

## Developing a Chinese Medicine programme in a western medical university

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**Abstract:** Chinese medicine is one of the most famous traditional medicines in the world with a glorious and long written history of at least 2000 years. Recently, acupuncture and the use of other herbal medicine are being gradually accepted globally. In 2011, the International Medical University (IMU) started the Chinese Medicine programme which is the first of its kind in a western medicine university in Malaysia. The author introduced the background of Chinese medicine and the curriculum of the Chinese Medicine programme established in IMU, analyzed the situation regarding the quality of lectures given by internal and external lecturers in this programme and also discussed on ways to integrate western and traditional medicine in IMU or in Malaysia. The launching of Chinese medicine in IMU is a great step in the development of IMU and also an important step in the development of medical education in Malaysia or even in South-east Asia.

IeJSME 2012: 6 (Suppl 1): S155-S158

*Key words: Chinese medicine, integrated western and traditional medicine, medical education*

### Introduction

In 2011, the International Medical University (IMU) launched the Chinese Medicine programme which is the first of its kind in a western medicine university in Malaysia. This decision is a reflection of the courage, openness and understanding of IMU's top leadership towards the acceptance of Chinese medicine as a component of the health care system in Malaysia.

### Background

Chinese medicine is one of the most famous traditional medicines in the world. The other well known traditional medicines include the Indian Ayurveda and the Arabic Unani. The World Health Organization's definition of Traditional Medicine covers all of Chinese medicine from its theory to therapy.

Chinese medicine has a glorious and long written history of at least over 2000 years<sup>1,2</sup>. It has been mainly accepted by the Chinese or oriental people in China and many other countries. In the 19<sup>th</sup> century and early part of the 20<sup>th</sup> century, the rapid development of western medicine saw a decline in the use of traditional medicine around the world except in China. Those in mainland China welcomed traditional medicine while western medicine at that time was not popular, thus allowing Chinese medicine to be well preserved in China. Since 1949, the Chinese government has been pursuing the policy of promoting the development of traditional Chinese medicine and integrating western and traditional medicine<sup>3</sup>. This policy has been beneficial for the development of Chinese medicine in China as well as in other parts of the world.

In the last 40 years, Chinese medicine and some other traditional medicines have become more acceptable as an increasing number of people try alternative treatment to complement main stream medicine. The successful acupuncture anesthesia<sup>4</sup> and the historical visit to China by a past American President, Richard Nixon in 1972 played an important role in promoting Chinese medicine globally. In July 1971, a journalist of The New York Times, James Reston suffered appendicitis while he was in Beijing, China with State secretary Henry A. Kissinger for the preparation of the United States of America's president's visit. After his appendectomy at the Peking Union Medical College Hospital, James Reston's post-operative pain was relieved by acupuncture which he subsequently reported in The New York Times. His influential report about his appendectomy in Peking was the first news on acupuncture to hit the English-speaking mass media in the US<sup>5</sup>. Some doctors and scientists along with President Nixon visited China to learn about acupuncture and acupuncture anesthesia, which to them was a miraculous traditional Chinese medical technique, even though acupuncture had been introduced to America several years earlier by the Chinese and other oriental immigrants. From then on, acupuncture and the

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use of other herbal medicine became accepted gradually in the US, Europe and all over the world.

In 2011, Tu Youyou, who is a professor in the China Academy of Chinese Medical Sciences, Beijing, was honoured with the Lasker-DeBakey Clinical Medical Research Award for her discovery of artemisinin from a Chinese herb named as Qinghao. Tu and her team pioneered a new approach to malaria treatment that has saved millions of lives across the globe, especially in the developing world<sup>6</sup>. Applying modern techniques to a heritage provided by thousands years of Chinese traditional practitioners, she has successfully translated ancient knowledge into modern day application in keeping with Mao Zedong's urgings to "explore and further improve" the "great treasure house" of traditional Chinese medicine. Now, in western countries people prefer to recognize Chinese and other traditional medicines as Complementary and Alternative medicine (CAM) and more and more patients are accepting CAM treatment<sup>7</sup>. The acceptance of CAM by these patients are based on information regarding the effectiveness of CAM and obviously not because of blind acceptance. Thus IMU's decision to launch the Chinese medicine programme is in line with the global trend to use CAM as a complement to western medicine.

### Curriculum of Chinese Medicine

The modern Chinese medicine training programme started in mainland China while the main methods of training Chinese medicine practitioners before that were through mentor-mentee relationships. In 1956, the first four Colleges of Traditional Chinese Medicine (TCM) were established in Beijing, Shanghai, Chengdu and Guangzhou, China and following this, the modern Chinese medicine training system gradually developed. Currently, there are over 30 universities or colleges of TCM in China and this training system has also been introduced to other countries such as Japan, Singapore, Thailand, Malaysia, USA, Australia, England etc.

