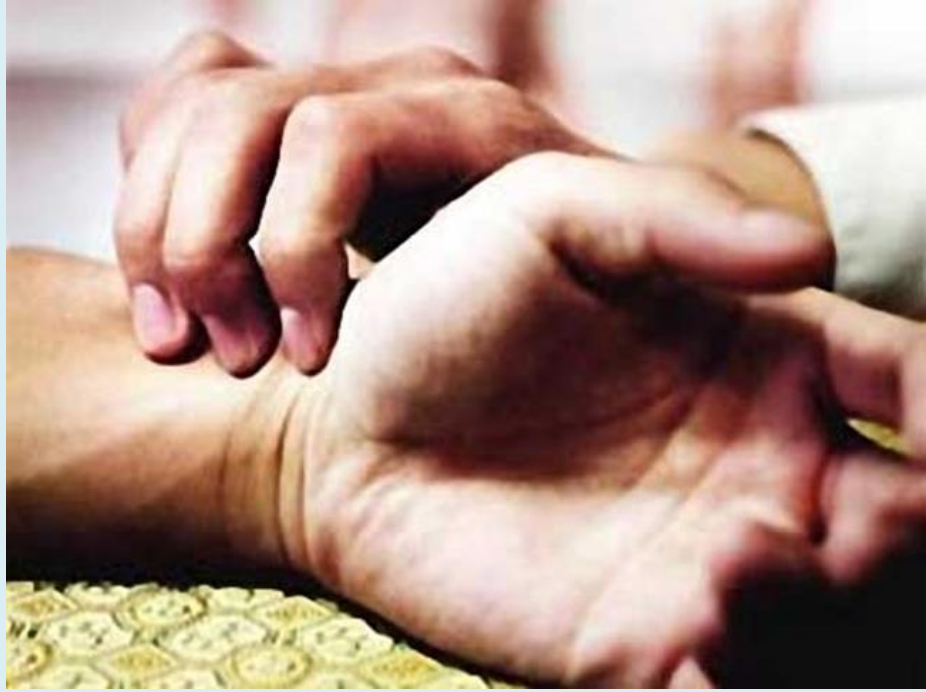
Transforming Traditional Practitioners into Modern Providers



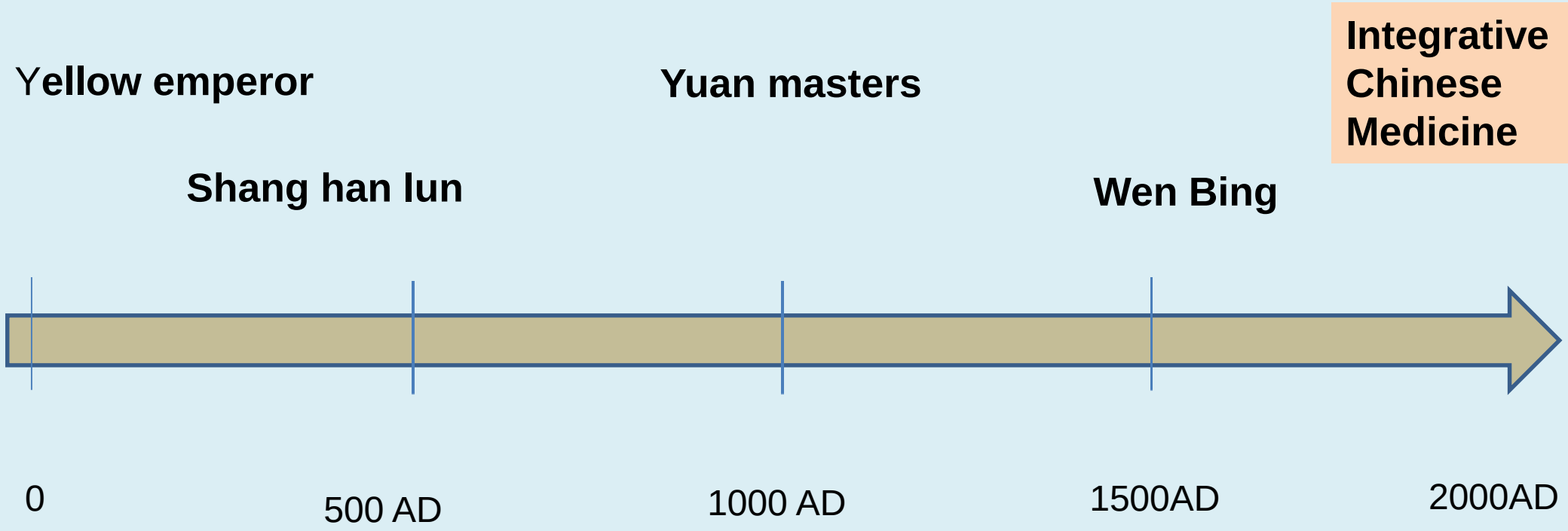
Guiding Principles

Purpose of this talk

- To present the challenges facing practitioners of Traditional Chinese Medicine entering modern medical institutions.

