



Opening Knowledge on Traditional Chinese Medicine: A Closed Mind is Like a Closed Book, Just a Block of Wood

TCM/ Tai Ji Quan/ Mental Illness/ Pharmaceutical Industry

Exchange in research and development in the field of medicine and healing techniques, as well as mental health issues will benefit both Eastern and Western worlds. At this moment such exchange is extremely feeble. This is partly the result of closed Western minds towards TCM, but equally a lack of information on mental health techniques from China. The best of both worlds should be pursued, yet the danger of medical and mental healthcare being overrun by industrial production dominance should not be underestimated.

This description here is not all encompassing, as the treatments of these subjects justify an entire book and there are many good books on the subject (see below).

Marketing medicine and information exchange

Before dealing with TCM and mental health issues, let's take a step back and look how information depends on market accessibility. What I try to bring across here is that unfamiliarity as a result of exclusion from the commercial market also implies that knowledge is not transferred or exchanged. Recently during a meeting a person expressed that we should not, under all circumstances lower the testing for accessibility of medicine to the market and of course who would disagree! But the question is, are we as critical towards Western pharma products as we are towards TCM? And is our understanding of the world market justified in its basic accessibility?

Ever since China entered the world trade organization it had to overcome enormous barriers to maintain a harmonious internal market and simultaneously abide by the international rules of what is called "free trade accession". Free trade basically is a good thing, but as we have seen before 'free' trade is not devoid of interpretation of the concept, nor is it devoid of some lobby groups who would like to be a bit more free than other lobby groups. Sometimes interpretation of WTO regulations border on the edge of religious convictions concerning free economic markets as a 'healthy' form of competition. It cannot be considered healthy anymore when a WTO rule results in groups of people turning hungry because export limitations should be uplifted.

Some groups lack understanding consequences with concern to export limitations on bulk products from China, such as grain and rice. Understanding that a country needs to be able to feed its own population now should be considered a sane reason for export limitations. After all, after the second world war, feeding the population in various nations in Europe has been the one directive of pretty much all European and national subsidy regulations.

In honesty, many nations tend to interpret the rules of a free market system towards their own benefit and be rather blind to the consequences of these rules for the very poor. To pretend that our world regulations or all about 'saving' the world is, to say the least, a bit devoid of realism.

Pharmaceutics and mental illness

The topic of testing and acknowledging pharmaceuticals becomes even more slippery when it comes to mental health medicines. Though the scandal of *Thalidomide* (known as Softenon) for pregnant women seems to be in the past, GSK became under attack for a drug called *Zeraxat*, prescribed for youngsters causing self-harm and suicides. Since its re-evaluation in 2004, the amount of clinical studies have risen, now exclaiming exaggeration, then stressing the harmful effects. The same accounts for clinical studies on *Ritalin*, prescribed for ADHD, yet by now, it has become totally unclear which studies to trust.



In the medical profession, in Western Europe, currently a heated discussion is continuing on the role of the pharmaceutical industry, which is considered one of the most powerful lobbies in the European Community. Research on the marketing practices of Western pharma companies has been done on how family doctors and psychiatrists have been approached by the industry in adopting certain medicines in return for bribes and gifts. In China, some Western pharmaceutical industries were suspected of trying to bribe doctors, for instance in the case of Glaxo Smith Kline. The latest handbook of mental diseases from the American Diagnostic and Statistical Manual of Mental Disorders (DSM),

it is said, has been 'infected' with mental diseases for which the pharmaceutical industry has developed remedies, while these illnesses did not exist before the remedies were on its selling list. Growing criticism focusses on some mental health drugs, claiming they are as dangerous as other types of illegal drugs, the use of Ritalin far exceeds the necessity of its purpose.

The running joke in the West now is that the handbook contains advice on pharmaceutical remedies against being 'normal', as being normal in today's world obviously needs a cure. To be sane one, so it seems, must be insane. Yet as we saw before lobby groups can be pretty powerful as the following example will show.

In 2004 the European Commission launched a new directive with concern to Chinese Traditional Medicine which was supposedly to be effectuated on 1 May 2011. The 7 years interval was considered as a transitional period for registration of TCM products. The directive stated that companies should prove the safety and reliability of their products through long-standing registered safe usage (30 years, of which 15 years should be in the EU). By May 2011 no products were registered as the costs for registration were comparably high, sometimes as high as the complete yearly turn-over of an entire company, and the rules of registration were so complicated they could hardly be understood without constant and costly mediation.

Insider information revealed these regulations were the results of pressure from multinational pharmaceutical companies, as they are constantly aiming for higher shares in the market. As the value of Chinese exports of these products to the EU market consisted of around 2 billion dollars the loss for China was tremendous.