IMU has signed the respective Memorandum of Understanding with four partner schools in China, these being those in Beijing, Shanghai, Shandong and Guangzhou Universities of Traditional Chinese Medicine and RMIT in Australia. The curriculum of Chinese medicine in IMU is almost similar to those in the partner schools. The Bachelor of Chinese Medicine course taught to the students include not only Chinese medicine topics (60%) but also those of western medicine (40 %). Studying Chinese medicine is tough as the course comprises of a wide range of different modules such as Anatomy, Human Biology, Cell Biology, Human Physiology, General Pathology, Medical Microbiology and Genetics, Medical Biochemistry, Clinical Skills Development: Diagnosis and Radiology, Differential Diagnosis in Western Medicine, First Aid and Emergency Conditions, Psychology for Healthcare Professionals; Chinese Medicine Theory, Diagnosis in Chinese Medicine, Acupuncture, Chinese Materia Medica, Chinese Medicine Herbal Formulae, Chinese Internal Medicine, Chinese Medicine: Traumatology, Chinese Medicine: Gynaecology, Chinese Medicine: Paediatrics, Chinese Medicine: ENT and Ophthalmology, Chinese Medicine: Dermatology, Dietary and Exercise Therapy. The types of training provided in this course will ensure that the current and future demands especially for integrated western and traditional medicine are met, as is experienced in China and some other places. This comprehensive training provided at IMU will facilitate the graduation of qualified, Malaysian Qualifications Agency (MQA) and Ministry of Higher Education (MOHE) accredited Chinese medicine students.

### Lecturers in Chinese Medicine Programme at IMU

Chinese medicine in IMU is a new programme which is just over one year and its modules cover traditional to modern medicine. IMU is a western medical university with 20 years of experience, thus teaching western medical courses is easy. However, we are faced with the

challenge in teaching the Chinese medicine modules as most of the lecturers for Chinese medicine modules are young and are involved in teaching several different modules, thus leaving them with very little time to reflect on their teaching methods. As all the staff were trained in China, teaching in English at IMU also poses some difficulty for these Chinese lecturers.

As IMU plans to recruit more staff for Chinese medicine programme, the current faculty can focus on training these new staffs in both teaching or research activities. Towards this end, IMU has planned and encouraged faculty members to engage in advanced studies in partner schools, either on a short term or longer term to obtain postgraduate degrees.

At the same time, experienced lecturers from partner schools or even local or regional Chinese medicine colleagues can be invited to work here for a short period of time or on a part time basis. Currently, some of the modules are being delivered by external lecturers. If IMU continues to train and nurture new academic staff over the next few years, it will lead to the establishment of a team of qualified teachers in Chinese medicine programme who will help to build the Chinese medicine programme in IMU towards excellence in Malaysia and hopefully, in the Southeast Asia region.

### **Integrated Western and Traditional Medicine**

One of the initiatives in IMU's 5-year Strategic Plan (ASPIRE) is to "build an evidence-based centre of excellence in complementary alternative medicine (CECAM), provide regional leadership and exemplary practice in health education in the fields of complementary and alternative medicine". Thus the purpose of launching the Chinese medicine programme in IMU is not merely for training Chinese medicine practitioners but to aspire for IMU to become a hub for complementary and alternative medicine.

IMU is well-known for its training in western medicine with experience of over 20 years; in future it can also build its reputation in integrated western and

traditional medicine. Currently, the Bill of Traditional and Complementary Medicine has not yet been passed in Malaysia. Thus currently it is difficult to push for integrated western and traditional medicine in Malaysia. In addition, the local Chinese medicine practitioners are not interested in this integration as they are worried that the introduction of western medicine staff to traditional medicine may lead to competition with them. However, we still need to start this hard work of integrating traditional medicine with western medicine at the IMU.

Although the new Chinese medicine programme launched by IMU in 2011 is for undergraduate students, we may in the near future plan training programmes to train western doctors, dentists or pharmacists who are interested in Chinese medicine, in acupuncture or other techniques of Chinese medicine. Thus in the next 3 or 5 years more western medical practitioners may be engaged in Chinese medicine, thus allowing the gradual integration of western and traditional medicine to really move forward. The same experience happened in mainland China in the 1950's, after a lot of western doctors learned Chinese medicine. The above mentioned acupuncture anesthesia and discovery of artemisinin from the Chinese herb Qinghao are outcomes from the integration of traditional and western medicine.

In 2010, I found that most of the attendees of a conference held by Society of Acupuncture Research of America in North Carolina, were from USA, Europe and the majority of them had backgrounds of modern medicine or science. This shows that more and more people are accepting CAM, as evidence-based research findings about acupuncture and herbal medicine are undertaken by these professional persons. Any attempt to deny local western practitioners from learning about acupuncture or herbal medicine is totally wrong.

Obviously, clinical practice is the main field for integrated western and traditional medicine. Under the present rules in Malaysia, western and traditional medicine practices are separated in the hospital or clinic setting and there is almost no chance for the

western and traditional practitioners to cooperate in treating patients. Although we cannot change this practice immediately, we may start to prepare for this kind of integration in the various clinics in IMU viz. Specialist, Chinese medicine, dental and chiropractic clinics. IMU must enthusiastically join in efforts to boost the approval of the new bill for Traditional and Complementary Medicine or other such regulations involving traditional medicine or integrated western and traditional medicine.

Research in Chinese medicine in Malaysia is relatively poor as most local Chinese medicine practitioners have no time to apply for research grants and have no technical support to do it. IMU can assist in this area. Of course, we are faced with challenges as most of the CM staff have never applied for research projects and do not know how to design and write the protocol; the best so far is that they have collaborated with other staff from other programmes in IMU or other institutes. If Chinese medicine faculty staff can successfully obtain research grants for research projects in the coming years, IMU will be able to build up its reputation in this field and strive to become recognized as a leader in Chinese medicine or integrated western and traditional medicine in Malaysia.

In conclusion, the launching of Chinese medicine is a great step in the development of IMU and also an important step in the medical education in Malaysia or even in South-east Asia. If we embark on the correct strategy, IMU will reach its ASPIRE target, that is to be a leading private Asian health educator that creates value through integrating education, healthcare and research, of course including Chinese medicine.

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