

## **Integrating complementary medicine in the ENT practice with the focus on Chinese medicine**

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### **Integration of complementary and allopathic medicine may be the future direction of medical practice.**

In spite of technological advances in modern medicine there is a fast growing interest in complementary medicine by both patients and physicians. It is recognised by the government and complementary medicine practice will be regulated in future in a similar fashion to allopathic medicine.

This article looks at what mainstream medicine offers the patient, what is understood by the term complementary medicine and a few reasons for using this treatment modality when potent drugs and surgery are available to treat ear, nose and throat (ENT) diseases.

In an ENT practice the most frequently used drugs are antibiotics, steroids, antihistamines, non-steroidal anti-inflammatory drugs, pain killers, nasal decongestants and drugs affecting the vestibular system. These, combined with local toilet of infected cavities, especially the ear canal and middle ear in the case of a perforated ear drum, are the mainstay of good ENT practice. Acetic acid 2% or diluted peroxide 2.5% ear drops for a discharging middle ear are familiar examples of simple but effective treatment.

Technological advances have contributed to improvement in our examination and surgical techniques. Rigid and flexible scopes allow us to reach previously almost inaccessible areas in the nose, nasopharynx and larynx as a consulting room procedure. Imaging modalities contribute to a more accurate and early diagnosis. With magnetic resonance imaging (MRI) small acoustic neuromas of 2 mm can be found and CT scans have made precise diagnosis of sinus anatomy and pathology possible. Because we have a better understanding of nasal anatomy and physiology we can manage chronic sinus pathology with a greater chance of success and less morbidity from surgical scarring, affecting nasal function adversely.

New surgical tools, for example the high-energy laser, help us to perform more accurate surgery in areas that are difficult to access. In selected patients with carcinoma of the larynx resection can be performed via the endoscope where previously a total laryngectomy was indicated.

The procedure of insertion of ventilation tubes for otitis media with effusion has contributed to a sharp decline in patients requiring reconstructive surgery to their middle ears. In our clinical experience tonsillectomy in children with recurrent tonsillitis improves their general health and they require fewer courses of antibiotics.

A valid question then is why use complementary medicine in an ENT practice when these sensitive diagnostic modalities are available combined with potent treatment options?

### **What Complementary Medicine is Not**

To have a better understanding of the concept of complementary medicine it can be looked at from a viewpoint of what it is not:

It does not complement mainstream medicine. Its philosophy is that it complements and supports the body's natural healing processes. Another term previously used was 'alternative medicine' as an alternative to mainstream medicine. As more and more medical practitioners incorporate the principle of complementary medicine in the treatment of their patients combined with their knowledge of mainstream medicine, the term to describe this type of practice is 'integrated medicine'. This is the integration of two different philosophies with regard to disease processes.

It does not mean adding a few herbal remedies in the treatment of your patients without understanding the underlying principles of how to complement the body's natural healing processes. It is a different philosophy to that of mainstream medicine when looking at health and disease. A good example is Chinese medicine. On the one hand patent Chinese herbal formulas are available in pharmacies and certain products can be used with great benefit to patients in a similar fashion to using drugs for Western diagnosis without understanding the underlying principles of Chinese medicine. Examples are formulas for allergic rhinitis, tonsillitis, acute and chronic tonsillitis.

They are safe to use if prepared as described in the traditional Chinese manner.

Acupuncture needles can be inserted into tender muscle points for pain relief, sometimes referred to as dry needling. On the other hand, practising in this fashion only scratches the surface and does not really constitute complementary medicine, because it requires a deep understanding of the principles of Chinese medicine if it is to be used to its full potential. To be able to claim to practise complementary medicine one should have received a certain amount of training, for example in disciplines such as Chinese medicine, homeopathy, Western or African herbal medicine. One needs to gain experience to truly understand complementary medicine. It is not possible to give the reader insight into these principles in one article, but one can possibly provide an appreciation of the possibilities and rewards of practising integrated medicine.

