Integrative Compassionate Medicine: The Most Powerful Healing Art for the 21st Century and Beyond

STEVEN KH AUNG, MD, PhD, FAAFP

9904 - 106 Street NW, Edmonton, Alberta T5K 1C4, Canada Tel (780) 426-2760, Fax (780) 426-5650 Email: draung@aung.com, Website: http://www.aung.com

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ABSTRACT

Family medicine is an inherently integrative specialty within the biomedical system, since it aims at assessing and treating various common pain and general illness conditions and serves as a gateway toward other biomedical specialties, as well as complementary and alternative medicine (CAM). The concept of integrative medicine, however, refers to the recent synergy of CAM and biomedicine on the part of some physicians and health care practitioners. There are three broad approaches within the scope of modern integrative family practice: (1) natural medicine, (2) evidence-based medicine, and (3) compassionate medicine. Medical acupuncture encompasses these approaches within the context of natural, holistic and traditional CAM healing endeavours. Medical acupuncture is a type of family medicine modality, due to its wide variety of indications, apparent efficacy and record of safety.

I. INTRODUCTION

Family medicine—as it is well known—is an inherently integrative specialty because its practitioners encounter and treat on a daily basis the diverse health problems of those seeking and requiring appropriate, efficacious primary health care. Family medical practitioners are also responsible for referring patients to more specialized disciplines, ranging from pediatrics to geriatrics, sports medicine to oncology, and diverse

psychotherapies to various complementary and alternative medicine (CAM) approaches. Every patient is a unique individual presenting with their own idiosyncratic array of physical, mental and spiritual challenges.

This brief article considers the relatively new (although an anonymous zen master once noted that there was nothing new under the sun), innovative, evolving and emergent integrative model of family medicine within the context of natural medicine, evidence-based medicine, compassionate medicine and medical acupuncture. It does not offer a perfect solution or model, but only a perspective for ongoing discussion and debate among medical practitioners and healers.

Fringe practices are marginal endeavors, accepted only by their devotees (Figure 1). Alternative practices are nearer the center, accepted by some patients and physicians who have found these to be harmless or, in some cases, beneficial. Complementary practices overlap the center, accepted by a substantial minority of patients and physicians. The heart of this general model revolves around biomedicine as well as the traditional healing systems that have passed the test of time. It must be noted that while biomedicine is dominant throughout most of the world, it is—in principle—a traditional medical system.

Tentatively placing a specific CAM practice on this model depends on one's education and culture. For example, praying for others to enhance their health may be viewed as a fringe therapy by many physicians, but for some it is a natural, apparently powerful healing approach. In western medicine, the central injunction of the ancient—and still ethically highly relevant—Hippocratic Oath is to do no known harm to patients. This remains within the scope of responsibility of all physicians working together with their patients in the integrative healing endeavour. The legitimacy of CAM was first recognized by the British Medical Association in the mid-1980s, then by the American National Institutes of Health in the early 1990s. 1-3

The more recent Canadian Department of Health consultations promote the concept—indeed vision—which goes beyond CAM into the integrative dimension.⁴ It is a vision rooted and developed in the following criteria:

Type 1 CAM therapies have the same fundamental biological orientation as biomedicine

- Type 2 CAM therapies are oriented more toward vital energy and spirituality
- Holistic healing (curing) is not incompatible with the use of either or both types or modalities of CAM therapies
- Integration occurs at different levels, namely, consumers and practitioners as well as the clinical, institutional, professional (regulatory) and health policy levels
- Prevention and health promotion, which includes disciplined self-care / self-cultivation are as vitally important as treatment
- Compassion is the integral heart and core of all integrative primary health care

II. DISCUSSION

A. Natural Medicine Perspective

Natural medicine—organic primary health care without unnecessary or irrelevant additives—is the qualitative heart and soul of integrative family medicine. The leading academic proponent of this initiative is Andrew Weil, founder and director of the Program in Integrative Medicine, University of Arizona College of Medicine, author of "Natural Health, Natural Medicine" and other works extolling the beneficial healing effects of nutrition, herbs and physical exercise.^{5,6}

In a debate with Arnold Relman, editor-in-chief emeritus of the New England Journal of Medicine, Weil maintains that patients appreciate health care practitioners who are not oriented toward pharmaceuticals and surgery as the only feasible approaches. Weil favours medicine which is sensitive to mind-body interactions. Relman argues that non-conventional methods are scientifically unproven, while at the same time acknowledging that biomedical practitioners often use methods that have not yet passed the accepted, "gold standard" of randomised controlled trials (RCTs). Regarding the placebo effect, Relman suggests that it is the expected spontaneous variation in symptomology. Weil, on the other hand, suggests that it may occur within the context of an individual's belief system.

