

THE INTEGRATION OF CHINESE MEDICINE AND WESTERN MEDICINE: FOCUS ON MENTAL ILLNESS

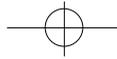
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ABSTRACT

Western biomedicine and Chinese medicine are presently the two most widely practiced systems of medicine in the world. Even as Chinese medicine is emerging as an accepted alternative approach to medical care in many Western countries, Western biomedicine is growing in popularity in Asia. The confluence of Western medicine and Chinese medicine in both the West and Asia presents many complex problems and opportunities for the integration of these disparate systems of medicine. Many patients receive both Western and Chinese medical treatments concurrently. However, until now there were no guidelines for rationally integrating assessment or treatment approaches from these two systems of medicine. This paper develops a conceptual framework for integrating Chinese medicine and Western biomedicine, acknowledging the comparative strengths and limitations of both systems of medicine. Emphasis is placed on the integrative management of mental and emotional symptoms. The first part of the paper reviews how Chinese medicine benefits the principal assessment and treatment goals of Western medicine. These benefits include a graduated series of therapies (as opposed to a few very potent treatments); improved management of side effects caused by Western medications; improved treatment outcomes; greater coherence in healing and practitioner-patient interactions; a more holistic framework; and an improved prescriptive methodology. The second part of the paper reviews how Western medicine benefits Chinese medicine. These benefits include improved accuracy in assessment; improved recognition of treatment complications; faster acting or more potent treatments for serious or acute symptoms; better assessment and tracking of progress and outcomes; availability of continuous emergency and in-patient care; and improved treatment outcomes. Rational guidelines for combining assessment or treatment approaches from both systems of medicine are suggested. The paper concludes with specific remarks, recommendations, and caveats pertaining to integrative approaches to common mental or emotional symptoms frequently managed by both Western physicians and Chinese medical practitioners.

BACKGROUND

Most Western patients come to acupuncture and Chinese medicine with a pre-established Western diagnosis, and many are concurrently taking Western prescription medications or are undergoing other Western medical treatments. Western patients under the care of a Chinese medical practitioner often fail to disclose this fact to Western-trained medical doctors, including psychiatrists, who are treating them for similar complaints. At the same time, many patients receiving Western psychiatric treatment fail to disclose such personal information to a Chinese medical practitioner treating them for related complaints. Reasons for nondisclosure include patients' reluctance, possibly also embarrassment, to be seen as naive or misinformed. Many patients regard each kind of medical treatment as an unrelated or independent matter that does not warrant disclosure to other healthcare providers. Consequences of nondisclosure include a risk of misdiagnosis or missed diagnosis, resulting in inappropriate treatment and the risk of drug-drug or drug-procedure interactions (eg, acupuncture or moxibustion). Little reliable information is presently available on safety or efficacy when Chinese and Western treatments are combined. This has limited the efforts of physicians and Chinese medical practitioners interested in combining Chinese and Western medical approaches in ways that are appropriate and safe. Integrative guidelines will help ensure reasonable treatment combinations, while warning against specific treatment combinations when there are known risks or limited clinical or research data confirming safety and efficacy. To date, only a few risks or contraindications have been reported when specific Chinese and Western medical treatments are combined. Examples include the concurrent use of Mahuang (which contains ephedrine) and antihypertensive medications or antidepressants, especially the serotonin selective reuptake inhibitors (SSRIs) or monoamine oxidase inhibitors (MAOIs). Since the FDA banning of Mahuang in early 2004, risks related



to its use have become problematic.

An important goal of this paper is to stimulate discussion and development of evidence-based methods of integrative assessment and treatment planning, including the formulation of risk-management approaches that will provide a practical framework for Chinese medical practitioners and Western physicians to work together. This paper establishes a framework that will permit *informed and conservative judgements* about appropriate ways to combine Chinese and Western treatments, based on symptoms and symptom severity, relative efficacy of Chinese or Western treatments for a particular symptom pattern, and compatibility when specific treatments are combined. These guidelines will help Chinese medical practitioners and Western physicians to *skillfully integrate* assessment or treatment approaches from both systems of medicine, while *avoiding* inappropriate or unsafe treatment combinations.

