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Interpreting the language of traditional medicine

As an academic and clinician who has straddled both the complementary and conventional spaces, it has been relatively easy to grasp the alignment of integrative medicine with broader public health approaches – it is even a topic I have published on in detail [1]. However, such alignment is not always obvious to others, and in some cases this can lead to people suggesting that integrative medicine is somehow incongruent with broader health aims [2]. One reason why this argument often gains currency is the strange language sometimes used by integrative medicine – often derided by critics as being pseudoscientific.

It is undeniable that many terms used in integrative medicine – particularly those aspects drawn from traditional medicine – do sound strange to Western ears. Bodily systems become *damp*, the *vital force* becomes weakened, the *essence* of certain organs needs to become better *tonified*. It is no exaggeration to suggest that the language of traditional medicine systems is often far removed from that of biomedicine. However, rather than using linguistic differences to dismiss the value of traditional medicine approaches, these linguistic differences should be examined in further detail to see what they can teach us about health. We don't judge the validity of scientific ideas differently depending on whether they are presented in Swedish, Sinhalese, Swahili or English, and our approach to the various languages of medicine should be no different.

However, this is not what happens in the real world, where politics, ideologies and personal and professional interests often intersect and clash. For example, when the Australian *Therapeutic Goods Administration* developed a list of allowable traditional medicine claims critics immediately derided the move, pouncing on the ridiculousness of terms like "tonifies kidney essence" or "softens hardness" as being indicative of the pseudoscientific nature of traditional medicine systems. However, although the terms may *sound* funny to a Western ear, this represents a linguistic difference rather than an incongruity with science. Indeed, when the terminology of traditional systems like Chinese medicine are examined by linguists, they appear to represent physiological concepts that are recognised in conventional functional diagnoses, but simply represent them in a linguistically different way [3].

Yet critics often get stuck on the 'floral' language often present in traditional medicine terminology and limit their critique to this superficial and overly simplistic interpretation [4]. In doing so they miss the forest for the trees. *Qi* is not a physiological manifestation of white light traversing the body – as is often portrayed in some of the harsher criticisms of Chinese medicine – but rather a conceptual tool that is used to explain functional variations in body systems. Use of such functional diagnoses, conceptual tools and even funny names is not unique to traditional medicine. They are common in conventional medicine, and some functional diagnoses – poly-cystic ovarian syndrome for example – can be present even without the physiological identifiers that define their very name being present. Is this that different to the use of conceptual organs in traditional medicine systems (e.g. Kidney in Chinese medicine)?

Irritable bowel syndrome – at face value – is a term at least as non-medical or ridiculous sounding as anything in Chinese medicine, yet it is considered acceptable in conventional medicine. Moreover, as a functional diagnosis, it shares as much of its diagnosis to physiology as a traditional medicine diagnosis. It has even been formulated the same way – by long-term expert consensus (the Rome Criteria) which has codified symptoms and attributes that relate to the diagnosis [5]. If we are going to argue the validity of traditional medicine diagnoses because are functional or conceptual rather than physiological, we also need to examine the validity of those used in conventional practice.

And these are not unusual examples. The fields of psychiatry and psychology are almost entirely dependent on conceptual and functional diagnoses of the *Diagnostic Statistical Manual* (DSM). Whilst admittedly the DSM (and to some degree psychiatry and psychology) has come under some criticism recently, this is qualitatively different from the criticism faced by integrative medicine. Whilst the very existence of traditional medicine texts is questioned, the critique of the DSM is directed at the over-reach and industry influence of some diagnoses, rather than whether the tool itself or the manner in which it has been developed was in-and-of itself valid [6].

The false dichotomy that is often presented between conventional and complementary medicine can explain some of these differences. We are told that if a complementary medicine worked it would simply become conventional medicine, but the truth is far more complex than that, with multiple examples of conventional treatments continuing to be used after we know they do not work, and multiple complementary treatments still not integrated even when they do [7]. We are told that complementary medicine promotes the rejection of conventional medicine (for example rejection of vaccination or cancer treatment), when the truth is far more complicated than that (for example, there is more support than opposition for vaccination in the complementary medicine community) [8]. Complementary medicine criticism often attracts lazy

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arguments, built on assumptions rather than facts, and the superficial dismissal of the different languages used by traditional medicine is an extension of this.

However, it need not be this way. Indeed, it *should not* be this way. As clinicians and researchers aspiring for the best for our patients we should be viewing all systems and languages of medicine objectively to see what we can learn for the promotion of better health for all. At *Advances* we are increasingly seeing submissions that are based on traditional medicine diagnosis. Initially we were hesitant to publish them based solely on the notion that a broad readership may not be fluent on the languages of certain traditions; but we are increasingly embracing them so that clinicians can become multi-lingual in the various languages of health. We hope that this will be a fruitful – if challenging – learning experience for all of us, as we become familiar with new ways of talking about health and explore what does and does not work best for patients.

This is not to say that we should not be critical of some elements of traditional practice – indeed, de-implementation of practices that are ineffective or harmful is just as important as implementation of practices that are useful [9] – but it does suggest we need to be more open as to where we seek information. This necessitates looking beyond the limited language of biomedicine or narrowly focusing on single traditions of practice – and highlights the importance of drawing on wisdom from multiple healing traditions and approaches.

References

[1] J. Wardle, E.B. Oberg, The intersecting paradigms of naturopathic medicine and public health: opportunities for naturopathic medicine, J. Altern. Complement. Med. 17 (11) (2011) 1079–1084.
[2] J. Wardle, Will evidence ever trump controversy in discussion and debate on integrative medicine? Adv. Integr. Med. 5 (1) (2018) 1–2.
[3] E.S. Yang, P.W. Li, B. Nilius, G. Li, Ancient Chinese medicine and mechanistic evidence of acupuncture physiology, Eur. J. Appl. Physiol. Occup. Physiol. 462 (5) (2011) 645.
[4] J. Harnett, S.P. Myers, Coming to terms with evidence: what is appropriate evidence in integrative medicine practice? Adv. Integr. Med. 5 (3) (2018) 87–88.
[5] B. Lacy, N. Patel, Rome criteria and a diagnostic approach to irritable bowel syndrome, J. Clin. Med. 6 (11) (2017) 99.
[6] S.P. Chambers, C. Stanley, Big Pharma's DSM Heist: rewriting the prescription for over-diagnosis: review of saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM5 Big Pharma, and the medicalization of ordinary life, J. Constr. Psychol. 31 (3) (2018) 337–341.
[7] J. Wardle, There is no such thing as alternative medicine, only medicine that works and medicine that doesn't" . . . actually, it is a little more complicated than that: the translation gap in complementary and integrative medicine, Adv. Integr. Med. 6 (1) (2019) 1–2.
[8] J. Wardle, J. Frawley, A. Steel, E. Sullivan, Complementary medicine and childhood immunisation: a critical review, Vaccine 34 (38) (2016) 4484–4500.
[9] A. Steel, F. Rapport, J. Adams, Towards an implementation science of complementary health care: some initial considerations for guiding safe, effective clinical decision-making, Adv. Integr. Med. 5 (1) (2018) 5–8.

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