ACUPUNCTURE .COM.AU
ACUPUNCTURE NEWS INFORMATION AND DISCUSSION

May 2006 Newsletter

In this issue

Welcome to the May 2006 newsletter!

Welcome to the May edition of the newsletter.

We are pleased to announce the following additions to the site:

We now have an Ear Acupuncture and Auriculotherapy section online. This section includes some very detailed ear point location charts thanks to John O'Connor and Dan Bensky, authors of Acupuncture: A Comprehensive Text. There are also some auriculotherapy charts thanks to Terry Oleson.

You can now access all news and research live into your browsers bookmarks through RSS newsfeeding technology. To enable this technology in your browser follow the instructions under the "Live RSS Newsfeed" menu item on www.Acupuncture.com.au

Q&A — Can Acupuncture treat Fibromyalgia?

Acupuncture has been shown to relieve the symptoms of Fibromyalgia. These symptoms include numbness and tingling, headaches, fatigue, difficulty sleeping, abdominal bloating and constipation and depression.

This months Q&A focuses on the current options for the treatment of Fibromyalgia with Acupuncture and TCM and is available exclusively online at www.Acupuncture.com.au

Traditional Chinese Medicine to apply for world

Earlier this year experts decided to apply to UNESCO (The United Nations Educational, Scientific and Cultural Organisation) for world cultural heritage for eight Traditional Chinese Medicine (TCM) items.

These items are the theory of TCM science, health preservation, diagnosis, prescription, medicine, acupuncture and medicines of various ethnic minorities (Tibetan and Mongolian).

The director-general of the department of International Cooperation, state administration of TCM (SATCM) Shen Zhixian said that SATCM has conducted the last phase of study and collation of material on TCM. This process includes compiling the list of items to be protected. A draft is finished and will be submitted to UNESCO within the year.

In more detail the eight items to be listed are:

- Yin and Yang
- Five Elements
- Channels (odd) and (eight) collaterals
- TCM diagnosis methods and theories (watch, hear, ask and touch)
- Health preservation through eating and drinking (Chinese dietetics)
- Health preservation through exercise (Five-animal frolics Qi-Gong)

(Continued on page 2)

Traditional Chinese Medicine to apply for world cultural heritage.

(Continued from page 1)

Shen stated that "We apply to UNESCO for world cultural heritage for a package of eight Traditional Chinese Medicine items because TCM is too profound". The fear other countries will apply is another reason - If China does not apply to UNESCO for world cultural heritage Japan and South Korea will most likely follow that path..

Alot of experts in favor of the heritage application are concerned about the future development of TCM. In the early 20th century there were a total of 800,000 people in the profession declining to 500,000 in 1949. Today there are 270,000 practitioners with only 10 percent of doctors of TCM giving their patients a prescription of decoction healing. This means that less than 30,000 doctors in China are practicing TCM.

Acupuncture & TCM Events Calendar for May 2006

List your event for FREE on our website and newsletter.

Submit your event now by visiting:

Acupuncture.com.au

19

AACMA Conference Day 1

4-7pm Registration. 6.30-8pm - Pre-Conference Drinks.

Contact: AACMA on Ph: +61 7 3846 5866

20

AACMA Conference Day 2

8am-4pm - Annual conference and trade. 9am - Opening ceremony, 4-6pm - AACMA/AESO Annual General Meeting, 7pm - Gala Dinner. Contact: AACMA on Ph: +61 7 3846 5866

21

AACMA Conference Day 3

7-8am Early morning chinese exercise, 8.30-5 - Annual conference and trade, 5pm - Closing ceremony. Contact: AACMA on Ph: +61 7 3846 5866

Acupuncture reduces liver toxicity, protects liver function and liver tissue and normalises immune activity in rats. [24 Apr 06]

A group of researchers at the College of Oriental Medicine at Daejeon University have shown that manual acupuncture reduces liver toxicity, protects liver function and liver tissue, and normalises immune activity in CCl4-intoxicated rats.

To induce liver injury the rats were injected intraperitoneally with CCl4 (1 mL/kg) solution in olive oil and then treated with acupuncture at left GB34 (Yanglingquan) 3 times a week for 10 weeks using reinforcing manipulation techniques.

The acupoint GB34 is located on the Gall Bladder meridian and this meridian affects the Gall Bladder organ. The Gall Bladder organ through an interior-exterior relationship connects with the Liver. GB34 is indicated for

jaundice and is reportedly used clinically for conditions such as hepatitis, acute biliary tract diseases and cirrhosis of the liver.

For the sham point a non-acupoint was used located in the left gluteal region. To assess the hepatoprotection effect measurement of liver index, biochemical assays including serum ALT, AST, ALP and total cholesterol, histological analysis and blood cell counts were used.

The study found that the manual acupuncture at GB34 reduced the liver index, serum ALT, AST, ALP and total cholesterol levels as compared with the control group and the sham acupuncture group. It was also noted that the populations of WBC and lymphocytes had increased and normalized .

The researchers in the study stated that "The hepatoprotective effect of manual acupuncture at GB34 may be related to the immune reinforcing effect of acupuncture or neuroimmune interaction on the pathway of the transmission of acupuncture stimulation".

References: Yun-Kyoung Yim, Hyun Lee, Kwon-Eui Hong, Young-Il Kim, Byung-Ryul Lee, Tae-Han Kim, Ji-Young Yi (April 14th 2006) *Hepatoprotective effect of manual acupuncture at acupoint GB34 against CCl4-induced chronic liver damage in rats.* ISSN 1007-9327 CN 14-1219/R World Journal of Gastroenterology 2006 April 14.

