

Medicine: Eastern or Western, Conventional or Complementary?

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Let me declare a conflict of interest. My career as a provider of Western medicine has greatly influenced me, and I have never chosen complementary medicine myself, nor have I recommended it to my patients. And 38 years of membership of a spiritual organization has not left me unaffected. I have long been fascinated by the sometimes fine line between science, spirituality and superstition.

It is undeniable that there has been an enormous surge of interest in “alternative medicine,” and with the ageing of our own UC baby boomers,

many of us have friends who may be tackling serious illness with non-conventional treatments.

What did Reverend Moon mean when in his 1987 [speech](#) to health care professionals in our movement he said we need a careful blending of the Eastern concept of medicine (what is already being done in the Orient) with Western medicine?



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trustworthy?

I offer my answers to the following questions:

- What is the “Eastern concept” of medicine? How can we define Eastern and Western medicine? Is it a purely geographical distinction? Where does alternative medicine fit in?
- What can the different approaches contribute to make a system of health care that is holistic, principled and ethical?
- How can we make informed and balanced decisions and as health care professionals help our patients to do the same? What sources of information are trustworthy?
- Why do so many people shun Western medicine and chose alternative therapies?

Definitions

“Western medicine” is a system based on science, and is “evidence-based.” Many cringe at this term, but can one criticize the wisdom of “the judicious use of best evidence in making decisions about the care of individual patients?”

This concept is so essential that it is astonishing it was not thus formulated until 1992, especially when long ago, Hippocrates recognized the same thing when he stated “science begets knowledge and opinion ignorance.”

Decisions about health care used to be based on prejudice, personal experience or anecdote.

Bloodletting, for example, practiced in ignorance of anatomy and physiology, was endorsed by the medical profession and not discarded until clinical trials showed unequivocally it was not only ineffective, but dangerous.

Clinical trials, especially those that are double blinded, randomized and placebo controlled, are the gold standard for testing treatment in scientific medicine. One of the first clinical trials was carried out in the 1740s by Scotsman James Lind, who firmly established that sailors given lemons or limes did not develop scurvy. Although at that time the mechanism of action was unknown (we now know it is vitamin C), what was important was the demonstration of efficacy. Western medicine then is scientific medicine. It is a system that emphasizes verification and results.

What then, is Eastern medicine?

By default, it includes any medical practice not necessarily answerable to measurable scientific principles and where evidence-based scrutiny is either not considered necessary, is not applied, or standards not met.

Thus this definition embraces not only practices which arose in the East, such as ayurveda or traditional Chinese medicine (TCM), but also Western practices such as homeopathy and a whole spectrum of healing modalities often referred to as “complementary and alternative medicine” (CAM).

I define Western medicine as a system which is evidence-based and scientific and Eastern medicine as anything else (thus embracing CAM as well as TCM).

Strengths of each system

We do not need to look far to find the accomplishments of Western medicine.

Insulin, antibiotics, advanced anesthesia and surgical techniques, transplantation medicine, joint replacements, gene therapy — the list of achievements which have improved and extended the lives of millions is endless.

Given this, why does Western medicine have so many detractors? What has gone wrong?

While the great strength of Western medicine lies in its emphasis on results and verification — the science of medicine — Western medicine has forgotten the art of medicine.

What is the art of medicine? It is the art of attempting to understand and meet the needs of the patient as an individual with not only physical but also spiritual, social and emotional needs; holistic medicine in the purest sense of the word. Maybe we should call it the heart of medicine.

And this is where, in my opinion, CAM has been able to “fill the gap” and address a need, using its great strengths: spending time with, listening to and attempting to address the needs of the whole patient.

But just as Eastern medicine’s strength is “heart,” its weakness is that it is shaky on the science and sometimes tries to explain itself with pseudo-science. Let us override science at our peril.

Some say that CAM works on a different level and is therefore not subject to scientific scrutiny or clinical trials.

I disagree.

If we are going to recommend a treatment, we want to recommend something that has been shown to work, and it has to work better than a placebo. No discussion on this topic would be complete without considering the placebo effect (any medication or intervention influencing an outcome but without an active ingredient).

There are still widespread misconceptions such as that if a symptom responds to the placebo effect it was not real or “all in the mind.” Absolutely not! Symptoms such as pain and anxiety may be subjective, but are nonetheless very real. How the placebo response is produced is still poorly understood, but expectation, suggestion, and conditioning all play a part and probably work by mobilizing physiological mechanisms such as neurotransmitters and endomorphins.

Although there is quite some individual variation, we are all placebo responders to a greater or lesser degree and at least 30%, if not even up to 60%, of symptomatic improvement is due to the placebo effect (which will also potentiate any active treatment).

With this understanding, we can see the importance of showing that any treatment, whether Eastern or Western, performs consistently better than placebo before it is endorsed and marketed.

I maintain this is a weakness in CAM. Many CAM modalities have failed to prove themselves as superior to placebo. In fact, one might say that CAM makes extraordinarily creative use of the placebo effect.



