



What's past is prologue: Chinese medicine and the treatment of recurrent urinary tract infections

Penelope Barrett ^{a,*}, Andrew Flower ^b, Vivienne Lo ^a

^a China Centre for Health and Humanity, Department of History, UCL, Gower Street, London WC1E 6BT, United Kingdom

^b Complementary and Integrated Medicine Research Unit, Faculty of Medicine, University of Southampton, Aldermoor Health Centre, Aldermoor Close, Southampton SO16 5ST, United Kingdom



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ABSTRACT

Ethnopharmacological relevance: Chinese herbal medicine (CHM) has a recorded history of over 2000 years that may be used to authenticate and guide modern treatments for disease, and also identify neglected but potentially useful treatment strategies. However this process is often based on over-simplistic conceptions of tradition and history that fail to take into account the dynamic nature of 'traditions' and underestimate the importance of contextual factors in their interpretation.

Materials and methods: As part of a process of defining good practice for a clinical trial of CHM for recurrent urinary tract infections, a selective review of classical Chinese medical texts was undertaken to investigate the historical treatment of urinary diseases specified by the traditional category of Lin diseases.

Results: The historical review provided interesting insights into the evolution and meaning of Lin diseases and how pertinent data may be found, precisely, outside the boundaries of the categories on which the original investigation was premised. Although there were interesting parallels and continuities in the classical and modern understandings of the aetiology, pathophysiology and treatment of urinary diseases, there were also important divergences.

Conclusions: It became apparent that, in the search for 'traditional' herbs to treat a particular modern syndrome it is essential to contextualise remedies, including as far as possible the intertextual, social, cultural, and gender context, and conditions of practice. Historical ethnopharmacology adds a level of subtlety and complexity to over-simplistic attempts at bioprospecting. Some insights that emerged from this historical review could inform the proposed clinical trial but these have had to be filtered through the constraints of modern regulatory procedures. Further research is required on how best to integrate the wealth of data that exists in historical texts with the desire to produce effective herbal products for the modern world.

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1. Introduction

One of the assumptions of any 'traditional' medicine is that it has a long history. That history is often conceived as unchanging over the millennia. In contraposition, modern attention to the history of both 'medicine' and 'tradition' shows us that both are constantly transforming, making and remaking themselves in order to survive and be successful in a changing world (Lo and Renton, 2011; Taylor, 2005). This fact potentially presents a challenge to any modern randomised controlled trial that assumes a traditional medicine to be a static entity, carrying with it thousands of years of empirical knowledge (Heinrich et al., 2006). Thus in tailoring traditions to modern clinical

research, it is essential first to interrogate the imagined long history of the therapeutic use of any particular substance.

Equally essential is to understand the relationship between modern disease terminology and the ancient naming of diseases. We must be extremely wary of the presumption that pre-modern people were treating the same signs and symptoms of disease that we treat today, even if the diseases share the same name. Ancient physiological theories, inasmuch as they mediated disease and therapy, may now be lost in contemporary traditional medicines (intentionally or not). Equally, modern treatment protocols may be very different from those in the past and be delivered in vastly different ways.

Conversely, there may be strong parallels between ancient and modern practices. To a modern clinician, an historical investigation like the present study not only serves to train the eye on the nature and value of a tradition and relevant aspects of its authenticity, but also has the potential to identify innovations of the past

* Corresponding author. Tel.: +44 7961911811.

E-mail addresses: p.barrett@ucl.ac.uk (P. Barrett),

Andrew.Flower@soton.ac.uk (A. Flower), v.lo@ucl.ac.uk (V. Lo).

that have been lost along the way and to underline the creative nature of productive traditions (Hsu, 2001).

This complex interplay of past and present has become apparent in the project described in this paper where medical historians were commissioned by clinical researchers investigating the possible role of Chinese herbal medicine (CHM) in the treatment of recurrent urinary tract infections (RUTIs) to explore historical treatments of disorders related to the term *lin* 淋, a key term in the classical Chinese conceptualisation of urinary disorders. The aim of this collaboration was to provide an account of good practices that could be important in optimising clinical effectiveness for a clinical trial.

As has been noted, in exploring ethnobotany and ethnopharmacology as tools for drug discovery, ‘surprisingly little attention has been paid to the historical development of... orally transmitted, indigenous knowledge systems’ (Heinrich et al., 2006). This paper aims to make a small contribution to redress this deficit. We hope that the findings of this interdisciplinary project will be of significance to the design of future initiatives in clinical research, bioprospecting and bioinformatics. With regard to the themes of this special issue, the present article is obviously concerned with new uses for old traditions. It also encounters regulatory issues that come to bear on the food-herbs-minerals continuum, and the ownership and authenticity of medical knowledge. Foods and medicines are not substances for which we can assume stable qualities, but are, rather, the outcome and nexus of processes of trade, transformation, appropriation, and use, which require careful and, above all, locally situated historical and cultural studies, especially when being translated into modern scientific protocols.

