

“Treating Hypertension with Chinese Medicine- from clinical experience to political engagement.”

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[The following represents Kaitlin Edin’s personal notes of Volker Scheid’s keynote address at AACMAC 2008. They are by no means a comprehensive exposition, nor a verbatim account of all the points that Scheid covered. They represent her understanding of the material covered and her opinions are noted.]

In his own words, Volker Scheid comes from a social science background and the lens through which he looks at TCM is informed by his interest and research in medical anthropology. Social scientists generally are interested in the contexts that influence or shape people’s perception of themselves and others, they are interested in social variability and what factors induce or preclude the forms that variability takes. Scheid raises the importance of context and uses two examples; language and the dominant social and political class/paradigm to illustrate his point.

Language is just one context within which we are deeply enmeshed that can affect our understanding and perception of what we are doing, and why. Scheid uses the broad category of language to highlight that we need to be sensitive to the reality that our debate has already been framed; by the language our thoughts are in and the inherent bias of that language. [An example of this is the very conceptualization of Science into hard and soft areas of study- this debate not detailed here emphasizes the bias inherent in the language that we use to understand the concepts important to us. And that’s just English – there are of course inherent biases and frames in Mandarin or Japanese also.]¹

Scheid then draws attention to another factor that frames [almost without our noticing it] our understanding of TCM and that is how the socially dominant class of any period and any culture, Chinese or otherwise, determines the debate. The rationale for particular kinds of knowledge and to a significant degree the continued transmission of that knowledge is determined by hierarchies of evidence that the dominant class defines.²

It won’t be lost on most TCM students and practitioners that the ‘dominant class’ within our context is the established medical profession; the orthodoxy in relation to which we are placed as “alternative” or “complementary”. To a greater or lesser degree (depending on your own context) it is the orthodoxy that determines the kind of information that will be transmitted, valued and made manifest.

Having raised the issue of context and its significance, Scheid then discussed what he called the dichotomy of Politics and Science, that we as TCM practitioners work within and which shapes TCM externally and internally.

¹ [See Daly, M. 1978, Gyn/Ecology: The Metaethics of Radical Feminism or <http://www.f.waseda.jp/vicky/papers/ICLCposter.html>]

² See notes on Hierarchies of Evidence notes for further discussion

Generally it is perceived that science is pure and politics dirty. This is because science only deals with exact, definable and repeatable phenomena. Because it is exact we trust science to tell us something unassailable about 'reality', 'truth', and 'fact'.

Politics on the other hand is not about exactitudes, it is concerned with the ambiguities of human interaction. It is not in fact any less concerned with 'reality', 'truth' and 'fact' but because politics involves negotiation, interpretation and power it is not perceived to be as 'clean' – it is sullied by its humanness.

Scheid makes the point here that he is referring to 'politics' not in a Machiavellian sense but rather in the Kertzer sense, defined as the interaction between people: that our actions have consequences which generate side effects that go beyond what we wanted or intended by our actions.

In the UK, at the moment, according to Scheid, the political environment in which complementary medicine operates is now quite confrontational, with concerted politically motivated attacks on TCM from those who claim to be scientists. Scheid goes on to illustrate how science – a supposedly 'pure' tool in the arsenal of orthodoxy – is being used against TCM in the struggle to maintain the dominance of the status quo.

Despite science being 'pure' it can and has been utilized for political agendas throughout history (TCM is no different) and is still being used to influence and justify political agendas. This is an important consideration to bear in mind when looking at any piece of information, including randomized controlled trials [RCT's]. A case in point is the "Stop Hypertension with the Acupuncture Research Program" or SHARP trial. [Macklin et al 2006]

On the face of it the SHARP trial is a well conducted study. It is a randomized, double blind, sham-controlled, parallel group clinical trial investigating the use of acupuncture in the treatment of hypertension. But further investigation of the trial reveals significant flaws that have ramifications for both the practice and perception of TCM.

Results of the study weren't very good. They showed that acupuncture didn't affect hypertension and if there were any changes they were no better than placebo. The researchers concluded that acupuncture doesn't work on hypertension.

And it is here that the first political issue starts. Whether in a climate of antagonism as in the UK or here in Australia which still enjoys relative acceptance; we don't need many negative studies to generate negative publicity about TCM. More importantly though, it is the flaws in the trial itself, that reveal the structural issues facing TCM as a profession.

