

A STUDY OF CHINESE MEDICAL PRACTICE IN SINGAPORE

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Chinese medicine is a traditional form of medical practice with a large following amongst the Chinese even when they have emigrated to some other countries. In Singapore, it is well-known that many patients whilst receiving western form of medical treatment, have not given up their herbs, and frequently a patient would have Chinese traditional treatment that preceded, ran concurrent with, or followed the western form of therapy. A random survey in 1958 (Gwee) of hospital patients in one medical unit showed that amongst the free patients in an acute medical ward, at least 90% admitted to having received or were still receiving Chinese medicine. This percentage would be probably higher if the survey were to be directed to chronic cases or orthopaedic problems. The former represents the failure of one therapeutic system in curing or ameliorating, and a patient who has not been relieved, usually would seek other treatment, whereas in the latter, there is very persistent belief locally that Chinese bone-setting is far superior to standard orthopaedic practice especially in cases of uncomplicated fractures and dislocations, and hence many traumatic cases in fact prefer Chinese medicine. In the last few years, there has been a greater interest of Chinese medicine because of many reasons, the chief of which being the official recognition of its merits by the Communist regime in mainland China. An alleged Singapore case of cure of liver cancer in 1966 by Chinese medicine in mainland China stimulated a great upsurge of interest (this alleged cure was subsequently found to be untrue, for apart from the lack of publicised data for scrutiny, the survival was less than two years which was below the usual 5 years period observed in cancer-cure cases), and for a moment, there were calls from the public to set up a department to study Chinese medicine, and the call met with favourable responses from the University of Singapore unofficially.

However, the theoretical basis of Chinese medicine is radically divergent from western ones, and very few of the practitioners from either systems are in fact able to appreciate the finer points of the other practice, far less to assess critically the facts and myths. Western

practitioners talked glibly of psychological cures of neurotic cases, dangerous delay of treatable cases till they reached the hopeless stage, and serious instances of poisoning by dubious therapeutic agents as compared with their scientific approach. Chinese physicians, on the other hand, pointed out with justifiable pride their mass following over the last scores of centuries, and argued quite logically that therapeutics were nothing more than an accumulation of experience of drug action on sick persons, and in Chinese medicine, this accumulation was a very large one over a long period of practice, and that western medicine too has many hiatus in knowledge. What is plain is that one party does not know anything of the other, and under the circumstances, any mutual criticisms or comparisons would be foolhardy, and unjustifiable. In fact, such criticisms serve only to impede serious research into these topics, as they breed antagonism and animosity between the two disciplines.

METHODOLOGY

It was thought that perhaps a planned study could be made so that some basic knowledge might be available, instead of embarking on the controversial problem of the value of Chinese medicine. The proposal was accepted by the Chinese Physician's Association, and an agreement was made to study Chinese medical practice in Singapore systematically with the object of finding out if there is at all any radical dissimilarity or basic similarity in the diagnostics. The Association ran an outpatient clinic with an attendance of 100-200 a day in Serangoon Road, but had no facilities for in-patient treatment. A scheme was drawn up, so that once a week, 5 cases were selected at random and examined by a member of a team of three trained physicians as outpatients with no laboratory facilities other than examination of the urine for sugar, albumin, and bile with test paper strips (Ames). The findings were recorded and a provisional diagnosis made. Then the patients were seen independently by the Chinese physicians on duty who would examine, make diagnosis, and prescribe treatment, and have all these faithfully recorded separately. Throughout the study

period, the teams were kept completely apart with no access to each other's records and no mutual professional contact, so that one group could not influence the judgement and finding of the other. When a patient already seen reported back, he would again be seen by the physicians to judge if there were any changes in the physical state. No female and paediatric cases were included as it was difficult to conduct physical examinations in female cases, and paediatric problem was normally embraced by women's diseases in the Chinese systems so that it became logical that one was excluded along with the others. In order not to change the doctor-patient appeal, and also to avoid any inter and intra-professional misunderstanding, the whole campaign was carried out in strict secrecy so that apart from the participants and the patients selected, no one else was made aware of the progress of the work till the study was over. The aims of the study were:-

1. To see if there is any correlation between the two systems of medicine in the way of approach and diagnosis,
2. To evaluate as far as possible the type of illness treated by Chinese Physicians,
3. To note for future investigations if any outstanding or specific therapeutic response occurred.

