

Jiayi Kong

Professor Elizabeth Festa

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A Call for Medical Pluralism in America:

Integrating Traditional Chinese Medicine and Western Medicine

Abstract

China has adopted a unique policy of medical pluralism, whereby traditional Chinese medicine (TCM) and western biomedicine (WM) are both widely used in the health care system to provide optimal health outcomes to patients. Indeed, this fusion of traditional and western principles may seem contradictory, as there are fundamental differences in philosophy between TCM and WM. For example, TCM emphasizes the concepts of *Qi*, *Zang*, the *Yin-Yang* theory, *Shen*, and *Bianzheng lunzhi*. To the Chinese, health is viewed holistically, encompassing psychology, activity and diet. On the other hand, WM is much more concerned with intervention, focusing on the biological determinants of illness, and viewing health simply as the absence of disease. Despite these differences in theory, there are great advantages to combining TCM and WM, as illustrated in the successful integration seen in China since the 1950s. This integration improves health outcomes in chronic diseases. Furthermore, it also increases cost-effectiveness of health care. Finally, it meets an increasing demand for complementary medicine and cultural sensitivity. Indeed, research shows that the application of both TCM and WM in many cases would be more efficacious than the use of just one method alone. In the future, it is recommended that America combine TCM and WM through increased awareness of the benefits of medical pluralism and alternative medicine. Ultimately, Western practitioners should learn

more about traditional medicine in organized settings such as medical schools, and be encouraged to accept new perspectives and philosophies about health care.

Keywords: traditional Chinese medicine, western medicine, integration, health care, philosophy, differences, China, America, patients

Introduction

I returned to Beijing for the first time in the year 2005, and it was then that I had my first encounter with traditional Chinese medicine. One afternoon, my family and I were having hotpot at my grandmother's condo. After a sumptuous meal of various meats, vegetables, and spices, the hotpot was removed, revealing the hot coil used to boil the water underneath it. My sister, being only two years old and highly curious at that, decided to put her entire hand on the extremely hot coil. Needless to say, her hand was burned quite badly, and immediately began blistering. My mother and I rushed her to the nearest hospital. Upon arriving, my mother chose to see a traditional doctor. Soon after examining my sister's hand, the doctor asked my mother if she would prefer to use western medicine or traditional medicine to treat the burns. My mother opted for the latter. As we headed downstairs to pick up the prescription, there were clearly two lines for this purpose; one line was for picking up western medicine, and the other line was for picking up traditional Chinese medicine. My mother filled the prescription for ointments made from herbs, and my sister's hand healed nicely in the next several weeks. This hospital, like so many others in China, successfully integrated traditional Chinese medicine and western medicine, allowing patients more freedom of choice in selecting what kind of doctor they would like to see as well as the type of treatment they would prefer. Many doctors in China, especially doctors in

these integrated hospitals, receive training in both traditional Chinese medicine and western medicine, and thus are allowed to prescribe treatments from both paradigms.

However, traditional Chinese medicine and its tenets differ from the principles in Western medicine. Thus, there are conflicts between these two models of dealing with disease. However, many opportunities remain for cooperation between TCM and Western medicine, as is observed in China. In fact, there are three key reasons for increasing integration of Western and traditional Chinese medicine in America. Firstly, this integration can be important in curing and managing important chronic diseases such as AIDS through the use of herbal medicines in conjunction with western drugs. Secondly, the integration of western and traditional Chinese medicine would greatly reduce the cost of health care in the U.S. Thirdly, integration of western and traditional Chinese medicine would respond to the increasing demand for alternative medicine and cultural sensitivity by both Americans and minorities. Therefore, health practitioners in America should strive to lessen the conflicts between traditional Chinese medicine and Western medicine by increasing awareness of traditional Chinese medicine to foster greater acceptance of traditional methods, and even incorporating the learning of traditional methods in western medical schools. Indeed, America should embrace this idea of medical pluralism.