- To discuss the importance of reshaping Chinese medical training to address these challenges - **Integrative Oncology as a case in point**.

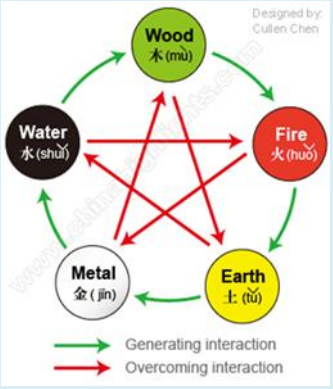
History of Chinese Integrative Medicine in a Nutshell..



Early Medical Education in China

Classical theory and cosmology

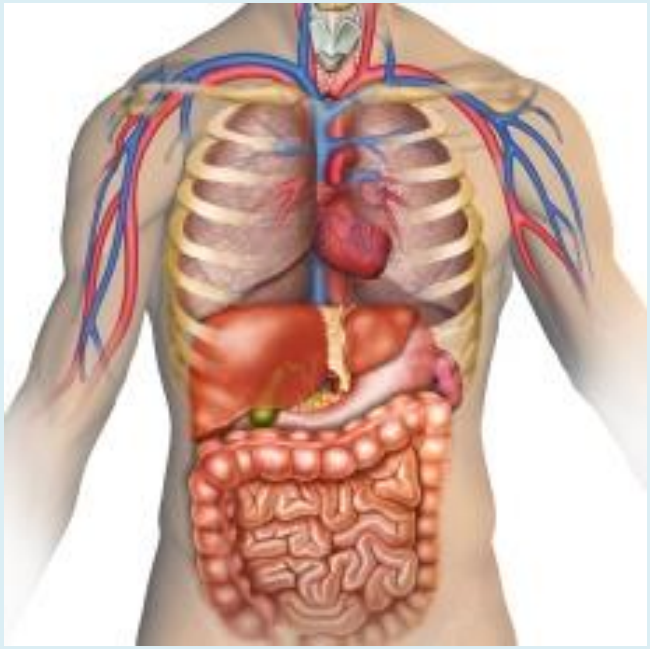
- Nei Jing
- Nan Jing
- Mai Jing
- Shang Han Lun
- Yi Jing



Clinical observation
Empiricism

19-20th century: West Meets East on a Collision Course

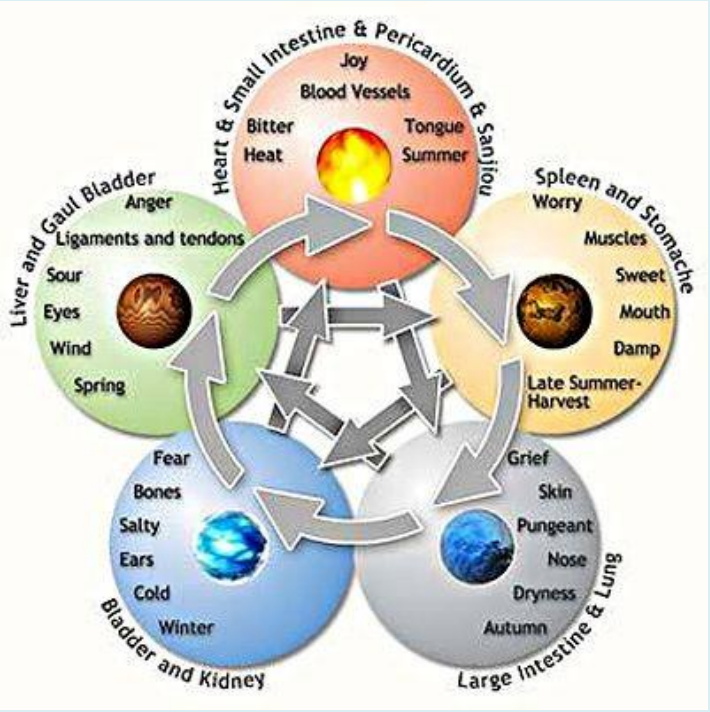
Anatomy



Vs.