The study occupied the period of 1st September 1966 to 31st August 1967. Hence this study is literally a sampling of the population attending the Chinese Physician's Association at its Serangoon Road Clinic by dividing the total into 52 weeks, and taking one day each week, and 5 cases each day out of a daily total ranging from 100-200 cases. The adherence to Friday alone could conceivably introduce a bias, amongst different days of a week, but as the clinic was closed on public holidays and weekends, and also the clinic sessions were all conducted in the evenings only, the bias would probably be not prohibitive. Further, Chinese adhering to the traditional way of life, such as those who still preferred the traditional medicine, would be more affected by festive periods in the lunar calendar than by the days of a week, and hence the use of a fixed weekday would be probably less liable to bias than was suspected.

RESULTS

In all, 212 cases were studied constituting a percentage of 0.4% of the 50,000 patients approximately seen in the period by the Chinese Physicians at the Serangoon Premises of their Association. It can be seen that the varieties of illnesses encountered are varied, and comprise

no greater proportion of neurosis than is encountered in western practice. No instances of acute surgical conditions and in fact also of medical conditions have been seen. This may be due to the fact that there is no in-patient facilities or domiciliary visiting, so that a patient seeking treatment has to be ambulant and self-sufficient to a large extent, and acute cases excluded themselves by not coming.

When comparing the two sets of records, it becomes at once apparent that the Chinese therapeutic system is radically different and would appear to be in part anatomical, like palpitation (heart), headache (head), impotence (genitalia), and at others empirical like phlegm (wind, and heat 風濕). To attempt to equate two radically differing systems is beset with difficulties, and the validity would in fact be questionable. Hence, it is decided that the results are to be shown as a form of distribution spread against one another.

The findings were tabulated for ease of reference. Examining Table 1, it can be seen that the commonest group of illnesses is gastro-enterological, with miscellaneous group comprising dermatology, trauma and, bone and joint diseases coming second, and diseases of the nervous, cardiac, respiratory, and endocrine systems are few by comparison. This type of distribution would seem to be on the whole reminiscent of the pattern of illnesses seen by average western-trained general practitioners. The scarcity in cardiovascular group is perhaps a reflection of the part played by the sphygmomanometer, as the Chinese Physicians do not as a rule employ this instrument, and hence hypertension as a complaint becomes much less diagnosed. This need not be a harmful thing, for it is a controversial part whether western-trained physicians by picking out hypertension based in many cases on the measurement of casual blood pressure alone, is not really increasing a good deal of unnecessary morbidity, and may not have contributed significantly to a decrease of mortality in hypertensive states.⁹ Of the cases were not given a diagnosis by the western-trained physicians, but at least 3 of them were because of omission rather than difficulty.

Examining the next Table, it is interesting to note that in the case of western physicians, of 31 cases of nervous system complaints, 12 were diagnosed symptomatically, 13 were regarded as functional, and only 6 were organic. Contrast this with gastro-intestinal complaints where symptomatic diagnosis was only 4, and functional complaints only 3 in a total of 60, and the

TABLE I

Cardiac (10)	23, 57, 87, 130, 131, 156, 162, 168, 195, 212.
Central Nervous System (31) (includes neurosis and psychiatric)	7, 12, 13, 25, 50, 54, 55, 65, 71, 74, 81, 85, 88, 108, 113, 115, 123, 136, 143, 145, 151, 157, 161, 169, 171, 183, 184, 187, 190, 193, 207.
Gastro enterological (60)	5, 14, 15, 16, 17, 20, 22, 27, 28, 29, 32, 37, 38, 39, 40, 43, 44, 47, 51, 61, 67, 68, 69, 76, 77, 79, 84, 86, 96, 100, 102, 104, 111, 112, 121, 122, 124, 126, 135, 139, 140, 144, 146, 155, 159, 165, 166, 167, 170, 186, 188, 196, 198, 199, 200, 201, 202, 204, 208, 210.
Endocrinal (2)	70, 82.
Respiratory (39)	3, 8, 9, 11, 18, 24, 31, 34, 36, 52, 58, 62, 64, 75, 78, 83, 89, 94, 97, 98, 110, 114, 116, 118, 125, 127, 128, 132, 133, 150, 160, 163, 172, 182, 191, 192, 194, 203, 211.
Renal (6)	80, 103, 1334, 176, 178, 185.
Miscellaneous (53)	1, 2, 4, 6, 10, 19, 21, 30, 33, 41, 42, 45, 46, 48, 49, 53, 56, 60, 63, 72, 73, 90, 91, 93, 99, 105, 106, 107, 109, 117, 119, 120, 137, 138, 147, 148, 149, 152, 153, 154, 158, 164, 173, 174, 177, 179, 180, 181, 189, 197, 205, 206, 209.
Undiagnosed (9)	26, 35, 59, 66, 95, 134, 141, 142, 175.

