Eastern medicine varies vastly from medicine in the Western hemisphere. Equipped with fire, alcohol, and bamboo cups, I experimented with cupping therapy and even had the opportunity to practice on my classmates. I enjoyed sampling Goji berries and trying out acupuncture on myself. My knowledge of these alternative remedies greatly enhanced my medical education.

In the future, I could incorporate what I learn from traditional Chinese medicine to my practice as a physician. For example, I embrace the values behind holism, which emphasizes the individual patient, the patient-physician relationship, and preventing disease through healthy lifestyles. Furthermore, I especially was drawn to the ideals of spiritual and mental healing. A health body goes hand-in-hand with a healthy mind. Learning these elements has added a new dimension to my future capacity as a physician.

The pharmacist in the tiny herbal clinic regaled us with stories of how these tea leaves helped an elderly woman overcome a cold-like illness, or how those tree barks and dried fruit seeds render a potent combination to battle a headache. Coming from an American medical background, I was initially dubious. Can these alternative pathways really cure a viral or bacterial infection? Have these remedies been truly tried and tested? By the end of the program, however, my views significantly changed. I witnessed elderly patients receiving these herbal remedies and acupuncture. Even though we just stood there and watched and listened to her, an elderly woman who was receiving acupuncture told us xièxiè, thank you. Our presence alone was enough to give her comfort, knowing that we wanted to learn so that we may help others like her be healed. Their stories of how they feel much better after undergoing these medical methods gave me a new lens to my vision of health and restoration.

I have learned that we should respect many different ways of healing because healing is truly a complex endeavor. What resonated most with me during my time abroad was our shared goal. In both Eastern and Western medicine, we all just want to help and serve people. We are united by a common vision of sharing the gift of medicine with people who are in need. We need to respond to the needs of people with compassion, empathy, and honor.

What I also remember most about my time abroad were the friendships strengthened, not only with my fellow Brown University classmates but also with new friends thousands of miles away. I remember their smiles, their encouraging faces as they taught me a few Mandarin words, the way we all bear similar goals of impacting people and the world, the way we all just want to heal and be healed.

I returned to America with heightened awareness and an even more gripping passion to keep pursuing medicine. I want to reclaim the original goals of medicine, so we may not just participate in physical healing, but also emotional, spiritual, and mental. And if it takes seemingly out-of-the-box or out-of-the-ordinary methods, let us open our minds. Let us prioritize the needs and interests of the person who has trusted us with his or her care. Treatments and pills and surgical procedures, in both hemispheres of the world, may fail. So at the end of the day, when all the gadgets and gizmos are stripped away, let us remember the true goal of medicine: to be there for our fellow human beings. Let us grow in grace. Let us grow in wisdom.

Let us be noble in our pursuit of healing.

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**As Far as the East is from the West: Exchange Experiences in Traditional Chinese Medicine**

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Sitting in JFK International Airport, I picked up a conversation with the girl next to me and came to discussing our travel plans.

“I am going to study in an exchange program at Zhejiang University School of Medicine and learn about TCM – Traditional Chinese Medicine – like acupuncture, cupping, herbology, etc,” I explained.

“Oh! Is that the Chinese voodoo stuff?” she asked.

The gap between Western and Eastern medicine is as expansive as the Pacific itself. Western medicine connotes deduction, precision, and pharmaceuticals, whereas Eastern Medicine involves induction, balance, and a sense of spirituality. The two are not two sides of the same coin; they are different forms of currency.

My parents used TCM very often when I was growing up. They waited hours in line for a famous acupuncturist in Chinatown to insert the needles into their skin that would cure them from pollen allergies. When I, at the uncomfortable age of 13, developed uncontrollable acne and mood swings, I was taken to an herbalist, who brewed me brown-colored, odd-tasting soups to drink with my meals. Nonetheless, TCM was talked about as something you either “believe in” or you don’t, as if it were a religion or myth.

I had the unique experience of learning Traditional Chinese Medicine before I took any biology classes such as physiology or anatomy at Brown. As the enthusiastic physicians at ZUSM [Zhejiang University School of Medicine] first explained the duality of yin and yang, the equilibrium of the five elements within the body, and the circulation of chi, the concepts were difficult to grasp. Terms like “essence”
and “energy” seemed vague in the context of medicine. No matter how many times Professor Zhang explained it, a patient’s “essence” didn’t seem like a valuable health indicator if it couldn’t be quantified or observed. I could not feel if a patient’s pulse was “floating” or “knotted,” let alone differentiate between the twenty-some-odd pulse diagnoses.

My Chinese relatives mocked me when I told them about the program.

“Ha! You cannot learn TCM in weeks. It takes almost a whole lifetimes to really understand and feel it.”

I was confused when they warned me. Physiology was a semester-long course. Anatomy is a block of med school. What could be so difficult about TCM content?

As the weeks went on, the professors commingled theory, observation and practice, even allowing us to practice acupuncture and cupping on each other. Though the concepts never fully made sense, we began to understand the constant tug-of-war between good and bad energies within the body. We also saw the meridians link various acupoints on different body parts to the same imbalance. It was as if we learned to see the patient as a whole person rather than a diseased part.

I was also surprised to see how the different hospital departments like cardiology, neurology, surgery, etc. [whose separation no longer made sense to me], integrated TCM doctors into their practice at ZUSM. Oftentimes, TCM was used beside Western practices and the patient had two doctors with a mutual understanding of each other’s treatment. Other times, TCM was brought in as a last resort on, say, a paralyzed patient after all Western medicine’s measured had failed.

I saw this coexistence of East and West change within myself as well. I struggled to adequately translate the physicians’ Chinese to my non-Chinese speaking peers from Brown and vice versa, and I often just found myself speaking a flummoxed mixture of English and Chinese. Growing up in the U.S., I have always been labeled as “Asian,” but when I returned to China, my relatives mock me for my incorrect Chinese pronunciations and strange mannerisms. I could never truly be Western or Eastern, and I exist as a harmonic convergence of the two.

When the program drew to a close, the hospital directors shook our hands and said their farewells. They acknowledged the infeasibility of trying to understand TCM in a manner of weeks, but they hoped we would carry an understanding of the promise of TCM with us. Maybe in the future when we begin practicing ourselves, when we see a patient with suspected spleen damage, we might consider examining the color of their tongue and gums and reflect on the imbalance of dampness versus dryness of the spleen. Maybe if we encounter a patient with symptoms beyond the scope of Western diagnostics, we might recommend TCM for treatment. Maybe in the future West and East can harmonize just as they coexist within me.