

Preventive Treatment for Diseases: A Practice Model. A Challenge for Hospital Management in the Field of Integrative Medicine

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ABSTRACT

The concept of preventive treatment for diseases in the Chinese context originated in an ancient Chinese medical text called The Yellow Emperor's Inner Canon or The Inner Canon of Huangdi. This concept is that of taking treatment measures in order to prevent recurrence of diseases and consequent deterioration in health and well-being. There are three aspects of preventive treatment: 1) preventive measures before the onset of the illness; 2) measures taken against deterioration during the illness; and 3) measures taken against relapse after recovery.¹

The authors introduced a Traditional Chinese Medicine (TCM) model of preventive treatment for diseases into the clinical health care practice at Guangdong Women's and Children's Hospital (GDWCH). TCM principles and methodologies were applied along with modern medical practices of diagnosis and treatment. The study found that the new model of integrative medicine applied at GDWCH presented a wide range of possibilities for both social benefits and good medical prognosis.

Key words: Integrative medicine, preventive medicine, hospital management experience

INTRODUCTION

Although modern medicine has brought about significant breakthroughs in many areas the aetiology of many diseases still remains in doubt. On one hand, due to the changes in working conditions and lifestyles the percentage of the population with substandard health and a varying disease spectrum has been on the rise. On the other hand, the demand for medical services has been growing, with the consequence that

health care centres have been facing unprecedented levels of pressure in coping with demand. In recent years Traditional Chinese Medicine (TCM)-oriented preventive methods have caught the attention of medical professionals in China. The conceptual focus of TCM is on maintaining health and preventing disease, just as it is modern western preventive medicine. Currently many TCM Hospitals and Integrative Medicine Hospitals in China apply TCM preventive approaches in clinical practice integrated with modern medicine to achieve successful outcomes and benefits.²⁻⁵ However, in non-TCM hospitals successful outcomes of implementing TCM have not been realised due to limited understanding of TCM theory as well as a shortage of TCM practitioners. In response to this TCM preventive principles and methods were introduced into clinical practice at GDWCH with a view to using them for health maintenance via integrative practices and to sharing the potential benefits of such practices with medical practitioners.

TCM CONCEPT: ACCEPTANCE AND PARTICIPATION

GDWCH has been a government-assigned TCM hospital for preventive treatment for diseases since 2008. It has an established specialty clinic for TCM for disease prevention and had organized a specialized group under the charge of a Director who was responsible for coordination. The heads of each department were responsible for implementing practice of TCM. TCM physicians were placed in charge of teaching the basic theories of TCM at both hospital and department levels. In order to allow doctors and nurses of Western medicine to master certain theories and carry out TCM techniques individualized training and on-site demonstrations were

used, in line with the different characteristics of diseases and subjects. After this training was completed there was further training in the philosophy of Chinese medicine so as to enhance the western practitioners' knowledge and treatment patterns. Consequently, Western medical doctors and nurses began to appreciate the need for precautionary treatments and the application of active rehabilitation concepts. In terms of GDWCH's management practice, the three aspects that allowed the project to proceed systematically were: 1) strong execution, 2) quick convergence and 3) firm implementation.

IDENTIFICATION OF TCM CONSTITUTION AND TREATMENT

Identification of the constitution of TCM is the prerequisite for implementing treatment. In order to reduce the time needed to gather information about TCM constitution, hospital technicians placed a TCM constitution identification questionnaire in each of the doctor's workstations. Nurses with certification in TCM trained hospital staff to observe TCM treatment protocols. Some of this training included simple manipulations such as acupoint sticking for normal health maintenance, acupoint selection for specific diseases and syndromes, and general nursing practice. TCM physicians provided guidance and monitored the training regularly to guarantee service quality, resulting in successful implementation of TCM at GDWCH.

EFFECTIVE COOPERATION AND OPTIMIZED PROCESS

Effective TCM treatments depend on good cooperation between clinical doctors and nurses. Doctors are required to thoroughly understand each treatment process for different diseases and syndromes and their prescriptions should guide nurses' practice in clinical implementation. During the early phase of the project department matrons appointed certain nurses to ensure that both the overall program and individual service provision were carried out with sensitivity and respect.