HOW CHINESE MEDICINE BENEFITS WESTERN MEDICINE

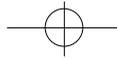
Chinese medicine can benefit Western patients seeking mental healthcare in numerous ways. An extensive body of research literature and clinical studies supports the view that selected Chinese medical therapies can be safely used in combination with contemporary Western medical treatments of psychiatric disorders. Furthermore, emerging evidence suggests that the integration of Chinese and Western biomedical approaches in mental health care results in improved outcomes.

Chinese Medicine Offers Clinicians a Graduated Series of Therapies

Chinese medicine offers a range of treatments for a particular symptom pattern, resulting in a graduated series of responses ranging from relatively benign therapeutic effects with few associated side effects, to dramatic outcomes with frequent or more serious side effects. The practitioner selects the treatment that will result in the most desirable therapeutic effect, depending on the symptom pattern and severity of symptoms. The practice of Western medicine is analogous to Chinese medicine in that physicians are trained to use clinical skills to achieve desired therapeutic goals by means of the *least invasive* interventions available and by validated treatments for which there is *least potential for complications* or side effects. This principle, *Primum non nocere* (first do no harm) is a maxim of Western medicine. The probability of potentially harmful side effects, toxicities, and drug-drug interactions has increased commensurate with ongoing advances that have led to powerful pharma-

cological agents. A recent meta-analysis concluded that at least more than 2 million serious medical problems and approximately 100,000 fatalities occur annually in hospitalized patients due to adverse drug reactions, making adverse drug reactions a leading cause of morbidity in hospitalized patients and between the fourth and fifth leading cause of death in the US.¹ A consequence of Western medical “progress” is the contentious legal and ethical debate over reasonable and responsible interpretations of “first do no harm.” This debate has become a serious issue in the Western medical community, with respect to numerous pharmacological agents used to treat depression, bipolar disorder, and psychotic disorders. Western physicians have come to expect that side effects and toxicities will occur in the context of pharmacologic treatment. Serious, sometimes permanently disabling side effects have become an accepted part of Western medical culture. For example, it is well established that most antipsychotic medications, including older agents like haloperidol, chlorpromazine, and recently introduced drugs like risperidone, quetiapine, and olanzapine, have significant associated risks of debilitating, sometimes permanent movement disorders, in addition to serious medical problems including adult-onset diabetes, toxicities, and drug-drug interactions. In recent years, increasing awareness of safety concerns has led to a growing realization among Western mental health professionals that antipsychotic drugs may be over-prescribed in some cases, as well as efforts to use them more judiciously (Note 1). Western antipsychotic medicines reduce psychotic symptoms by blocking brain dopamine receptors, resulting in short-term improvement. However, emerging evidence suggests that chronic use of certain antipsychotic medications up-regulates the brain’s dopamine system, exacerbating and prolonging psychotic illnesses (Note 2). Therefore, according to “first do no harm,” antipsychotic medications may not represent the most appropriate approach to the long-term treatment of certain psychotic disorders, and may be more judiciously reserved for treatment of acute conditions or symptoms that are unresponsive to treatments with fewer serious side effects. In this context, a promising emerging treatment in Western psychiatry is the use of Omega-3 fatty acids, especially eicosapentaenoic acid (EPA) (cite refs here) in schizophrenia, and other disorders.

Many antidepressant medications have frequent side effects including weight gain, disturbed sleep, impairments in sexual performance, short-term memory, and cognitive functioning. Mood stabilizing agents used to treat Bipolar Disorder, including lithium car-

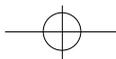


bonate, carbamazepine, and valproic acid, often cause weight gain, tremor, liver toxicity, and other side effects or toxicities. Patient surveys suggest that as many as 50% of bipolar patients stop using these medications because of side effects *in spite of demonstrated efficacy*. Newer mood stabilizing agents, including lamotrigine, topiramate, and others, are also associated with unpleasant side effects and rare lethal toxic reactions. In view of the prevailing Western medical culture that *accepts risks* associated with pharmacotherapy, the Chinese medical principle of employing a range of treatments with the goal of achieving a graduated series of responses is especially germane. While all Chinese and Western treatments can cause side effects or toxicities, Chinese medicine limits the potential magnitude and consequences of risks. When skillfully performed, the goal of Chinese medical practice is to bring a person *back into balance*. The same treatment *may also lead to imbalances* manifesting as novel symptoms or side effects when used unskillfully or inappropriately. Clearly, no medical system offers a panacea for all symptom patterns or all patients.