Traditional Chinese Medicine (TCM)

Traditional Chinese medicine dates back to over two thousand years in ancient China, and has a long history of various methodologies. The first great summary of traditional Chinese medicine was the *Huang Di Nei Jing*, or Yellow Emperor's Classic of Internal Medicine composed sometime after 221 BC (Wang, Chen, and Xie 43-4). This medical anthology laid a

foundation for traditional Chinese medicine, illuminating the two most basic characteristics: the concept of holism, and diagnosis and treatment based on an overall analysis of symptoms and signs (Wang, Chen, and Xie 43-4). Clearly, this classic text marked the transition of traditional Chinese medicine from mere accumulation of experience to a summary of systematic theories.

Despite the wealth of information and principles in traditional Chinese medicine, there are several fundamental tenets that are important to describe when comparing traditional Chinese medicine to western medicine. Traditional Chinese medicine has a unique view of the human body, and disparate ways of describing bodily functions. First, traditional Chinese medicine asserts that the body possesses *Qi*, which is “at once its energy, life force, and material substance” (Ryan, and Shattuck 16). Thus, *Qi* not only regulates bodily functions, but also constitutes the body itself. Indeed, this idea of *Qi* manifests itself in the earliest translations of *Qi*, which say that *Qi* is “that which fills the body,” “that which means life,” “breath,” “vapors,” and “wind” (Ryan, and Shattuck 16). This concept of *Qi* leads to another principle in traditional Chinese medicine, which holds that *Qi* moves through known cyclic routes throughout the body, called Channels; these Channels flow both internally and externally (Ryan, and Shattuck 17). Therefore, acupuncture works by stimulating the Channels at their external locations.

Organ systems in traditional Chinese medicine are also connected by Channels. Each physical organ is only one component of a larger functional group that extracts *Qi* from the environment in the form of air, circulates that *Qi* along with other fluids, and adds to overall bodily protection (Ryan, and Shattuck 17). In the Chinese concept, there are five *Zang*, or organs, at the core of the body. According to traditional Chinese medicine, the united and harmonious activities of the whole body can be regularly carried on because of these five big functional systems (Zhang, and Cheng 37). Furthermore, the Chinese paradigm pays special attention to the

effects of season, climate, geography, and other natural factors as determinants of illness and disease (Zhang, and Cheng 11-3).

Furthermore, traditional Chinese medicine holds that the ultimate determinant of illness and disease is an imbalance between *Yin* and *Yang*. The *Yin-Yang* theory states that the human body is an organic whole, and our tissues and structures are organically connected to each other; yet at the same time, each of these can be broken down into their opposite aspects of *Yin* and *Yang* (Zhang, and Cheng 18-20). *Yang* is a concept corresponding to functional activity, agitation, warmth and heat, excess, creation, movement, and changeability, whereas *Yin* is a concept corresponding to calmness, quiescence, storage, stability, cooling, nourishment, and moisture (Ryan, and Shattuck 20). Therefore, a struggle between *Qi* and a pathogen results in either hyperactivity or hypo-activity of *Yin* or *Yang*, ending in illness. However, in traditional Chinese medical textbooks, more specific causes of diseases are defined. These include the six excesses (wind, cold, summer-heat, damp, dryness, and fire), pestilence, the seven emotions (joy, fright, anger, worry, sorrow, fear, and grief), improper diet, fatigue, lack of physical exercise, traumatic wounds, and insect or animal bites (Yin 122-30). Evidently, there are major differences between key concepts in traditional Chinese medicine and the western model of biomedicine. The actual process for diagnosing and treating a disease in traditional Chinese medicine is also quite different from that of western medicine.