Herbal Medicine for Low Back Pain. [20 Apr 06]

"Devil's Claw, in a standardized daily dose of daily dose of 60 mg reduced pain about the same as a daily dose of 12.5 mg of Vioxx".

Herbal medicine is effective in treating lower back pain and in some cases is just as effective as pharmaceutical drugs.

Back pain is common, affecting as much as 35% of the population in a given month. Non-specific low-back pain is defined as pain between the lowest rib and the bottom of the buttocks that is not caused by serious, underlying problems such as rheumatoid arthritis, infection, fracture, cancer, or sciatica due to a herniated disc or other pressure on nerves.

Oral and topical herbal medicines are being used to treat many conditions; several are used for back pain and have been tested in clinical trials.

Three oral herbal medications were tested in ten randomized controlled trials that included 1567 adults with non-specific acute or chronic low-back pain.

Two oral herbal medications, Harpagophytum Procumbens (Devil's Claw) and Salix Alba (White Willow Bark), were compared with placebo (fake pills) and with rofecoxib (Vioxx). Topical Capsicum frutescens (Cayenne) was compared with placebo and a homeopathic gel.

Devil's Claw, in a standardized daily dose of 50 mg or 100 mg harpagoside, seemed to reduce pain more than placebo; a standardized daily dose of 60 mg reduced pain about the same as a daily dose of 12.5 mg of Vioxx. While Willow Bark, in a standardized daily dose of 120 mg and 240 mg of salicin reduced pain more than placebo; a standardized daily dose of 240 mg reduced pain about the same as a daily dose of 12.5 mg of Vioxx.

Cayenne was tested in plaster form and reduced pain more than placebo and about the same as the homeopathic gel Spiroflor SLR. Adverse effects were reported, but appeared to be primarily confined to mild, transient gastrointestinal complaints.

Most of the trials were of moderate or high quality, but they only tested the effects of short term use (up to six weeks). The authors of half of the studies were judged to have a potential conflict of interest and two others did not discuss conflict of interest. Vioxx has been withdrawn from the market because of adverse effects, so all three substances should be compared with readily available pain medications such as nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen, to test for relative effectiveness and safety.

Although there are good results with three herbal medicines in short-term trials, with strong evidence for a particular form of one of the herbal medicines, there is no evidence yet that any of these substances are safe and useful for long term use.

References:

Gagnier JJ, vanTulder M, Berman B, Bombardier C. (2006) Herbal medicine for low back pain. The Cochrane Database of Systematic Reviews: Reviews 2006 Issue 2 John Wiley & Sons, Ltd Chichester, UK DOI: 10.1002/14651858.CD004504.pub3

Your contributions welcome!

This newsletter has been created for the public, the students and practitioners of Acupuncture & Traditional Chinese Medicine. It relies much on information contributed from the community.

We welcome any contributions including news articles, research papers or anything you feel would be suitable for publication on our website and in this newsletter.

To contribute visit www.Acupuncture.com.au

Orwellian schemes for maximizing health-care industry profits

How these endanger the practice of herbal medicine

A two part report by Roger W. Wicke, Ph.D.

Tactics used by modern megacorporations to inhibit the delivery of effective health care: deceptive marketing, product design to maximize side effects, influence over educational bureaucracies, legislators, regulatory agencies, and international trade organizations. Effects on the TCM (Traditional Chinese Medicine) herbal profession are examined as a special case, as these illustrate problems afflicting both conventional and alternative health care. (The author has several decades experience in clinical Chinese herbology and the politics and regulatory issues affecting it.) Originally presented at Conference on Plants, Medicine, and Power: Emerging Social and Medical Relations; 2003 March 14, UC Berkeley.

Overview

To create effective national and international strategies for protecting inexpensive, indigenous modes of health care (such as herbal medicine) first requires an honest examination of current industry and institutional abuses in the domain of health care and how such abuses have damaged people's health and violated their right to choose health care options. To maximize corporate profit at the expense of the public good, specific tactics and strategies are outlined that are potentially available to modern corporations with the complicity of professional organizations and regulatory and licensing agencies. These tactics involve deceptive marketing, product design with the goal of creating long-term dependencies for "managing" chronic illness, controlling the flow of grant money to researchers with intent to influence reported results, manipulating the public with scare stories to influence regulatory agencies and legislators, and influencing and controlling health care education to produce professionals indoctrinated in techniques and modes of thought that will maximize corporate profits. Tactics formerly seen primarily in the pharmaceutical industry are now being seen with greater frequency in the so-called health food industry and alternative health professions. Such an evolution of business practices should not be surprising, given the current trend of global megacorporations absorbing, amoeba-like, smaller entities in their path of conquest.

Specifically discussed are the damaging effects of corporate and institutional strategies on the traditional Chinese (TCM) herbal profession. These effects are typical of problems now afflicting both conventional and alternative modes of health care.

While many well-meaning individuals and professional groups have waged political and regulatory battles to address single issues affecting freedom of choice in health care, few see the entire nature of the beast that manipulates sickness and death for the profit of a few. Hopefully, armed with an understanding of all the beast's tactics and strategies, well-intentioned individuals and organizations will be more effective in championing human health and potential.

