

## Osteopathic medicine and traditional Chinese medicine

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Traditional Chinese medicine, incorporating acupuncture, may be added to the armamentarium of the osteopathic physician without compromising the basic tenets of osteopathic philosophy. These two systems of healing have in common similar views on the nature of the human organism in health and disease as well as on the goals of medical therapy. Whatever contradictions exist between them generally have resulted from cultural differences which caused the development of different methods of diagnosis and treatment.

Both Chinese medicine and osteopathic medicine embrace concepts of a vital life force. The Chinese physician talks of "Qi" (vital life energy), which circulates in the subcutaneous tissue and protects the individual from external pathogenic "evils." When "Qi" fails, the individual falls prey to disease, and it is the responsibility of the physician to correct the "Qi" malfunction and strengthen "Qi" in order to restore homeostasis.<sup>1-2</sup>

Similarly, the cranial osteopathic concept of the "primary respiratory mechanism" involves an idea of rhythmically flowing cerebrospinal fluid, possessing intrinsic energy that can be measured electrically, which is necessary for the life and health of the organism.<sup>3,9</sup> When either "Qi" or cerebrospinal fluid does not flow freely, the result is physiologic malfunction, homeostatic imbalance, and disease.

Both osteopathic medicine and Chinese medicine also agree on the obvious corollary that motion is necessary for health; that stasis always compromises health; and that continued stasis results in disease. Further, neither philosophy would dispute that restoration of motion—whether it be of "Qi," body fluids, vertebral joints, cranial bones, or other

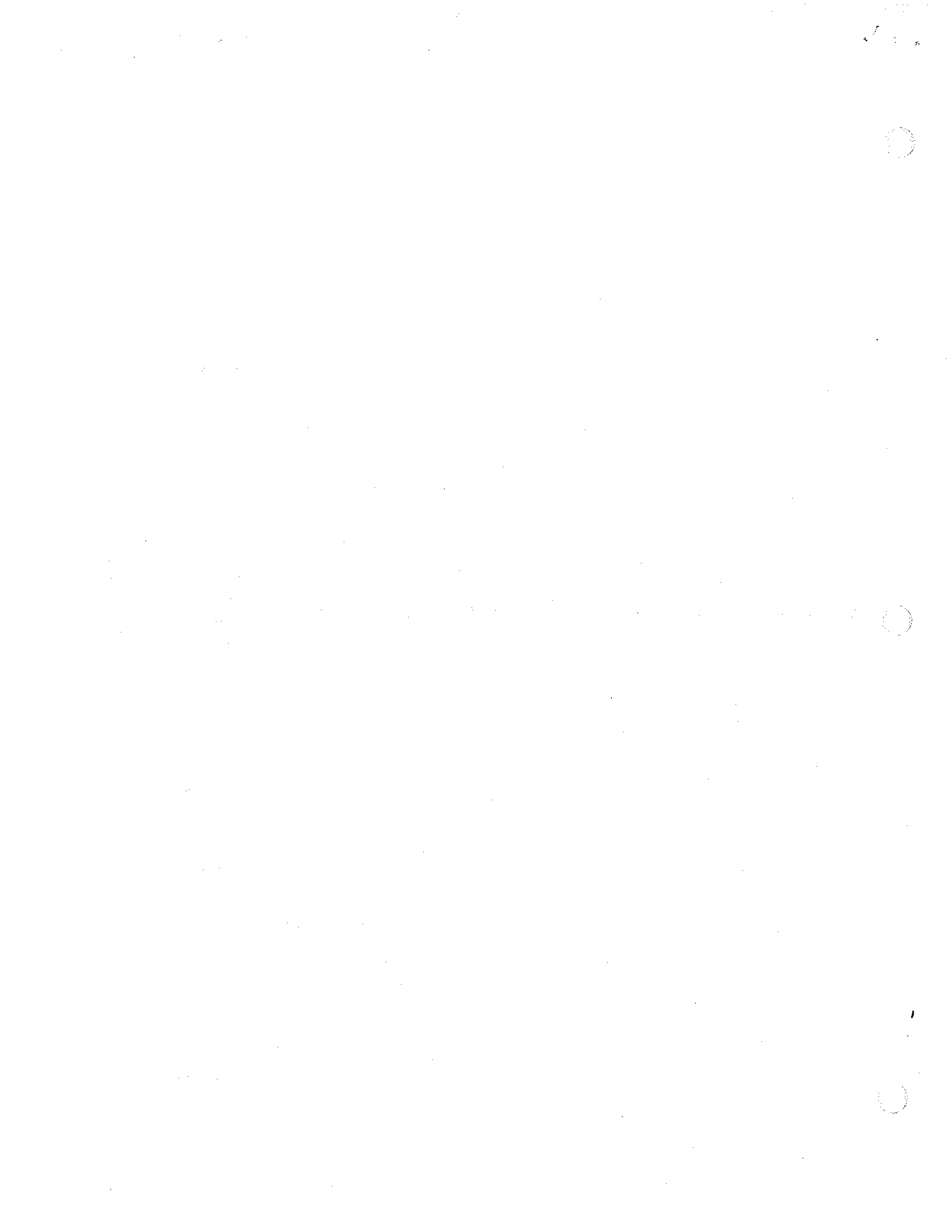
structures—will always provide some degree of healing.<sup>1-9</sup>