There are four main methods involved in diagnosing a disease. First, the traditional doctor will use inspection to observe abnormal changes in a patient's *Shen*, or spirit, their complexion, body, tongue, and secretions to predict pathological changes in their viscera, or five organs (Yin 168-75). The second method is auscultation-olfaction, or listening to the patient's speech and respiration, followed by smelling the patient's respiratory gases, secretions, and

excreta to determine the disease (Yin 183-6). Third, the doctor will use inquiry, whereby he or she asks the patient about the disease much like a medical interview in the western sense (Yin 186-95). The doctor will obtain information on their medical history, lifestyle, present symptoms, and family relationships. Finally, the doctor will feel the patient's pulse, and palpate certain areas as diagnostic measures to identify syndromes (Yin 196-201).

After diagnosing a disease, treating that disease according to different environments and individuals is also an important therapeutic principle in traditional Chinese medicine. *Bianzheng lunzhi* is the basic method for recognizing and managing disease, where *Bianzheng* is determining the pathogenesis by overall analysis of the signs and symptoms and *Lunzhi* is the choosing of an appropriate therapeutic principle according to the conclusion of *Bianzheng* (Zhang, and Cheng 14-5). Thus, in traditional Chinese medicine the same disease may be treated with different methods according to the individual and his or her symptoms, or different diseases may be treated with the same method if the pathogenesis is the same in these cases. Essentially, the treatment in traditional Chinese medicine is decided by conclusion of pathogenesis instead of the diagnosis of disease. The three major methods of treatment are herbal remedies, acupuncture, and *Qigong* exercises that aim to balance *Qi* (Yin 288-90). Certainly, there are many unique tenets of traditional Chinese medicine that make it a very different medical paradigm from that of Western medicine.

Western Medicine (WM)

America largely adopts the western model of biomedicine in its health care system. The biomedical model framework has four main assumptions that make it very different from traditional Chinese medicine. First, biomedicine holds that disease represents a deviation from

normal functioning; second, there is a doctrine of specific etiology, or that every disease has a specific cause (Roth, and Kobayashi 7-8). Third, there is the concept of generic diseases, whereby patients that have the same disease should also receive the same treatments; finally, the fourth assumption is that there should always be scientific neutrality in medicine (Roth, and Kobayashi 7-8). In the light of these assumptions, it comes as no surprise that the biomedical model largely fails to account for non-biological factors as contributors to health and well-being.

Indeed, the biomedical model views health as the absence of disease and focuses almost entirely on the biological determinants of disease and illness. This is a direct contrast to principles in traditional Chinese medicine, which holds that contracting diseases is a natural appearance that cannot be avoided. Just as there are irregular and regular states in climactic variations of the four seasons, the human body's vital activities also have two states—normality, corresponding to health, and abnormality, corresponding to disease (Zhang, and Cheng 8). Furthermore, traditional Chinese medicine often adopts the principle of treating the same disease with different rules, or treating different diseases with the same rule. Moreover, traditional Chinese medicine, unlike western biomedicine, asserts that complete, direct, and ultimate knowledge is considered to be unattainable (Ryan, and Shattuck 24). Contrary to biomedicine's definition, traditional Chinese medicine's definition of health encompasses a more holistic perspective, which recognizes the importance of mental, physical, and social health and well-being.

Another key principle in western biomedicine is that data is gathered via technologically mediated search, and there is much emphasis placed on disease-causing agents. Practitioners of western medicine are likely to wonder what X is causing Y (Ryan, and Shattuck 26). However, practitioners of traditional Chinese medicine are more likely to wonder at the relationship

between X and Y, and instead of gathering data, understands disease states largely with respect to observable and/or subjective data (Ryan, and Shattuck 26). Thus, traditional Chinese medicine places much less emphasis on disease-causing agents and instead diagnoses diseases based on a sense of the complete bodily imbalance. Essentially, western biomedicine focuses more on reductionism whereas traditional Chinese medicine takes a more holistic approach.