TABLE II

Western classification	Functional	Symptomatic
Central Nervous System	(13) 50, 71, 85, 108, 143, 151, 157, 161, 169, 171, 183, 187, 190.	(12) 7, 12, 13, 25, 54, 65, 73, 81, 115, 123, 136, 184, 198.
Gastro Intestinal	(3) 86, 186, 188	(4) 20, 140, 165, 204
Miscellaneous	(3) 149, 180, 181	(16) 6, 33, 72, 93, 99, 106, 107, 117, 119, 138, 148, 153, 173, 177, 197, 198.
Cardiac	-	-
Renal	-	(1) 176
Respiratory	-	(2) 114, 192
Endocrinal	-	-
Undiagnosed	-	-

TABLE IIa

Chinese Physician's classification	Functional (F)	Symptomatic (S)
Gastro-intestinal (56) (腸胃)	-	1, 5, 13, 18, 37, 38, 40, 43, 44, 69, 76, 84, 86, 100, 102, 112, 121, 122, 124, 140, 144, 167, 170, 175, 196, 208, 210.
"Obstruction" (痺癢) (2)	-	13, 66.
Cardiac (心) (3)	-	92, 156, 162.
"Phlegm" (痰) (3)	-	3, 9, 81.
Renal (腎) (16)	-	62, 190, 191.
Central Nervous System (15)	50, 187, 188	7, 25, 54, 73, 78, 79, 119, 143.
Respiratory (24)	-	8, 34, 36, 64, 110, 118, 129, 152, 157, 160, 164, 181.
Miscellaneous(70)	-	12, 26, 33, 47, 117, 142, 148, 153, 161, 169, 171, 180, 197, 70, 151, 71, 83, 89, 114.

TABLE III

Gastro Intestinal (56)	1, 5, 14, 16, 18, 20, 22, 24, 28, 35, 37, 38, 39, 40, 43, 44, 46, 51, 68, 69, 76, 82, 84, 86, 87, 95, 100, 101, 104, 111, 112, 121, 122, 124, 126, 130, 135, 137, 139, 140, 144, 145, 155, 158, 167, 170, 175, 176, 186, 196, 198, 199, 200, 204, 208, 210.
(22)	2, 23, 32, 41, 42, 49, 65, 66, 88, 90, 91, 97, 106, 113, 115, 123, 131, 136, 138, 149, 193, 211.
Cardiac (3)	92, 156, 162
(3)	3, 9, 81
(1)	77
(16)	4, 57, 62, 72, 74, 80, 85, 99, 103, 133, 168, 178, 183, 190, 195, 212.
(3)	6, 147, 177.
(2)	70, 151.
(5)	71, 83, 89, 114, 141.
Central Nervous System (15)	7, 13, 25, 50, 54, 55, 73, 78, 79, 108, 119, 143, 187, 188, 207.
Respiratory(24)	8, 15, 17, 31, 34, 36, 52, 64, 75, 96, 98, 110, 116, 118, 128, 129, 152, 157, 160, 163, 164, 181, 191, 194.
Miscellaneous (61)	10, 11, 12, 19, 21, 26, 27, 29, 30, 33, 45, 47, 48, 53, 56, 58, 59, 60, 61, 63, 67, 93, 94, 105, 107, 109, 117, 120, 125, 127, 132, 134, 142, 146, 148, 150, 153, 154, 158, 161, 165, 166, 169, 171, 172, 173, 174, 179, 180, 182, 184, 185, 189, 192, 197, 201, 202, 203, 205, 206, 209.