Shareholder value vs. the public good - the modern megacorporation

Note: The tactics discussed here include progressively egregious examples of deception, dishonesty, and potentially unlawful behavior that are *possible* in today's political, economic, and regulatory environment. Just as in the board game "Monopoly", such tactics are the moves available to a company if the dice of fate makes them available and if they are

then chosen by the board of directors. They are presented for theoretical discussion only, and no claims are made that individual companies or individuals are engaging in these tactics. The reader must decide if and when these tactics are evident in real situations.

It is the author's observation that individual herbalists, physicians, and small companies that have a more personal relationship with their clients and customers are much less likely to consciously engage in deception and dishonesty; more likely, they are often the victims of such tactics as well as their customers. As has been observed by many throughout American and European history, the larger the company and the greater its political and economic power, the greater is the potential for abuse. During the past several decades, there has been a disturbing trend of mergers and acquisitions in the international business world that has affected the health product industry as well. The consequent concentration of power and wealth, the tenuous and remote relationship between corporate boards and product end users, and the overwhelming emphasis on shareholder value at the expense of the public good has reached a crisis point.

In the following outline of tactics, the term "health products" includes pharmaceuticals, herbs and herb products, dietary supplements, and foods with claimed health benefits. Practices formerly seen primarily in the pharmaceutical industry are now being seen with greater frequency in the so-called health food industry. Such an evolution should not be surprising, given the current trend of global megacorporations absorbing, amoeba-like, smaller entities in their path of conquest.

Marketing and product-design abuses

Encourage maximum consumption with over-general product claims.

Tactic: Make the claimed benefits as broad as possible to induce the consumer to conclude that the product will benefit almost any disease. If the consumer is able to choose the correct, effective remedy too quickly, this may result in lower total product sales. Instead, by promoting a range of products as being potentially beneficial and by making very general claims for each product, maximum consumption is encouraged. Enough consumers may eventually stumble onto a remedy that works for their own health problems to encourage others. See tactic below, "Testimonials".

A crucial principle of TCM herbology is that each herb or herbal formula has a very specific and limited range of action; if the pattern of symptoms and clinical signs falls outside this range, it may be inappropriate or contraindicated. Frequently, biomedical indications are too general, and the health condition must be further differentiated to determine an appropriate herbal strategy. [a3] For example, consider the apparently simple question: what herbs (medications, diet, etc.) would help restore health in specific conditions such as pneumonia, influenza, or insomnia? Many people assume that these medical terms represent accurate and complete descriptions of specific health problems, and that they definitively lead to appropriate choices of herbs or medications. They do not. A person with pneumonia has a condition of viral or bacterial infection in his lungs; this term says nothing about behavior patterns or the condition of other internal organs. Likewise, influenza is a condition in which a species of influenza virus has proliferated within an individual's body. It does not specify how the person's body is responding to the infection. Different individuals may respond in different ways to the same infectious organism, and the response pattern is important in determining an appropriate herbal strategy. For example, the initial low-fever stages of the onset of an infectious feverish illness must be handled very differently from an epidemic illness in which high fever, delirium, and hemorrhage are occurring; the systemic conditions are completely different and different strategies are required. Insomnia refers only to a person's inability to sleep soundly; temperature sensations, vitality levels, appetite, bowel patterns, and thirst may vary considerably among a group of people suffering from insomnia.

The human body is a complex creation, with all of its component parts functioning together, each organ having direct and indirect effects on every other part of the body. In practice, it is seldom possible to ingest a food or herb that affects only one organ or body tissue without simultaneously affecting many other organs and tissues. This fact is the central reason why the potential side-effects of improperly chosen herbs, foods, and medications (natural as well as synthetic) are such a significant problem.

The financial pressures of herbal marketing have led some distributors of Chinese herbs to promote simplified and simplistic biomedical indications for their products (influenza, insomnia, hypertension, etc.), effectively broadening the potential market relative to the more restrictive TCM indications. Such a strategy will help to expand the initial market for a product, but will also result in lower success rates among consumers. Since most of these consumers will have few guidelines to help them determine whether a product is beneficial and how long to take it before expecting specific results, they will guess or switch to other products in a type of shotgun approach. While this tactic may increase product sales, it ultimately reduces the credibility of TCM as a profession. I have heard certain people claim that Chinese herbs do not work, because they personally tried them without results. However, such people probably would not make the same assumptions about pharmaceutical drugs, if they had gone to a physician who prescribed by consulting a random-number generator or by throwing darts at a medications chart. How many people are quick to blame the herbs rather than their own lack of knowledge and discrimination in choosing them correctly?

The reputations of many useful herbs have been tarnished by over-hyped marketing campaigns that emphasize expanding sales to the detriment of educating the public in their effective use. There seems to be a commonly followed protocol for the introduction of new herbal products into the market:

1. Prepare and collect scientific research on the target herb that seems to support very general and often vague claims for health improvement or disease prevention.

2. Collaborate with and fund both popular and professional herbal journals and magazines to widely publicize the scientific research, to stimulate product interest among consumers and health professionals; arrange to have product advertisements appear side-by-side with the journal articles.

3. Initiate blitzkrieg-style marketing campaigns, often using multi-level marketing strategies which are notorious for their exponential speed in expanding the market for a formerly unknown product.

4. As product consumption begins to plateau, terminate the multi-level marketing structure and switch to conventional distribution to established health food stores and clinics.

5. After a large number of people try the product with disappointing results, shift the marketing resources toward step 1 for a new product and start the

(Continued from page 5)

process once again.

