When the Confucius Institute began a series of lectures on Chinese medicine, it chose as its first expert speaker someone who had missed all his opportunities to go to China. IU Assistant Professor of Clinical Medicine Palmer MacKie directs Wishard Hospital’s Integrative Pain Program, which brings promising therapies of medicine from around the world to the treatment of long-term pain—acupuncture from China, related therapies practiced in Asia and Africa, and relaxation techniques from India, as well as Western drug therapies, cognitive behavioral therapies, and hypnosis. The global approach to the treatment of pain has made the program a much-sought resource in Indianapolis. At one point last spring, it had to cap its waiting list at 300 to assure that it would be able to accommodate the needs of the Marion County populations it serves.

MacKie completed an advanced degree in applied molecular biology before pursuing his M.D.; his intention was to practice clinical medicine. Long before this medical training came a family tradition that encouraged the exploration of the unconventional. “All through my life, members of my family had belief systems that challenged the mainstream,” MacKie said. “I got my first acupuncture needles when I was seven. My aunt and uncle brought them back for me after a visit to Chinatown in New York.” When he undertook the study of Asian medicine at UCLA, MacKie had flashbacks to his childhood in southeast Idaho. “My cousin Charlie

“The thing we do the most is actually the aspect of medicine we get trained the least in—how to talk to someone, how to understand what is going on with them.” —Palmer MacKie
had developed a philosophy. He would just spew this out, and I thought he was being a funny teenager, but almost every aspect of it was Asian medicine. He called it fundamental jammage, swee buildup. If you got frustrated if things didn’t go well, if you had a stomachache, he would talk about the bad flow. These Idahoisms had direct parallels to the flow of qi and the obstruction of qi flow causing symptoms.”

During his medical training, MacKie encountered good and bad models of patient care in Western medicine. “I saw some horrible examples of how you can break someone pretty easily by not communicating. The doctor is trained to come in, analyze things, and then issue. That issuing a lot of times is punitive. On the other hand, I watched a primary care physician whose compassion, words, and presence began to effect healing. It was very apparent that with him just sitting in the room was part of you getting better.” This too resonated with MacKie’s early experiences. “My father was a psychologist. He impressed upon me the power of words, of ideas, of presence. In medical terms, it represents the therapeutic encounter—how to talk to someone, how to understand what is going on with them. This thing that doctors do the most was actually the aspect of medicine we get trained the least in. I got more and more interested in those subtler forms of exchanges between people.”

The analytical methods of Western medicine are powerful and beneficial, but they don’t always provide the best answers. MacKie explains, “If you give an MRI to people over 50, none of whom has back pain, you will find, research has demonstrated, that 20 percent will have a herniated disc. Two to four percent will have spinal stenosis, 40 percent will have disc disease, and 40 to 50 percent will have arthritis. When someone comes in complaining of back pain, the doctor might well do an MRI and discover one of these conditions. That could lead to an operation that may or may not address the cause of the disease. Or the doctor might tell individuals that they have degenerative disc disease, which is inoperable, and it will likely get worse over the next 20 years. That is a self-fulfilling prophecy for pain.

“If you tell people they have a chronic condition that won’t get better, they do worse. What I tell them is that they have gray hair of the spine. They have normal aging changes. That information is internalized in a very different way. Pain is unavoidable. Suffering is what we can really modify. I address the individual’s ability to accept the pain and not really be bothered other than its causing pain. Ultimately, pain is a threat. It’s a threat against your well-being, against your sleep, against your relationships. The more you can turn down the stress associated with it, the better your oxygen flow, the more relaxed the muscle, the less discomfort you have. In my view, treatment is a much

The Integrative Pain Program at Wishard Hospital uses therapies developed all over the world.
more complicated milieu than going to a pain doctor and getting a shot, which doesn’t really address the problem.”

When doctors search globally to expand their toolbox of treatment methods, the relationship between doctor and patient changes, said MacKie. “You use modes of treatment that have to do with what the individual believes and can accept. To understand the context of the patient’s pain, our program gives us time. I’m given an hour with people. These days, that is unheard of. Just sitting there, people let their guard down. I learn things. They believe we’re invested, and they become more willing participants. When you have a relationship like this, you can craft something that is palatable and doable. For the noblest of reasons, Western doctors and technicians took the responsibility off the patient. Individuals were subjected to treatment rather than being participants in their care. In studying and applying therapies from around the world, we have learned the value of putting the control as much as possible back in the hands of the individual.”

It is tempting to consider the effects of non-Western medicine to be psychosomatic. Indeed, the acupuncturist is guided by systems and schemas—qi, the identification of biopsychosocial types—that may seem in the West more aspects of philosophy than of science. A major research initiative has undertaken the testing of non-Western therapeutics by the standards of Western science. Much remains to be done, but experiments have shown that the therapies have a measurable impact at the molecular level; they can be seen to affect the behavior of DNA and RNA. The Benson-Henry Institute for Mind Body Medicine, associated with Massachusetts General Hospital and Harvard University, has been engaged in this research for 40 years.

“Interest in acupuncture and other non-Western medicines comes in waves,” MacKie said. “At the turn of the twentieth century, Chinese immigrants were building railroads and William Osler, one of the fathers of American medicine, advocated acupuncture as a treatment for back pain. The journalist James Reston had to have an appendectomy while visiting China in 1971. His article for the New York Times on the success of acupuncture in treating his postoperative pain led to new interest in the field.”

The branch of medicine represented by the pain program’s work is usually designated “complementary and alternative medicine,” but MacKie prefers the term “integrative.” Acupuncture, ayurvedic medicine, and other therapeutics from around the world are not other forms of medicine that can be used instead of Western medicine. Rather, they provide additional tools that can be used alongside the ones we already know and use. “Look at it like a buffet. Each dish is not going to appeal to everyone. You don’t use chemotherapy for someone who has a psychosomatic illness. And we kill people through unintentional overdose in our attempts to mitigate against their suffering. That thing that is so powerful is also so dangerous. If the process can be approached more safely, then we need to do that.”

As universities struggle to integrate global competency at every educational level, the progress of enhancing Western medicine with principles and practices from around the world is instructive. It begins with receptivity to unfamiliar ideas and recognition of differences among individuals, and ends with the testing and informed integration of those ideas with ones we already know. The result is a plan that embraces variety, one in which the international and global are embedded in a seamless whole with the national and familiar.
French doctor Paul Nogier wrote, “We found that when treating Algerians that many of them have a scar in a certain place on their ear. When we asked them why, the response was, “Everybody knows the way to treat back pain is to burn there.””

Nogier developed acupuncture of the ear in the 1950s. Members of the Chinese army carried the work back to their doctors, who produced highly detailed maps. Research in Germany and at UCLA has demonstrated positive results. The U.S. National Institutes of Health reports that research has confirmed “the efficacy of ear acupuncture for analgesia and anxiety-related disease.”

Classical Five Element Theory (Correspondences) has been used in traditional Chinese medicine since around 200 B.C. and is used in clinical practice today in China and all the regions of the world acupuncture has reached. A related offshoot of that, Five Element Acupuncture, originated in England and relies heavily on these correspondences. Doctors use a biopsychosocial analysis based on the theory to determine the best course of acupuncture for the patient.

Pulse taking is as important to Chinese medicine as it is in the West, but the pulse reveals more than just the heart rate. Traditional Chinese medicine divides the body torso into three chambers. The pulse reflects to the practitioner the energetic state of the organ systems in one of three chambers. The energy, primarily qi and blood, informs and directs the qualities of the pulse.