

## PERSPECTIVE ARTICLE

### A Tradition of *Traditional Medicine*

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“Mo, Hi, Ba . . . Yo! (1, 2, 3 . . . Go!).” My Vietnamese hosts were very enthusiastic and insistent about toasting with beer at the celebratory dinner for our medical mission to Vietnam. As the evening progressed and the toasting continued, I noted that my beer glass appeared to have no bottom, or at least my Vietnamese hosts were ensuring I never reached it. We had completed a week of training and everyone was pleased with the results during our visit to Central Hospital, Cần Thơ, in the Mekong Delta of Vietnam. As the mission leader, I was contented with our performance and I matched my cheering Vietnamese colleagues beer for beer. In the morning, the previous evening cheer, the novel diet, and fatigue all conspired to create quite a headache.

For the past 5 years, the Defense and Veterans Pain Management Initiative (<http://www.DVPMI.org>) has been bringing anesthesiology residents and acute pain medicine anesthesiology fellows to train in medically underserved environments. Our Vietnamese hosts are voracious in their desire to learn the latest allopathic medical techniques utilized by Western medicine. Our acute pain medicine team, demonstrating the latest technology and procedures for regional anesthesia and perioperative pain management, has been enthusiastically received throughout the country during our annual visits. Our military residents and fellows gain valuable insight into educational methods and anesthesia practice in less technology-driven environments. This experience is peerless in contemporary American medicine and tremendously valuable for new military anesthesiologists preparing for the medical realities of the modern battlefield.

Headache notwithstanding, I still had a full day of teaching and ceremony to mark the end of another successful mission. I must have been looking rougher than usual as my Vietnamese counterpart noted my discomfort and suggested a quick visit with the hospital’s “traditional medicine” provider would likely improve my headache and set me right for the day. As I have been instilled with a healthy sense of Western medicine skepticism of traditional techniques, I was not enthusiastic about this suggestion. My host was insistent though and we were soon on our way to the traditional medicine clinic.

My first pleasant surprise was the clinic itself. Located on the hospital grounds, it appeared to be like any

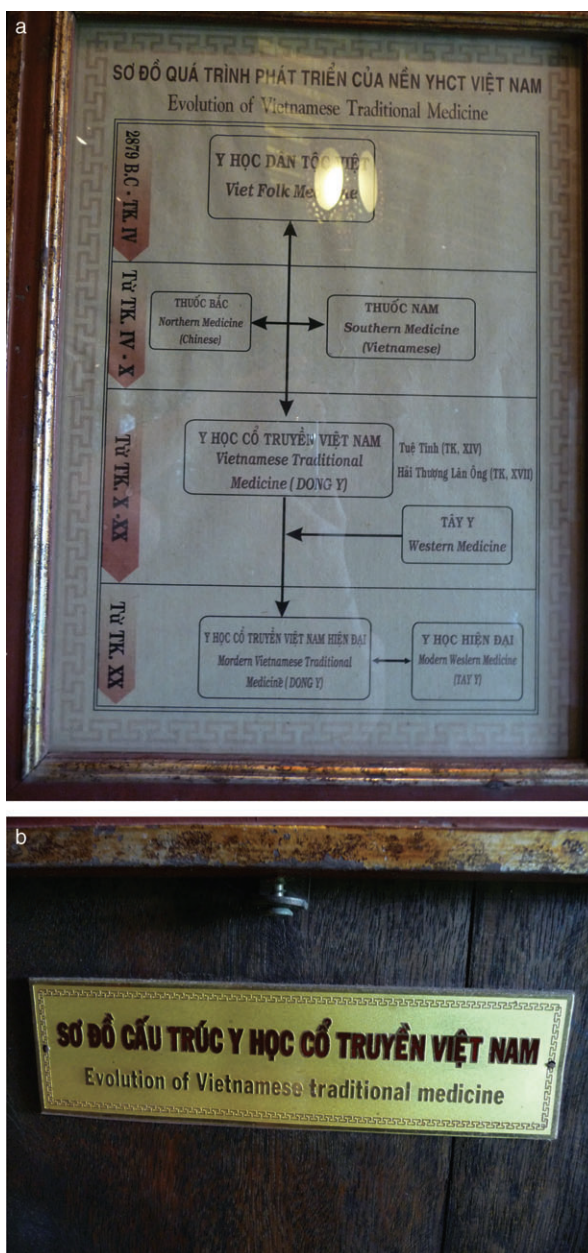
other no-nonsense clinic in a busy hospital. There was no strange chanting, incense burning, or other “new age” static, just simple furnishings to manage patients. The traditional medicine physician took a detailed history concerning my symptoms and the location of my discomfort. Acupuncture was prescribed and I soon had a number of needles protruding from my head and hands. I had never experienced acupuncture prior to this event and my cynicism for the whole process was peaked. Within about 20 minutes, I had to admit with some chagrin, that I did feel better. My headache was not gone but definitely less intense. My wife, who had accompanied me on this trip, commented that the color had returned to my face. While I realize this personal experience accounts for nothing in Western evidence-based medical practice, I could not help being personally intrigued. When I discussed the experience with my traditional medicine physician through an interpreter, I was again pleasantly surprised when I did not get a load of yin-yang, energy flow, obstructed Qi, “Yoda,” and the “Force” as part of the explanation. Too often, the traditional mystical explanation of the power of traditional medicine, often expressed by the integrative medicine community in America, just confuses and irritates my Western-trained mind. Perhaps I am not making any friends with this statement, but I know I am not alone in this sentiment. Instead, this Vietnamese traditional medicine professional and I had a focused, evidence-based discussion about the science of acupuncture and how it can complement modern medicine. When I asked how acupuncture worked, he simply stated he was not exactly sure how, or why, it works, just that it works, as it has for centuries. He further stated that it was up to Western medicine to determine how and why it worked. As an anesthesiologist, practiced in the use of volatile anesthetics that work despite medical science’s incomplete understanding of “why” they work, that answer was just fine for me. In short, this traditional medicine professional was not a “flake” and I was very impressed.