Protest against the directive arose from petitioners all over Europe; over 25000 in the Netherlands alone were submitted to the European board, with no avail. In Great Britain the directive was banned, among others, due to a stakeholder's poll which stated that 76 % considered the directive unfair. According to a press release from the Chinese Academy of Sciences in April 2012 up to now, only one Chinese Traditional Medicine was authorized for sale in a European market for the first time in 2014.

Reluctantly, yet pressingly, Traditional Chinese Medicine is finding their way back into the European market. Programs for joint research are needed to support this development and luckily Leiden University works with Chinese students on system biology to create the groundwork for further development. One project between China and the

Netherlands concerns cooperation in this field, especially of Chinese herbal remedies in the field of cardiology with Leiden University and is now accomplished.

Certification, however, is both costly and administratively not very time effective. Joint scientific research and development could produce a much quicker and simultaneously convincing outcome. In general, the certification approach could benefit Dutch and Chinese joint ventures this way, unraveling the directives of the pharmaceutical lobby behind as an artificial WTO barrier, which needs to be crossed as soon as possible.

Mental health and Eastern TCM, Unleashing the Qi of Healthcare

Such examples in European Union directives, of course, are striking examples for all those who are serious in fighting illnesses. The differences between East and West on views concerning images of the body (medicine and health studies) are obvious, but they could lead to a much broader, much wider scale of understanding about illness and health, provided research and development go forth as a joined operation. The health of the world is at stake and such should take prevalence over the privileges, profits and limited views of some powerful lobby groups.

Where mental healthcare is concerned the field is highly complex. Just as much as Freudian therapies do not apply to non-Western cultures, one might say, TCM remedies could not apply in Western cultures were mental health is concerned.

From my background in ethno-psychology I know every culture has its own mental make-up and as a result mental health therapies from one culture cannot be simply transferred to another culture. This is all the more the case with Freudian therapy. Freud's psychological theories formulated a solution for centuries of Calvinist oppression of the idea of pleasures. It was a typical result of European physical habitual culture and therefore not to be confused as a uniform, universal application of categories of mental health.

Concrete examples of differences in physical culture can be traced back, for instance, in the proximity behavior of Western Europeans and Americans (Hall, 1963). There boundaries in personal space are among the largest in the world, meaning they feel their personal space is violated very quickly, as unwanted intimacy. Similar, many Dutch people feel much more relaxed in Chinese society, as they explain:

If I am in a crowded warehouse in China, I never feel unpleasant, if I am in a crowd in China, I never feel unpleasant. Here in Holland, I have the feeling that, even in less crowded circumstances, I am bound to step on somebody's toes, and almost that people are aggressive in even the slightest territorial invasion of the personal space.

It is not difficult to realize that Chinese body culture is entirely different from Western body culture. The openness with concern to some topics, for instance, ideas on teenager experiments during puberty, has scared Chinese healthcare away from looking at the positive aspects of Western psycho-therapy.

With concern to the entire body and mind dichotomy, Chinese approaches have very effective methods for approaching old age health problems and also problems which are caused by imbalances of Qi-energy. Yet in the field of addiction remedies, much progress has been reported, not just applying medicine, but also applying Qi Gong exercises in battling addiction (2002: Li, Chen & Mo) . We have not yet begun to research the possibilities on manipulating Qi-energy in dealing with mental illnesses. Though a number of studies have appeared in the West, notably Giovanni Maciocia and "The Psyche in Chinese Medicine (2009)" who for instance originally studied at Nanjing University, furthermore Rossi (2007) and Hammer (1990).

Yet such work is frequently presented at academies of Chinese medicines which have set-up shop in the West, but still, there is hardly any contact between those private Chinese academies and Dutch universities. They seem to present different worlds. Similar, practitioners of both Qi Gong (medical Qi Gong) and Tai Ji Quan have benefited from the mental health improvements resulting their practice, yet no systematic research is shared on these disciplines between East and West.

Conclusion

Programs on joined research and development could create possibilities on finding the best of both world, but for that, there needs to be more than just an intention. There needs to be an openness for exploring each other's possibilities and there needs to be resilience in adapting old fashioned approaches, and then, who knows how much we can do without expensive pharmaceutical remedies, so we can really enter the road on which healthcare becomes available to all peoples of the world.



Literature: Meng Li, Kevin Chen, Zhixuan Mo: 2002: Use of Qigong Therapy in the Detoxification of Heroin Addicts. *Alternative Therapies*, jan/feb 2002, VOL. 8, NO. 1
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