalization and pluralization.

The mode of medical care is the medical practice currently adopted on a large scale in China. Of course, the levels are different. There is a popular type ICWM medical care mode in rural areas and in grassroot units. There is the ICWM medical care mode implemented by higher level in the medical institutions of large cities, where modern examination means have been applied. There also is the ICWM medical care mode for scientific research, which is full of creative thinking. ICWM is unique. In short, it is widely used by many CM hospitals, ICWM hospitals and general hospitals.

Regarding ICWM, after the great changes of the recent half-century, a certain general acceptance and a common opinion have been formed in society. But still, there is not unanimous opinion in all the people. Some consider that ICWM deformed, or even “westernized” CM. Some holds that CM and WM are not on the same starting line, not on the same level, hence “integration” is not feasible. Some believe that CM itself will become part of the world medicine, etc. At present, I think, it is not necessary to seek unanimity under pressure, we should create in the process of inheritance, while inherit in creation, to elevate the efficacy. This is the best choice.

A close retrospective examination of the past half-century yields the following summary of the achievements of ICWM.

The Diagnostic and Treating Mode and Methodology for the Integration of Disease Differentiation in WM and Syndrome Differentiation in CM

Owing to the integration of disease with syndrome, the macrocosmic with microcosmic, the structure with function, the disease-syndrome diagnosis as well as standardization and modernization of efficacy assessment, a series of efficacious and theoretical creations have been obtained, such as the moving and resting integration in bone fracture, non-surgical treatment in part of acute abdominal diseases, comprehensive treatment of multiple organs function disturbances, activating blood circulation to remove stasis herbs in treating cardio-/cerebro-vascular diseases, and malignant tumor, immune diseases, infectious diseases, skin diseases, as well as the principle of acupunctural analgesics, research on visceral organs’ essence, etc., Much progress has been made.

Fully Application of Modern Scientific Method

Fully application of modern scientific methods have resulted in new drugs based on traditional
Chinese herbs. Such as Artemisia annua — Artesumin (Qinhaosu), arsenic — biarsenic trioxide, tetraarsenic tetraoxide, Schisandra chinensis — bifendate, Ligusticum wallichii — ligustrazine, Coix lacryma-jobi — Coix lactone and Indigo — indirubin

Integrative Chinese and Western Medicine Have Been Listed as a New Discipline

The State Bureau of Technical Supervision issued “The State Standard (GB), Disciplinary Classification and Codes” on Nov. 10, 1992, which came into force on Jan. 1, 1993, and in which ICWM is clearly listed as a discipline (360.30).

The Establishment of the ICWM Educational System

From 1981 on, a total of 92 ICWM master training units and 36 doctorate training units were formed, and over 1500 MD and MM were graduated. Six postdoctorate mobile stations have been set up. Also, ICWM-orientated undergraduate education in 7 TCM Universities has been established.

Qualified ICWM Personnel

From the mid fifties, over 7000 ICWM high-level personnel have been systematically trained with CM. There are more than 100,000 ICWM personnel, and 54,380 registered members of CAIM.

ICWM Research Institutions

ICWM hospitals, outpatient department, clinics and other institutions of medical care have been listed in the State Council approved, Ministry of Health issued “Regulations for the Institutions of Medical Care”, which includes all legal institutions in the whole country. There are 47 ICWM hospitals approved by different levels of government, and 15 ICWM institutes have been set up.

ICWM Academic Exchange Activities Are Highly Prosperous

The CAIM convenes 25—30 national academic activities annually. It has 36 disciplinary societies, for various provinces, cities and autonomous region. Branched CAIM have also been set up. There are 15 ICWM journals. The “Chinese Journal of Integrative Traditional and Western Medicine” is published in both Chinese and English editions. CAIM has carried out corresponding international academic exchange activities.

PRINCIPLES

In the field of ICWM-clinical practice and modern R&D, some essential principles should be followed; generally speaking, the following aspects could be taken for reference.

The Principle of Inheriting with Mutual Complementation

The development of science and technology all has some heritage. Traditional medicine has numerous essences, modern medicine changes day after day, and ICWM should be under the guidance of learnt, understood, developed and created principle, in order to adopt the essence and discard the dregs; to use its advantages and offset its shortcomings; to develop the merits and avoid its weaknesses, mutual complementing and developing as a whole.

Apply Modern Theory and Methodology, Combined with the Philosophy of CM, Lay Emphasis on Syndrome Differentiation and Treat According to Individualized Principle

Much of the CM experiences accumulation belongs to the private long-term build-up, which is a mixture of science and art, particularly in treating the dynamic changes of each individual patient. This kind of experience should not be neglected. In use this kind of experience, to inspire one's thinking, one may become the spring of creation.

Respect the Traditional Thinking Principle

Pay attention to classic theory, and ancient and modern experiences of medical cases. Classical theory is the sublimation of clinical experience, medical cases and medical talks are the records of successes and failures of past generations, it is the living teaching material.

The Principle of Combining with Evidence Based Medicine (EBM)

EBM advocates elevating the empirical medicine of applying personal experience to make medical decision, to include the conclusions of scientific study and bring about the medical decision. Combining these two, would boost the clinical level of CM.

The Principle of Facing Modernization and Facing the World

Numerous factors influence the efficacy of Chinese herbs. The species, place of production, collection time, the portion used for medication, the processing, different preparation technique and