In contrast to Western biomedicine, when Chinese medicine is practiced skillfully, side effects are relatively infrequent. This difference is due to the way Chinese medical practitioners are trained to find a specific treatment that will restore each patient to his or her *individual state of balance*. Individualized treatment approaches in acupuncture typically result in few and non-serious side effects, even when acupuncture is practiced with little skill. Training in acupuncture emphasizes the importance of avoiding errors in practice that might result in side effects or complications, including hematomas or pneumothorax. However, cases of pneumothorax have been reported, and patients seeking acupuncture treatment should be advised of these risks. Generally, though, most Chinese medicinals are not as pharmacologically potent as Western drugs because they are compounded from unrefined herbs or other natural products. Chinese medicinals are typically prescribed as compound formulas designed to mitigate side effects. They are individually prescribed on the basis of each person's subjective *pattern*. Thus, when prescribed by a professional practitioner, Chinese medicinals are not standard formulas for presumed *average* disorders. Because of this, professionally prescribed Chinese medicines typically have few or no side effects. Significant advances continue to take place in the development of Chinese medicinals.² In spite of their strong safety record, side effects and cases of fatal toxicities have been reported.³⁻⁶ Chinese medical practitioners attribute the majority of safety problems to excessive doses of particular herbs or herbal for-

mulas, improper preparation, or erroneous substitution of a particular herbal ingredient in a compound herbal formula⁷⁻⁹ and there have been reports of adulteration of Chinese medicinals with synthetic drugs, including steroids, non-steroidal anti-inflammatory drugs, heavy metals and other substances.^{8,10} Chinese medical practitioners are generally trained to continue *rethinking* and *refining* a patient's herbal prescription until desired effects are achieved with few or no side effects.

Chinese medical treatment is typically less expensive than Western medical treatment. Assuming that comparable efficacy and safety standards are met, this suggests that *Chinese medical treatment constitutes a reasonable first choice for non-life-threatening or chronic conditions*. Studies on Chinese medical treatments of mental or emotional symptoms have yielded promising results (Note 3). However, most of the evidence comes from case reports. When there is evidence for comparable efficacy, it is sometimes reasonable to initially treat mental or emotional symptoms using Chinese medical approaches. This choice depends on patient preferences and the availability of a competent local practitioner. Most Western treatments are *more potent* than Chinese medical treatments. However, they are also typically more expensive and have more side effects. It is reasonable to avoid expensive Western treatments (with greater risk of side effects or other complications) when Chinese medical treatments are known to be efficacious and safe. In such cases, Western treatments should be used only after Chinese treatments fail to achieve therapeutic outcomes. Concurrent treatment with both Chinese and Western medicines should be considered only when there are *reasonable grounds* (based on documented clinical experience or research findings) *to conclude that no or only minor interactions may occur between pharmacologically active components of the specific treatments*. There is limited research data providing evidence of compatibility between Chinese and Western medicines. However, clinical observations suggest that most Chinese medicinals are compatible with most Western drugs when skillfully prescribed and correctly used. Thus, when treating *chronic* medical, mental, or emotional symptoms for which Chinese medicine has an established record of efficacy, Chinese medicine can provide a *more holistic* treatment, in contrast to *more potent, more specific, and more expensive* Western treatments associated with *increased risks* of side effects or toxicities. Conversely, when Chinese medical treatments have little or no efficacy against particular symptoms, Western treatments are more appropriate and constitute a logical first step toward a *graduated series of therapeutic responses*.