Most popular magazines that include coverage of herbal medicine tend to shy away from covering products with a TCM-style description of indicated and contra-indicated patterns of symptoms and clinical signs, as such an approach would increase consumers' knowledge and might decrease potential sales of the specific product, at least initially. The favored format for articles is to present as much scientific-sounding evidence as possible, most of which will fall into the category of invisible benefits. In other words, avoid discussing criteria by which a consumer will clearly know if the product is benefiting them, having no result, or is contraindicated or resulting in side effects.

Emphasize invisible benefits.

Tactic: Emphasize claimed benefits of health products that cannot be easily verified by the individual consumer, such as biochemical effects. Avoid being too specific about contraindicated and indicated symptom patterns and about typical symptom changes that one should expect if product works as claimed. This would allow the product user to easily decide whether the product is or is not improving one's health and may result in decreased product sales. Instead, steer all discussion toward the effects on hormone levels, blood chemistry, immune system changes, nutritional and physiological effects, antibiotic effects, etc., each of which would require expensive laboratory analysis to verify in individual cases.

All forms of indigenous, pre-industrial health care, regardless of ethnic or cultural origin, are based on the ability to recognize patterns of illness comprising the symptoms, clinical signs, and associated circumstantial evidence of such illness. In other words, the data immediately available to the senses and the intuitions induced by these sense impressions provide the basis for deciding appropriate action: administering herbs, special diets, steam baths, massage, bone-setting and simple surgical techniques, etc. Much in the same way that a skilled animal tracker observes subtle changes in the forest after an animal's passing, the traditional health care provider relies on acute perception and wits to comprehend the nature of an illness and appropriate actions.

Traditional Chinese medicine (TCM) is one of the most sophisticated and detailed forms of indigenous pre-industrial health care, likely because Chinese scholars, for at least several thousand years, recorded their methods in detail and passed them on to future generations for continual refinement. Patterns of symptom complaints were classified into categories and subcategories based upon the treatment methods observed to be effective for such patterns. Classification of abnormal tongue features (tissue color, moisture, shape, tissue thickness and color) and palpated radial pulse qualities provide additional data to help verify the presence of specific patterns of illness. [a1, a2, a3]

With the advent of the industrial era, medical diagnostic technology, and the sciences of chemistry, biochemistry, and physics, modern medicine chose to focus heavily on the microscopic and submicroscopic world of cells, microbes, molecules, and atoms. While there is no logical reason why the world of immediate sense impressions need be left behind, the inevitable trend of industrial culture has been to desensitize humans to their environment, because such desensitization is often an advantage in creating a work force unconscious of the toxic horrors inflicted upon their bodies. Health care workers, being members of the desensitized culture, come to rely heavily upon instrumentation and lab tests for a version of "truth" that fits into their mental model of the world, and which they have been carefully educated to believe is the *only* valid way of determining such truth.

The final deadly assault on the human organism is made possible when the individual has reached a stage of total trust in, or capitulation to, the industrial culture and has allowed his or her physician to declare that miscellaneous symptoms not accounted for by lab tests or diagnostic equipment are meaningless, of no consequence, and perhaps even imaginary. After a period of such negative reinforcement by authority figures, such individuals learn to suppress conscious perception of their bodies. Such semi-conscious people are ripe candidates for marketing based on a plethora of purported invisible benefits, such as improved biochemistry, enhanced brain waves, balanced etheric fields, and neutralized karmic nebulosities.

Even supposedly health-minded individuals sometimes persist in the consumption of various herbs, supplements, and diets, in spite of obvious side effects. Encapsulated herb products are especially prone to this problem, as they slide down the gullet without taste or fuss but may result in unpleasant side effects hours later. In some cases this may continue for years before the individual recognizes that there may be a problem. As an example, cayenne pepper is relatively safe when consumed with food, as its acrid-fiery quality will tend to limit consumption. However, in capsule form, several hours may pass before the individual experiences burning sensation in the abdomen, when the cause has been forgotten. I know of individuals who have contracted severe ulcerative colitis from such misadventures, persisting because some perceived authority figure told them it would be "good for disease X", or would provide some other form of invisible biochemical benefit. Any competent TCM herbalist would be able to quickly spot the pattern of symptoms and clinical signs for which cayenne is contraindicated: reddish tongue, yellow tongue coat, or tongue with fissuring patterns and absent coating; rapid-thready or rapid-full pulse; feverishness or aversion to heat, burning pains in the abdomen or trunk of body; thirst; insomnia; agitated or aggressive behavior; and other symptoms.

Biochemical knowledge of herbs can be useful information clinically only if carefully integrated within the context of practical symptomology. However, to avoid misleading interpretations that may lead to side effects, this integration should adhere to specific guidelines. Symptom indications, known biochemical constituents, comparison of effects of herbs with similar biochemical profile, and physiological modes of action of constituents must all be correlated for logical consistency, and alternative explanations for observed effects considered. [a4] Too often glib explanations are provided for observed clinical effects based on a few biochemical and physiological facts connected by a rickety chain of logic.

While such mishaps are much more common with pharmaceutical products (iatrogenic illness), it would not be fair to let herbalists and herbal marketers off the hook. Statistically, while the annual fatalities from herbal products (excluding coca, opium poppy, alcohol, and other legal or illegal potent-addictive drugs) are minuscule compared to those from pharmaceutical products [a5, a6], similar types of marketing tactics are increasingly seen in all types of health product marketing.

