


# Editorial

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 Interesting discussion on *Facebook* about the ‘negativity’ of acupuncturists towards biomedical drugs. Given that iatrogenic deaths have been rated as the fifth leading cause of death globally (<https://tinyurl.com/2jmttupe>) and prescription drugs are estimated to be third highest cause of death in the West (<https://tinyurl.com/yb6v5ysx>) it is no surprise that feelings run high on the subject. Cue battle lines drawn on multiple fronts and talking acu-heads throwing out salvos in all directions. One drug therapy survivor pledges to ‘drink Huang Lian neat forever and even snort it rather than taking prednisone again’ while another accuses acupuncturists as being ‘on the front lines of slobbering over Pfizer’. Amid the Babel-esque chorus some arguments have traction. ‘If the patient doesn’t get better you got the diagnosis wrong’ has obvious merit, but taken to its logical extreme means that practitioners hold themselves ultimately responsible for patients not getting better - a damaging mindset, especially for less experienced practitioners, and an example of the ‘naivety and magical thinking’ of Chinese medicine practitioners for some. Another interesting argument contrasts the relatively harmonious response of the human body to plant medicines (due to familiarity from side-by-side evolution across millennia) with the harsher physiological coercion of synthetically isolated drugs. Another contributor compares the Chinese medicine view of the human body, that is consciously resonant with nature and knows how to get better given the right help, versus the dysfunctional mechanistic body of modern industrial medicine that is incapable of righting itself without chemical props.

Of course, social media has a peculiar effect of polarising opinion. It is hard to put much nuance into a 280-character tweet or an on-the-hoof post between patients. The truth suffers in such exchanges. It can be helpful

to allow more than one truth to coexist. For example, one can accept that vaccinations save lives whilst at the same time acknowledging the significant damage they cause to some recipients. One can hold antibiotics as an outstanding life-saving intervention that also at times throws

an almighty spanner in the works of proper recovery. One can appreciate the forensic clarity and detail of biomedical thinking while being wary of its yawning blind spots. And one can bemoan the blinkered thinking of some biomedical physicians whilst acknowledging their good intentions and compassion.

It is a truism in Chinese medicine that *yinyang* covers everything and there is nothing that lies beyond the changes (of the *I Ching*). In clinic we may be able to accurately describe each and every pathology in terms of *qi*, *jing*, *shen*, *xue*, *zangfu* and *yinyang*, but unfortunately such naming does not mean that we can always successfully intervene to change a patient’s situation. Human beings are complex. When someone gets sick, it is typically due to a tangled network of conditions and causes. Hopefully as their physician we can utilise our needles or herbs to be the fulcrum that brings change. But perhaps not - they may need something, or someone, else. We can but hope that our strongly held biases will not get in the way of them finding what they need to get better. 