Good decision-making

In an acute situation with threat to life or limb, I want to be taken to the hospital and not the herbalist. I doubt many would disagree.

But in the less acute, not immediately life threatening but often no less serious situations, what then?

We have to look at evidence and outcomes. What is the treatment with the best track record for my

condition?

Where is this information available? There are three main sources.

The Internet

The Internet is a jungle of information and must be approached with a healthy dose of skepticism. How else to digest misleading headlines such as: “Chemotherapy, not cancer kills”? Yes, chemotherapy has drastic side effects and is sometimes used unwisely; but for some cancers it can be curative. (When I was a student in the 1970s, less than 50% with a diagnosis of cancer were alive five years later. Now it is about 75%)

But lay people can learn to critically look behind the catchy headlines, claims and statistics and ask basic questions such as:

- What is the source of the information and who is making the statement? Is it a representative of a reputable official medical body or a maverick with a suspect or fake degree?
- Is there bias or self-interest? Not only “big pharma” is profit orientated — there is a lot of money to be made with CAM.
- If a trial or study is quoted as evidence — how big was it? Was it “in vitro” or clinically tested? Randomized? Placebo controlled? Validated? Peer reviewed?

Friends and neighbors: Anecdotal evidence

Anecdotal evidence is alluring and fascinating, but pretty meaningless. It is human nature to be influenced by testimony, either positive or negative, especially when coming from someone we know and trust. But the fact that my Aunt Mary’s illness improved when she was taking x, does not make x the next wonder drug. There may have been confounding factors such as the weather, a change in lifestyle, another medication, or maybe just a natural remission.

Health care providers

Well, isn’t my doctor qualified to give me advice? Maybe, if (s)he had time.

There are some uncaring and corrupt doctors, but most are overwhelmed and rushed. This is a huge failing and a major factor as to why people turn to alternative practitioners. “The doctor is the drug,” wrote Michael Balint, a psychotherapist working in the UK in the 1960s, stressing the power of this underused therapeutic relationship.

And doctors may have their own biases and prejudices. A second opinion is usually a good idea.

From whatever sources information is gleaned, the ultimate decision must be an informed one.

Thus while it is perfectly legitimate to reject any conventional treatment if the outcome is unproven or the side effects unacceptable, it is problematic when conventional treatment is rejected based on an uninformed or emotionally biased opinion such as: “It is artificial or chemical.” Many natural things such as arsenic and mercury are poisons, but I would be lost without my “unnatural” reading glasses.

“X cured her cancer by diet alone.” Anecdotal.

“The government/doctor/big pharma are withholding or opposing effective alternative therapies because of greed or self-interest.” This expresses a lack of trust in Western medicine taken to extremes. There are some with a fundamentally suspicious nature and a tendency towards conspiracy theories; for them the whole Western medical establishment is Satan. Such a deeply entrenched mindset may not be moved by logic, but we as health care providers have at least a duty to point out the above fallacies and possible consequences of rejecting good evidence-based guidelines.

While Western medicine usually offers the best options if disease containment or cure is the objective and likely to be attained, control of symptoms or in “functional” or “psychosomatic” illness (where there is no demonstrable organic cause), it may be reasonable to consider alternatives if they are:

- not harmful
- not a substitute for something more effective

- not disproportionately expensive

Why do so many reject Western medicine and turn to alternatives?

Let me summarize. Western medicine:

- Tends to see a sick person as a machine with parts that need to be fixed, and emphasizes the science more than the art of medicine
- Often fails to meet the high standards to which it should be accountable. Greed and corruption are rampant; patients may be over investigated and over treated, often driven by a fear of litigation.
- Is effective, and the downside may be horrendous side-effects whereas alternatives are seen as more benign (skeptics would attribute this to a lack of efficacy) and “natural.” But we need not necessarily reject something that is painful or has side-effects. Did not Father liken himself to a physician coming with a painful solution?

Let us also remember that a great deal of illness can be avoided or delayed if we take responsibility and follow basic principles such as sensible eating (without fad diets or supplements), exercising as an integral part of our daily routine, and maintaining good social contacts — extended to “living for the sake of others.”

Returning to Father’s statement about Eastern medicine: I think the essential concept which needs to be “blended” with Western medicine is none other than what Father loved to talk about — true love. The practice of true love and wise use of individual responsibility will take us further than any questionable or pseudo-scientific “healing” modalities.

Let us take the very best of what scientific medicine offers and deliver it with a heart of true love and service.

Adapted from a presentation the author delivered in November 2016 at the first European Cranes Club Health Seminar, Seebenstein, Austria.

Catriona Valenta obtained her medical degree from Glasgow University, Scotland, and completed post-graduate training in Family Practice before taking a career break as a full-time missionary in the United States. Shortly after joining her husband in Germany in 1985, she worked for the U.S. Army Europe as a Civilian Medical Provider until retiring from clinical practice in 2010. She maintains an active interest in the changing field of medicine, and while being very grounded in science, strives to be open to the more indefinable spiritual aspects of healing.