### **Why Use Complementary Medicine?**

To come back to the question, why go to all this trouble of more study and redefining our understanding of medicine if we have modern science at our disposal to treat patients? Three examples encountered in clinical practice are:

- More patients are expecting a complementary approach to treating their symptoms.
- Patients present with troublesome symptoms from which they want relief, but without clear signs and with negative results of special investigations.
- The diagnosis has been established, but treatment options have been exhausted. The patient finds it unacceptable to continue on a failed course of action; the most frequent example in an ENT practice is the continued use of antibiotics for upper respiratory tract infections or discharging grommets.

### **Patient expectations**

The natural remedy market has become big business. In the USA herbs represent the largest growth area in retail pharmacy, exceeding the growth of the conventional drug category. In a cross-sectional survey study to determine the extent of alternative medicine use in the population with head and neck cancer conducted in Toronto, 77 (35.5%) of 200 patients had used alternative medicine for some purpose, and 45 (22.5%) of 200 did so for head and neck cancer. An interesting finding of the study was that patients perceived physicians as being the most knowledgeable sources of information about alternative medicine. This finding was in strong contrast to their belief that most clinicians know little about the safety, efficacy, or current developments of alternative therapies. The researchers contended that this public perception of a strong knowledge base about alternative medicine among physicians is likely to change over the next few years if clinicians fail to educate themselves about these treatments.

In the RSA context we also experience this phenomenon in practice. Not infrequently a patient will empty a bag of medicine on your desk. It will contain an assortment of chemical drugs mixed with homeopathic remedies and herbal medicine. The patient may enquire which of these medications should be used. The medications can be classified into two categories:

- Self-medication bought over the counter and could include for example Echinacea for an upper respiratory tract infection mixed in with a complex homeopathic remedy. The patient may find relief from symptoms by using this medication, yet we as physicians must have the knowledge to be able to advise the patient on efficacy and adverse effects.

- The natural remedies may have been prescribed by a reputable practitioner of a complementary discipline. It is important to know who is practising in your area and whether the practitioner is qualified. One may even consult with a complementary medicine colleague, which will be much appreciated by the patient. If you treat the natural remedies prescribed by this colleague and used by the patient with indifference, you may lose a patient. This author, before using Chinese medicine, would previously refer a patient to a complementary practitioner on the patient's request or for treatment of chronic conditions unresponsive to allopathic medicine. It is very satisfying to be able to offer this service to your patients.

The question then is how do you respond as the physician for example to a mother's plea not to give another course of antibiotics for a 4-year-old child with frequent rhinitis or a chronic discharging nose when allergic rhinitis, reflux, or immune deficiency have been ruled out and the tonsils and adenoids have been removed? A non-allergic diet has also been tried on the patient and all tests for food allergies are negative. This poses a dilemma for the physician and often the mother does not directly ask for a complementary treatment plan, but if offered by the physician, the mother will respond by affirming that this is what she prefers for her child. Cases like these pose a real challenge to the physician, who could adopt one of three responses:

- Ignore the question and limit your practice to allopathic medicine
- consult with a colleague practising a complementary medicine modality you feel comfortable with and work as a team
- become a qualified practitioner of a complementary medicine and use the knowledge in combination with your medical training.