Chinese Medicines Can Improve Management of Side Effects Caused by Western Drugs

Patients often complain that the side effects of Western medicines are as distressing as the symptoms being treated. This often results in poor medication compliance. Many studies show that both acupuncture and Chinese medicinals can *mitigate* or *eliminate* the unwanted side effects of Western treatments. Most studies describe Chinese medical treatments of side effects caused by radiation or chemotherapy. Many studies also show the benefits of Chinese medical treatments of side effects caused by corticosteroids (principally prednisone), oral contraceptives, oral abortifacients, antibiotics, and even antipsychotics (Note 4). When Chinese medical practitioners treat side effects caused by Western drugs and therapies, they perform a pattern discrimination and *apply appropriate Chinese medical procedures or medicinals* indicated on the basis of a specific energetic pattern. For example, if a patient exhibits *yin vacuity*, characterized by heat signs and symptoms as side effects of a specific Western medicine, the goals of Chinese medical treatment are to *enrich yin* and *clear vacuity heat*. In other words, use of Chinese medicines to manage side effects caused by Western medicines does *not* rest on an understanding of the pharmacodynamics or pharmacokinetics of Western medicines, but on an understanding of fundamental principles of energetics at the core of Chinese medical theory. Therefore, the same Chinese prescriptive methodology is applied, regardless of the particular Western medicine(s) involved, and this approach always starts with a thorough pattern discrimination.

Chinese Medicine Can Improve Outcomes of Western Treatments

Chinese medical treatments can be used in conjunction with Western medicines to improve therapeutic effects, with the caveat that potentially unsafe interactions may not have been reported for specific combinations of herbs and synthetic drugs. Furthermore, numerous case histories and a few controlled studies suggest that Chinese medical treatments are sometimes as effective as Western treatments (Note 3). In Western biomedicine, there are no effective treatments for certain medical and psychiatric disorders, including age-related memory loss. In contrast, recent evidence suggests that certain Chinese medical treatments improve age-related memory loss and other kinds of memory problems.¹¹

Chinese Medicine Can Provide Western Patients With Greater Coherence in Healing

Because of *differences in the style and content* of communication between Western physicians and

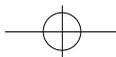
patients, and Chinese medical practitioners and patients, Chinese medicine may offer Western patients increased feelings of control or empowerment compared to Western medicine. This observation follows from the work of Antonovsky, who formulated the concept of *coherence in healing* (Note 5). According to Antonovsky, coherence is associated with a patient's belief that internal and external factors related to illness are *predictable* and *controllable*. In achieving coherence, the ill person gains hope, thereby promoting the process of healing. In contrast to practice standards employed in Western medicine, Chinese medicine uses approaches that facilitate patients' goals of experiencing coherence in healing.

Chinese medicine affords patients the opportunity to understand and control factors in the environment that promote health. Physiological and diagnostic descriptions of illness in Chinese medicine also provide a sense of *manageability* to Western psychiatric patients, contributing to improved coherence in healing. When a Western patient is told that he or she is experiencing symptoms due to an *imbalance in brain chemistry*, the patient has little recourse other than to passively rely on pharmacotherapy. In contrast to this *therapy-centered* approach, Chinese medical pattern discrimination uses a *patient-centered approach*, with the goal of explaining symptoms to patients in the context of widely understood concepts like *qi*, *yin*, or *yang*. Chinese medical physiology is based on the premise that the human body and its processes are a *microcosm* of the exterior phenomenal world. Descriptions of illness employed in Chinese medicine refer to easily understandable concepts like *hot and cold*, and *dampness and dryness*. According to Chinese medicine, all disease mechanisms derive from loss of harmony between one's inner and outer worlds. Illness is an indication that an individual needs to change something about her lifestyle, with the goal of bringing her life back into *harmony* with the pervasive natural principles of the phenomenal universe.

Chinese pattern discrimination makes the experience of illness comprehensible, using descriptions of illness that are understandable with minimum explanation. Greater comprehensibility permits the patient to experience a deeper sense of coherence, resulting in improved treatment compliance and enhanced outcomes.