TABLE IV

Classification by Chinese Physician (Chay C. S.)	
1. Diseases of nose and throat (19) (7) (鼻, 咽喉病患)	8, 17, 36, 58, 64, 78, 97, 105, 109, 110, 118, 127, 129, 132, 142, 151, 172, 182, 191.
2. Cough and dyspnoea diseases (13) (7) (咳嗽, 氣喘病患)	3, 9, 15, 31, 52, 75, 78, 83, 128, 141, 162, 163, 194,
3. Skin diseases (9) (8) (皮膚病患)	19, 48, 53, 60, 127, 129, 134, 205, 206.
4. Gastro intestinal (43)(43) (胃腸病患)	1, 5, 14, 16, 18, 20, 37, 39, 40, 43, 44, 51, 68, 69, 76, 77, 84, 86, 87, 95, 100, 102, 112, 121, 124, 126, 135, 140, 155, 159, 165, 167, 170, 175, 176, 186, 196, 199, 204, 208, 210.
5. "Obstruction" diseases (25) (15) (痺病)	2, 6, 12, 32, 33, 42, 47, 49, 56, 65, 81, 88, 90, 91, 97, 99, 103, 106, 113, 123, 131, 136, 138, 147, 177.
6. "Infective" diseases (26) (0) (外感病患)	11, 27, 29, 30, 34, 61, 67, 93, 94, 104, 116, 125, 146, 150, 158, 160, 164, 166, 174, 179, 185, 192, 196, 201, 202, 203.
7. Internal diseases, emotional and weakness diseases (46) (6) (內傷, 情志, 虛損病患)	4, 22, 23, 24, 25, 38, 41, 46, 50, 57, 62, 70, 71, 74, 77, 78, 89, 92, 107, 108, 113, 130, 131, 133, 135, 137, 139, 145, 149, 156, 157, 161, 163, 167, 168, 171, 178, 187, 188, 190, 193, 195, 200, 211, 212.
8. Miscellaneous (36) (13) (不內外因及其他病患)	7, 10, 13, 26, 28, 35, 45, 51, 54, 55, 59, 63, 66, 72, 73, 80, 82, 119, 120, 143, 148, 153, 154, 162, 163, 169, 173, 178, 180, 181, 183, 184, 207, 209.

miscellaneous group with 16 and 3 in a group of 53. Symptomatic diagnosis may reflect a lack of knowledge of the aetiology of the diseases e.g. anorexia, migraine, or the inability to come to a definite diagnosis because of insufficient information from the examination of the cases such as backache, vomiting and dyspepsia. There are still a good number of symptomatic diagnoses in Western medicine, and since these diagnoses depend a great deal on the history from the patient, it would be conceivable that these cases might coincide closely with the corresponding group diagnosed by the Chinese Physicians. This is in fact found to be so.

Table III shows a breakdown of cases as diagnosed by Chinese physicians, but an attempt was made to break the pattern down to correspond to western disease classification. This has to be biased because of the difference in basic training and theoretical background, and hence can only be regarded as what the diagnostic categories would appear to a western-trained physician. It can be seen that the majority would appear to be symptom-diagnosis.

Table IV reflects a similar attempt to classify the diagnosis categories proffered by the Chinese physicians into groups corresponding with western medical basis. Again, it is to be noted that this must be regarded as purely tentative, more for preliminary note than as a serious postulate of any finality.

TABLE V

Western / Chinese	Cardiac	CNS (including neurosis and psychiatric)	Gastro-enterological	Endo-crinial	Respiratory	Renal	Miscellaneous	Undiagnosed
Diseases of Nose and Throat		151	17		8, 36, 64, 78, 97, 110, 118, 191			141
Cough and Dyspnoea Diseases	162				3, 9, 78, 83			
Skin Diseases						103	6, 33, 56, 99, 147, 177	
Gastro-intestinal			47					
"Obstruction" diseases		12, 81						
"Infective" diseases			27, 29, 61, 67, 104, 146, 166, 196, 201, 202		11, 34, 94, 116, 125, 150, 160, 192, 203	185	30, 93, 158, 164, 174, 179	
Internal diseases, emotional and weakness diseases	23, 57, 130, 131, 156, 168, 195, 212.	71, 74, 113, 145, 157, 161, 171, 190, 193	22, 38, 77, 135, 139, 167, 200	70	24, 62, 89, 133, 163, 211	178	4, 41, 46, 107, 137, 149	
Miscellaneous	162	7, 13, 54, 55, 143, 183, 207	28, 51	82	163	80, 178	72, 73, 119, 181	35, 66.