Beat the drum of single-parameter double-blind testing to distract patients and practi-

(Continued on page 7)

tioners from more sophisticated research paradigms.

Tactic: While traditional Chinese herbology and other styles of holistic-type clinical assessment may be undesirable for maximizing product sales, these methods are useful tools for clinical research to complement biochemical methods in helping to tailor products that are effective in providing symptomatic relief, but result in predictable long-term side effects for which additional profitable product lines may be created. Multifactorial statistical analysis is common in psychological and industrial research, and health-care companies must take advantage of state-of-the-art statistical methods. However, it would be wise not to publicize this; instead, continue to issue press releases and research reports for public consumption that only discuss the old-fashioned single-parameter double-blind tests.

A central principle in designing individual TCM herbal formulas is that one must counteract or relieve the chief complaint so as to improve overall health and resolve those factors contributing to the chief complaint. Side effects result primarily when this rule is violated. [a1, a2, a3] It is much easier to find many ways that merely suppress the chief symptom complaint, while ignoring all considerations of systemic effects. See discussion above under "Encourage maximum consumption with over-general product claims".

A somewhat more sinister corollary of the preceding principle is that it is also possible to suppress symptom complaints while failing to resolve the underlying problem and even chronically aggravating systemic factors. A common and relatively obvious example of this would be addictive pain-relief medications. That this type of treatment is essentially suppressive, with serious side effects including addiction, is widely recognized, and is why such treatments are strictly controlled legally and ethically.

It requires only a slight stretch of imagination to speculate that it is possible to suppress symptom complaints while inducing chronic systemic illness whose onset manifests slowly and subtly enough to "fly under the radar" of regulators and fall within the range of what is tolerated by society. That such suppressive products successfully alleviate the chief complaint while failing to resolve underlying problems generally means that as soon as the consumer stops using the product, the chief symptom or symptoms will recur, creating a classic addictive pattern. Refined sugar, caffeine, and nicotine are examples of addictive substances that society tolerates and that many people demand on a daily basis because they provide immediate, though temporary, relief of such symptoms as fatigue and mental exhaustion in the case of caffeine and sugar, and anxiety and emotional stress in the case of nicotine. Herbal weight-loss products that contain ephedra likewise may provide temporary increase in metabolism without resolving the underlying chronic metabolic and dietary problems and leading to a cycle of addiction.

TCM herbalists recognize the maxim that one man's poison may be another man's food or medicine. Individual differences in metabolism, body type, ancestry, genetics, and life circumstances account for such variations. It is possible that herbs that are non-addictive and beneficial for individual A's overall health may be merely suppressive of individual B's symptom complaints and deleterious to B's overall health.

While pharmaceutical companies like to make a big fuss about how their drugs are tested using double-blind single-parameter controlled experiments, the reality is that such single-parameter tests are quite crude. Professions as diverse as psychology, operations research, engineering, and ecology have for many decades recognized the value of modeling natural processes as a coordinated interplay of multiple variables for which the mathematics of multivariate statistics, control theory, and vector algebra are important tools of analysis and experimental design. That pharmaceutical companies are somehow wholly ignorant of these areas of science and mathematics stretches the limits of credibility. Yet why do medical journals that publish results of drug safety tests continue to publish and publicize these single-parameter tests as being the "gold standard" of medical research, when scientists in other fields know quite well that such experiments may fail to reveal many significant interactions?

To illustrate how the seriously flawed single-parameter research designs are commonly mimicked even by TCM herbal researchers [b6], consider the standard two-part experiment where the effectiveness of a particular formula or herb in relieving high blood pressure is being tested. In such an experiment, half of the subjects are given a placebo and the other half the intended test substance in a double blind setup (subjects and researchers who administer the remedies do not know which are the placebos). All subjects' blood pressure is measured at specific times throughout the testing period. After the data is collected, the averages and standard deviations are compared to determine whether the difference is statistically significant. The conclusion is either that the test substance "works" or that it "doesn't work". If it does work, then some clever researcher attempts to track down the "active" chemical constituent responsible for the effect. These types of articles appear in TCM research journals constantly.

Unfortunately, even many TCM clinical herbalists see nothing wrong with such a study; after all, this is how respected medical research is done every day all over the world. However, its design violates the very philosophy of traditional Chinese herbal science and is deeply flawed logically. TCM herbal science is founded on the assumption that matching herbal formulas to the whole pattern of a person's disharmony (entire pattern of symptoms) is superior to choosing remedies for individual symptoms, independently of the context of the total symptom pattern. The experiment just described blithely assumes that the Western biomedical model is just fine for answering questions of a TCM nature and proving its efficacy.

TCM herbology differentiates at least four basic pattern manifestations of high blood pressure:

- Liver Fire
- Deficiency of Kidney and Liver Yin with Ascension of Yang
- Depletion of both Yin and Yang
- Phlegm-Dampness Accumulation

Each symptom pattern requires different herbal formulas, and for which some of the herbal formulas are contraindicated in the other patterns, and may actually aggravate the hypertension. The single-parameter double-blind experiment decribed above *fails* to distinguish possible differences in effects that may occur in the various types of high blood pressure. The Western biomedical model is not capable, in spite of its seeming sophistication, of providing precise solutions to vague questions. To choose herbs for an individual with high blood pressure, one requires considerably more information.