Chinese Medicine Can Provide Western Medicine With a More Effective Holistic Framework

In contrast to Western medicine, Chinese medicine treats the *whole* person. Signs and symptoms that are significant in Western psychiatry constitute a



small part of pertinent signs and symptoms obtained in Chinese medical assessment. Chinese medicine always treats the *whole patient*, not merely the major complaint. Chinese medicine treats the patient's overall *pattern*, not the specific symptoms or signs corresponding to an *outward* illness. Therefore, the number of signs and symptoms associated with a Chinese pattern always exceeds the number of signs or symptoms associated with the major complaint. Patients receiving Chinese medical treatments often experience improvement in symptoms other than the chief complaint because of the core tenet that all aspects of human functioning are parts of an integrated whole, and that illness is eliminated only when the entire organism returns to a dynamic state of balance. This philosophy of holism is increasingly demanded by patients seeking a *more complete* kind of medical care than is provided by physicians who are trained to diagnose and treat specific symptom patterns, while seldom addressing personal or clinical issues that reflect deeper *imbalances*.

Chinese Medicine Can Provide Western Medicine With an Improved Prescriptive Methodology

Chinese medicine employs a pattern-based prescriptive methodology in which a specific *symptom* or *illness* is related to the individual's *overall pattern*. This means that when side effects occur (using treatments from any system of medicine), the medicine, dose, or dosing strategy does not *precisely match* the patient's *physiological or energetic pattern*. Medicines, in and of themselves, are neither therapeutic nor harmful. A medicine is *therapeutic* if it is *efficacious with respect to a desired effect* in a specific patient, and there are no or few side effects. The use of an analogous approach by Western physicians would permit more specific and effective uses of potent, rapidly-acting Western drugs, while minimizing side effects or other negative outcomes.

Western psychiatrists often encounter situations that illustrate the above principle. A case in point is the widespread use of SSRIs, including fluoxetine and paroxetine. SSRIs sometimes achieve therapeutic effects in the absence of side effects. According to Chinese medical diagnosis, in these cases the *match* between the medicine, dose, or dosing strategy and the (imbalance manifested as the) patient's illness is *perfect*. However, many patients who use SSRIs report oral dryness, anxiety, agitation, and sexual dysfunction. These side effects are predictable in the context of Chinese medical prescriptive methodology. The greatest potential benefit Chinese medicine may offer Western medicine is a more holistic way of prescribing

synthetic drugs in order to maximize therapeutic outcomes, while minimizing side effects or toxicities.

HOW WESTERN MEDICINE BENEFITS CHINESE MENTAL HEALTH CARE

Western Medicine Can Provide Chinese Medicine With Improved Accuracy in Diagnosis and Prognosis

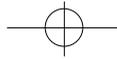
From the Chinese pattern alone, it is often impossible to predict the course of many illnesses. Because of this, Western classification models are being used to complement traditional Chinese understandings of illness. Biomedical assessment methods and empirically-derived formulations of disease-specific symptom patterns are foundational principles in Western medicine that facilitate accurate diagnosis and prognosis. Two patients complaining of symptom patterns corresponding to different Western diagnoses may have the same Chinese pattern discrimination. However, when assessed by a Western physician, one patient may be diagnosed with a relatively benign or self-limiting disorder, while the other patient may be diagnosed with a severe, chronic, or debilitating disease. Western medicine emphasizes history-taking and systematic differential diagnosis based on empirical information, and therefore permits greater diagnostic accuracy in cases where the corresponding Chinese medical diagnosis is ambiguous. Greater diagnostic certainty translates into a more appropriate treatment plan, enhanced outcomes, and improved understanding of prognosis.

Western Biomedicine Facilitates Recognition of Complications or Warning Signs

Compared to Chinese medical diagnosis, Western biomedical diagnosis permits more accurate identification of complications or danger signs associated with a particular disorder or its treatment. For example, if a psychiatrist believes that a patient has a particular psychiatric disorder, he will ask pertinent questions about history, behavior, and cognitive and mood symptoms. A patient who has a history of schizophrenia may disclose symptoms that suggest worsening clinical status, including increased frequency of auditory hallucinations, new-onset paranoid delusions, or depressed mood. This information provides the psychiatrist with an empirical basis on which to adjust medications or to refer the patient to another specialist if a primary neurological disorder is suspected.

