
Off the Beat

What we can learn from Chinese medicine

During the past four years or so, relations between China and the United States have improved considerably. On the medical front, American physicians have started visiting China. Americans have become enthusiastic about acupuncture and Chinese herbal drugs. The Chinese approached *SCIENCE NEWS* about an exchange subscription with the *CHINESE MEDICAL JOURNAL*, the major medical journal of China. *SCIENCE NEWS* agreed to the exchange. So we've been receiving the *CHINESE MEDICAL JOURNAL* for a year and a half now.

This journal has opened my eyes to medical research and health care in China. So have reports from physicians who have visited China as well as information on Chinese medicine reported in American medical journals. And it appears to me that Americans can learn some things from Chinese medicine. They are that acupuncture and Chinese herbal drugs have value, but they are not panaceas, and that some of China's health care innovations might well be adopted in the United States.

Acupuncture, as we all know, has caught the fancy of the American public. Acupuncture clinics have opened in the United States, especially in Washington, and some of them are backed by public relations firms. Research reported in the *CHINESE MEDICAL JOURNAL*, however, suggests that acupuncture is no panacea, in spite of Mao's promotion of traditional Chinese medicine. In other words, acupuncture works as an anesthetic or pain reliever only in certain clinical situations, or only when combined with Western medicine.

The August 1974 issue of the journal, for instance, reports that acupuncture anesthesia is effective in open heart surgery with extracorporeal circulation, but stresses that "supplementary narcotics and sedatives [be] used during the operation. . . ." The February 1973 issue reports that acupuncture anesthesia in thoracic surgery worked for 800 patients, but not for 18. The causes of the failures "were incomplete analgesia, too much traumatic stimulation, excessive secretion . . . and accidents in surgical manipulation."

The *CHINESE MEDICAL JOURNAL* also stresses that traditional Chinese herbs are effective only under the right conditions, and that they, like Western drugs, can have undesirable side effects. The

September 1974 issue reports that the active ingredient in the traditional herb anesthetic *Flos daturae* is scopolamine, and scopolamine induces anesthesia only when combined with several other drugs. The August issue reports that when traditional Chinese drugs were combined with Western medicine, they helped patients with kidney disease. The December 1973 issue states that the Chinese herb *Ardisia japonica* helps patients with chronic bronchitis, but it can



produce side effects such as "dryness of the mouth, nausea, gastrointestinal irritation, dizziness and palpitations. . . ."

Research reported in American medical journals also underscores the side effects of Chinese herbal medicines and stresses their danger if taken without medical supervision. The Jan. 27, 1975, *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* reports that four Ameri-

cans developed life-threatening infections while taking Chinese herbs for relief of arthritis and back pain. One patient died. The patients had bought their herbs either at Chinese groceries or at health food stores and had taken them without medical supervision.

Undoubtedly, as the pharmacologic properties and physiological effects of acupuncture and Chinese herbs are better understood, they will become valuable adjuncts to medicine in the United States just as they now are in China. Meanwhile, Americans should not expect acupuncture and Chinese herbs to solve their medical problems. They may not only waste their money, but risk their lives as well.

The way Americans can really benefit from Chinese medicine, in my opinion, is by adopting some of their health care innovations—notably their "barefoot doctoring." The October 1974 issue of the *CHINESE MEDICAL JOURNAL* reports that a million "barefoot doctors"—that is, doctors' assistants—have been sent into China's rural areas. "Most of the barefoot doctors," the issue explains, "can now diagnose and treat with traditional and Western medicine commonly seen diseases, and some can perform minor operations under commune hospitals' doctor supervision. Most women barefoot doctors have mastered midwifery, and some can manage difficult labor and sterilization operations."

Western physicians who have observed health care in China also attest to the value of barefoot doctoring. W. Stuart Maddin, a Canadian dermatologist, reports in *China Medicine as We Saw It* (1974, HEW Publ. No. 75-684): "For millions of rural Chinese, particularly in remote regions, barefoot doctors provide what may be the only available medical service, and while no one pretends that they approach the standards of learning acquired by fully trained physicians, there is no doubt that they are doing an immensely valuable job in the front line of China's continuing battle for improved health."

What I would like to see in the United States is all-out education of doctors' assistants and midwives to care for people in ghettos and rural areas. Health care in these geographic areas is notoriously bad. Infant deaths in these areas are notoriously high. And efforts to lure more physicians into these areas have been unsuccessful. An all-out campaign to train physicians' assistants and midwives, of course, would depend on Federal legislation and funding, as well as support from the mighty American Medical Association. Until now the AMA has taken a dim view of physicians' assistants and midwives, largely because they appear to threaten the stature and power of physicians.

—Joan Arehart-Treichel

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