Health care providers and patients may be misled by deceptive and incomplete research results to believe that a product will be beneficial, when it may merely suppress symptom complaints at the cost of creating chronic illness or dependency. Proper TCM research must account for

(Continued from page 7)

multiple symptom variables (patterns of disharmony) when testing the effects of remedies, or it will often be useless to clinicians. The solution to this problem is not the subject of this article and has been outlined elsewhere [f1].

Utilize religion to enhance the placebo effect and further suppress self-awareness.

Tactic: Utilize religious faith to overcome reason, logic, and self-awareness and to enhance the placebo effect. For believers of the modern day religion of materialistic scientism, provide testimonials from scientific experts regarding the claimed benefits. For believers of more ancient faiths, provide evidence of blessings from ancient masters and gurus.

Wilhelm Reich, a physician who published a series of books [b1] about the psychological basis of authoritarian control strategies, revealed that fascist societies (broadly defined, include most "civilized" nations) gain control over their subjects by inducing them to suppress bodily instincts (including natural sexual function), which constitute the first line of defense of any living being against harm, and by using religious dogma and mysticism to justify and maintain such suppression. With a whole population of such semi-conscious people who have learned to suppress their own natural instincts and body sensations for fear of ridicule by authority figures, all obstacles have been removed for inflicting iatrogenic medical care, an ersatz food supply lacking nutrients, and a toxic environment that is unpleasant and ultimately deadly. The inevitable bottled-up emotional outrage that the population would ordinarily express toward the perpetrators of such misery is instead channeled into consumerism, mindless entertainments, and contrived warfare and environmental destruction of such magnitude as to endanger not only the health but the lives of a majority of the world's inhabitants. [b2]

The politically correct religion of the day is a hybridized beast comprising a belief in science and technology as the gods of the future, with mammon and a bland New-Age belief in positive thinking following in close competition, the latter manifesting as a Prozac-facilitated ability to ignore reality with good cheer. This religion conducts its rituals primarily upon the altar of television, the Spanish-Inquisition style of religion no longer being necessary as a tool of population control. Modern psychologists have discovered that it is so much easier to create a religion that we all demand, which is addicting, and with which we "amuse ourselves to death". [b3]

As with televisions, other modern-day altars of worship must be equipped with control panels of flashing LEDs and stylish chrome dials if they are to adhere to orthodoxy. I've witnessed numerous sales presentations for health devices that awe the audience with flashing lights and hushed electronic bleepings. More than a few observers have commented with sincerity, "It costs so much money, it must do *something*." A sure marketing winner is a product that is "scientifically proven", conveys this impression with a suitable control panel, and promises unlimited prosperity and blissful thoughts.

The practice of TCM is now under assault by demands to replace its reliance on directly perceived sensory data with high-tech gadgetry that produces numerical "disease" indicators, in an attempt to mimic the pseudo-scientific popularity of lists of numbers. While some of these gadgets may indeed measure variables correlated with important physiological phenomena, such as the electrical impedance of acupuncture points, some of these devices are no more than expensive electronic dowsing machines, containing electrical circuitry of no greater sophistication than a 10-dollar hardware-store multimeter. Such devices are similar in principle and function to the pendulums carried by some dowsers, or Ouija boards, which rely upon minute movements and tremors of the hand to reflect back to the person or persons their subconscious impressions or desires. The scientific and clinical validity, or lack thereof, of such devices is not at issue here; I've personally investigated acupuncture-point impedance measurements and believe this subject worthy of study. [b4] It would also be improper to dismiss the realm of parapsychological influences without further investigation. What is of concern is that many practitioners use such devices with religious-like devotion, as if consulting the Oracle at Delphi, and with little understanding of scientific issues of repeatability, accuracy, statistical variation, and susceptibility to subjective influences. For example, I've witnessed a number of devices that measure the conductance value of acupuncture points, and which purport to indicate relative degree of "inflammation vs. sub-functioning" of the organ represented by the point; when it is pointed out that such measurements may be highly variable due to small changes in applied pressure of the hand-held electrode probe, the practitioners often become indignant that one would question the integrity of such expensive devices. Flashing LED's, hushed technoid bleepings, and glowing numerical displays do seem to bestow magical powers, especially if purchased at awe-inspiring prices.

The TCM profession has also suffered from its tendency to attract westerners searching for some religious-like belief system upon which to anchor their lives. According to the historian Arnold Toynbee, the forces of disintegration and chaos experienced during the declining phases of empire invariably lead to specific types of dysfunctional responses; the archaist or fundamentalist response is characterized by a desire to return to the "good old days" and a refusal to cope with the reality of current events. [b5] TCM attracts a disproportionate number of students who are seeking certainty in the wisdom of ancient masters. While TCM indeed possesses wisdom that can benefit us today, it is not perfect or omniscient in its wisdom, and certain practices, such as the use of heavy metal compounds, would be considered unacceptable today.

The historical and cultural context of heavy metal usage as a drug helps us to understand why it had been used and, moreover, why there may be better options available today. During the Middle Ages and Renaissance period of Europe, as well as in China during the same time, physicians used heavy metals to treat a variety of pernicious illnesses such as syphilis and severe acute febrile conditions. [b6] On average, people did not live nearly as long as they do now in modern industrialized countries, and the concern over long-term side effects was either not recognized or was ignored because of generally short life spans. In addition, safer methods, such as penicillin injections for syphilis, had not been discovered. For a modern TCM herbalist to administer arsenic to a client with syphilis would be unforgivable considering the serious long term side effects, yet heavy metal (mercury, arsenic, lead, etc.) preparations are listed in many books of Chinese materia medica. Many of these books fail to emphasize that these preparations are included for historical interest and completeness, and should no longer be used in all but the most exceptional circumstances.