Furthermore, western medicine has a particular way of organizing the human body. More specifically, there is an anatomical view of the body with a hierarchical ordering of structures. On the other hand, traditional Chinese medicine focuses on multiple functional systems of physiology that are not hierarchically related but interconnected, with a permeable boundary between body and environment (Hinrichs 287-325). The western biomedicine model focuses on lesions in particular bodily structures, whereas in Chinese medicine disorders are not confined to single subsystems, but instead propagate across them and thus can be treated from various directions (Hinrichs 287-325). In contrast with western medicine's assumption that there is a specific cause and a specific treatment for every disease, traditional Chinese medicine entails choosing one of numerous possible perspectives for analyzing and treating a disease, remembering that perspective, analysis, and treatment can evolve over the course of the treatment (Hinrichs 287-325). In addition to the hierarchical organization of the body, western medicine draws a distinction between physiology and personality or psychology. However, in traditional Chinese medicine, the body and personality are viewed as "manifestations of the same energetic patterns" (Ryan, and Shattuck 26).

Finally, one of the hallmarks of western biomedicine is that it usually seeks a concrete goal, or cure. Western medicine is distinguished by its clear aim, deep recognition, quick effect, and breakthrough studies that result in a standard therapeutic method (Li 198-201). In America,

rather than striving to prevent a disease from occurring in the first place, the existing paradigm emphasizes finding the cure to the disease, and providing acute care. This often leads to only temporary solutions instead of solving the underlying problem. On the other hand, traditional Chinese medicine aims at adjustment and balance of the whole, emphasizing the unity in the body with the surroundings (Li 198-201). Indeed, traditional Chinese medicine tends to be more metaphorical instead of analytical, possessing a distinctly metaphysical bent. Western biomedicine employs the scientific method as a basic tool with which to simplify the research object and imitate natural processes under controlled conditions. By experimentation, western medicine moves forward rapidly in finding new drugs for targets; however, in traditional Chinese medicine, test and verification relies more on human feeling and experience, more like a thought experiment than an analytical experiment (Li 198-201). Thus, it is evident that there are fundamental differences between traditional Chinese medicine and western medicine with regard to the basic assumptions of each paradigm, the methods of diagnosis and treatment, and the view of the human body. However, despite these differences, there is successful integration of traditional Chinese medicine and western medicine in China. Understanding of how China was successful in this regard is important when considering achieving integration in America.

Medical Pluralism in China

Hospitals and clinics around China demonstrate the successful integration of traditional Chinese medicine with western medicine. Thus, China can be said to have medical pluralism, as defined by the employment of more than one medical system or the use of both conventional and complementary medicine for health and illness (Wade, Chao, and et al 829-840). Despite the long co-existence of traditional and modern western medicine in China, their integration did not

begin until the 1950s, when Mao Ze Dong proposed that Chinese and Western medicine be combined to improve China's health care. Since 1955, a centrally directed and subsidized public health program that reaches the entire Chinese population had developed, its quality high considering the limits of China's national wealth (Sivin 16-8). This could not have occurred without incorporating traditional Chinese medicine, as acupuncture and native herbal medicine are inexpensive. Furthermore, in the 1950s, modern doctors were novel characters, and their explanations of illnesses exotic. Therefore, traditional and modern physicians were assigned to the same hospitals so patients could choose whom to consult, or so that both types of skill could be used for the same case (Sivin 18-9). Indeed, modern physicians were expected to gain some knowledge of traditional medicine in order to make this collaboration possible. In this type of integration, China's policy was meant to give both types of doctors comparable prestige and some mutual understanding, and did not strive to change either practice.

Currently in China, integration exists at four levels. Integration is evident at the treatment level at hospitals and clinics, the medical curriculum level where students have dual degrees or are required to take courses on both western and traditional medicine, the policy level, and the publishing level (Ma, and Henderson 187-222). There is very careful integration of western approaches with traditional Chinese clinical concept, and almost every hospital always has a traditional Chinese medicine department. In fact, there is a four step clinical protocol. First, all patients will undergo a traditional Chinese diagnosis as described earlier, and then, patients for whom it is necessary receive western technological diagnosis such as an MRI or CT scan (Ma, and Henderson 187-222). Next, almost all patients receive some form of traditional treatment such as acupuncture or herbal medicines (Ma, and Henderson 187-222). Finally, patients for whom it is necessary receive western medical drugs and/or surgical procedures (Ma, and

Henderson 187-22). In addition to this integration of traditional Chinese medicine and western medicine at the treatment level, the Chinese people also engage in medical pluralism through their use of both western treatment and traditional Chinese medicine.