Western Medicine Provides Rapid and More Potent Treatments For Serious or Acute Symptoms

Western medicine uses more potent, quicker-act-



ing drugs (and other treatments) than Chinese medicine. In most cases, Chinese medicine does not achieve desirable effects as rapidly as Western medicine. However, Chinese medicine provides *more rounded* treatments of the whole person, with fewer undesirable effects. In cases of severe or acute psychiatric symptoms, including psychosis, mania, or suicidal or violent behavior, emergency psychiatric hospitalization and aggressive Western medical treatment is the safest and most appropriate approach to rapidly stabilize the patient's condition. After the patient has been adequately stabilized for hospital discharge, it is sometimes appropriate to employ Chinese medical treatments as maintenance therapies, depending on evidence of efficacy and availability of a competent practitioner. Following the same principles, it is sometimes appropriate to employ Chinese medical treatments for moderate psychiatric symptoms that do not represent urgent treatment challenges.

Western Medicine Facilitates Assessment and Tracking of Progress and Outcomes

Western assessment approaches may prove beneficial in monitoring and verifying therapeutic outcomes of Chinese medicinal treatments. For example, newly emerging signs and symptoms elicited during Chinese medical diagnosis are often preceded by changes in conventional Western laboratory studies, such as blood or urine tests. Using assessment approaches for ongoing assessment of the efficacy of Chinese medical treatments can provide indicators of changes in biochemical markers that may correspond to changes in the patient's clinical status. Western laboratory studies often yield precise quantitative data describing clinically relevant changes in blood chemistry, urine, etc. The judicious use of standard laboratory studies can guide Chinese medical practitioners in formulating changes in the current treatment plan, targeting a particular pattern discrimination. The use of Western laboratory studies, in conjunction with conventional Chinese medical therapies, may also give the patient increased confidence in the prescribed treatment plan, thus improving compliance.

Western Medicine Offers Continuous Emergency and In-patient Care

Western medical services permit continuous access to emergency medical and psychiatric care. Chinese medicine does not offer this level of care. This is an important issue when considering viable approaches to the integration of Chinese and Western treatments, as access to in-patient or emergency medical care is sometimes necessary to ensure stabilization and safety for patients suffering from

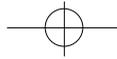
psychiatric disorders.

Indications for urgent referral of a patient receiving either Chinese or Western medical care to the nearest emergency room or urgent care facility include:

- History or clinical presentation pointing to a rapidly progressive, serious, impairing, or untreated medical or psychiatric disorder. For example, the sudden-onset change from the patient's previous baseline of behavior, cognitive functioning, mood, or personality may suggest a rapidly evolving major psychiatric or medical disorder, including schizophrenia, mania, dementia, neurologic disorders, acute infectious or metabolic processes, etc.
- History or clinical presentation pointing to ongoing alcohol or substance abuse that is placing the patient's (or others') safety at risk.
- The patient contemplating suicide or violence toward others. In such cases it is often necessary for the safety of the patient and/or practitioner to coordinate urgent care, including transport to an emergency room with local police.
- Urgent referral to an emergency room, appropriate in cases where the severity of medical or psychiatric symptoms interferes with the patient's capacity to take care of basic needs of food, clothing, or shelter.

Reasonable indications for non-urgent referral of a patient receiving Chinese medical treatment to a Western physician include:

- Absence of severe, impairing, or rapidly-evolving symptoms suggestive of a progressive or potentially life-threatening disorder, in cases where ongoing symptoms have not responded to an appropriate course and duration of Chinese medical treatment.
- Target symptoms have responded to appropriate Chinese medical treatment, but during the course of treatment new, non-acute symptoms have been reported that have not responded to appropriate Chinese medical treatment and may represent an evolving medical or psychiatric disorder that is unrelated to the symptom pattern being treated.
- The patient has only partially responded to an appropriate course and duration of Chinese medical treatment, and evidence supports the combined use of specific Western and Chinese medical treatments in efforts to improve overall



outcome.

- Skillful attempts have been made to manage symptoms using Chinese medical treatments, and the patient has experienced side effects or other complications that preclude continuing a specific Chinese medical treatment.