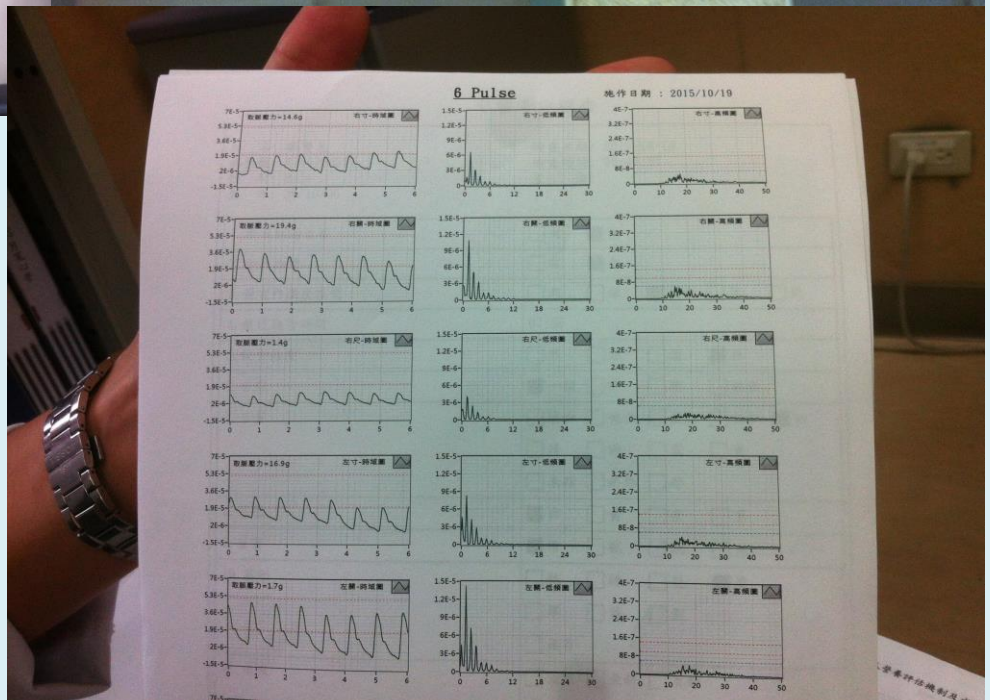
Transformation of Qi

气化



Modernization of Chinese Medicine


中醫傷科 心臟內科 神經內科
Chinese Acupuncture Cardiology Neurology
婦科 皮膚科 內分泌及新陳代
Gynecology. Dermatology. Endocrinology and
3


6 Pulse
2015/10/19

Chinese Medical Education Under Mao

- **Western medicine** - 2.5 years
- **Chinese Medicine** - 2.5 years
- **Integrated clinical internship** - 1 year

Students required to perform scientific research using western methodology (lab animals)

Scientification of Chinese Medicine

Rediscovering the Roots..

Li Zhichong

“When seeking the longevity of a tree one must safeguard its roots”

Liu Lihong

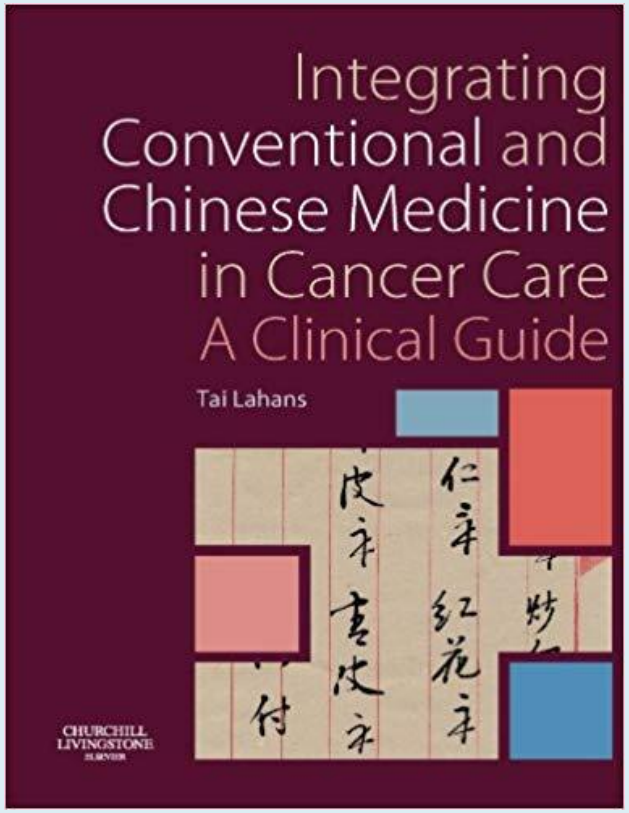
“Contemplating Chinese Medicine”