For example, a key example of medical pluralism in China is the switching between traditional Chinese medicine and Viagra in men dealing with impotence. A study found that a large group of men, young and old, took both Viagra and traditional Chinese medicine (Zhang 53-96). According to Zhang, they switched and integrated their choice of medicine because they were unwilling to commit fully to either traditional Chinese medicine or western medicine. This unwillingness was due to the fact that they believe that traditional Chinese medicine can recover overall potency in the long run, yet they also want to use Viagra to satisfy sexual desire in the short term. Chinese doctors accept Viagra only within the context of its use with traditional Chinese medicine, and they want to integrate the two systems; this is a classic example of hybridization in medical pluralism (Zhang 53-96). Thus, it is clear in a pluralistic medical system, the presence of each form of medicine influences the other.

Another excellent example of the medical pluralism present in China comes from a study conducted on Hong Kong women with breast cancer. In this study, twenty women diagnosed with breast cancer were interviewed, along with their families, and it was found that even though Hong Kong is a very westernized society, Chinese medicine is an integral part of the peoples' lives (Simpson 834-40). While some women were afraid to tell their "western" doctors they were also taking Chinese medicine, yet other "western" doctors worked with Chinese medical practitioners, actually sending laboratory results to their traditional practitioner counterparts (Simpson 834-40). Most of the respondents used both western and traditional treatments, and believed that traditional Chinese medicine provided a more holistic approach to overcoming the

illness. Further, Chinese medicine helped them gain weight, prevent nausea and vomiting, boosted cell count, and managed other symptoms (Simpson 834-40). Moreover, another participant stated, “with cancer, chemotherapy and radiotherapy is a must. After that, we use Chinese medicine to adjust the body” (Simpson 834-40). Evidently, these women were accustomed to using both western and traditional Chinese medicine to ameliorate their cancer. Even more compelling is that some of their western doctors collaborated with traditional doctors to deliver the best possible health outcome for their patients. While this is more the norm in China, traditional Chinese medicine is still not fully integrated with western medicine in America. However, there are several convincing arguments for the integration of traditional Chinese medicine with western medicine. First, integration is already helping patients with SARS, AIDS, and other chronic diseases. Second, integration would be more economical for the American health care system. Finally, integration would respond to the ever-increasing demand for complementary medicine and increased cultural sensitivity.

Integration of TCM and WM in Chronic Diseases

Traditional Chinese medicine offers many therapies that actually build the body instead of just eliminating the disease. In the U.S., an interesting marriage of traditional Chinese medicine and western concepts has developed in order to find herbs that may be useful for HIV therapy. In this process, herbs are surveyed for their traditional functions, and then the properties of these herbs are assessed in western terms (Ryan, and Shattuck 33). Fascinatingly, Heat and Toxin Clearing herbs have already been shown to have broad anti-bacterial and anti-viral effects (Ryan, and Shattuck 33). Effects of integrated traditional Chinese medicine and western medicine are also efficacious in the treatment of SARS. Indeed, a study found that this

integration had positive effects on lung infiltrate absorption in SARS patients, and is recommended as a valid treatment for SARS (Zhang, Liu, and He 3500-5). Further, another example where integration of traditional Chinese medicine and western medicine helps chronic diseases is in the case of chronic bronchitis. Through chemical analysis and animal testing of various herbs, it was found that *Vitex cannabifolia* is in fact effective for the treatment of chronic bronchitis, and it is also useful for the reduction of the incidence of pulmonary emphysema and pulmonary heart disease (Ho, and Lisowski 53). Another example of the use of traditional Chinese medicine herbs is in the case of severe burns (Ho, and Lisowski 53). Finally, traditional Chinese medicine also plays an important role against cancer in China. Through the combined use of traditional and western medicine, Chinese medical practitioners attack the disease through surgery, radiation, and chemotherapy, and then build up the patient's resistance by herbal medicine (Ho, and Lisowski 54).