B. Evidence-Based Medicine

The Weil-Relman debate, which is not out of date and will undoubtedly remain open to inquiry and various perspectives throughout this present era, points to the need for rigorous scientific medical

research. Only RCTs provide proof of non-placebo, empirically curative effects. This is the fundamental quantitative foundation of scientific medical knowledge—and the rigorous RCT research design and implementation protocol is the basis of detailed, lengthy and expensive biomedical research projects.

The leading proponents of this approach with respect to non-conventional therapies are Edzard Ernst and David Eisenberg. Ernst is the director of the Complementary Medicine Program, University of Exeter, UK and Editor-in-Chief of the Focus on Alternative and Complementary Therapies journal.^{8,9} Eisenberg is the author of Encounters with Qi¹⁰—and he is the leading light of the various Harvard Medical School academic initiatives in this area. II,12

Ernst and Eisenberg, together with their teams and other researchers and research teams the world, continue to be engaged in the challenge of understanding the relationship between conventional and non-conventional medicine and healing therapies.

C. Compassionate Medicine

Meanwhile, the family medicine healing endeavour continues every day, from country to country, from clinic to clinic, from practitioner to practitioner, from patient to patient. Qualitatively, this involves caring—concern for the quality of life and life chances of each and every patient. An eminent and inspiring proponent and practitioner of this approach is Bernie Siegel, author of Peace, Love, and Healing and other works. Siegel learned, in his encounters with "exceptional patients" over many years, that while patients may grow comfortable in their sadness, it is a delusion that may be alleviated, not by denying it, but by choosing to live and to love.

The work of Deepak Chopra must also be highlighted within this context, since he is a physician who has assiduously and conscientiously promoted the benefits of natural medicine in terms of the classical Ayurvedic expression of this complex traditional system of medicine. In Perfect Health: The Complete Mind/Body Guide¹⁵, Chopra suggests that nature is innately intelligent, that our underlying "quantum mechanical human body" is directed by the mind toward either sickness or health and that physical, mental and spiritual harmony is of the utmost vital importance in preventing disease and helping to delay the aging process. The basis of this approach is herbology and dietetics, termed *rasayana* in Ayurvedic medicine, which also encompasses daily exercise routines,

breath control and meditation (collectively known as 'yoga') as well as various phonation and other ostensibly purification techniques.

In my own clinical experience of family medicine and medical acupuncture over the past two decades¹⁶, I have come to appreciate the fact that exceptional patients are often the most difficult patients, serving to challenge a physician's competence and compassion. Competence and compassion are like the two sides of the same coin—comprised of efficacy and safety—since family physicians must always strive to maintain their medical knowledge as "state of the art" and help guide their patients on the path toward intelligent self-care, prevention and health promotion.

Mutual respect, cooperation and communication between health care practitioners is the key to good practice. With regard to my own personal and medical background, I was always trained in the precepts of Buddhism and the application of compassion directly in therapeutics. This was reinforced for me personally in a meeting with His Holiness the Dalai Lama in Dharamsala, India, in 1991.¹⁷

D. Medical Acupuncture

Excessive sadness, alluded to by Siegel above, is one of the seven internal emotional disease factors of traditional Chinese medicine (TCM), along with excessive joy, anger, fear, fright, anxiety and grief. In the TCM system, balancing these internal vital energies (Qi) in conjunction with repelling the invasion of external pathogenic factors is the foundation of good health. ^{18,19}

This involves the vital energetic harmonization of Yin and Yang. Yin is, opaque, cool, structural Qi while Yang is bright, warm, operational Qi. The existence of Yin and Yang cannot be dichotomized, because they are complementary; Yin exists within Yang moving toward Yang and Yang exists within Yin moving toward Yin.

Acupuncture is the best-known TCM therapy in western societies, where over the past quarter century it has attained the status of a leading complementary therapy. Acupuncture works from the outside in, from the superficial to the deep level of Qi (vital energy) flow/circulation. When performed in a competent, conservative and safe manner by physicians and other qualified health care practitioners, it is appropriate to refer to this therapy as medical acupuncture. It entails the shallow insertion of fine, solid, individually-packaged, sterilized and disposable stainless-steel needles.