PATIENT-FOCUS PRINCIPLE | EXTENSION TO MAINTAIN HEALTH

Past medical approaches have emphasised diagnosis and treatment of diseases. However current medical practice enjoins that simply curing diseases does not meet the full needs of the patient. Patients need to know methods of disease prevention and self-care. They also want to learn ways to manage their own health.⁶ Additionally, it has been found that while some patients may receive medical results that lie within the normal range, they may still have symptoms of a "pre-illness" state.

This implies that the medical model should shift from disease-focus to patient-focus. TCM's preventive principles and methods are geared towards meeting patients' needs for individualized health management as well as relieving symptoms.⁷ At GDWCH medical staff sought to improve their communication with patients. Patients got to know more about their constitution patterns and ways to maintain health. For instance, the application of acupoint sticking therapy indirectly led to the decreased use of drugs and antibiotics as a result of which incidences of drug resistance reduced. At the same time patients learnt about self-care from treatment practices (this was observed particularly among children and women.)

A NOVEL MODEL OF INTEGRATIVE MEDICINE

The aim of integrative medicine is to combine the advantages of different medical models. GDWCH used Western medicine's refined diagnostic and treatment technology to underpin therapeutic efficacy and TCM methods for health maintenance, revitalization of the patient's constitution, and enhancement of health awareness. According to GDWCH, TCM can help bridge the gap between clinical treatment and health services. A variety of TCM methods have preventive effects, such as acupoint sticking, herbal fumigation, TCM heat pack therapy, acupuncture, moxibustion, ear acupuncture, acupoints pressing, Tuina Therapy and TCM enemas, which may serve as useful complements to modern medicine.⁷ Clinical outcomes imply that TCM treatments can i) improve tolerance by patients of western medical treatment, ii) help in reducing side effects and complications from western medicine treatment and iii) improve quality of life, recovery and health maintenance, especially in women and

children, which are profoundly important goals of medicine. This new model of combination of treatments and preventive approaches is a novel and effective approach.

FEATURES AND PROSPECTS

The practice and outcomes of TCM preventive treatments at GDWCH have shown promising results, especially in maternal and child health maintenance, and in addressing reproductive diseases. Within two years of practice the department had been able to create its own signature TCM treatments, including post-delivery health monitoring and individual puerperium dietary guidance for rapid rehabilitation, which enhanced maternal and child health and quality of life. The gynaecology department performed pelvic and sacral rehabilitation, acupuncture, TCM diet and TCM heat pack treatment, which was found to promote uterine involution, post-operative pain relief, post-operative digestive recovery and surgical site recovery, reduced side effects of medication, and shortened hospital stays. The paediatric department devised and applied a table for assessing their patients' health status which provided dietary guidelines. The principle of 'prevention is better than cure' was adopted for sick and frail children. For children's health care, acupoint sticking and pressing were used. Acupuncture therapy was used for patients suffering loss of appetite and malnutrition. These treatments were found to reduce the recurrence of respiratory tract and gastrointestinal infections, thereby indirectly reducing the use of injections and antibiotics. The reproductive health division carried out constitutional assessment of infertile couples and used TCM decoctions and TCM granules to improve physical fitness before pregnancy. For IVF patients acupuncture treatment was applied to promote ovulation and relieve tension and discomfort. All these practices suggest promising prospects for the new integrative model.

CONCLUSION

Recent medical practice at GDWCH has suggested that implementation of TCM preventive treatments are feasible and consistent with the hospital's principle of combining health and clinical functions. However, the success of integrative practice depended on the active involvement, learning and participation of the hospital staff, especially the western

doctors and nurses, who had the openness to accept a different medical system and change their perspective accordingly. In conclusion, it appears that TCM preventive treatment for diseases may be beneficial for maintaining the health, with far reaching consequences and opportunities for future research.

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