

Integrative Joint Organizational Platform of Chinese Medicine and Western Medicine in the Management on Recalcitrant Atopic Dermatitis

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Abstract

An expert panel as a focus group on eczema comprises Chinese medicine practitioners (CMP) and Western medicine specialist (WMS) working based on an opinion sharing model under the established Integrative Joint Organizational Platform (IJOP). It is a program under the Hong Kong Association for Integrative of Chinese -Western Medicine, funded by the Innovation and Technology Commission. The aim is to provide a management framework assisting CMP – WMS collaboration and to layout examples for eczema integrated management. The following article provides details of the history of development of TCM in Hong Kong and the method and results of using this integrated platform for Chinese and Western Medicine collaboration for management of Atopic dermatitis.

Background history of Traditional Chinese Medicine Practices in Hong Kong

The practice of Traditional Chinese Medicine (TCM) has a long history in the Southern region of China including Hong Kong, dated back at least several hundred years ago. Before the advent of the rapid development and establishment of Western medicine (WM) especially after the introduction of antibiotics in the 1940s, TCM provide an inexpensive, effective, easily accessible, patient-accepted community-based medical care services for the local community.

In view of this, in 1999, the Hong Kong Government passed the Traditional Chinese Medicine Ordinances, which enable recognized trained Chinese Medicine Practitioners (CMP) to enroll in a Hong Kong Government Department of Health Central Registry such that the practice of TCM can be systemically governed to protect malpractice of TCM. This was considered a major milestone of the development of TCM in Hong Kong. In 2000, TCM clinics were set up in public hospitals settings under a three stakeholder's participation from Hong Kong Hospital Authority which governs most HK public hospitals; the Universities and the Non-Government-Organizational (NGO) run charitable organization particularly the Tung Wah Group (TWG). Till now, at least 18 public TCM public hospitals clinics were in service locally. To enhance TCM in-patient service, a TCM hospital, that is CMP led and CMP-WMS managed, will be established. In 2013, joint collaboration has been introduced for in-patient TCM clinical service in some of the public hospitals. Finally, a pilot scheme of joint TCM and WM integrated medical services was started in 2014 for the management of three types of illnesses known to have major disease burden to the society; namely: cardiovascular

diseases especially stroke; acute low back pain and palliative care of terminal cancer especially pain control. Till 2016, already 318 patients have participated in this pilot scheme with a total of 4000 day admissions and the scheme is expected to be finished at end of 2017 and to be evaluated.

It is due to this background and foundation; an integrative joint organizational platform (IJOP) of CM and WM was proposed to form to manage some resources demanding chronic illnesses like resistant atopic dermatitis. The new innovative platform is different from the already established one since it was known most of the chronic atopic dermatitis patients were managed in outpatient non-hospital based setting such as TCM or WM private practice in the community which is markedly different from hospital based clinic joint venture services.

Methodology

The IJOP for atopic dermatitis is a program developed under the Hong Kong Association for Integration of Chinese-Western Medicine (HKAIM) funded by the Innovation and Technology Commission (ITC) of Hong Kong Government. The resource was obtained after approval of the program by the ITC funding schemes. Full time research staffs are recruited for provision of continuity of the program. The aim is to provide a management framework assisting CMP- WMS collaboration in treating chronic, relapsing atopic dermatitis. Apart from skin diseases, other conditions like asthma; post stroke management; colon and breast cancer; and inflammatory bowel diseases will also be chosen for the study of the IJOP program. These are diseases amenable to collaborative practice where lacking either TCM or WM is less effective.

An IJOP chronic dermatitis Focus Group was formed. The Focus group or referred as the Panel involves a Chief Coordinator who is both a registered CMP and WMS in Pediatrics and three Panel Cochairmen from deans, professors and directors in the three major universities of Hong Kong. The Panel of Experts consisted of eight persons. Four practicing CMP including three are currently Professors of TCM in Baptist University of Hong Kong and Hong Kong Chinese University of Hong Kong and four WMS who are registered specialists in Dermatology in which one of them is the Consultant of Dermatology in the Hong Kong Department of Health skin (out-patient) service, and the rest in private service. A meeting was carried out at end of 2016. The methodology of collecting opinions and ideas was based on a focus group format with Delphi methods. An agenda focused on the principles; criteria, evaluation, research, education and future work and direction of the IJOP for chronic eczema was distributed to the panelists before meeting. The Chief Coordinator helped designing and carrying out the program. The details were recorded by the IJOP research assistants who also attended the meeting.

Results

The participated CMP and WMS commented that this kind of focus groups was beneficial. They recommended research on the development of TCM therapy on chronic dermatitis through systemic review of old Chinese literatures. Information can also be gathered from the use of Big Data from text mining of the already existed computer database of the Hong Kong Chinese University in clinical medicine and public health. In depth focused interview with experienced CMP already practicing in the community recommended through word of mouth of panel CMP of the platform could be the source of Chinese medicine evidence.

