Asian Medicine
Bridging the Validation Gap...?

Mark J. Langweiler, DC, DAAPM
Welsh Institute of Chiropractic
University of South Wales
Treforest
...To Integration.
The Problems

Is it possible to integrate traditional Asian medical practices with modern Western medical systems without loss of authenticity?
Are traditional ‘best practices’ possible?
Given the wide array of traditional Asian medical systems, is it possible (or desirable) to develop a regulatory framework?
Are traditional medicine ‘professionals’ a real option?
Globalization
Is validation a real option?
Can cultures merge?
Rise of Professionals

A 'professional' group has the legitimate authority (usually delegated from government) to set its own standards for entrance, to admit new members, to establish a code of conduct, to discipline members and it claims to have a body of knowledge (achieved through education) which legitimizes its autonomy and distinctiveness.

The regulation of the production of producers and the regulation of the production by producer.
How are professions created?

- Practitioners who through their professional association seek to identify, carve-out and protect an area of exclusive competence so to maximize financial and status rewards.

- Users of professional services who, through their demands and expectations, determine the way the professions practice and organize themselves.

- States who either grant autonomy and self-regulation to professionals and their associations (Anglo-American context) or actively license them and regulate them as a ‘quasi’ civil service (Continental European context).

- Universities which produce the knowledge-base of the professions and provide the credentials (an approved degree) that support professional closure regimes.
Striving for Professionalism
The Glenarthur Criteria

1. Profession is mature
2. A single governing body
3. Based on a systematic body of knowledge
4. Recognised courses of training
5. Demonstrate efficacy
6. Legislative proposals based on independent criteria which safeguard the public*

*Added later by Lord Skelmersdale
The Glenarthur Criteria and Chiropractic: The UK Example
Chiropractic- Brief History

Developed in US Midwest by Daniel David Palmer 1895.
Medicine in Chaos--response to treatment often being worse than care!
Early theories based on magnetic healing and vitalism
Entered UK 1908.
Educational standards minimal
Until opening of Anglo-European Chiropractic College, 1965
Limited research and funding
Chiropractic Act, 1994
As professions mature

Epistemological autonomy
Code of practice
Professional qualifications
Control over own affairs
Self-regulating
Single Governing Body

Regulatory Body- General Chiropractic Council

Professional Bodies
British Chiropractic Association (BCA)
United Chiropractic Association (UCA)
Scottish Chiropractic Society (SCA)
Systemic Body of Knowledge

Issues in dispute.
BCA (largest organization) is building on the biomedical model
UCA relies on original philosophy of D.D. Palmer-vitalism, innate nature of healing
SCA is a catch all organization for a geographic area.
Recognized Courses of Training

Within the United Kingdom there are three schools for the training of doctors of chiropractic. Anglo-European Chiropractic College (independent) Welsh Institute of Chiropractic (division of the University of South Wales) McTimoney College of Chiropractic (independent)
## Current Chiropractic Education Curriculum

<table>
<thead>
<tr>
<th>Year</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clinical Anatomy, Physiology, Behaviour Science, Chiropractic Technique, Biomechanics, Normal Radiology, Embryology</td>
</tr>
<tr>
<td>2</td>
<td>Neuroanatomy, Neurophysiology, Pathology, Histology, Chiropractic Technique, Clinical Imaging, Clinical Nutrition, Mental Health</td>
</tr>
<tr>
<td>3</td>
<td>General Diagnosis, Clinical Imaging II, Chiropractic Technique, Neuro-orthopedics, Functional Management</td>
</tr>
<tr>
<td>4</td>
<td>Evidenced Based Diagnosis and Clinical Subspecialties, Research, Clinical Practice</td>
</tr>
</tbody>
</table>
Demonstrate Efficacy

Research

Meta-Analysis ← Systematic Review → Evidence Table

Evidence Summary

Practice Guideline ← Recommendation

Review Criteria ← Clinical Audit

Protocol

Standard
Legislative Regulatory Environments
Legislative Regulations

1. Illegal practice
2. Common law
3. Regulation without protection of title
4. Regulation with protection of title
5. Regulation with protection of title and function
Legislative

USA- Only registered health professional have any business ministering to the public (5)
Canada-Provincial and Federal responsible with differing requirements from province to province
Australia-Bridged the gap between food and medicine with the ‘therapeutic goods legislation.
UK Legislation
Chiropractic Act, 1994

What does this mean?
Recognition?
Incorporation into NHS?
Prestige?
Altered public perception?
Increasing medicalization?
Loss of a tradition or advancement of a profession?
Barriers to inclusion?

- Mistrust of lack of evidence
- Levels of training
- Lack of knowledge about conditions treated
- Not paid for by NHS or health insurance
- Differing philosophical foundations
- Cultural differences
- No clear outcomes
- Economic considerations uncertain
- Organisational constraints
- Colleagues resistance
- Misguided policies
What to do

Open dialogue with all parties involved
Develop educational standards
Speak with one voice
Research that emphasizes efficacy and outcomes
Build trust and public confidence
Thank you
References


Lam TP, Sun KS. Dilemma of integration with Western medicine-Views of Traditional Chinese Medicine practitioners in a predominant Western medical setting. Complementary Therapies in Medicine, 2013;21:300-305.


Mills S. CAM Regulation, Complementary Therapies in Medicine, 2002;10:2.


Noble D. Commentary: Could there be a Synthesis between Western and Oriental Medicine, and with Sasang Constitutional Medicine in Particular?. eCAM, 2009;6(S1) 5-10.


References


Schepers RMJ, Hermans HEGM. The medical profession and alternative medicine in the Netherlands: its history and recent development. Social Science and Medicine, 1999; 49:343-351.