Certain dogmatically inclined traditional Chinese herbalists may insist that these heavy-metal preparations are OK simply because the ancient masters list them in their texts. Such attitudes are striking for their simple-minded faith in ancient masters and lack of historical perspective. Rather

(Continued from page 8)

than perceive science and medicine as an evolution and devolution of ideas, the archaist-fundamentalist grasps for that indeterminate past time where great masters were all-knowing and the world was tidy. Periods of overall cultural decline are reflected in the scientific world by an increasingly slavish devotion to ancient dogmas, whereas periods of cultural advancement promote scientific and intellectual expansion by means of vigorous and often heated debates. In such periods, the old masters are admired for their wisdom, but their theories are improved and modified without apology.

In summary, regardless of whether one's religious biases fall within the realm of politically correct materialistic scientism, or adhere to more ancient forms and dogmas, such beliefs can be potent marketing tools, robbing people of their common sense, their pocketbooks, and sometimes their health.

Acquire testimonials from true believers.

Tactic: Seek out testimonials from individual users. Even if a product is relatively inactive, the placebo effect and the workings of probability among a large group will usually yield a few people who achieve "miraculous" effects.

Testimonials of product effectiveness are a time-tested method for extending the marketing life of a product whose benefits are questionable or are overly general. This method is an extension of the tactic to utilize religion - the true believer is more certain of his beliefs when surrounded by fellow true believers.

Testimonials are an important counterbalancing influence to the negative impact that overly generalized claims have on consumer satisfaction. A significant percentage of consumers who otherwise might give up in frustration of not finding what they need, will be motivated to continue buying and searching after hearing inspiring testimonials.

Maximize side-effects and create new markets.

Tactic: Design products that barely pass FDA or USDA standards and that result in a predictable array of side effects; subsequently, an entire line of new products can be designed and marketed to counteract these side effects.

While this is a tactic that one can only speculate upon, the amount of circumstantial evidence has led several authors to comment upon this possibility. [e1, e2, e3] Without doubt, the numerous side effects of many pharmaceutical drugs often lead to chronic iatrogenic illnesses unrelated to the initial complaint that brought the patient in for a medical consultation. The rapid-fire listing of potential side effects on television drug commercials has become a source of black humor. It is also undeniable that such side effects create future opportunities for profit if yet more drugs are designed to alleviate these side effects, ad nauseum. Whether this results from a planned strategy can only be the subject of speculation, but the devastating effects to naive and trusting patients are the same, regardless. I've been informed privately by hospital pharmacists and other medical personnel that many hospitals maintain their own private formularies of acceptable drugs, because, among other reasons, it is also recognized that the FDA approval process often fails to screen out unacceptably toxic and ineffective medications.

Those familiar with the writings of Machiavelli and Sun Tzu [e4, e5] understand that in former times, deception, venality, corruption, and sabotage were considered standard practices of business and of warfare; the average citizen understood and accepted this with resignation. These tactics are just as important to modern business and warfare, but the difference lies in the trusting and gullible natures of the modern public in believing that corporations and government exist solely to make healthful products for them to consume; the typical modern citizen reacts with patriotic indignation if one questions the veracity of television talking heads.

Producing toxic and dangerous products is no monopoly of the pharmaceutical industry. Certain TCM herbal product manufacturers in China have not had a clean track-record regarding product safety or contamination issues either. Certain patent (proprietary pill or capsule) herbal products from China have in the past been found by the California Health Department and other organizations to contain a range of adulterants and contaminants, including heavy metals (especially arsenic and mercury, intentionally added because of a traditional belief that these would enhance the action of the product) and pharmaceutical drugs such as analgesics, antihistamines, antibiotics, aspirin, acetaminophen, caffeine, phenfluramine, and a range of other drugs for arthritis, insomnia, and hypertension; in many cases these adulterants were not listed on the product label. [e6, e7] I know of individuals who have acquired heavy metal toxicity from herbal products from both India and China, where heavy metal compounds have been traditionally included in certain herbal formulas [e8, e9], and of individuals who suffered from symptoms of corticosteroid withdrawal after stopping certain patent formulas for arthritis. During the late 1990's many American distributors became aware of these problems, and acted responsibly to remove these products from the American market; many distributors now routinely test for a wide range of contaminants, including pesticides, heavy metals, adulterant drugs, and molds and bacteria. Whole dried Chinese herbs, in contrast to the Chinese patent medicines, have had a much better track record, and are known for their purity and quality. [e6]

In Belgium in 1993, persistent misuse of the herb aristolochia at a medical weight loss clinic resulted in a major worldwide scandal leading to prohibitions or warnings regarding herbs that were either suspected of containing aristolochia or one of its constituent chemicals, aristolochic acid, or were similar in name. [e10, e11, e12] Aristolochic acid is a known nephrotoxin, which is also known to induce kidney cancer in some cases. The clinic attempted to create a weight loss protocol which included potent diuretic herbs as well as stimulants and the now banned drug phenfluramine. The resulting deaths and injuries from kidney failure were blamed on the Aristolochia rather than on the use of the drug phenfluramine or any of the other numerous questionable factors in this incident [e13]:

- The overall weight-loss program was not designed or administered according to traditional standards of Chinese herbology and ignored traditional cautionary warnings.

