

Eastern medicine in the **Western** ward

Integrative medicine at its best



The Shiram unit at Assaf Harofeh Hospital.

By Ehud Udi Tal

True integrative medicine takes complementary medicine to the next level. As practitioners we talk about it, conceptualise it, wonder whether it will work in the field alongside our current medical system, in the Western ward, and in the Western world.

TO MAKE THIS sort of program work, a sound financial model is imperative and sufficient scientific proof is paramount for its potential to be realised and fully adapted into the Western system. While we sit here and ponder the idea, three advanced western public hospitals have been successfully integrating Chinese medicine, naturopathy, hypnotherapy, reflexology, traditional Chinese dietary advice, qigong and taichi into their cutting-edge Western medical system.

This work is supported by evidence-based medicine, with ongoing and continuing research, using real cases and accumulated data that is derived directly from research conducted within the integrative program at the three hospitals I have visited this year. Treatment protocols and approaches are continuously modified and adapted to further enhance clinical outcomes. Some truly impressive clinical results see the program develop further and expand into

additional wards, benefiting thousands of people and proving itself to be of great value within the modern hospital system.

Each hospital applies its own unique financial system. In one of the hospitals, the research fund pays for part of the cost, and the rest is subsidised by the hospital itself. In other hospitals, the program is partly funded by the national health care scheme or by private health insurance and the rest of the cost is covered by patient out-of-pocket gap payment. It is favourable to have a variety in the financial models on offer, as it ensures the survival of the program as a whole.

The toughest challenge for practitioners working in the hospital system is to discern what aspect of traditional Chinese medicine is most applicable within the hospital setting. Factors such as time constraints and limited clinical follow-ups need to be considered. The integrative medical team needs to scrutinise the different Chinese medicine methods for given conditions and ascertain which techniques provide the greatest health benefits for patients in the shortest possible time, while at the same time considering the hospital's needs. At times, all these factors need to be considered within a single treatment.

Record keeping is imperative for accurate follow-up, accountability, safety, and for successful development of the program. Tongue images, pulse dynamics, and full

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**– Dr Shachar Lev-Ari,
Head physician in Israel's
leading Tel-Aviv hospital**

Chinese and Western diagnosis are noted. All acupuncture techniques and clinical results are meticulously recorded in a database so that an accurate critique can be drawn up based on the VAS scale. This enables a full evaluation of a treatment immediately after the session, or after a series of sessions, depending on the particular circumstance.

The team discusses clinical results and processes on a weekly basis to assess the treatment's efficacy. Clinical approaches are modified in accordance with studies and data collected over time. The more successful approaches are further developed, while the slower or less efficacious techniques are left aside and may be reserved for clinical cases with obscure presentations, where other methods may fall short of their expected outcomes. In this way the team enhances clinical results in the short term, and ensures further program development in the long run. As with all medical professionals, the integrative medical team meets prior to every shift to ensure that practitioner hand-over protocols are observed. This ensures clinical efficiency, continuity, safety and accountability.

The Shiram unit at Assaf Harofeh Hospital in Israel, just east of Tel Aviv, was first established in 1991 as an outpatient clinic on hospital grounds. It was the first clinic of its kind to offer Chinese medicine as an integral part of the hospital's medical program. It is run by Adi Fromm, head of integrated medical services and head of the TCM department at the Reidman College.

The Shiram Centre carries out around 10,000 treatments a year, using modalities such as *tuina*, Chinese herbal medicine and acupuncture.

Western physicians at the hospital co-ordinate and refer patients directly to the clinic. Acupuncture is also carried out in the inpatient wards and the ER department.

Guy Polak, chairman of Israel's TCM Association and head of the Chinese Medicine division at the Shiram Integrated Medical Department, describes the four major pillars of the program at the Assaf Harofeh Hospital that make it so unique.

The outpatient unit provides personalised treatments in private rooms. There is a complete medical integration, where both a Western and a Chinese medicine physician

sit together with the patient to discuss treatment options, using both methods, in order to ascertain the best way forward. Routine daily ward rounds and inpatient care are conducted, catering for orthopaedic paediatric oncology patients, IBS patients, hyperemesis patients and routine treatments within the emergency department.

The centre is involved in the final training stages for senior TCM practitioners, providing them with a unique internship program that specialises in the field of integrative medicine, internal medicine and orthopaedics within the hospital setting. As recognised trainers of Dr Tan's Balancing Method, acupuncture students further benefit from this expertise. Ongoing research is carried out at the hospital, providing successful treatments for acute neck and lower back injuries caused primarily by road accidents.

