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Glorious Chinese Medicinals- Changes, Differences, and Challenges in the Last Twenty Years

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We are not left here on earth without recourse for our physical bodies.

This was a recent revelation to me [in thought] after having been in the health care and education business for 40 years and practicing traditional Chinese medicine for over the second half of said years. So at the age of 60, and returning to school to hone my skills, there was an epiphany for me with a recent module as fragments of theory and practice fell into place with a resounding thud.

My practice of herbal medicine has changed in several ways.

First, due to time constraints my ability to regularly make herbal formulas out of bulk herbs has declined. So while I have a large bulk herb pharmacy, I only use these when in recalcitrant situations or (and thank God I have the herbs when I need them), in emergencies. Since I was trained with bulk and patents, my inventory grew as such and a segue over to powders is very slow and may never be complete. I usually get excellent results with patent medicinals.

Secondly, with regards to patent medicinals, there is a “guarantee to work” or, I replace herbs at no charge or refund the dollars. The guarantee spiel is, “These herbs will do what I tell you they will do”, (i.e. stop cough, stop diarrhea, warm limbs, etc). I tell folks, “People should not have to pay for medicine which does not work”. This policy can never change.

Third, I disdain to think that I am more vigorous in tonification techniques now than then (because I am older?). From the beginning of my practice, lifestyle including and especially diet, has played an extremely important role for, “Far be it from me if I give you an herbal medicine for such and such when what your lifestyle is the

very issue which is making you sick”. Therein lies the first tier of tonification. “In ancient times those people who understood Tao patterned themselves upon the Yin and the Yang and they lived in harmony... There was temperance in eating and drinking. Their hours of rising and retiring were regular and not disorderly and wild. By these means the ancients kept their bodies united with their souls, so as to fulfill their allotted time span completely, measuring unto a hundred years before they passed away.” [The Yellow Emperor’s Classic of Internal Medicine] However, my timidity to aggressively tonify with medicinal herbs has always been dampened by the very real possibility of driving the pathogen deeper at an inopportune time. Now I am emboldened. I am earnestly attempting to delve earlier in my treatment principles medicinally with tonification of the appropriate jing, Blood, qi, yin, yang thereby augmenting the individual’s ability to expel pathogenic factors. This as opposed to concentrating on expelling pathogens and not as vigorously addressing tonification with the herbs. We know the fine interplay between tonification and expelling simultaneously.

The last change is that I have been a minimalist in my herbal prescriptions. I tended to under prescribe. The uneducated would disagree. We know better. There is no comparison between drinking soup three times a day and taking tea pills two or three times a day. I am more firm in my insistences as to dosages and less apologetic with “amounts” of medicinals. The increased insistence and unabashedness works because even with the minimalism people got results. Why not have even better results if possible? Because I am older and sincerely endeavor to walk my talk, I now tell folks, “I’ll not molly-coddle people any more”. As Dr. Bever used to say, “It’s my way or the highway”.

What am I doing differently than what I was taught at my TCM college?

I obtained my education through schools in America, P.R. of China, and apprenticeship. I then obtained the NCCAOM certification and state licensure.

Maybe I'm not doing things too much different.

To begin, with new patients I always take tongue and pulse before looking at their paperwork and listening to their history. I repeat the pattern the next two to three sessions before we speak. Of course, there are times when this is not appropriate. This is giving me, as I say to them, "An unbiased and objective view of what is going on with you internally right now". Upon reflection even as I write I realize the following. Perhaps this came out of the fact that the majority of my herbal clinic occurred in China (1.5 years). And although I was blessed, for most of that time with excellent translators, the majority of whom were TCM doctors themselves (it was great because many times I received 2 theories/explanations at once!); given the state of herbal clinics in the hospitals, noise, and the language barrier, basically, at times it could resemble a bedlam with the "foreigners" in the middle of it; I learned very quickly that pulse was going to tell me things (or not because of my pulse ignorance) which I would be hard pressed to ask the patient myself. This practice of perseverance of pulse taking before speaking (and after as well if need be) with the patient helps me immensely many times when I am in a quandary as to what to prescribe.