Clearly, traditional Chinese medicine can be very useful in treating chronic diseases when used in conjunction with western medicine. Even more persuasive of the intent to integrate traditional Chinese medicine and western medicine is the fact that there are many ways of combining western and Chinese medicine. For example, in many cases the toxicity of western medicine is so severe that it will put an already weakened patient at too much risk; in this case, traditional Chinese medicine can assist the western medicine as the primary treatment (Ho, and Lisowski 55). Traditional Chinese medicine can also be used when western medicine has nothing to offer, and herbal remedies may relieve many of the symptoms that western medicine could not accommodate. Certainly, traditional Chinese medicine can almost always be added to any western medical treatment to assist in one way or another. Furthermore, the integration of

traditional Chinese medicine and western medicine in America would greatly increase the cost-effectiveness of the health care system.

Integration of TCM and WM in Improving Cost-Effectiveness

China was able to develop a high-quality, centrally directed and subsidized public health program that reached the whole population since the 1955, largely because traditional Chinese medicine was incorporated (Sivin 16-9). Considering the boundaries of China's national wealth, this kind of development was a success because acupuncture and native herbal medicine, two of the main methods of treatment in traditional Chinese medicine, are very inexpensive compared to western medicine. Additionally, medical workers in China have found that the combination of traditional Chinese medicine and modern western medicine is not only often simpler and more economical, but also can produce quicker and better results in terms of patient outcomes (Ho, and Lisowski 53). In fact, traditional Chinese medicine alone treats over fifty percent of patients in China (Ma, and Henderson 187-222). Thus, if even a fraction of American patients were treated completely with traditional Chinese medicine, there would be great cost savings. While this may seem unrealistic, established western medicine is actually perceived by many users to have become highly impersonal, bureaucratic, and needlessly expensive (Tyler 2). Oftentimes, there is a demand for the newest and best technology to be available to treat disease, while in many cases these patients would not need to pay for the use of this expensive equipment if preventive measures had been taken before the onset of the disease. Traditional Chinese medicine may be an appealing complement or alternative in these cases, especially in educating in the public about a different perspective on health. Indeed, traditional Chinese medicine teaches that health is a lifestyle, encompassing diet, activity, and psychology. Thus, doctors

provide advice on physical illnesses as well as mental and emotional discomfort. Finally, the growing interest in traditional Chinese medicine has attracted much attention, resulting in an increasing number of insurers and managed care organizations providing benefits for traditional medicine (Hui). Evidently, the incorporation of traditional Chinese medicine into the western medical scheme may prove a valuable venture for both the health care system as well as patients in the health care system.

Increased Demand for Complementary Medicine and Cultural Sensitivity

The current interest in traditional and complementary medicine in the U.S. is attracting much attention in not only the health care industry, but also governmental agencies, the media, and the public. As one of the hallmarks of traditional Chinese medicine is its individualized approach to diagnostics and treatment, the sense that the traditional Chinese medical practitioner will tailor a treatment uniquely to each individual patient appeals greatly to the individualism of western patients (Ryan, and Shattuck 37). Another reason that western patients are becoming more and more attracted to traditional medicine is the fact that western medicine is increasingly viewed as impersonal and expensive; indeed, many Americans “have become preoccupied with higher levels of health and fitness...[thus] they seek the magic bullets and miracle cures that western science cannot offer” (Tyler 2). While traditional medicine is not typically construed as a “magic bullet,” or panacea, there is a growing sentiment that alternative medicine is the missing chain in the link of health care, as it may provide much desired attention to patients’ emotional and mental needs.