The panels also suggested that future program should address pathways that lead to building up a cost-effectiveness model with reduction and standardization of dosing drugs with more side effects in TCM and WM in managing AD. The reason is overdose with herbal toxicity can be a serious, life threatening incident not uncommonly seen locally in using TCM [1,2]. Herb -Drug interaction must be documented. Other directives mentioned in the focus group are: to resolve the issues of CMP and WMS using a communicable medical language in describing symptoms; and pairing up of private practice CMP and WMS for out-patient AD patient management and for tertiary referral to hospital or teaching hospitals. For timely rapid communication, message group like Whatsapp group was set up for panel members.

Discussion

WM treats acute symptoms effectively. TCM has a time-honored record of relieving patients suffering from symptoms unresponsive to WM [3]. TCM also helps avoiding the use of immunosuppressants and antibiotics. These are important consideration in initiating IJOP for resistant AD in view of the high prevalence of multiple drug antibiotics resistance of bacteria in the local community and the high expenses in prescribing some of these expensive immunosuppressants especially newly developed evidence -based biologics.

In past literature, it was demonstrated in Hong Kong up to one third of AD children visited public skin clinics has seen CMP and used TCM. The parents of the AD children and the patients are not told about the potential side effects of the TCM they are

taking [4,5]. Without careful documentation and monitoring, TCM serious life- threatening drug interaction with WM will be easily missed resulting in patient sufferings and even hospital admissions. Since there is a general good social and cultural acceptance of using TCM in managing AD, TCM and CMP should be incorporated into the pre-existing WM hospital based medical paradigm and infrastructure to enhance cost-effectiveness; better patient compliance and avoid unnecessary miscommunications between the CMP and WMS in managing the course and outcome of AD.

This integration would also improve medical education, research and data collection to identify those patients who have a less favorable outcome. In addition, adverse reaction and abuse of TCM in various ways like overdose of herbs; addition of western medicines like corticosteroids onto the herbal medicine; poor documentation of the herb name, dose, method of delivery, regime and duration are popular claims of shortfalls of the practice of TCM by CMP in Hong Kong could be properly dealt with. From the health care provision point of view, a standardized, continuous, systematic and regularly evaluated program involving CMP and WMS in AD would be in place for a chronic disease like AD.

As aforesaid, an independent guided and commissioned platform on AD management would be more ideal in Hong Kong as most AD patients are managed in out-patient setting. The establishment of a joint IJOP for TCM and WM in AD management is first of this kind of innovation and application to a chronic disease which has significant disease burden to the society developed in local community [6]. The experience gathered from this platform and subsequent evaluation data on specific outcome indicators designed will be invaluable information for both the resource holders and responsible specialists, both CMP and WMS.

Nonetheless, this platform may face the following challenges: Firstly, the support of this kind of IJOP platform is from Government commissioned funding grants and not directly supported by the Department of Health of Hong Kong Government, University institutions or Hospital Authorities; its continuity and sustainability will be guarded if the commissions are closed. This platform is resource demanding and dependent on the input of frontline CMP and WMS especially in the suggested pairing up consultation clinic; withdrawal of any of them back to their individual private practice means the integration platform may be disabled. Data analysis and handling requires expertise in this area.

Drug-herb interaction with their potential adverse outcomes require an involvement of a Toxicologist who has special knowledge in Chinese herbal medicine. Finally, since the patient participation of this program is voluntary; patient clinic attendance compliance is an important attribute to the success of this platform.

Conclusion

World Health Organization (WHO) has strategic plan, action and goals for the development of Traditional Medicine (TM) in Society who seriously takes TM as their hereditary treasures [7]. We advocate that our innovation of the development of IJOP for TCM and WM for chronic AD management is an example in achieving this. IJOP for managing recalcitrant AD in the community is also an easily accessible platform for TCM research and clinical practices.

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References

1. Chan TYK (2002) Incidence of Herb-Induced Aconitine Poisoning in Hong Kong. *Drug-Safety*. 25: 823-828.
2. Perharic L, Shaw D, Leon C, De Smet PA, Murray VS (1995) Possible association of liver damage with the use of Chinese herbal medicine for skin disease. *Veterinary and Human Toxicology* 37: 562-566.
3. Sheehan MP, Stevens H, Ostlere LS, Atherton DJ, Brostoff J, et al. (1995) Follow-up of adult patients with atopic eczema treated with Chinese herbal therapy for 1 year. *Clin Exp Dermatol*. 20: 136-140.
4. Cuzzolin L, Zaffani S, Murgia V, Gangemi M, Meneghelli G, et al. (2003) Patterns and perceptions of complementary/alternative medicine among paediatricians and patients' mothers: a review of the literature. *Eur J Pediatr* 162: 820.
5. Hon KL, Ma KC, Wong Y, Leung TF, Fok TF (2005) A survey of traditional Chinese medicine use in children with atopic dermatitis attending a paediatric dermatology clinic. *Journal of Dermatological Treatment* 16: 154 -157.
6. Yu ECL (2017) Disease-oriented study. in, Integrative Joint Organizational Platform (IJOP), Report on Survey of Attitudes toward Integration. 56-61. Hong Kong Association for Integration of Chinese-Western Medicine.
7. World Health Organization. *Traditional Medicine Strategy: 2014- 2023*.

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