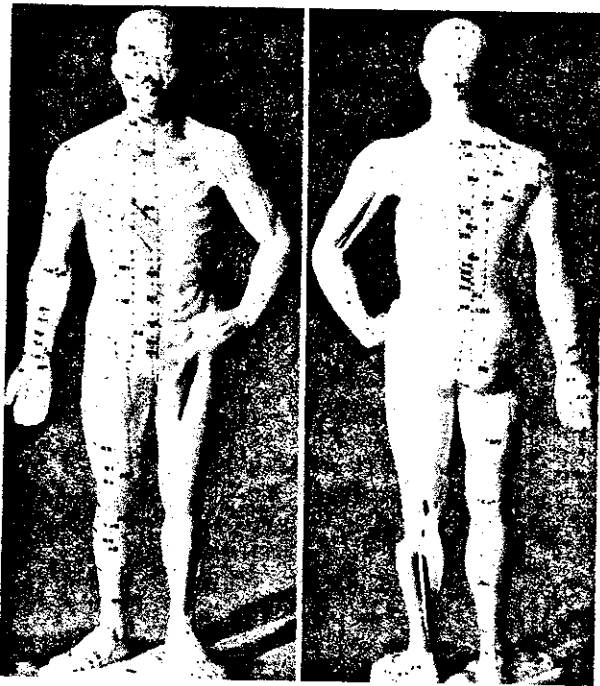
Chinese medical philosophy dictates that all diseases involve an imbalance between *Yin* (a force described as conserving, internal, dark, negative, cold, and female) and *Yang* (expending, superficial, light, positive, warm, and male). Nothing exists that is either pure *Yin* or pure *Yang*; all things contain both forces, with one or the other naturally predominating, and this delicate balance must be maintained between them in order for health to be preserved.<sup>2,3-4,6,10-11</sup> *Yin* diseases are slowly destructive; the patient is cold and wastes away. *Yang* diseases are acute; there is fever and swelling, and the disease process is a fulminating one.

*Yin* is comparable to the parasympathetic nervous system and *Yang* to the sympathetic nervous system. Osteopathic philosophy agrees that all diseases ultimately involve some imbalance between these two branches of the autonomic nervous system. Osteopathic manipulative therapy is directed at least partly toward the correction of this imbalance, just as acupuncture is directed toward the restoration of the proper balance between *Yin* and *Yang*.

Both osteopathic medicine and Chinese medicine hold that the goal of therapy is a more positive health status for the individual. Both apply sound principles of logic in order to uncover the causes of an ailment, and neither is content with mere symptomatic treatment.<sup>1-10,12-17</sup>

Stress in either osteopathic or Chinese terms can, from without or within, cause a weakening of the human organism so that inherent defense mechanisms fail and pave the way for disease. The Chinese physician always asks himself which internal or external "evils" weakened his patient to the point of affliction. Because no disease could oc-





Chinese acupuncture dolls are available in the United States. These indicate the meridians by lines, and acupuncture points are indicated by points on the lines. (Photo courtesy Edmund Scientific Co., Barrington, N.J.)

cur if there were not a weakness in the patient's "Qi" energy, the physician labors to find the causes of the weakness and to advise the patient on how he might better cope with these "evils." The patient is always given dietary treatment, along with advice regarding his emotional life and avoidance of certain physical agents that might be harmful to him.

Thus, traditional Chinese medicine is based on caring for the whole patient—the man, his work, his habits, his environment, his emotional life, and his play. The Chinese physician concerns himself not only with the patient's immediate illness, but also with the circumstances which contributed to its onset. Although the language and the details are different, the underlying concept accords well with the osteopathic holistic approach to health and disease.

Both Chinese and osteopathic physicians much prefer to detect and avert disease processes before they become clinically apparent. The Chinese have developed a system of pulse diagnosis whereby the physician studies the pressure morphology of 12 pulses that correspond to the 12 major acupuncture meridians and their related organs. Ideally, the Chinese acupuncturist sees his patients regularly for pulse examination in an attempt to correct subtle imbalances in meridian homeostatic mechanisms and thereby prevent disease.<sup>1-3,18</sup>

The osteopathic physician uses different tools but has the same goal in mind. Using segmental relationships between the musculoskeletal system and the internal organs, or using cranosacral examination techniques, the D.O. may often predict which organs are involved in disease long before clinical symptoms appear.

By observing the manner in which the living body functions, the Chinese postulated the structure of the meridians or routes of the flow of "Qi." By meticulous study of the structures of the neuromusculoskeletal system, osteopathic scholars have postulated its functions in the human organism. Thus, although they approached from opposite directions, both Chinese medicine and osteopathic medicine came to the same conclusion: Structure is function.