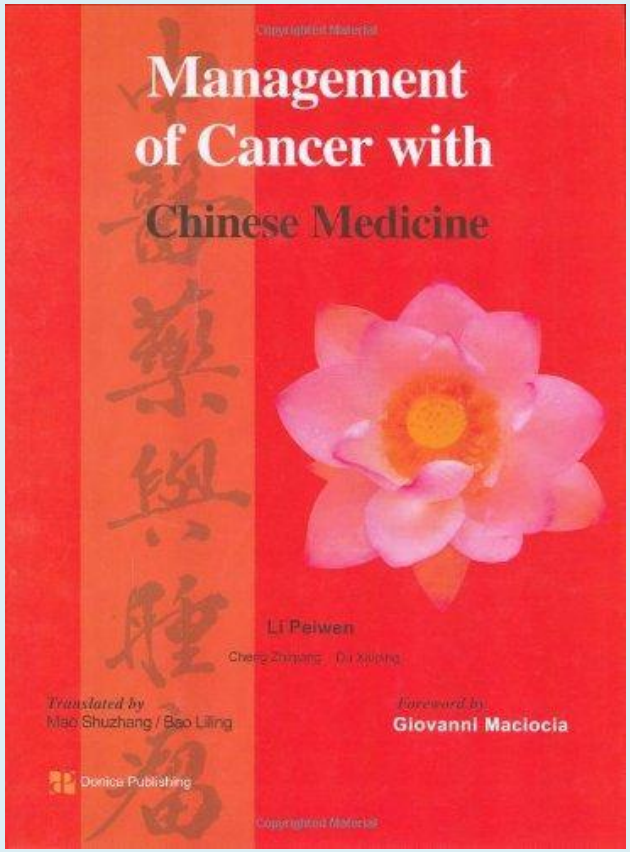
Practicing Chinese Medicine in a Hospital Environment

Science and biomedicine

Traditional theories

Chinese medicine


Integrating
Conventional and
Chinese Medicine
in Cancer Care
A Clinical Guide
Tai Lahans
CHURCHILL
LIVINGSTONE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Management
of Cancer with
Chinese Medicine
Li Peiwen
Translated by
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Taking the Leap

Private clinic

Hospital

Hospitals: a New Arena

Main challenges for the newly arrived fish

- **Dealing with complex patients.**
- Understanding the language of conventional medicine.
- Working as part of a team...integration.
- Responsibilities and territories.
- Safety issues.
- Reconciling traditional theories with modern medicine.

Integrative Chinese Oncology as an example

Mustard Gas in World War II

Chemotherapy

Treating complex patients
a multi layered approach

Cytotoxic treatment

Malignant tumor

External pathogens
(Carcinogenic materials)

Constitution, medical background,
routine medication.

Treating complex patients
a multi layered approach

St, Lu yin +qi xu
Lung heat

Shashen maidong tang

sha shen
mai men dong
sang ye
Tian hua fen
jin yin hua

anti cancer

Enhances appetite

Shan zha

Bl stasis, Sp+Lu Qi Xu
Lu phlegm

Dan shen
E zhu

anti cancer

Boost immunity

Huang qi
Fu ling

Kid yang xu
Bu gu zhi
rou gui

Biao

Ben

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Background Information

Symptoms/signs:

Family history/predisposing conditions:

Major co-morbid conditions:

Tobacco use: ☐ No ☐ Yes, past ☐ Yes, current **(If current, cessation counseling provided?:** ☐ Yes ☐ No)

Cancer type/location: | **Diagnosis date:** (___/___/____)

Is this a new cancer diagnosis or recurrence?: ☐ New ☐ Recurrence (date: ___/___/____)

Surgery: ☐ None ☐ Diagnosis only ☐ Palliative resection ☐ Curative resection

Surgical procedure/location/findings:

Tumor type/histology/grade:

Staging

Study	Date	Findings

T stage: ☐ T1 ☐ T2 ☐ T3 ☐ T4 ☐ Not applicable | **N stage:** ☐ N0 ☐ N1 ☐ N2 ☐N3 ☐ Not applicable

M stage: ☐ M0 ☐ M1 ☐ Not applicable | **Tumor markers:**

Stage: ☐ I___ ☐ II___ ☐ III___ ☐ IV___ ☐ Recurrence Alternative staging system: _____

Location(s) of metastasis or recurrence (if applicable):

Treatment Plan | Treatment Summary

White sections to be completed prior to chemotherapy administration, shaded sections following chemotherapy

Height: in/cm | **Pre-treatment weight:** lb/kg | **Post-treatment weight:** lb/kg

Pre-treatment BSA: | **Treatment on clinical trial:** ☐ Yes ☐ No

Name of chemotherapy regimen:

Chemotherapy start date: (___/___/____) | **Chemotherapy end date:** (___/___/____)

Chemotherapy intent: ☐ Curative, adjuvant or neoadjuvant ☐ Disease or symptom control

ECOG performance status at start of treatment: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

ECOG performance status at end of treatment: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Chemotherapy Drug Name	Route	Dose mg/m^2	Schedule	Dose reduction	# cycles administered
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	
				☐ Yes _____% ☐ No	

Major side effects of this regimen: ☐ Hair loss ☐ Nausea/Vomiting ☐ Neuropathy ☐ Low blood count ☐ Fatigue ☐ Menopause symptoms ☐ Cardiac ☐ Other _____

Reading meaning into a patient's medical chart

- **Specific cancer:** Which zang fu involved. Different DD for different diseases.
- **Stage: I, II, III, IV.** Higher stage – more deficiency.
- **Grade: 1,2,3**. Indicates degree of aggressiveness or "yangness"
- **Cytotoxic agents used:** Timing and dosage of treatments. Specific effects for each drug.
- **Medical history**: of relevance to patient's constitution.