I do wish I was able to solely write bulk formulas. Herbal medicine is the yin, acupuncture is the yang. There can be no yang if the yin is insufficient, no movement. Rummaging through bottles and bags when putting together a formula is always my best teacher. It has never been a chore. However, it is time consuming because I do not prescribe bulk herbs frequently enough. Patent medicinals, on some level, have made me lazy.

Second, over the years, in order to have sufficient time at home with my girl (I was a single mum) I usually would not see herbal patients more than 2 times a month. Therefore, we would speak on the phone to ascertain their progress and change, if need be, dosage or formulas. For most of this, I would not be reimbursed for my time. It has been in the last five years that, if I must spend much time whilst on the telephone, I am able to obtain reimbursement. However, what I am insisting on now is that folks come in more frequently if they are only using herbal medicine and not acupuncture. This is an obvious help for myself and them. I think as time goes on and folks realize how they can "grow old well" with the proper use of medicinal herbs, they will appreciate the doc who sees them regularly and takes the time to eradicate the problem through lifestyle and herbal medicine.

What challenges am I facing that I did not expect?

One of the first and most prominent is the huge issue of pharmaceuticals. Not contraindications, per se. For the most part, truly that is the least of my concerns although I am very conservative. Most folks both young and old, who are on the pharmaceuticals, are scared to make any changes in their body. Of course, the "old ticker" (that's the heart) is hardest to treat from their point of view. And contraindications in general appear most with regards to blood movers.

The folks who come in with no pharmaceuticals I consider a "clean slate" and many do come in order to stay away from said drugs.

A second challenge appears to be a continued resistance for many of a basic understanding: poor quality food into cells, poor quality cells for life. It isn't even that. People try to understand, but they are afraid, addicted to foods and emotionally involved with food as well. I believe people are more afraid of dying than of living an older life with dementia or crippled. Perhaps I am mistaken.

I suppose a third challenge is that of the "immediate gratification syndrome". I sometimes say to the older folks, "Play now, pay later; pay now, play later". People just don't yet really grasp that what we do today affects how we are tomorrow. We realize with women that the lifestyle they adopt in their twenties to forties determines the type of menopause they will have. [Maciocia, 2011] I have found that the octogenarians in my practice who are on little to no pharmaceuticals fare much better than the 60-70 year olds who are taking 4-7 different drugs for issues which can relatively easily be ameliorated with medicinal herbs. One example follows. Women as they age can be prone to having infections of the urogenital tract. Many times we find them on "low" doses of pharmaceutical antibiotics to keep them symptom free. If we use minimal doses of medicinal herbs such as Long Dan Cao, Ze Xie, Bian Qu for the burning and inflammation, or Dang Gui, Zhi Zi, Can Cao for analgesia, we know we can simultaneously and slowly tonify the appropriate Qi, all whilst doing no harm with proper dosage of the appropriate herbs. Because the herbals are brilliant for very quickly keeping away signs and symptoms of urinary issues, women are quick to get rid of pharmaceutical antibiotics and eventually more willing to explore other lifestyle options.

In closing, all this is to say is that I personally never take for granted the ability to obtain these glorious medicinals for our use. We are extremely fortunate to have them as easily as we do. I am very grateful for medicinal herbs because exclusively the last 20 years and rarely the last 40, outside of an occasional aspirin or hot toddy, I use no other medicine but only Chinese medicinal botanicals, and plan never to do otherwise.

The last thought with which I would like to leave the readers of this small paper is the following. For many years now I have wrestled with, “Why does the profession not have a unified “spin” on what we call these botanicals so the public, with little thought, will know exactly to what we are referring?” I use the term “medicinal herbs” as much as possible. However initially, people don’t really understand. I used to think that the term “medicinal botanicals” was a more precise, understandable, and apt description. However, I was then gently reminded that not all “herbals” are in fact plants. The profession needs a unified term when referring to herbal medicine. In America in the mid-twentieth century, the word “herb” implied folk medicine and was not deemed valid. For many people, this still holds true. Can’t we find the term which accurately describes our medicinals?

References

1. *Maciocia, Giovanni, (2011). Obstetrics and Gynecology in Chinese Medicine. Edinburgh: Churchill Livingstone*

2. *Veith Ilza, translator, (1949) The Yellow Emperor’s Classic of Internal Medicine. Berkeley, CA: University of California Press*