### **A difficult diagnosis and what treatment?**

#### **Case report 1**

Patients can present with a problem which there is no apparent diagnosis and in an ENT practice this may often be the case with chronic throat symptoms. Take for an example a 42-year-old professional male with the complaint of a chronic dry, burning throat and dry cough for 6 months. These symptoms started after a severe episode of acute pharyngitis and bronchitis. He was a non-smoker. He had a history of oesophageal reflux and gastroscopy 7 months previously which confirmed a 2 cm hiatus hernia. The reflux symptoms were controlled with a proton pump inhibitor. There were no nasal symptoms or allergic rhinitis. ENT examination was normal including the larynx and hypopharynx which was normal on indirect laryngoscopy. His tonsils had been removed at the age of 6 years and there were small tonsil rests. Except for the proton pump inhibitor the patient took no other medication. As a surgeon one may have instinctively offered to remove the tonsil rests, because further medical management did not appear to offer any benefit. Antibiotics could have been considered to clear up a possible lurking streptococcus, but there was no clinical evidence that this was the case. Taking a throat swab for culture and sensitivity is seldom of clinical value. A full blood count proved to be normal. The patient's symptoms were of such a nature that he needed relief. If treatment options were limited to allopathic medicine, throat sprays could have been considered ranging from a cortisone spray, local anti-inflammatory spray or antibiotic sprays to a local anaesthetic spray. The above management options are however often unsatisfactory both to the patient and the physician.

At this juncture the patient started looking for an alternative to mainstream medicine. You as the physician could possibly have offered this service.

Chinese medicine will be used as one example of how the problem was approached. Chinese medicine is initially difficult to understand because it developed in a different culture and its literature dates back more than 2000 years. It means taking a course in Chinese medicine - a foundation course and an advanced course for medical doctors are offered in South Africa.

The practice of Chinese medicine is fundamentally very pragmatic. The particular language, theory and diagnostic processes of Chinese medicine create fresh options for understanding the causative factors and give a new perspective on the dynamics of health and disease. In practice it looks at the patient's symptoms and signs including examining the tongue and feeling the pulse. With this information a diagnosis can be made based on this philosophy.

Chinese medicine offered a differential diagnosis of three possibilities that could cause a chronic burning throat. The most likely diagnosis was a lung *yin* deficiency causing lung heat. It was also much easier to arrive at a Chinese medicine diagnosis than making an allopathic medicine diagnosis. The treatment with Chinese herbal medicine was much more specific in this case than was our choice of local throat sprays.

A Chinese herbal formula was prescribed. With the diagnosis in mind the intended action of the treatment was to expel wind heat, relieve sore throat, clear lung heat and nourish lung *yin*.

➤ To expel wind heat and clear the throat: *Herba schizonepetae* 10 g (*Jin Je*), *Fructus arctii* 10 g (*Niu Bang Zi*) and *Folium mori* 5 g (*Sang Ye*).

➤ To clear toxic heat and relieve sore throat: *Radix scrophulariae* 10 g (*Xuan Shen*) and *Radix sophorae tonkiensis* (*Shan Dou Gen*) 10 g.

➤ To clear lung heat and nourish fluid: *Rhizoma anemarrhenae* (*Zhi Mu*) 10 g and *Rhizoma phragmatis* (*Lu Gen*).

➤ Nourish lung *yin* and clear heat: *Radix glehniae* (*Sha Shen*) 10 g.

The patient's symptoms started improving within 2 days and were completely resolved within 7 days. Five months later the patient was still symptom free.

### ***The structure of the Chinese herbal formula***

Chinese herbs can be used individually but more often they are used in combination, known as a Chinese herbal formula. A herbal formula has a very specific structure:

- The principal herb produces the major effect in treating the main symptom.
- The assistant herb supports and increases the effect of the principal herb.
- The adjuvant herb assists the principal and assistant herbs in strengthening their effects, or treats accompanying symptoms. Of importance is that it restrains or eliminates drastic properties of the principal and assistant herbs.
- The dispatcher herb guides other herbs to work in specific organs and meridians. It is a 'mediating herb' that co-ordinates the various ingredients in the formula to make them work together properly.

### *Adverse effects*

It is important to adhere to these principles, as was shown in the structure of the Chinese herbal formula when prescribing Chinese herbal medicine. A review article was published in 1996 of reports in the English language literature of adverse events involving Chinese herbs. It was found that these adverse events were extremely unusual. In the conclusion it suggested a way to avoid an adverse event: 'Chinese herbs should be prescribed in the traditional manner, according to an individualised diagnosis based on the theory and practice of Oriental medicine. The herbs should be used according to their traditional indications and in established combinations'.

