Chinese Traditional Medicine: The Argument

By ACSH Staff — April 16, 2002

With alternative medicine growing in popularity, skeptics should pay attention to the arguments used to promote it. The arguments sometimes attack basic assumptions about scientific procedure.

Take, for example, an argument sometimes marshaled in defense of Chinese herbal remedies. Valerie Jackson, an organic food distributor in California, argues against the trust Westerners place in double-blind clinical studies: "You have to give some credibility to the accumulation of wisdom over long periods of time. Early scientists maybe didn't do double-blind, controlled studies, but early doctors experimented on themselves. Everything that Indian medicine and Chinese medicine have accomplished is based on the question: If I eat this herb or whatever, how do I feel? Things differ from person to person. That's where Chinese medicine and Indian medicine have an advantage over Western medicine. They recognize that things don't have the same action on every person. In Western medicine, we try to assume that because eighty-five out of a hundred people have that reaction, that then is good for the whole populace. You screw that other 15%.

Chinese medicine, she argues, is more of an art. Instead of targeting a specific bacterium with a specific chemical, for instance, it involves long-term adjustments to herbal concoctions based on an individual patient's reactions. The Chinese doctors may have no idea how or why the concoctions are helping or more likely, they describe the process in quasi-mystical terms (yin and yang, kidney imbalances, etc.) but the process may still be beneficial, argues Jackson. She claims that herbal remedies helped her cope with fatigue years ago when she was taking martial arts classes.

Like many alternative medicine aficionados, Jackson thinks one ought to be immersed in the Chinese-traditional view of health rather than using the herbal concoctions as quick fixes. Critics might argue that this is a roundabout way of saying that you're more likely to fall for an herbal remedy scam more likely to experience a placebo effect, for instance if you've bought the whole philosophy hook, line, and sinker.

As a product of UC Berkeley's anthropology master's program, Jackson puts it in a more nuanced way. Anthropologists, she says, talk about etic and emic approaches, a shorthand meaning, essentially, looking at something from the outside or from the inside. When Jackson was studying Indian tribes along the Amazon, for instance, she encountered many situations where she could either have taken a coldly analytical approach (asking what chemical in a frog's skin might have led to the custom of applying the frog skin to people's wounds) or she could immerse herself in the local culture's own metaphors and perhaps thereby notice things she would have overlooked without all that context (say, that the frog is traditionally used in conjunction with certain rituals that may also help ease a patient's psychological pain). The latter approach, though normally
associated with left-leaning, cultural-relativist anthropological approaches, has a certain conservative logic to it: Some practice may make more sense in the context of local traditions than it does when looked at in isolation by irreverent scientists.

Still, it would be far safer, surely, to have both appreciation for local culture and some hard, numerical data.

Even Robert Zeng, a doctor at the International Institute of Chinese Medicine, admitted when I spoke to him that traditional Chinese medicine is lacking in the hard numerical data of Western medicine. "I think Western medicine is very good," Zeng said, especially with regard to diagnoses that "depend on mechanical or numerical data. [When] talking about high fever, we measure temperature; talking about HIV positive, we count the t-cells; talking about sugar diabetes, we count the blood sugar." Chinese doctors long had neither the technology nor the knowledge for such precision but attempted treatments in the absence of a full understanding of physical causation. As a result, Chinese doctors still often find themselves basing their advice and prescriptions on diagnoses that they know probably aren't literally true even on the rare occasions when they give some useful rough guidance for treatment.

For instance, Zeng told me that Chinese doctors, having lacked detailed knowledge of germs for centuries, instead paid attention to such nuances as different shades of phlegm. According to Zeng, "yellow, sticky phlegm" is attributed to excessive exposure to heat. That odd diagnosis will determine what corresponding remedies are used against that type of sore throat.

Lacking hard scientific data, traditional Chinese doctors often make up for it in sociological and psychological insight, though they wouldn't put it that way. In Zeng's phrasing: "One person's emotional or physical change could be caused by the behavior of his family or other people." He described traditional Chinese medicine as a system based on three levels of health personal, social, and environmental rather than the narrower (but obviously powerful) Western model. As is often the case with alternative medicine practitioners, it seems that much of what is going on here is lay-psychology (looking for sources of stress in family relationships, for instance) and attention to bedside manner. That has its benefits. For all the artistry, insight, and metaphorical beauty of Chinese medicine, though, one must still ask at the end of the day whether, for instance, it is possible to detect incipient liver disease by feeling a person's pulse, as traditional Chinese doctors claim. A misdiagnosis can still kill, after all.

Believers in alternative medicine, deliberately or not, usually speak in a condescending tone about "allopathic" (conventional Western) medicine when comparing its clear successes to homeopathic medicine. As Valerie Jackson told me, "Sure, I'll go to an allopathic doctor if I cut my arm off, if I have a boil, a throat infection, if I'm bleeding any of these things that are obvious, like if I break an arm, fine. But you go in to them and say you don't feel well, and they want to know why, and you say, 'Well, I'm tired all the time,' then they test you for anemia and if you're lucky they might test you for a couple other things, and then they send you home."

This is where the psychological help and good bedside manner may come in handy. The current alternative heath craze was born, I suspect, out of the perceived unwillingness of mainstream doctors to deal with common, subtle aches and pains that might be the result of poor nutrition,
hypochondria, ennui, stress, or countless other hard-to-detect and hard-to-define causes. And no litany of Western medicine's triumphs in the centuries since the Enlightenment the discovery of germs, the use of anesthesia, the development of brain surgery, the creation of anti-cancer drugs, and more seems likely to make the issue go away.

Todd Seavey, editor of HealthFactsAndFears.com, researched various traditions, including alternative medicine, as a Phillips Foundation journalism fellow. Read his "e-monograph" about ALTERNATIVE MEDICINE: The Healers, the Hopeful, and the Dingbats [1].

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