Traditional Chinese medicine takes issue only with the importance of anatomy as it is taught in the osteopathic profession. Both schools agree that a thorough knowledge of anatomy is essential, but their definitions of "anatomy" are quite different. The Chinese emphasize the anatomy of meridians and points which govern the flow of "Qi" and influence the internal organs. Western medicine emphasizes the anatomy of individual components and systems of the body. Thus, Western minds are more concerned with structural details, while Chinese minds are more concerned with the resultant energy, which is probably the metabolic state of the individual. Both systems work, however, and either can be used to explain bodily function or malfunction.

The D.O. and the acupuncturist both use methods which influence homeostatic mechanisms by various reflexes—somatovisceral and somatosomatic in osteopathic medicine, cutaneovisceral and cutaneosomatic in acupuncture. For centuries, though, acupuncturists also have used manipulative procedures to correct structural malalignments that will reduce the therapeutic effects of acupuncture. Similarly, the use of cutaneous reflexes is not entirely foreign to osteopathic practice.<sup>1-2,7-8,12</sup>

There also is much overlapping of knowledge in the area of the associated points of acupuncture and the spinal segmental organ relationships of osteopathy.<sup>1,4,7-8</sup> Many of Chapman's reflex points correspond to the alarm points of acupuncture.<sup>1,4,16</sup> Traditional Chinese acupuncturists palpate these alarm and associated points as part of the routine physical examination. Whether they are called associated points, alarm points, Travell's trigger points, spinal segmental areas, or Chap-

man's reflexes, it seems that the point by any name will produce a similar physiological effect. The independent arrival, in both East and West, at the conclusion that these points offer significant information lends credibility to both schools of practice.

Depending on personal preference and experience, the physician may massage the point, use fascial release technique, balance reciprocal tensions, apply direct corrective force to an osteopathic lesion, needle the point, inject saline or steroid, and so forth. One method of influencing the point may be more effective than another, and the selection of the most effective method is a judgment in the art of healing. All methods should be within the armamentarium of the physician.

Both traditional Chinese medicine and osteopathic medicine have suffered severe criticism because of the lack of "scientific" evidence to support certain areas of their philosophies and practices. It seems that critics always discount clinical evidence with such terms as "psychosomatic," "hypnosis,"

and "faith healing." Perhaps the Western scientific mind is overly limited by its own concepts.

The methods of the acupuncturists and the osteopathic physician are different in many ways, but similar in others. Their philosophies are based on widely divergent cultural experiences, but share an underlying holistic approach to man as the maker of his own medicine. Each physician has his successes and failures. In my experience, the two schools of medicine complement each other well.

#### References

1. Mann, F.: *Acupuncture: The ancient Chinese art of healing*. William Heinemann Medical Books Ltd., London, 1972
2. Wallnöfer, H., and Von Rottauscher, A.: *Chinese folk medicine*. Crown Publishers, Inc., New York, 1965
3. Magoun, H.I., Sr.: *Osteopathy in the cranial field*. Ed. 2. Journal Printing Co., Kirksville, Mo., 1966
4. Lu, H.C., ed. and trans.: *The Chinese versions of modern acupuncture*. Ed. 2. Academy of Oriental Heritage, Vancouver, B.C., 1973
5. Mann, F.: *Meridians of acupuncture*. William Heinemann Medical Books Ltd., London, 1964
6. Pennell, R.J., and Heuser, G.D.: *The "how to" seminar of acupuncture for physicians*. IPCI, Independence, Mo., 1973
7. Still, A.T.: *Philosophy of osteopathy*. A.T. Still, Kirksville, Mo., 1899
8. Still, A.T.: *Osteopathy: Research and practice*. A.T. Still, Kirksville, Mo., 1910
9. Sutherland, W.G.: *The cranial bowl*. The Free Press, Mankato, Minn., 1939
10. Huang, H.L., trans.: *Ear acupuncture*. By Nanking Army Ear Acupuncture Team. Rodale Press, Inc., Emmaus, Pa., 1974
11. Mann, F.: *Acupuncture: Cure of many diseases*. William Heinemann Medical Books Ltd., London, 1971
12. Downing, C.H.: *Principles and practice of osteopathy*. Williams Publishing Co., Kansas City, Mo., 1923
13. Gunji, R.: *Easy introduction of electric acupuncture*. Bunkodo Co., Ltd., Tokyo, 1969
14. Moss, L.: *Acupuncture and you*. Elek Books Ltd., London, 1964
15. Nogier, P.F.M.: *Traité d'auriculothérapie*. Maisonneuve, Moulins-les-Metz, France, 1972
16. Owens, C.: *An endocrine interpretation of Chapman's reflexes*. Academy of Applied Osteopathy, Carmel, Calif., 1937
17. Veith, I., ed. and trans.: *The Yellow Emperor's classic of internal medicine*. University of California Press, Berkeley, 1972
18. Amber, R.B., and Babey-Brooke, A.M.: *The pulse in Occident and Orient: Its philosophy and practice in India, China, Iran, and the West*. Santa Barbara Press, New York, 1966

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