

# Letter to the Editor

---

**TO THE EDITOR:** I recently read an article in the March 2004 issue of *The Mount Sinai Journal of Medicine* entitled “If I Were Dean: A Challenge to New Medical Students,” by Jeremy Hugh Baron (1). As a student who will begin as a first year medical student at Mount Sinai this August, I thought the article would be especially relevant to me. And it did contain many valuable lessons; however, I found myself respectfully at odds with the section entitled “The Medical Model and the Public.”

First, I question Dr. Baron’s premise. He divides the field of medicine into two camps. The first is derived from classical Greek texts and called “medical science,” or just “medicine.” The second, derived from a series of other, unnamed places, is given the title “alternative medicine.” The first is based on “genuine science,” while the second is “alternative, pre-scientific, non-scientific and pseudo-scientific.” The first is valid, the second, by implication, is not. He even goes so far as to assert that “Greek physicians faced the same problem [of the public seeking out unconventional practitioners] 2500 years ago, and in Saxony in 1900 there were 2,029 legally qualified physicians and 1,578 known illegal practitioners,” implicitly likening today’s practitioners of complementary and alternative medicine (CAM) to illegal practitioners of 1900 Saxony.

While Dr. Baron bemoans the scientific ignorance he finds prevalent among average Americans, I believe that a potentially equally distressing problem could be ignorance, or worse, contempt, among physicians when it comes to CAM. Dr. Baron cites a 1997 survey that reported that 42% of Americans have used some form of alternative medicine, a number that appears to be on the rise. Physicians today practice medicine in a world that demands that CAM be taken seriously. The “problem” of herbal drugs, nutritional supplements and alternative therapies is not going to go away, and in the meantime, physicians need to take responsibility for the health of the population at large. In fact some herbal supplements, far from being useless, are so biologically active that

they can lead to harmful outcomes. When the public’s safety is at risk, herbal supplements cannot be ignored or made light of.

But the fundamental problem with Dr. Baron’s premise is that by setting up two opposing camps of medical models, he ignores the fact that both camps can be used effectively *together* (hence the “C” in “CAM”). By indiscriminately lumping all types of non-Western medicine together into the vague category of “alternative,” he makes the gross generalization that “alternative” medicine can never, by very definition, be integrated into the larger category of “medicine.” I believe that M. Angell and J.P. Kassirer said it best when they remarked: “There cannot be two kinds of medicine—conventional and alternative. There is only medicine that has been adequately tested and medicine that has not, medicine that works and medicine that may or may not work. Once a treatment has been tested rigorously, it no longer matters whether it was considered alternative at the outset” (2).

Dr. Baron is right that not all types of “alternative” medicine necessarily fit into his definition of “science.” However, if we were to use criteria from one culture or paradigm to judge the validity of another, then Greek-derived biomedicine could just as easily be dismissed based on the fundamental precepts of Chinese medicine. A much more useful guiding model of inquiry, as noted above, would be to separate those methods that are effective from those that have no beneficial effect on the patient, based on outcome, keeping in mind the incredible power of the placebo effect.

Second, I question the tone and attitude used in this section of the address. Dr. Baron describes a woman seeking alternative medicine, who “had a ‘rebirthing ceremony’ with her husband, in which they shouted and smeared mud and fruit pulp on each other.” While the practice may sound strange to us, I do not think that people should be made to seem ridiculous for performing rituals that we do not understand. If physicians are to be effective, it is important that they main-

tain respect and cultural sensitivity towards all people regardless of their beliefs.

And lastly, even if we do accept Dr. Baron's definition of science as "the conception and construction of refutable hypotheses, their testing by repeatable experiments, followed by publication of the results," some modes of "alternative" medicine can *indeed* be categorized as "scientific." A cursory search on PubMed reveals that herbal medicine is in fact a very hot topic among medical researchers, with exciting work being done right here at Mount Sinai (3). Many traditional herbs have been proven to be effective against pain, illness and disease (4, 5), and this research can be seen as a continuation of the kind of work that has produced digitalis and the vinca alkaloids in the past. For the first time, scientists are beginning to subject the ancient and increasingly widespread practices of yoga, acupuncture, and herbal medicine to the same rigorous standards that they apply to biomedicine (6, 7). While these practices may seem to be outside of the field of medicine, they are becoming more and more mainstream and are gradually gaining acceptance among physicians and scientists grounded in traditional biomedicine.

It is my belief that "medicine," like "science," is also an activity that is "uncertain and is subject to constant revision" (8). I urge my fellow students who have come to Mount Sinai in search of a rigorous education in classical, Greek-based medicine to keep an open mind, and I challenge them, in the spirit of scientific inquiry, to criti-

cally examine evidence from *all* sources before drawing conclusions. The future of the field of medicine lies in our hands, and, properly equipped with knowledge of both biomedicine and complementary medicine, we have the power to redefine it.

Alice Jahn

Mount Sinai School of Medicine

Class of 2008

aej28@columbia.edu

#### References

1. Baron, JH. If I were dean: a challenge to new medical students. *Mt Sinai J Med* 2004; 71(2):135.
2. Angell M, Kassirer J.P. Alternative medicine—the risks of untested and unregulated remedies. *N Engl J Med* 1998; 339:839–841.
3. Zhang DY, Wu J, Ye F, et al. Inhibition of cancer cell proliferation and prostaglandin E2 synthesis by *Scutellaria baicalensis*. *Cancer Res* 2003; 63(14):4037–4043.
4. Ho LJ, Lai JH. Chinese herbs as immunomodulators and potential disease-modifying antirheumatic drugs in autoimmune disorders. *Curr Drug Metab* 2004; 5(2):181–192.
5. Ramgolam V, Ang SG, Lai YH, et al. Traditional Chinese medicines as immunosuppressive agents. *Ann Acad Med Singapore* 2000; 29(1):11–16.
6. Humaidan P, Stener-Victorin E. Pain relief during oocyte retrieval with a new short duration electro-acupuncture technique—an alternative to conventional analgesic methods. *Hum Reprod* 2004; 19(6):1367–1372.
7. Visweswaraiah NK, Telles S. Randomized trial of yoga as a complementary therapy for pulmonary tuberculosis. *Respirology* 2004; 9(1):96–101.
8. Barton A. Epidemiology on trial. *Lancet* 2002; 360:1612. As cited in: Baron JH. *Mt Sinai J Med* 2004; 71(2):135.