

Mumbo-Jumbo

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One of my patients was an academic scientist, and near the end of his career he was stricken with debilitating joint pain. Eventually the diagnosis of rheumatoid arthritis was made. Surprisingly, he had actually made his career researching rheumatoid arthritis. He had spent years of his life researching the very disease he later developed. When one of my students heard this, he immediately formed some meaning around it, as if this patient's career had somehow caused his condition. I admit it made me raise my eyebrows. There seems to be a human tendency to make something of such facts. They have coincidence and this suggests a relationship, as if one thing had anything to do with the other. At the very least, they strike one as interesting.

In general, there are no observable causes for many of our common experiences. I entered a grocery store the other day and thought of a friend whom I rarely see. Shortly thereafter, I bumped into him and his wife. After discussing the fact that he had just popped into my head, we agreed that it did not really mean anything. He concluded, "Of all the thoughts we have, statistically some of them have to form coincidences." His wife disagreed and offered some new-age mumbo-jumbo that the coincidence must have been due to "thought waves." We rolled our eyes at her.

After leaving their company, I reflected on the difference in their points of view. Her view postulates something speculative (thought waves) to make the case that, in coincidence, there is a cause. It is mumbo-jumbo because her need, most likely derived from her world-view, took precedence over the absence of evidence to support her claim. On the other hand, her husband used "coincidence" in a modern sense—as an artifact of two independent processes that happen to overlap. This is one of the effects of statistics: In examining complex events, causes are often found wanting. Coincidence does not equal causation. My friend, by the way, is a physicist.

Despite the current prevalence of new-age thought, we live in a scientific society. Everyone has had some education in the sciences, with most of us getting this education at least through high school. Non-scientific things sound like mumbo-jumbo, which is precisely why I have very few patients who are scientists, despite practicing close to Los Alamos National Laboratory. However, I believe that my medical practice is often undermined without genuine evidence of its lack of efficacy. My patient with rheumatoid arthritis, who was also a scientist, took a very long time to schedule his first appointment. Most likely, this was due to his skepticism. By the time I had any say about his treatment, his condition was debilitating and he considered himself crippled.

The basic facts of his case are simple. I, or one of my students, gave him acupuncture weekly for nine months. During that time he also drank custom-compounded Chinese herbal formulas daily, in a form known as “powdered extracts.” These formulas and his acupuncture point prescription were modified weekly according to the evaluation of various changes that were observed or reported. Approximately sixty-percent of his response to treatment occurred within the first month. By the end of six months he was nearly asymptomatic. Eventually we stopped making progress, so we discontinued treatment. Rheumatoid arthritis is considered an autoimmune disorder. He took Methotrexate before and during the first stages of treatment but discontinued it and started Leflunomide—an immunosuppressant—at month four of treatment. He continued taking this prescription after the Chinese medicine treatment concluded.

It has been a year since I have seen him. I called him up a few days ago to see how he is making out. He is doing very well! The arthritis has not progressed and his discomfort has not returned. He was, though, thinking of stopping the Leflunomide, which was giving him chronic diarrhea, incontinence, and peripheral neuropathy. He told me that he would call to schedule an appointment with me if his rheumatoid arthritis symptoms returned. Out of curiosity, I asked him whether he believed that his successful experience with Chinese medicine could be explained as a placebo effect. He did not believe so.

The other day, a retired physicist commented to me that he takes “a dim view of things unscientific.” I said, “Science isn’t the only field that produces good models or good solutions.” Traditional Chinese medicine has solutions, or partial solutions, for rheumatoid arthritis and many other illnesses. The problem is this: Much in the way that physicists have been unable to reconcile particle and wave theories of light, the intellectual structures of modern science and Chinese medicine are not immediately and obviously integrate-able. It does not help the matter that scientists and doctors cast a wide net of doubt and so insulate themselves from fields that do not sound scientific. Their stance overlooks the fact that most of life is not amenable to analysis with the scientific method. Important theoretical and practical fields like psychology, sociology, and economics are not wholly scientific, nor could they be. Health, wellbeing, illness and disease are not the sole province of medical science, nor should they be. As objects of knowledge, human beings are simply too complex for that.

In general, most of our thoughts are mumbo-jumbo. As Ioannidis (2005) has argued, there are many more possible, false hypotheses in the world than true ones. He logically showed, in his seminal paper “Why most published research findings are false,” that we cannot necessarily trust the results of the research we have conducted. This provides intellectual force to understand the recent “crisis of irreproducibility” which has begun to plague the medical sciences. I would add that, of the many hypotheses we do form, we only have the resources to try to test a fraction of them. However, there is another way to frame the problem: We require means other than science to identify valid medical treatments.

Fortunately, we have other means and have always had other means. Traditional medicine, especially when it is captured in a written tradition, was developed over long periods of time. In studying such a tradition, one can see that successful models and treatments were developed and maintained, while less successful ones were relegated to antiquity. If this sounds like science, I believe it is because all serious, practical endeavors proceed in this manner. Good work is essentially an evolutionary process over a long time frame. In this regard, the contemporary corpus of Chinese medicine, even as it continues to evolve, is extremely well tested.

Traditional medicine does not generally surprise us the way Leflunomide did (and other drugs can and have), with side-effects that are intolerable or dangerous. It does surprise us when it works and especially when it works consistently, as Chinese medicine so often does. As a scientific society, we just do not expect it. Our skepticism is part of our culture.

I recently took a brief course in philosophy of science. Most of my classmates were retirees but had been medical doctors or scientists from distinguished institutions. Everyone there eventually learned that I was an acupuncturist and they reacted in various ways. In their presence, I felt somewhat abashed to say that I am a *Doctor of Oriental Medicine* or DOM. That title I earned through four years of graduate school, a thousand hours of supervised practice, the passing of state and national boards, and an additional apprenticeship. There has also been the continued study, practice and teaching that have kept me busy for ten years. What I would have liked to have said is that traditional Chinese medicine, like other developed disciplines, has method. It is an independent, coherent and effective medical system. However, while looking around the table, I suspected they would not believe this. They really thought my experience was either due to the placebo effect or was, in fact, a long series of coincidences. The theory, the diagnoses, the method, *the medicine* was—to them—nothing more than mumbo-jumbo.

Addendum: After some additional time had lapsed, I emailed my patient, curious to know his progress. After six months off the Leflunomide, his side effects have abated and he is no worse in terms of discomfort. He describes his joint pain as occasional and mild. He is not currently in need of treatment.

For Further Reading

Ioannidis, J. P. (2005). Why most published research findings are false. *PLoS Med*, 2(8), e124.

Lushington, G. H., & Chaguturu, R. (2015). Biomedical research: a house of cards? *Future medicinal chemistry*. 8(1). As found at: https://www.researchgate.net/publication/287805426_Biomedical_research_A_house_of_cards

Kaptschuk, T. J. (1983). *The web that has no weaver*. London: Rider Books.