Familiarity with the world of research

VOLUME 24 · NUMBER 3 · JANUARY 20 2006

JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPOR

Astragalus-Based Chinese Herbs and Platinum-Based Chemotherapy for Advanced Non–Small-Cell Lung C Meta-Analysis of Randomized Trials

Michael McCulloch, Caylie See, Xiao-juan Shu, Michael Broffman, Alan Kramer, Wei-yu Fan, Jin Whitney Lieb, Kane Shieh, and John M. Colford Jr

The effects of a Chinese herb formula, anti-cancer number one (ACNO), on NK cell activity and tumor metastasis in rats

Li Hong-Fen [a], Tal Waisman [b], Yair Maimon [a], Keren Shakhar [b], Ella Rosenne [b], Shamgar Ben-Eliyahu [b,*]

[a] *Complementary Medical Unit, Sourasky Tel Aviv Medical Center, and the International Chinese Medicine Cancer Research Center, Israel*
[b] *Psychobiology Research Unit, Department of Psychology, Tel Aviv University, Tel Aviv 69978, Israel*

Received 2 January 2001; received in revised form 5 June 2001; accepted 20 June 2001

Original Article

The Daily Use of Moxibustion to Treat Chemotherapy-Induced Bone Marrow Depression - A practical evaluation basec on 20 years of clinical experi

Abstract

Acupuncture and moxibustion, although not potent enough to act as first l

Evaluation of Efficacy of an Herbal Compound on Dry Mouth in Patients With Head and Neck Cancers: A Randomized Clinical Trial

Comparati[illegible] traditional Chinese medicine supporting Qi and enriching blood for cancer related anemia in patients not receiving chemoradiotherapy: a meta-analysis and systematic review

This article was published in the following Dove Press journal:
Drug Design, Development and Therapy

Hospitals: a New Arena

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- Safety issues.
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Working as a Team
Playing in the Orchestra

Chinese medicine

Hospitals: a New Arena

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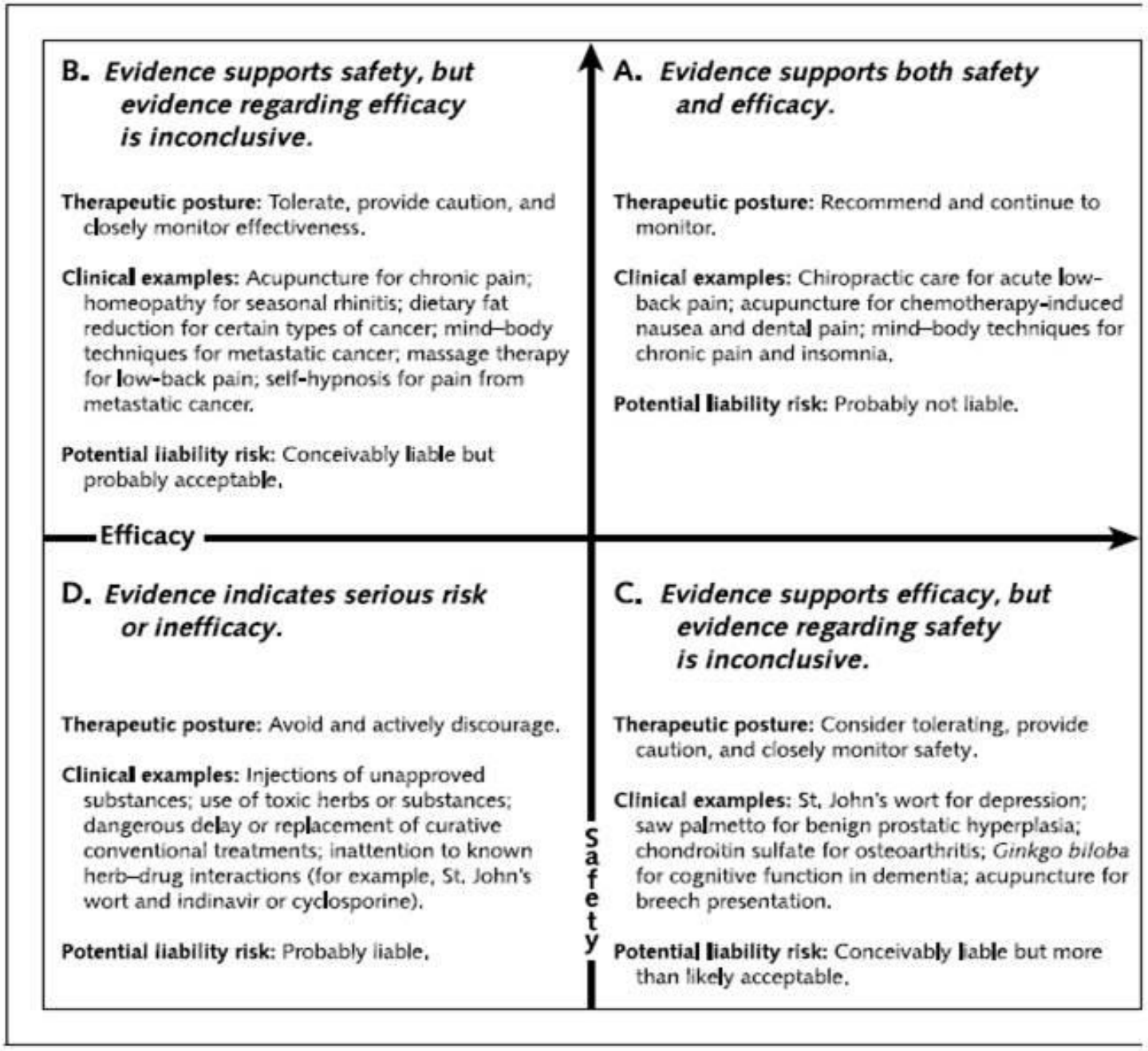
Figure. **Potential malpractice liability risk associated with complementary and integrative medical therapies.**



