

# Is There a Role for Chinese Medicine on Community Health?

Arthur de SáFerreira\*

Laboratory of Computational Simulation and Modeling in Rehabilitation, Postgraduate Program in Rehabilitation Science, Centro Universitário Augusto Motta/UNISUAM, Rio de Janeiro, RJ, Brazil

Community health is gaining renewed interest in current medical practice and education but is not exactly a novelty subject. For instance, the earliest PubMed record on this subject is dated by 1923 on the announcement of a new scientific journal with an appealing name—Hygeia—aimed “to interpret medical science to the public” [1]. The second earliest PubMed record on this subject published five years later [2] called for a new organization of the national health care administration system to accommodate the need for the practice of preventive medicine. Currently, community health is a field of Public Health that focuses on the study and improvement of the health characteristics of biological communities mainly defined by their geographical area.

When trying to answer the question that guided this editorial for the *Journal of Community Medicine & Health Education*, my immediate response was a shy and certainly biased ‘Yes!’. I think the reader must be aware of at least three arguments that directed me towards this positing. First of all, Chinese medicine is among the oldest medical practices still standing, likewise the community health practice of ancient Greek medicine based on the worshiping of Hygeia and Panacea. Indeed, the earliest record preserved today on this philosophic-systematic health care system dates as early as the 3<sup>rd</sup> century B.C., namely the *Neijing* [3]. This book is considered as a classic literature for everyone interested in Chinese medicine because it discusses several health-related issues, which are easily recognized as practices that we currently known in public health education: the recognition of risk and protective factors for morbidities, strategies for health promotion and disease prevention, the clinical horizon of morbidities, the need of an early diagnosis and immediate therapeutic intervention, and health outcomes such as cure, temporary or permanent disabilities and death. Second of all, since the publication of the Alma-Ata [4] Chinese medicine faced a still increasing acceptance by both health practitioners from a variety of specialties (e.g. physicians, nurses, physiotherapists, nutritionists, psychologists) and the general population [5]. Finally, much technical effort and financial budget has been spent to understand and scientifically explain to the society the sometimes obtuse knowledge found in pre-modern and modern Chinese medicine textbooks—many of them achieving results that may benefit the population at the community level [6].

My definitive answer, after in-deep consideration of two information as further presented, is a loud yet probably still biased ‘Yes!’. Chinese medicine has its historical roots on philosophies such as Taoism and Buddhism that aimed self-awareness and well-being, fundamental principles related to quality-of-life and preventive medicine. Moreover, Chinese medicine practices for diagnosis and treatment are extremely low tech and low cost, which are among the essential requirements for medical practices intended for large-scale applications. Finally, many of the techniques developed throughout Chinese medicine history—acupuncture and moxibustion, diet and herbal therapy, massage therapy, mind-breathing exercises—can be administered at both individual and collective levels. As a matter of fact, some of those are indeed self-administered.

Although I believe there is a role for Chinese medicine on the practice of community medicine and health education, there are still major challenges to implement this as a worldwide current practice. Some of those challenges are specific for:

## General Population

The layman must not confuse the religious and mythic aspects of ancient Chinese medicine with the empirical data yet to be scientifically investigated. If it is quite difficult to scholars to differentiate those aspects from relevant information for research and clinical usage, it is even more difficult to the layman. Therefore, only practitioners with formal training and licensing according to local and international educational standards should provide health care on Chinese medicine.

## Health Care Providers

The practitioner must be well-versed in both ancient and contemporary medical knowledge, and sometimes it can be quite confusing. It is certainly not the case to simply abandon one or the other, since it has been considered that the integrative medicine may improve the overall quality of health care services [7]. Continued education is probably a better manner to solve this puzzling situation and is almost mandatory since the collection of evidences in favor or against Chinese medicine practices is still increasing.

## Researchers

There is an urgent need for establishing a full correspondence system between Chinese and evidence-based medicines regarding medical terms and procedures. It is no longer acceptable to use traditional terms and scientific ones interchangeably. For instance, in the future it should be no longer necessary to use specific Chinese terms to differentiate blood from *xue* in the context of scientific or Chinese medicines, respectively.

## Governants and Health Care Organizations

The above-cited challenges are strongly dependent of specific legislation that needs to be developed, implemented, and frequently monitored and adjusted by governments and respective ruling agencies. Much has been done globally by the World Health Organization and locally by national agencies to address these challenges, but it is apparent that much more is still necessary—in special as related to the increased proportion of elderlies throughout the globe.

## References

1. (1923) Hygeia: A Journal of Individual and Community Health. *Cal State J Med* 21: 34.

\*Corresponding author: Arthur de Sá Ferreira, Ph.D., Postgraduate Program in Rehabilitation Science, Centro Universitário Augusto Motta/UNISUAM Praça das Nações 34, Bonsucesso Rio de Janeiro, CEP: 21041-010, Brazil, Tel: +55 (21) 3882-9797 (extn 1015); E-mail: [arthur\\_sf@ig.com.br](mailto:arthur_sf@ig.com.br)

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2. Hiscock IV (1928) The Basis of Community Health Promotion. Yale J Biol Med 1: 74-79.
3. T'AO L (1953) Achievements of Chinese medicine in the Ch'in (221-207 B.C.) and Han (206 B.C.-219 A.D.) dynasties. Chin Med J 71: 380-396.
4. World Health Organization (1978) Primary Health Care Report of the International Conference on Primary Health Care.
5. Robinson MM, Zhang XR (2011) Traditional Medicines: Global Situation Issues and Challenges.
6. World Health Organization (2003) Acupuncture: review and analysis of reports on controlled clinical trials.
7. Ferreira AS, Lopes AJ (2011) Chinese medicine pattern differentiation and its implications for clinical practice. Chin J Integr Med 17: 818-823.

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