At the Ichilov Hospital in Tel Aviv, a head physician who is versed in both traditional methods and conventional Western medicine leads the integrative medical team. The team in this hospital is stationed among the other wards. There are up to 20 acupuncturists. These practitioners are traditionally trained professionals who observe traditional Chinese medicine protocols and practise with all its trimmings within the western setting. The team include Tui-Na practitioners, hypnotherapists, psychologists, chiropractors, qigong or taichi instructors and diet therapists of Eastern and Western paradigms. These highly experienced staff discuss cases openly and receive input and ideas from their fellow practitioners.

I sat in a conference room with the integrative medical team and witnessed the strong level of co-operation, their sincerity and desire to provide the highest level of care. This devotion drives the operation and makes it the success that it has become. Seasoned practitioners must be able to accept the need to learn from one another, at times having to put their own ideas and prejudices aside, and accept methods that have proven successful. At this fast-paced forum, decisions are taken quickly and are primarily based on successes. There is no place for ego, and no time for heroes; the team functions as one. All attempts are made to achieve the best possible result for the sake of the patients and for the program as a whole.

Successful research coming out of the wards provides much weight for integrative medicine and further validates the team's work. In this way integrative medicine expands its scope within the hospital system. Scientific research data enables Chinese medicine practitioners to gain further respect with their Western colleagues, slowly encouraging more Western physicians to accept, take on, and request assistance from the integrative medical team for their patients. Chinese medicine has proven itself especially with those vague Western conditions such as stool incontinence, IBS, drug-sensitive pain relief—those very conditions that Western medicine tends to lack in.

Dr Shachar Lev-Ari, director of the Integrative Medicine Research Laboratory at the Tel Aviv Sourasky Medical Center, said: "The improvement in life quality for patients with integrative medicine is undeniable. Western physicians who care for their patients will do what is needed to improve clinical outcomes in any way possible. It is this attitude that enables integrative medicine to enter the hospital system, and it is this approach that keeps integrative medicine alive within the hospital system."

Of all the wards, the surgical ward was the first to integrate acupuncture, initially to assist with easing anxiety and to stabilise blood pressure in pre-surgical patients, and later to reduce pain in post-operative cases, particularly with drug-sensitive ones.

As meridian acupuncture practice took hold in the surgical ward, doctors from other wards took note. An increasing number of research papers and data emerged, interest grew among physicians and specialists in adjacent wards, and in this way integrative medicine slowly spread to more hospital wings, reaching more patients, assisting more doctors and continuing to prove itself, not only as a viable option but as a great adjunct to the existing medical model.

Acupuncture is used most successfully in the oncology ward, with particularly good results demonstrated with bladder cancer patients undergoing catheter-applied chemotherapy. The pain caused by cystitis of the bladder lining can last for some time after treatment, but with acupuncture the recovery period was greatly shortened, and pain reduced by up to 40 per cent immediately

after treatment, making the procedure more tolerable for patients, improving patient compliance, leading to more successful outcomes. I spoke to one patient who has a friend on the ward undertaking the same treatment. While his friend was initially uninterested in acupuncture, he quickly came on board once he realised the positive impact acupuncture had on his friend. Now they both make use of the acupuncture offered at the oncology ward.

At the Bnai Zion Hospital in Haifa, Israel, Japanese-style scalp acupuncture is used successfully to treat stroke patients in the outpatient ward, alongside physio and occupational therapy. This combination of approaches has provided great advantages to patient recovery, speeding up patient release times, a very favourable outcome for busy hospitals needing to free-up beds.

Pre- and post-labor care has also been tremendously successful, with over 500 cases thus far. Haifa's Bet-Zion Hospital is now aspiring to provide around-the-clock staff rotation of Chinese medicine obstetric care in the maternity unit. Acupuncture treatment for IVF patients has shown great results for women undergoing embryo transfers. They receive acupuncture treatment; firstly to reduce pain and uterus spasm during follicular extraction, a treatment is provided 20 minutes prior to embryo transfer, and also afterwards. With so many patients treated thus far, research is ready to be written up.

Before integrative medicine can take hold at any hospital, it is imperative to know the specific needs of the hospital and of a given ward, whether it is pain control, diet therapy, physical dysfunction or emotional care. The integrative medical staff meet to discuss concept and approaches for the broad base of patients in the given ward and devise a plan that will cater for the ward's specific needs. These concepts crystallise and only then, coordinating closely with the head physician and staff working around the ward's schedules and with consideration to patient limitations, work can begin. Every stage is documented and protocols are followed.