Moreover, insurers also recognize that traditional medicine is used in America. Furthermore, to facilitate more research on the effectiveness of alternative therapies, the National

Center for Complementary and Alternative Medicine (NCCAM) received a budget of fifty million dollars in 1999 (Hui). Despite these advances in trying to integrate traditional Chinese medicine with western medicine, perhaps the most challenging hurdle to overcome lies in the difficulty for the traditional Chinese concept of the art of healing to find acceptance in modern western medicine (Ho, and Lisowski 57). Thus, there is correspondingly an increased demand for more cultural sensitivity in western doctors dealing with patients who would like to use western and traditional medicine simultaneously.

It is known that many Americans have changed their attitudes towards health since the late 1960s and early 1970s. In fact, according to the landmark national study on the prevalence, patterns of use, and costs of alternative medicine done by Eisenberg and his colleagues, more than one third of the adult American population used at least one alternative medicine to treat illness at a cost of approximately fourteen billion dollars in 1990 alone (Ma, and Henderson 187-222). However, this study also found that more than seventy percent of patients who used alternative therapy did not inform their medical doctors, and this trend was even more pervasive among ethnic minority populations, who often have difficulty trusting western medicine (Ma, and Henderson 187-222). Thus, western health care providers ought to be more culturally sensitive and encourage their patients to be open about alternative practices. Despite the major advances in medical and biomedical technology western health care has made in the past few decades, the “human aspect of care has received minimal attention...[as reflected] in inadequate communication between patients and western health care providers” (Ma, and Henderson 187-222). This is reflected in a study conducted on Hmong people in America. Hmong people are an Asian ethnic group from the mountains of China, and it was found in a study that Hmong-Americans believe that both traditional and western health care practices are effective (Baisch,

Vang, and Peterman 82-91). However, trust between the Hmong-Americans and their western doctors eroded when those health professionals did not address differences in language, communication, and beliefs about health (Baisch, Vang, and Peterman 82-91). This study offers new insights into the importance of cultural sensitivity in improving relationships between health care providers and their patients.

Today, an increasing number of people are electing care that combines traditional and western medicine. While some western doctors are concerned about the competition traditional Chinese medicine may pose, the incorporation of alternative medicine into the current health system should be viewed as complementary instead of competitive. Therefore, doctors should know more about traditional medicine in order to help patients develop an effective integrated therapeutic plan. Unlike the medical education in China, almost no medical schools in the U.S. offer a curriculum that integrates alternative medicine into the biomedical model (Ma, and Henderson 187-222). Consequently, in order to deliver better patient outcomes, meet the rising demand for traditional medicine, and develop better communication between patients and doctors, traditional medicine should be integrated with western medicine. A further step might also be taken in that western practitioners should strive to learn more about traditional medicine. Thus, an infrastructure in this type of education should be set up in America.

Conclusion

Traditional Chinese medicine has been in existence for over two thousand years, and is efficacious in its own right. Representing a unique way of viewing the human body, traditional Chinese medicine holds that the body exists as an organic whole, interacting with its surrounding environment. Traditional Chinese medicine diagnoses and treats illness in a holistic manner, aiming to restore balance to the body. On the other hand, western medicine is concerned more

with viewing disease as a deviation from normality. It has a more reductionist approach, and focuses on the biological determinants of disease. Despite the great differences between traditional Chinese medicine and the western biomedicine model, there is successful integration of these two paradigms in China. Indeed, there is great value to the integration of western medicine and traditional medicine in America. Integration has already improved patient outcomes for those with chronic conditions. Furthermore, integration, or medical pluralism, also will result in a more cost-effective U.S. health care system. Finally, this medical pluralism will meet the rising demand for traditional medicine, as well as the increased desire for cultural awareness and sensitivity between western doctors and patients using alternative therapies. It is recommended that western doctors learn more about traditional Chinese medicine, and everyone should strive towards greater understanding and acceptance of complementary and traditional forms of medicine.