Western Medicine Often Achieves Better Outcomes in the Treatment of Medical Disorders

When Chinese medical treatments fail to achieve expected results after a reasonable period of time, the patient *should be referred* to a Western-trained physician. Obviously, no particular system of medicine is superior in all aspects, and disparate treatments have relative advantages and deficiencies. An example is the availability of advanced imaging technologies in Western medicine, which allows the clinician to *see inside the body* and obtain information that cannot be approximated by Chinese medicine or other systems of medicine. Many disorders that may first appear to be primary psychological disorders, from the viewpoint of Chinese medicine, may actually reflect pathological changes in the body or brain which are not discernible to Chinese medical assessment methods. Examples of the latter case include brain tumors, other cancers, medical causes of dementia, infectious processes, and metabolic or endocrinological disease. Because of the comparative advantages and deficiencies of Chinese versus Western medicine, it is in the interest of Western physicians, Chinese medical practitioners, and patients to be open-minded to treatments from either system of medicine. Patients are best served when intellectual openness translates into a *willingness to refer* by both Western physicians and Chinese medical practitioners in cases where treatments have been unsuccessful and research or clinical evidence supports the use of a particular treatment from Western or Chinese medicine.

GUIDELINES TO FOLLOW WHEN CONSIDERING INTEGRATING CHINESE AND WESTERN TREATMENTS OF MENTAL HEALTH PROBLEMS

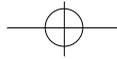
Avoid Combining Chinese Herbs With Western Drugs When There Are Safety Concerns

In western countries, Chinese medical practitioners often treat patients who are taking one or more Western drugs, but who do not want to stop taking them. This raises two questions: 1) should patients start Chinese medicinals while taking Western medications? 2) how should Western medications be adjusted or discontinued when Chinese

medicinals are started? The first problem has to do with the inherent risks involved when certain Western pharmaceuticals and Chinese medicinals are combined. At present, this problem cannot be resolved on the basis of empirical evidence alone, since only a few potential interactions between Western drugs and Chinese medicinals have been clearly established.¹² Conversely, there are currently no published studies suggesting that specific Chinese medicinals *should not* be taken with specific Western drugs (Note 6). However, numerous anecdotal reports of toxic or lethal interactions suggest that a *conservative approach* should be followed when Chinese medicinals and Western drugs are used concurrently. For example, several deaths have been reported among chronic hepatitis patients in Japan taking *Xiao Chai Hu Tang* (Minor Bupleurum Decoction) along with interferon (Note 7). Many potentially dangerous or fatal drug interactions occur between Chinese medicinals and Western drugs, but there is no objective professional source of information on this subject for Western physicians or Chinese medical practitioners. The situation becomes more complex when one considers that typical Chinese medicinal formulas are constituted out of multivalent doses of many herbs or other natural substances.

Determining Probable Risk or Compatibility When Considering Integrative Treatment

Useful information pertaining to interactions between Chinese medicinals and Western drugs is available on Medline, Chemical Abstracts, EMBASE, Toxline, Web of Science, Pharmindex, and other databases.¹³ No single resource that contains on herb-drug interactions is comprehensive, and each database probably includes fewer than one-third of published reports of herb-drug interactions. Because of this, it is important to use several resources when researching a specific herb-drug interaction. When reliable data are unavailable, an alternative method is to determine whether bioactive constituents of a particular Chinese medicinal formula interact with a Western drug. Information on bioactive constituents of herbs is contained on Chem Abstracts and Pharmindex. The finding of a *potential* interaction does *not necessarily* indicate that combining a particular medicinal and a particular drug is *contra-indicated*. Compatibility between two or more biological treatments depends on the pharmacodynamics and pharmacokinetics, including incompatibilities at the level of P-450 liver isoenzymes, receptor-binding affinities, serum levels, and albumin-binding properties of bioactive constituents when an herbal formula and drug are taken concur-



rently. When considering integrative treatment in psychiatry, competitive or synergistic interactions at the level of CNS neurotransmitter receptors must also be evaluated. Interactions at the levels of P-450 enzymes, serum, or CNS neurotransmitter receptors have not been adequately characterized for the majority of possible herb-drug interactions. The paucity of reliable information means that most clinical decisions about specific combinations of Chinese medicinals and Western drugs are based on strictly empirical approaches.