- The aristolochia was administered orally in the form of a powder rather than the traditional method of decocting (cooking) in water: it is known that aristolochic acid is insoluble in water, which is possibly one reason why there have never been reported problems with this herb until this incident.

- Aristolochia (guang fang ji) was chosen instead of Stephania tetranda (han fang ji), an herb traditionally preferred to Aristolochia for its greater safety.

- Aristolochia was used for long periods of

(Continued from page 9)

time in large doses, which violates traditional Chinese herbal protocol.

- Aristolochia and Stephania tetranda are strong diuretic herbs, not especially appropriate for weight loss unless the individual is also suffering from severe edema, and then only for short periods of time - a few days or weeks at most.

As it is widely known that a good portion of many overweight patients' mass is stored as water weight, an impressive amount of weight can be lost in a short time by diuresis. Even though this procedure does little to promote lasting results, such procedures are often used as a marketing gimmick to create dramatic results for promotional reasons. However, the medical costs to certain patients in this unfortunate incident included kidney failure and death. This tragedy resulted because a group of physicians, who were unfamiliar with TCM principles, used a potent and dangerous herb in a context for which it was never intended in standard TCM practice. Aristolochia is traditionally indicated for certain types of severe and possibly life-threatening cases of edema, such as congestive heart failure, which could conceivably justify its use. Its use as a weight loss aid by the European physicians was a misappropriation of a foreign therapy for which they should have had greater respect and caution. Standard TCM materia medica include very specific indications and contraindications that the user ignores at his or her peril.

Even common foods and culinary herbs are not immune to abuse. Green and black tea and processed soya foods are being heavily promoted by the health food industry, though, unfortunately for many people, these products may result in chronic side effects in the amounts that many people are encouraged to consume. Health journals commonly focus on the supposed benefits of drinking tea based on its containing a class of antioxidants called polyphenols; often ignored, however, are the extremely high concentrations of fluoride that many modern tea harvests contain due to ubiquitous use of fluorine-containing pesticides and from other air and water pollutants. [e14, e15] Soya food products such as tofu were developed in China after many centuries of using the soybean plant solely as a soil nitrogen-fixer; soybeans themselves were known to be an inferior food, unfit for regular consumption. [e14] Due to periodic famines, there was great incentive to transform almost anything into an edible form, and thus tofu and fermented types of soya foods such as miso, natto, and tempeh were developed. In America, however, soya foods are promoted as a "health" food, in spite of known problems including thyroid toxicity, indigestion and abdominal bloating, hormone disruption, and cancer. [e16] I've known many individuals who experience significant symptom relief upon stopping consumption of green and black tea and most soya products. One cannot assume that just because something is sold in a health-food store, that it is healthy.

Most of the herbs and foods in the TCM materia medica have been safely used for hundreds of years. However, such safe practice is dependent upon adherence to traditional rules of common sense, preparing the herbs according to traditional procedures, and attention to whether symptoms are improving or not. For example, tapioca, a commonly available food product long used throughout the Pacific region, contains cyanide that must be reduced by special preparation. An herb that may be safe when consumed as a tea (water decoction), may not necessarily be safe as an alcohol tincture or orally consumed powder. Even cayenne pepper and tofu can be abused with consequent side effects, and it is debatable whether government regulation is always the solution to compensate for lack of common sense, as discussed under "Lobbying public officials and non-profit institutions", below.

The problems that occur when health-care professions and industries recognize the tremendous profit potential of iatrogenic illness are not new ones. Ancient cultures had evolved various traditions for keeping their health professionals and medicine men from temptation. In certain American Indian tribes, medicine men possessed an honored status within their tribe but were discouraged from charging for their services. "Beware of IRAB (I Read A Book) Medicine Men who charge money [and] make you suffer while they laugh all the way to the bank..." [e17] Instead, they were supported by the tribe in exchange for their ongoing role as spiritual leaders and were expected to refrain from profiting by tribal members' illnesses. In ancient China, the wisest doctors were said to treat their patients before illness occurred. Consequently, doctors who had many ill patients were considered inferior; during the Zhou Dynasty doctors were paid annually in proportion to their cure rates. [e18] In earlier periods, doctors received payment for their services only while the patients remained healthy. The doctor was required by law and custom to treat the patient for free until he or she recovered. Each doctor was also required to display one red lantern outside their clinic for each patient who died of disease while under the doctor's care; according to traditional Chinese history, the death penalty applied to violators of this law. [e19] While such measures may seem extreme, and regardless of whether such reports are wholly accurate, they do illustrate the concerns that ancient civilizations had regarding potential abuses by the medical profession and clearly demonstrate that such concerns are *not* merely the rantings of modern-day conspiracy theorists. That tobacco companies added chemicals to tobacco to intentionally increase its addictive potential should remind us that corporations may succumb to temptation to maximize their profits at the cost of consumers' health by knowing, intentional, and highly coordinated schemes spanning decades. [e20, e21, e22]

As global megacorporations acquire and absorb pharmaceutical companies, health food businesses and manufacturers, food product manufacturers and distributors, and biotech companies, the clear distinctions between drugs and health foods will become blurred, and the profit motivations of the parent company should lead consumers to question every product, taking nothing for granted. No product is safe from tampering or from being promoted in ways that lead to increased illness and debility and increased profits for corporations.

(References available in June Issue of this newsletter)