Scheid begins by drawing attention to the claims that the SHARP trial implicitly made about TCM. For example, the design of the trial "combines rigorous methodology and adherence to the principles of Traditional Chinese Medicine." [Macklin et al 2006] Now this is a very clear statement that *what is being tested here is TCM, if it doesn't work, then the implication is that TCM universally doesn't work for hypertension.* [Scheid, AACMAC 2008, my emphasis]

Scheid goes on to point out that in the preamble of the study it is stated that "Acupuncture has been used in Traditional Chinese Medicine to treat symptoms related to hypertension for more than 2500 years". [Macklin et al 2006] But this as Scheid rightly stresses – is a ridiculous statement. [Scheid, AACMAC 2008]

If you want to test hypertension it requires a BP machine to test blood pressure. The sphygmomanometer wasn't invented until 1880 and not in general use until around the 1900s.³ Indeed the first record that Scheid has found in relation to hypertension comes not from the Nei Jing (obviously) but from literature of about 100 years ago.

Scheid further identifies that the statement is ridiculous in another way, because what is being said is that the ancient Chinese were using TCM to treat symptoms related to hypertension. Yet one of the things about essential hypertension is that it is often *symptomless*, so how can we know that the Chinese treated symptoms of a symptomless condition 2500 years ago? [Scheid, AACMAC 2008]

Another observation that Scheid makes is to question how researchers arrived at their Treatment Protocols. For this trial, treatment protocols were developed through consensus building, between senior practitioners and lecturers and text books. Consensus is important for 'standardisation' but this is not necessarily representative of what people are doing in clinical practice.

In Scheid's 25 years of experience the standard treatment protocols for both hypertension and menopause that are being taught in textbooks, don't tend to work. For hypertension most of the treatment protocols are Liver-based patterns such as Liver Yang Rising, Liver Fire and Phlegm and in his experience don't reflect accurately (enough to be clinically useful) the individualized dynamics that underlie hypertension, and as a result don't reflect what he himself might do in the clinic.

Nor in fact is 'standardisation' or consensus where the heart of TCM might be argued to be. After all it is the often touted individualized prescriptions and approach that seems to hold the most allure for practitioners and patients alike. *[My opinion]*

But even the process of building consensus between senior practitioners, text books and senior lecturers is a political act, which by its very nature will reflect the dominant political currents. This process is bounded by the dominant hierarchies of evidence which ensure that some evidence will be accepted and some ignored; some evidence more valuable than others.

Indeed I would go so far as to suggest that it is the ongoing conflict between differing hierarchies of evidence that is responsible for many of the inconsistencies in what is being currently taught. *[My opinion]*

Much of what TCM students learn as Scheid points out and evidences, is not even 100 years old, let alone 2500 years old. Firstly, TCM pattern differentiation.

Pattern differentiation is actually a 'new' style of treatment that emerged in the universities of China in the 1950s and 60s, as a scholarly response to an increasing need to standardize, modernize and teach. Pattern differentiation has not been around for 2500 years.

Secondly, the equipment that we are using these days is not even remotely like the needles or other equipment used 200 or 300 years ago, let alone 2500 years ago.

Thirdly, TCM acupuncture is taught these days in relation to point function. But acupuncture points as we understand and discuss them today are not informed by the Yellow Emperor's classic, but rather by a system implemented and created in the Thirties by academics whose agenda was to

³ See University College London (2008) *The history of blood pressure measurement*, Dept. Medical Physics and Bioengineering, viewed 28 July 2008,

<http://www.medphys.ucl.ac.uk/teaching/undergrad/projects/2003/group_03/history.html>

modernize acupuncture (and TCM generally) by systematizing and articulating acupuncture in the same way that herbal medicine had been organized. Hence acupuncture point functions are an arbitrarily imposed system informed by herbal categorization, attempting to create a perception of modernity. [My emphasis]

Indeed even many of the herbal medicines and many of the formulas we currently use are less than 100 years old. An example is the well known formula of Tian Ma Gou Teng Yin, this formula is a 1950s formula created for treating hypertension.

It is not to say that this formula for example doesn't work simply because it is 60 years old as opposed to 2500 years old, but it does alter the perception of just how long the medicinal formula has been employed. Instead of clinging desperately to 'tradition' as the lifeboat that will buoy us, we need to reassess and ascertain just what *are* the enduring clinically relevant elements of this practice so that we learn to swim and make it anew.

The political context within which TCM is being researched will affect the way it is practised and the way acceptable practice is determined. Yet the getting of wisdom and the attainment of knowledge have always been a political act, and research [evidence based] always constitutes an active intervention in the ongoing development of medical tradition; it is never just a passive process of evaluation.

One of the consequences of this then is that research within our field must always extend clinical practice and understanding.

But we must also develop as individual practitioners – read clinical trials, new texts, and articles. It is how you integrate what you read and learn into your practice which is important. It is also how you use technology, how you use concepts, how you use the ideas of the ancients, how you apply what you have learned – and how you apply your knowledge to develop your own strategies for developing insight. [Scheid AACMAC 2008]

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