A Conservative Practical Approach to Combining Chinese and Western Medications

Western physicians and Chinese medical practitioners are understandably reluctant to assume the risk of advising patients to take Chinese medicinals concurrently with Western drugs. However, extensive case histories and a few research studies support the view that most combinations of Western drugs and Chinese medicinals are safe when used appropriately, under skillful medical supervision. A conservative approach to integrating Western and Chinese treatments is to proceed cautiously *only after* reviewing reliable information sources to ensure the *absence of documented or potential interactions* between a specific Chinese formula and a specific Western drug being considered for combined use. When a reasonable probability of safety has been established, the judicious Chinese medical practitioner or Western physician should prescribe a small *test dose* of a Chinese medicinal formula or western drug, respectively. Before increasing the dose, a *very low dose* (of the Chinese medicinal or Western drug) should be continued in combination with the previous treatment for *at least* several days while monitoring the patient for signs of herb-drug interactions. The same method is used to minimize the risk of side effects when patients are started on Western psychiatric medicines. This can be generalized to an integrative approach in which doses are *incrementally increased only in the absence of unwanted effects when two medicinal treatments from different systems of medicine are used concurrently*.

Questions About Western Medications Should Always Be Referred to a Western Physician

All questions about changing or discontinuing Western medications should be referred to the patient's Western physician. Chinese medical practitioners have no training in Western pharmacology and are not qualified to advise patients on these matters. The only exception applies to Chinese medical practitioners who are dually trained in Western medicine. In Western countries, the Western physician is the legally

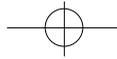
licensed prescribing physician, and is responsible for recommending changes in medications. In most States it is illegal for Chinese medical practitioners to offer specific advice concerning dosage or discontinuation of Western medications used by patients under their care. Therefore, a patient taking Western drugs while undergoing Chinese medical treatment should consult with his Western physician. Questions about continuing or stopping Western drugs should always be addressed by a Western physician. The Chinese medical practitioner is ethically responsible to contact the patient's Western physician in order to explain the rationale for ongoing Chinese medical treatment. However, it is not the responsibility of the Chinese medical practitioner to advise patients about Western medical care, other than to refer patients back to his prescribing physicians.

CONCLUSION—THE INTEGRATIVE MEDICINE OF THE FUTURE WILL INCORPORATE BOTH CHINESE AND WESTERN TREATMENTS

Research on combinations of Chinese and Western treatments will eventually yield evidence-based, integrative approaches. Hundreds of millions of people have benefited from Chinese medical treatments. Most Chinese citizens who use Chinese medicines report few, minor, or no side effects, and most report that Chinese medicines cure diseases, including numerous psychiatric disorders, in cases where Western medicines sometimes offer little help (Note 8). In view of these facts, it is unreasonable for Western physicians to remain close-minded about the vast body of accumulated Chinese medical knowledge because contemporary Western experimental methods are unable to validate a putative mechanism of action. Practitioners and researchers will achieve deeper understandings of basic mechanisms of disease through continued efforts to integrate these two systems of medicine. The result will be safe and effective integrative treatments of the range of medical and psychiatric illnesses

NOTES

1. Castillo, op. cit., p. 279 [NEED FULL REFERENCE]
2. Castillo., p. 5 [NEED FULL REFERENCE]
3. A few controlled studies and numerous case reports show consistent positive effects of acupuncture, electro-acupuncture, and Chinese herbs in the treatment of depressed mood. These studies and the theory supporting Chinese medical treatments of depressed mood and many other psychiatric disorders are reviewed in Flaws B, Lake J. *Chinese Medical Psychiatry: A Textbook and Clinical Manual*. Boulder, Co: Blue Poppy Press; 2001. Studies included in Flaws & Lake may be viewed on a companion website (www.chinesemedicalpsychiatry.org). The evidence for acupuncture as a treatment of depressed mood is extensively reviewed in Schnyer R, Allen J. *Acupuncture in the Treatment of Depression: A Manual for Practice and Research*. New York, NY: Churchill Livingstone; 2001.



4. E.g., Jin Pu-fang J. The treatment of 58 cases of post liver cancer chemotherapy vomiting with Zhu Ye Shi Gao Tang (bamboo leaf & gypsum decoction). *Zhe Jiang Zhong Yi Za Zhi* (Zhejiang Journal of Chinese Medicine). 1995;5:200.
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