2. Material and methods

The Recurrent Urinary Tract Infection (RUTI) trial is part of a 5-year study funded by the UK’s National Institute of Health Research to explore the possible role of Chinese herbal medicine for the treatment of this common and troublesome condition. Approximately 50% of women will experience a UTI in their lives, and around three out of every hundred women will develop recurrent infections, defined as three infectious episodes within a 12-month period. Symptoms include the classic presentations of dysuria, frequency, urgency, abdominal pain, and smelly discoloured urine (pyuria) but RUTIs can have a major impact on various aspects of the quality of life, including the ability to sustain intimate relationships and function properly in the workplace. Antibiotic prophylaxis can prevent RUTIs but reinfection is common post treatment and there is increasing concern about microbial resistance to antibiotics and the potential long-term adverse effects of these medicines. Consequently, alternative approaches to managing these infections are being considered, including Chinese herbal medicine (CHM).

The proposed trial is a double blind, randomised, placebo controlled feasibility study involving 80 women, aged between 18 and 65, taking Chinese herbs over a 16-week period. There are four arms to this trial. Standardised remedies to treat acute infection and to help prevent recurrence will be administered by nurses working from GP practices. Individualised remedies, involving more complex formulations that will change over time, will be administered by a CHM practitioner operating out of a typical complementary medicine clinic. Both of these approaches will be matched by placebo controls. The primary aims of the trial are to gain a preliminary idea of the effect size of individualised, standardised and placebo treatments in reducing the frequency and severity of recurrent UTIs and to establish the feasibility of administering CHM via GP practices.

An essential prelude to this kind of trial is a process of trying to establish what constitutes ‘good’ practice of CHM. We define ‘good practice’ as being logical within the framework of CHM, consistent with at least one thread of traditional practice, having some evidence of clinical effectiveness, being biologically plausible, and being perceived as a reasonable approach by a peer group of experienced practitioners. The practitioner-researcher (AF) who is co-ordinating this trial contacted two experienced Chinese medicine historians (VL and PB) with the aim of investigating traditional practices that may have been used to treat RUTIs.

The initial purpose of this historical review was to provide material on the treatment of urinary disorders in the past, specified by the key term ‘*lin*’ 淋, and thereby identify a range of substances relevant to the symptoms and problems suffered by the women in this trial. During the preparatory research, it became evident that there was much more to be learned from this process regarding underlying assumptions about the potencies of foods-herbs-medicines and about disease categories.

In conducting the review, we set out to trace the disease categories, the substances, and their linkages both back from current categories and forward from the earliest relevant historical texts.

Any historical enquiry into Chinese medicine presents unique opportunities and challenges inasmuch as there is an unparalleled written tradition to prospect. The library of China Academy of Chinese Medical Sciences alone holds more than 5000 ancient medical texts, containing hundreds of thousands of prescriptions (Institute of Information on Traditional Chinese Medicine (IITCM), 2014). Most of that material survives in printed books dating to the Song period (960–1279) and after. However, in the last 30 years or so, large quantities of silk and bamboo manuscripts discovered along the Yangzi River and in the far northwest of China have revolutionised the history of early Chinese medicine. For example, the high proportion of texts about the body excavated at Mawangdui 馬王堆 Tomb 3 (Changsha, present-day Hunan, closed 168 BC) and Zhangjiashan 張家山 Tomb 247 (at Nanjun, present-day Hubei, closed 186 BCE) from the burial sites of Han-period (206 BCE–220 CE) nobles demonstrates that the healing arts were at the heart of scholarly attention at the dawn of empire.¹

Until relatively recently, popular histories of Chinese medicine customarily began with a reference to the ‘long tradition of Chinese medicine’, dated back to the mythical reign of the Yellow Emperor in the third millennium BCE. However, the new tomb finds provide us with an unparalleled insight into a multiplicity of healing traditions in rapid transformation and underwrite the nature and importance of innovation in Chinese medicine.

The initial premise was that we should look for the Chinese category of *lin* diseases (a generic term which maps on to urinary disorders in contemporary traditional Chinese Medicine [TCM]) and their remedies. However, we soon found that in the earliest texts the terminology was different and that we had to change our initial assumptions. This necessitated looking for definitions of the disease terminology which we provide below.

Gender analysis also presented an immediate problem. While it was relatively easy to determine remedies for urinary disorders from the signs and symptoms elaborated in early remedy collections, it soon became clear that these were primarily remedies for men. The texts juxtapose urinary pain with bleeding, discharges and impotence in such a way as to suggest what we would now call prostatitis or sexually transmitted diseases. This should come as no surprise since the relevant texts were written by and about

¹ Seven of the 30 or so manuscripts buried in Mawangdui Tomb 3 are devoted to the healing arts. There are 36 titles listed in the abbreviated catalogue of the imperial library *Han shu* 漢書 [Book of the Han] (HS 30.1776–80) under ‘*Fang ji*’ 方技 (Remedies and Techniques), a classification that included medical writing among many other practices.

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