TABLE VI

Chinese Western	Nose and Throat	Cough and Dyspnoea	Skin	Gastro-intestinal	"Obstruction" Diseases	"Infective" Diseases	Internal diseases emotional and weakness diseases	Miscellaneous
Cardiac				87			23, 57, 130 131, 156, 168, 195, 212	162
Central Nervous System (including neurosis and psychiatric)	151				12, 65, 81, 88, 123, 136		25, 50, 71, 74, 108, 113, 145, 157, 161, 171, 187, 190, 193	7, 13, 54, 55, 143, 169, 183, 184, 207
Gastro-enterological	17	15			32, 47	27, 29, 61, 67, 104, 146, 166, 188, 201, 202	22, 38, 139, 200	28
Endocrinal							70	82
Respiratory	8, 36, 58, 64, 97, 110, 118, 127, 132, 172, 182, 191.	3, 9, 31, 52, 75, 78, 83, 128, 163, 194		18		11, 34, 94, 116, 125, 150, 160, 192, 203	24, 62, 89, 133, 211	
Renal				176	103	185	133	80, 178
Miscellaneous	105, 109	152	19, 48, 53, 60, 205, 206	1	2, 6, 33, 42, 49, 56, 90, 91, 99, 106, 138, 147, 177	30, 93, 158, 164, 174, 179	4, 41, 46, 107, 137, 149	10, 45, 63, 72, 73, 119, 120, 148, 153, 154, 173, 180, 181, 209
Undiagnosed	142	141	134	95, 175				26, 35, 59, 66

Table V shows the classification by the Chinese physicians themselves, and the cases which correspond with those similarly placed according to categories by western physicians are underscored. It can be readily seen that there is a good deal of correspondence especially in gastrointestinal, and dermatologic categories. This is further arranged as a cross-reference table in Table VI. Examining the cases which concurred in diagnostic grouping in both teams, it would appear that the overwhelming majority were symptomatic diagnoses, and the largest group was in the miscellaneous diseases. This would seem to indicate that even in western medicine, symptomatic diagnosis such as migraine, or pruritus still occupied a significant proportion, and since Chinese medical diagnosis

was principally a symptomatic diagnosis, the extent of concurrence would appear to be within expectation.

Throughout the period of study, it was noted that only a very small proportion was re-examined when revisited. It was pointed out that owing to a misunderstanding, not all cases that returned were sent up to the western physicians for further examination. Hence the absence or presence of benefit of treatment was unfortunately insufficiently assessed, but of what was available, no specific therapeutic response of interest was noted. This conclusion must be accepted with caution as the number involved is very small.

Table VII shows the prognostic aspect of the cases seen, as judged from the western physi-

TABLE VII

	Incurable	Delayed	Good Outlook
Central Nervous System	(2) 55, 74,	(3) 113, 115, 194.	(20)
Gastro intestinal	(9) 5, 32, 39, 47, 79, 121, 139, 167, 200	(9) 22, 38, 40, 100, 122, 146, 155, 170, 200	(0)
Miscellaneous	(4) 4, 10, 21, 41.	(2) 46, 137,	(13)
Cardiac	(2) 23, 168	(2) 156, 162	(0)
Renal	(1) 103	(1) 178	(0)
Respiratory	(3) 24, 62, 211	(9) 3, 18, 83, 89, 118, 128, 141, 150, 163	(0)
Endocrinal	-	(2) 70, 82	(0)
Undiagnosed	-	-	(?)

cian's point of view. Under these headings, a case of good outlook would mean a short term illness which has a high probability of recovery such as a short viral fever; an incurable case would mean one where western medicine could offer no radical cure, and whether the case came up early or late for treatment, no serious change in the disease state would be expected, such as a case of emphysema, or of hemiplegia.

On the other hand, there were cases where a specific therapy was available in western medicine such as tuberculosis, and it would seem not illogical to suggest that a delay in getting to

specific therapy could be regarded as undesirable delay. This formed the third of the classes, and came to 35 cases which was 16% of the total, a not insignificant figure. This however should be balanced by the consideration that a number of these cases were entities like hernia where the delay would aggravate, but not to a dangerous degree, and might in fact represent the innate bias of therapeutic points of view, as it implied that should the cases continue with Chinese Physicians, they would be worse, which of course was a speculation remaining to be tested in practice.

SUMMARY

A project with the Chinese Physician Association Singapore to study the nature of diagnostics in Chinese medicine, and to examine the distribution of illness pattern in cases seeking Chinese medical treatment was made. The sample was drawn from an outpatient clinic of the Chinese Physician's Association and the study was made once a week over a period of a year. 212 cases were studied.

It was found that contrary to expectation, the proportion of organic illness was not lower than what might be expected in an equivalent western physician's practice. From the diagnostic side, there was a great deal of concurrence especially in miscellaneous group of diseases. It was thought that such concurrence was due to the considerable extent of use of symptomatic diagnosis in western practice, thus reproducing a large part of Chinese medical diagnosis which would appear principally symptomatic.

ACKNOWLEDGEMENT

This study is financed by the generous donation of Mr. Tan Chin Tuan to Medical Unit III, General Hospital, Singapore, for the purpose of research in Chinese medicine.