The natural health integrative team chose the additional task of caring for staff as well as patients. By giving staff relief from physical and emotional tension, the morale levels improve, staff are more able to cope



Rehab scalp acupuncture at Bnei-Zion Hospital.



In the oncology ward, Ichilov, Tel Aviv.

■ Internship program: <http://agudasinit.wix.com/hospital-intership>.

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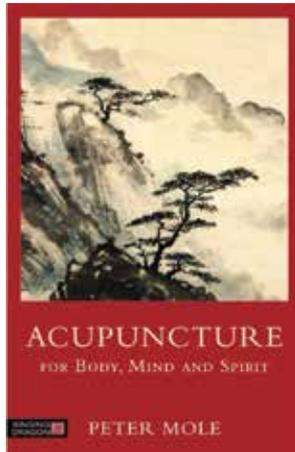
with the workload, and also become aware of what integrative medicine offers and where it could help their own patients, naturally promoting it within the ward, to patients' benefit.

This win-win situation has brought about a significant change in the three hospitals I visited this year, and there is no doubt in my mind that such a program could be successfully implemented in Australia. To improve patient care, create a happier staff and provide faster turnaround times for patients is everything that a hospital could possibly hope for.

Israel is known as one of the world's leading start-up nations, a leader in innovation, science and research. It is in this cutting-edge Western nation that Chinese medicine is gaining ground. Through valid research on herbal treatments and acupuncture, Chinese medicine has gained respect in Israel, and a wonderful model of medical integration has arisen. Perhaps it is time to make that leap in Australia.

There are many people working to advance our field to the next level. Research was conducted in Melbourne, in four emergency departments—at the Alfred, Northern, Cabrini and Epworth hospitals. Findings showed that acupuncture was just as effective as Western drugs at relieving lower-back and other acute pain.

The evidence is there from all corners of the globe, but in order to make integrative medicine a reality in Australia, we must pull our efforts together. Connect with colleagues, form groups, join with other established groups and let's move forward for the sake of our field and all medicine. Israel provides an integrative internship program, where participants can learn road-tested clinical approaches and fast-track the process of establishing successfully such a system here, rather than learning by trial and error alone. A team dedicated to this sort of change would benefit greatly from such an internship. It could bring clinicians together and provide a common vision to work towards.



A perfect reference for patients

ACUPUNCTURE FOR BODY, MIND AND SPIRIT

By Peter Mole, Singing Dragon, 2014

I OFTEN FIND IT difficult to convey to my patients in just a couple of short minutes what Chinese medicine is, how it works, and how my treatments will differ to those of GPs or naturopaths. My usual strategy is to explain the differences and then point them in the direction of a website or a book—up until now the book-lovers go for Kaptchuk's *Chinese Medicine: The Web that has no Weaver*. In many regards, this latest publication from Singing Dragon will become the replacement book I refer patients and anyone else to.

Firstly, it is significantly shorter, and yet lacks none of the detail that Kaptchuk provides. Peter Mole has successfully been able to encapsulate the essence of Chinese medicine succinctly and in an easy-to-read manner. The advantage of this book is that it doesn't take long for a patient to read.

The content covers everything from Dao, yang/yin and *wuxing* theory, the channels, the emotions, the external evils, and even presents *zangfu* theory in the framework of body, mind and spirit. This makes it a very useful text also for those considering studying Chinese medicine, as well as those just starting.

Secondly, and I feel more importantly, he directly addresses the typical questions and concerns of most lay-folk. There is a chapter titled "How Does an Acupuncturist Make a Diagnosis and Decide on a Treatment" which covers topics such as pulse, tongue, colour, sound, odour, climate and touch.

The next chapter, "As a Patient, What Should I Expect from Acupuncture Treatment?" is basically an FAQ answering queries such as "What if I am already receiving treatment?", "How long will a course of treatment last?", and "Will acupuncture only help me if I believe in it?"

There are even some references to research to help explain what acupuncture is and how it works (this is in the first chapter) that goes some way to explaining the difference between acupuncture and other therapies.

Overall, I found this book to be a very useful resource to provide to patients—maybe even to have a copy lying around in the reception area—and anyone wanting to know a little bit more about Chinese medicine and the journey they are about to embark on. Well worth the read!

– PETER LOUPELIS