Safety Issues

Table 5 Common Herb–Drug Interactions

Herb	Drug or Drug Class	Interaction or Other Comments
Comfrey	Phenobarbital	Increases metabolism of comfrey, producing a lethal metabolite from pyrrolizidine that results in severe hepatotoxicity
Danshen	Anticoagulant or antiplatelet agents	Increases bleeding due to additive effects
	Digoxin	Increases side effects of digoxin
Echinacea	Amiodarone or ibutilide	Increases QT interval
	Statins, fibrates, niacin	Increases risk of hepatotoxic effects
Ephedra	Antidiabetes drugs	Increases blood glucose Decreases effectiveness of oral hypoglycemic agents
	Class IA and class III antiarrhythmics	Increases QT interval
	Beta-blockers	Decreases effects of beta-blockers, leading to hypertension and tachycardia
	Monoamine oxidase inhibitors	Hypertension
Evening primrose oil	Phenobarbital	Decreases seizure threshold
Garlic	Aspirin, clopidogrel, warfarin, or heparinoid drugs	Increases bleeding risk
Ginkgo biloba	Antidiabetes drugs	Increases hypoglycemia
	Aspirin	Increases bleeding
	Warfarin	Inhibits PAF hemorrhage
Ginseng	Antidiabetes drugs	Increases hypoglycemia
	Digoxin	Interferes with digoxin assay, leading to falsely increased levels
	Warfarin	Decreases effectiveness of warfarin
	Phenelzine sulfate	Headache Irritability Insomnia
Hawthorn	Digoxin	Increases effects of digoxin
	Calcium-channel blockers or nitrates	Increases vasodilatory effects
Kava	Alprazolam	Increases CNS depression Increases effects of alcohol
Licorice	Spironolactone	Increases effects of spironolactone
Saw palmetto	Anticoagulant or antiplatelet agents	Increases bleeding
Soy milk	Warfarin	Decreases effectiveness of warfarin
St. John's wort	Digoxin	Decreases serum digoxin concentration
	Clopidogrel	Increases activity of clopidogrel Increases bleeding
	Warfarin	Decreases warfarin bioavailability and effectiveness
	Simvastatin	Decreases effectiveness of simvastatin
	Paroxetine	Nausea

