

Chinese medicine crosses cultures, gains in popularity

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Picture yourself at a clinic, flipping through magazines. The doctor asks you to go into her office for a chat. She takes your medical history and asks you about your disease. Then she asks you for your wrist.

She places three fingers under the bone of your thumb and to the outside of your wrist tendon. She changes the pressure, purses her lips.

"Your kidney is a little bit too yin," she says.

This factor will go into her final diagnosis. The "yin" is opposite of "yang," and the "kidney" refers not to the organ but to the kidney system in Chinese medicine, which controls fluids and endocrine functions.

Nothing you can solve with two Advil and a glass of water.

This is Chinese medicine, a practice that includes cures ranging from acupuncture to the ingestion of herbal brews. The goal is usually not just to treat a specific symptom but to treat the imbalance in the body that causes the symptom.

You may go to see a Chinese-medicine practitioner for a headache that won't go away, a feeling of heaviness or a chest cold. You may even be there for a more serious reason: Chinese medicine has become a well-known alternative treatment for infertility and chemotherapy side effects.

But regardless of why you are there, you are part of a wider trend. Chinese medicine is becoming more and more popular as a legitimate alternative to conventional or "Western" medicine.

"[Chinese medicine] is slowly becoming universal, and both patients and providers come from every ethnicity possible," said Henry McCann, a certified practitioner in Madison.

Although acupuncture has become popular in major hospitals as a method of pain management, herbals are rarer. That's partly because New Jersey requires a license for the practice of acupuncture but not for herbs. Because of that, large insurance companies are much more likely to pay for acupuncture than long-term herbal treatment. McCann estimates that of the 500-plus Chinese-medicine practitioners in New Jersey, fewer than 100 have a certificate for herbal medicine.

Even if they have both skill sets, physicians may find themselves feeding greater demands for acupuncture. Dr. Dadong Wu of Tenafly, for example, works mainly with needles and suggests that patients think about herbal treatment if he notices symptoms that are better treated with medicine. (He was trained at the Beijing Medical College in the 1970s.) Once part of the same treatment, acupuncture and herbal medicine in the U.S. are separated by legal status.

Yet the tide is turning. Thomas Leung, an Englewood Cliffs resident who owns Kamwo Herbal Pharmacy, a Chinese-medicine pharmacy in Chinatown, says the demand for herbals is increasing by the year.

In "1994 when I first started, 10 percent of our business was non-Chinese," said Leung. "Now it's the other way around."

Thanks to the Internet and fast mail delivery services, Leung's staff can receive specific prescriptions of 10 to 12 herbs from physicians, brew the dried plants, package just the liquid in individual dose-size vacuum packs and send the medicine directly to the patient. Orders come in from all over the country, including clinics in North Jersey.

McCann, a past president of the New Jersey Acupuncture Association, led a charge in New Jersey for an official recognition of herbal medicine by the state. Under that recognition, Chinese-medicine doctors would be required to get a license before prescribing herbals -- a law that would protect consumers and possibly open the door to insurance coverage. This law has yet to pass.

In the meantime, patients should look for the national gold standard of Chinese medicine: certification in "Chinese Herbology" or "Oriental Medicine" from the National Certification Commission for Acupuncture and Oriental Medicine.

"It's a buyer-beware situation," cautioned McCann. "The potential for hurting people with herbs is greater than that of hurting people with acupuncture." He cited herb-drug interactions as a major concern and warned that practitioners who do not ask for a full medical and drug history at the first meeting should be regarded as suspect. Practitioners should also be able to account for the origin of their herbs.

"[Chinese-medicine practitioners] wrote down everything from different regions through the millennia about what worked and didn't work," said Leung. "It's a very strong system."

There's nothing mystical about reading the symptoms and prescribing medicine according to this system, said Leung, but "people think that it's something done 'by feel,' something like a feng shui master or a martial-arts master."

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