Since August 2009, under the leadership of Army Surgeon General, Lieutenant General Eric B. Schoomaker, the US Army has been sponsoring the Pain Task Force (PTF) effort. The PTF was created to provide recommendations for a military pain management strategy that was “holistic, multidisciplinary, and multimodal in its approach, utilizes state of the art/science modalities and technologies, and provides optimal quality of life for soldiers and other patients with acute and chronic pain.” [1] One of the key findings and recommendations of the PTF document was the need to incorporate integrative medicine therapies into the current Western pain medicine model. This has been a difficult task for a military, hardened by 10 years of armed conflict, that has little time for the mysticism and magic

that has erroneously been associated with traditional medical techniques in America. Patricia Tsang, MD, in her book, "Optimal Healing: A guide to traditional Chinese medicine," [2] outlines the problem when a patient she was treating with acupuncture expressed disappointment because her treatment room did not have the expected beaded curtains, exotic music, incantations, and more of an Asian aura. Western stereotypes of Eastern medicine die hard. Dr. Tsang's book attempts to demystify traditional healing techniques so that Western medicine providers can better understand the value of centuries of Eastern medical knowledge in order to learn how this knowledge can complement and improve modern Western medicine.

I was reading Dr. Tsang's book during my mission to Vietnam. I was struck and fascinated at how seamlessly the Vietnamese have been able to integrate traditional medicine with (to their way of thinking) the relatively young practice of modern medicine. Certainly, this integration has been one of the more difficult challenges encountered by US military medicine as the recommendations of the PFT are implemented. The Vietnamese use the term "traditional medicine" because it far predates modern medicine and is already "integrated" into their care systems. This point was driven home for me while I was visiting a traditional medicine museum in Ho Chi Minh City. While browsing through centuries of traditional medicine historical artifacts and texts, I came across a simple display describing the history of medicine in Vietnam (Figure 1). The display outlines the development of medicine beginning in 2879 BC with folk medicine and then marches through the centuries with northern (Chinese) and southern (Vietnamese) medicine influences combining to produce Vietnamese traditional medicine. This medical "tradition" and foundation has been influenced by Western medicine resulting in the modern Vietnamese traditional medicine practiced today. Unlike Western medicine, Eastern medicine has been built on a foundation of traditional medicine practice and understanding. Western allopathic medicine is the newcomer that requires integration into this system. Because of this history and tradition, I believe that our Eastern medicine colleagues have a clearer appreciation and understanding of how to integrate traditional medicine into modern Western medicine.

There are no illusions of superiority of traditional medicine over modern medical science, but also no doubts that traditional techniques (acupuncture, medical massage, etc.) complement and improve modern Western approaches. In Vietnam, a traditional medicine clinic is often found on the hospital grounds. These clinics take referrals from the hospital and there is a ward within the hospital for patients receiving traditional therapies that support recovery and rehabilitation. They are very enthusiastic about the benefits of traditional techniques for recovery from stroke, chemotherapy side effects, and many other conditions. They are also very aware of the money saved when patients use traditional providers for relief from simple ailments. In this integrated system, traditional providers know when modern medicine is required



**Figure 1** Evolution of Vietnamese traditional medicine.

and have no issue with passing appropriate patients along. From this brief visit, it appears the Vietnamese have cracked the code on incorporating what we call integrative medicine into their modern medical tradition. Perhaps the model of integration that the military and Western medicine is looking for in our system already exists on this side of the planet. As a member of the PTF, I know I will be looking more closely at these established medical systems in Asia for pathways forward as we integrate integrative medicine into our allopathic tradition. With spiraling medical costs, the need for safe, effective, and inexpensive alternatives offered by integrative medicine are sorely

needed within our pain management system. We should not delay this needed integration of integrated medicine any longer . . . “Mo, Hi, Ba . . . Yo! (1, 2, 3 . . . Go!).”

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