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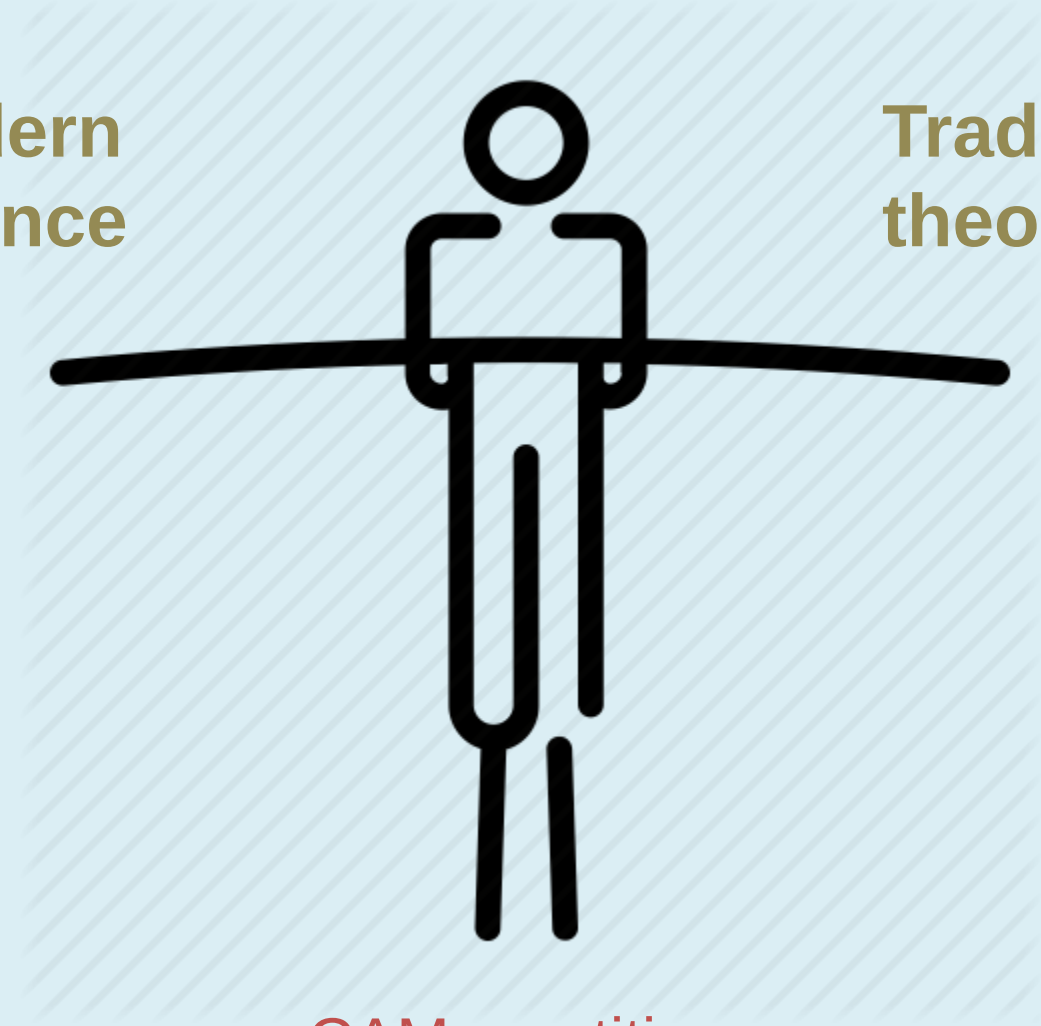
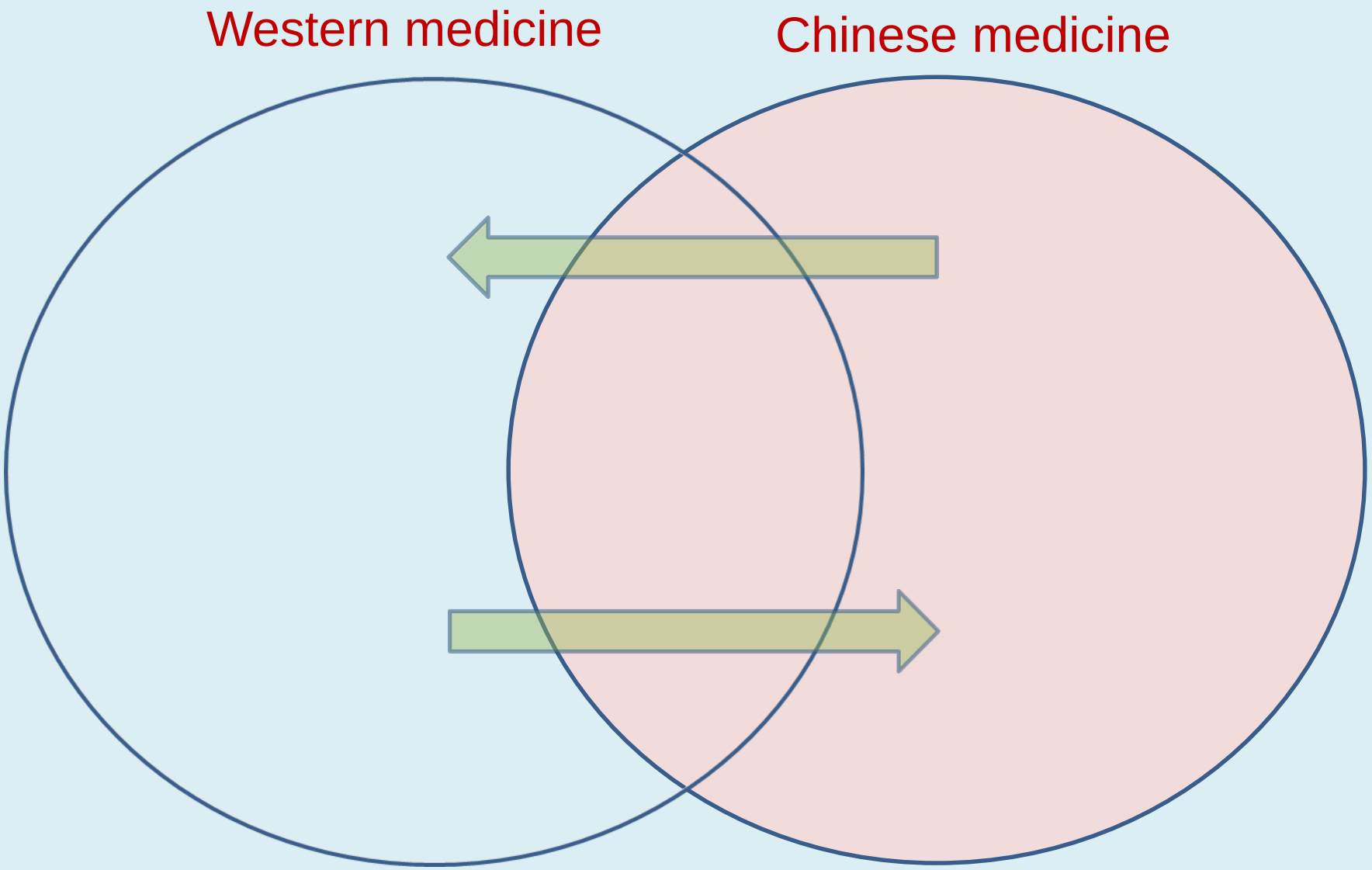
Modern science