Of all the hundreds of commonly used herbs only a few have always been known to be potentially toxic and would only be used under close medical supervision, probably in an in-patient situation.

### **In an established diagnosis where treatment options have been exhausted**

A common problem in an ENT practice is a discharging grommet not responding to treatment.

A 2-year-old girl presented with a chronic discharging ear after grommet insertion 6 months previously for recurrent otitis media but with no other upper respiratory tract symptoms. Unfortunately she had to be in a day-care centre during working hours. Local and systemic antibiotics including intravenous ceftriaxone would resolve the problem for a period of up to a few weeks before the discharge would recur.

The patient had grommets in both ear drums which were patent with a purulent discharge. The rest of the ENT system was normal. Adenoids had been removed at the time of grommet insertion.

Treatment included suctioning of the ears under the operating microscope and instillation of quinolone ear drops. This treatment was given weekly for 3 weeks until the discharge had cleared. Quinolone ear drops were prescribed to be given twice daily after dry mopping of the ears. Added to this treatment was a patent herbal tincture (herbal formulas prepared in quantity for common disease patterns) of which 5 mL was to be taken 3 times a day. The action of the

herbal formula was to nourish and promote *qi* and blood, support the body to expel the pus, to remove and clear damp heat. For the allopathic medicine trained mind this statement may make no sense and it is a different medical language and paradigm that has to be learnt. When understood it is a very logical and exact system of diagnosis and treatment.

The herbs in the formula were:

➤ To nourish spleen *qi* and remove dampness: *Radix astragali* (*Huang Qi*) 15g, *Radix ginseng* (*Ren Shen*) 4 g, *Rh. astractylodis macrocephalae* (*Bai Zhu*) 6 g and *Radix glycyrrhizae* (*Can Cao*) 4 g.

➤ To nourish blood: *Radix angelicae sinensis* (*Dang Gui*) 10 g, *Radix paeoniae alba* (*Bai Shao*) 6 g and *Rhizoma chuanxiong* (*Chuan Xiong*) 6 g.

➤ To remove phlegm and expel phlegm from the ear: *Poria* (*Fuling*) 10 g, *Pericarpium citri reticulatae* (*Chen Pi*) 6 g and *Radix angelicae dahuricae* (*Bai Zhi*) 10 g.

➤ To remove liver *qi* and clear damp heat: *Radix bupleuri* (*Chai Hu*) 6 g, *Rhizoma cyperi* (*Xiang Fu*) 6 g and *Radix scutellariae* (*Huan Qin*) 10 g.

➤ To promote the production of *qi* and blood: *Cortex cinnamoni* (*Rou Gui*) 3 g.

The discharging ear cleared up within 3 weeks and was dry 4 months later. The little girl was lost to follow-up because the family emigrated. This herbal formula in combination with suctioning under the operating microscope and antibiotic drops has made the problem of children with chronic discharging ear much easier to manage.

The Chinese herbal names are added for accuracy to avoid a wrong herb being given because of the chance of a mistaken translation.

Again note the complexity of the diagnosis and the number of herbs in the formula. Compare this with the few medical treatment options mentioned in the introductory paragraph. The discharging ear is not only seen as a local bacterial infection and inflammatory response but the dynamics of the whole biological system is taken into account and treated.

## Research

Traditional products have stood the test of time and today massive research supports their historical value. Take for example one of the herbs in the above formula, *Radix glycyrrhizae*. It has been found to have expectorant and anti-inflammatory properties. The herb's anti-inflammatory action resembles that of butazone or hydrocortisone.

*Mentha haplocalyx*, a similar herb that was used in the first patient, relieves headaches, sore throats and fevers according to modern research. It has inhibitory effects against *Staphylococcus aureus*, *Staphylococcus albus*, *Neisseria enteritidis*, *Escherichia coli* and *Candida albicans*. These are but two examples and hundreds more could be quoted of research confirming and describing the pharmacological action of Chinese herbs.