The needles are inserted at specific acupoints (major centers of Qi flow) on the meridians (major pathways of Qi flow). The 12 regular meridians are linked to the 12 major internal organs, namely, Lung, Large Intestine, Spleen, Stomach, Heart, Small Intestine, Kidney, Urinary Bladder, Pericardium, Triple Energizer, Liver and Gallbladder. The Triple Energizer is a unique TCM organ encompassing the body cavity from the lungs to the intestines. There are 8 extra meridians which crosscut the 12 regular meridians and serve to harmonize one's total Qi flow. The most important extra meridians are the Conception Vessel (Ren - the front midline, from the top of the head to the anus) and the Governor Vessel (Du - the back midline, from the anus to the top of the head). The basic TCM concept of good health is to harmonize Qi flow in these meridians and their associated internal organs, and acupuncture is a valuable, time-tested tool for this endeavor.

The provisional list of over 60 acupuncture indications, suggested by the World Health Organization (WHO) during its most recent international consultation on acupuncture, includes both painful conditions and non-painful conditions (as illustrated in Figure 2).^{21,22}

The TCM explanation for the apparent beneficial effects of acupuncture for such a wide variety of conditions pertains to the harmonization of Qi flow. The main scientific explanation for its efficacy is that the needling stimulus causes the brain to release natural, powerful analgesic neurotransmitters such as endorphins, enkaphalins and serotonin. This helps regulate the sympathetic and parasympathetic nervous systems, normalize blood biochemistry, enhance immunity, increase the phagocytic activity of the reticulendothelial system and manifest anti-allergic and overall harmonizing effects for the whole person. So far, two intensive meta-analyses of the acupuncture research findings have been conducted, with one study finding that acupuncture is efficacious in various conditions and another finding that it is similar to the placebo effect.

The complementary approach to medical acupuncture practice involves using it as an adjunct therapy to enhance one's practice, especially in the area of pain control. A more comprehensive integrative model is that of a physician fully trained and certified in both biomedicine and traditional Chinese medicine who receives referrals from medical colleagues. Such a physician is a sub-specialist within the family medicine specialty.

III. CONCLUSION

Acupuncture and the various other traditional and complementary medicines have their own unique way of healing, encompassing natural medicine, evidence-based medicine and compassionate medicine. For example, Ayurvedic medicine revolves around the judicious use of natural nutritional herbal remedies, traditional Buddhist medicine focuses on compassion as a vital component of all therapeutic modalities and the North American Native medicine sweat lodge, vision quest and other healing rites are oriented toward spiritual purification. Traditional Chinese medicine has always emphasized the essential integrity of body, mind and spirit.

These and other traditional and non-conventional approaches are evidenced-based, but the relevant standards of value, largely pertaining to vital energy, are qualitative. Biomedicine, in contrast, is more technical, quantitative and, indeed, it may often be reductionist in its theory and methodology.²⁷ Medical acupuncture, when properly practiced, is itself a form of family medicine, due to its wide variety of indications and applications.

It would appear the best policy is to appreciate the best out of all the traditional and complementary approaches integrated with biomedicine in the spirit of natural, evidence-based initiatives, compassion—and healing. There is no reason why legitimate, qualified practitioners of various CAM methods should not work together in a harmonious, integrative manner to utilize the best out of all healing systems in order to achieve the best healing effect with appropriate tools and maximum concern for safety and the enhanced well-being of our dear patients. Undoubtedly, family medicine practitioners from around the world will continue to help integrate primary health care as it evolves throughout this present era.

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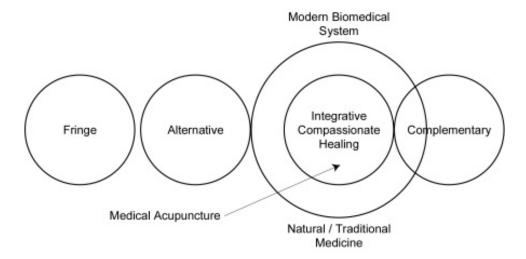


Figure 1. General model of integrative medicine.



Figure 2. Worlld Health Organization List of Provisional Indications of Acupuncture.

Based on controlled, non-randomized clinical trials

Based on RCTs