Traditional theories



CAM practitioner


Western medicine
Chinese medicine

MIND

How Diversity Makes Us Smarter

Being around people who are different from us makes us more creative, more diligent and harder-working

By Katherine W. Phillips on October 1, 2014 3

Nobel Prize for Chinese traditional medicine expert who developed malaria cure

Developed for Communist troops fighting in the Vietnam War, Tu Youyou's treatment was major breakthrough in global fight against malaria

Related Video

Who is Nobel Peace Prize winner Malala - in 60 seconds

12 Jul 2015

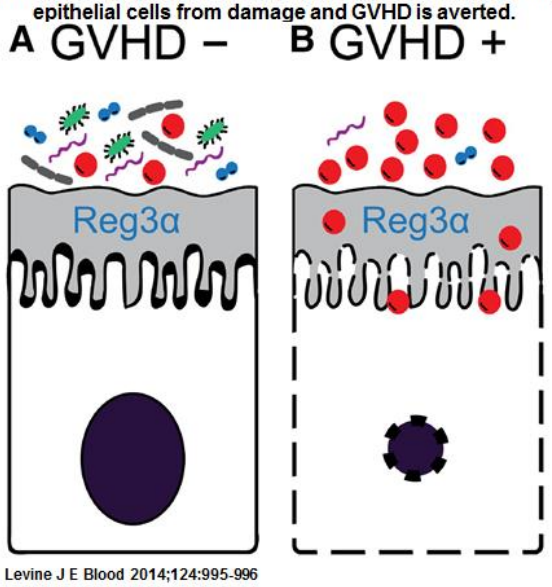
Comment on Taur et al, page 1174

Less (bacterial diversity) is more (deaths)

John E. Levine UNIVERSITY OF MICHIGAN

In this issue of *Blood*, Taur et al demonstrate that a lack of intestinal microbial diversity independently predicts nonrelapse mortality (NRM) in allogeneic hematopoietic cell transplant recipients.[1] At the time of engraftment, patients with low microbial diversity were at fivefold higher risk for NRM than patients with high microbial diversity, primarily because of graft-versus-host disease (GVHD).

Hypothetical model of the relationship between intestinal bacterial diversity and GVHD. (A) When bacterial diversity is high, antimicrobial peptides such as Reg3α can protect intestinal epithelial cells from damage and GVHD is averted.



Levine J E Blood 2014;124:995-996

blood

Conclusions
Take Home Messages

- ✓ Hospital environments and private clinics are fundamentally different from each other.

- ✓ Integrative Chinese medicine and integrative Oncology are distinct fields of study requiring specific knowledge and a unique set of skills.

- ✓ There is a definite need for specialized training programs in integrative medicine \ Oncology.

"We need to focus on diversity. Your goal is to hire people who all look different, but think just like me."

Thank you!

David Wizansky
LiAc, BSc.

Integrative medicine unit
Rabin Medical Center

dwizansky@gmail.com
www.taiyang.co.il