The action of drugs can also be described in Chinese medicine terminology. Take for example prednisolone taken orally for asthma and I quote from a modern textbook of Chinese medicine: 'Corticosteroids are warm, acrid and dispersing, and powerfully disperse lung *qi* and *yin* by activating kidney *yang*, in a similar fashion to *fu zi* (*Radix aconiti carmichaeli preperata*).'

Concerning acupuncture analgesia, according to a review, 'although the evidence for the morphological structure of acupoints and meridians is controversial, much data support the involvement of the central nervous system in mediating acupuncture analgesia'.

It is recognised that herbal formulas can have interactions with drugs. For example, a formula for acute or chronic sinusitis that has according to its biomedical action anti-inflammatory, antibacterial properties and opens the nose (*Xanthium sibiricum*, *Magnolia liliflora*, *Angelica dahurica* and *Mentha haplocalcycis*) may interact with any drugs that have a drying effect, such as prothiaden and beta-antagonists.

### **Conclusion**

Once one is used to the benefits of integrating a complementary medical modality with the potency of allopathic medicine in one's practice, it would be difficult to imagine any other way to treat your patients.

It is very important to remember that the first step in managing any patient is to make a medical diagnosis. With the knowledge of the limitations of allopathic medicine and complementary treatment one can decide on which would be more appropriate. Often the two options can be combined; for instance in a patient with sinusitis one could combine an antibiotic with a Chinese herbal formula. For the facial pain, relief could sometimes be offered by acupuncture before the patient leaves the rooms.

Using complementary medicine does take more effort in that one has to take a more thorough history and the treatment planning is more complicated. To decide on performing sinus surgery is much easier than treating sinusitis with herbal medicine and acupuncture. The latter does not pay as well compared with performing surgery but when you start to see results, it is very satisfying and you have very happy patients. The patient must also be motivated because it often means more visits to the physician and the course of treatment may be more protracted but early results can be expected within days. Some medical aid schemes do not pay for complementary medicine which then restricts the physician if the patient cannot afford the treatment.

It must be understood that one cannot compare complementary medicine and allopathic medicine in terms of one being better than the other. Certain medical conditions are better suited for one or the other. Acute conditions often warrant a conventional approach. Those conditions with negative clinical findings are often well suited for complementary treatment alone but it must be stressed that the scope of complementary medicine is wider and includes conditions with positive clinical findings. An example is herpes zoster which research has shown to respond well

to acupuncture.

The future of medical practice seems to be the integration of allopathic medicine and the understanding which complementary medicine gives in the dynamics of the human biological system as a whole. It will need a real effort in thought and practice from us as physicians if we choose to take this step, but most likely our patients will be the driving force behind this evolution in medical practice.

### **In a Nutshell**

Interest in complementary medicine is growing fast and more physicians are becoming interested in this branch of medicine.

Complementary medicine is not only used to complement or replace allopathic medicine, but it should rather be added to it, forming the practice of 'integrated medicine'.

Complementary medicine complements and supports the body's natural healing process.

The principles of Chinese medicine should be understood very clearly before attempting to practise it. Courses are available.

Physicians who integrate complementary medicine into their practices are able to offer the patient a different or combined modality.

Complementary therapy can be useful in cases where symptoms persist with negative laboratory findings, or when the condition is refractory to conventional treatment.

Complementary medicine requires expenditure of more time with the patient in history-taking and treatment planning.

Chinese herbal formulas can be used to treat the underlying condition and acupuncture to relieve pain or acute symptoms.

The Chinese herbal formula usually includes a principal herb, an assistant herb, an adjuvant herb and a dispatcher herb.

Research is ongoing into the effects of herbs.

Some herbs can interact with conventional drugs being prescribed concomitantly.

Integration of allopathic and complementary modalities may be the direction in which the medical profession will evolve in the future.