All forms of medicine aim to ease human suffering, and improve quality of life; they differ only in their approaches to the realization of this goal. The blending of EASTERN & WESTERN approaches to health and healing can maximize the safety and effectiveness of care in an accessible and affordable manner.

Ka-Kit Hui, M.D., F.A.C.P.
Mission Statement:

UCLA Center for East-West Medicine 2019
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#### Health is Wealth: Benefactors & Funders

- Oppenheimer Foundation
- Panda Charitable Foundation
- Annenberg Foundation
Our mission is to improve health, well-being, and the quality of life of people, communities, and countries by blending the best of Modern Western medicine with Traditional Chinese Medicine to provide healthcare that is safe, effective, affordable and accessible.

CEWM Founders, left to right: Elaine Pang, Shirley Hui, Dr. Ka-Kit Hui, Dr. Jun-Liang Yu

HISTORY

Founded in December 1993 the Center has established a model system of comprehensive care with emphasis on health promotion, disease prevention, treatment and rehabilitation through an integrated practice of East-West Medicine. With the generous philanthropic support, the Center launched our Education Programs in 1995. Education and training in the United States, Latin America, Europe and Asia continues to permeate every aspect of the Center’s activities.
The following is adapted from the original interview done in 2018 at the China Academy of Chinese Medical Sciences (CACMS), Beijing. Professor Zou Jianhua, Associate Editor-in-Chief of World Journal of Integrated Medicine (WJIM), conducted the interview.

Prof. Zou: Hello, Dr. Hui. I am so glad to see you again at the China Academy of Chinese Medical Sciences (CACMS). Because the Institute of Basic Research in Clinical Medicine (IBRCM), invited me to attend the 2018 2nd Annual International Advanced Training Course in Traditional Chinese Medicine: Development of TCM in Clinical Practice and Research, we again had the opportunity to meet.

I remember clearly 25 years ago, we first met at the Institute of Information, CACMS. Academician of the China Academy of Sciences, Professor Chen Keji introduced you to me! Twenty-five years have passed and you have truly achieved much in the integrated medicine field.

Today, as the Associate Editor-in-Chief of WJIM, I will interview you about your journey and achievement. Would you tell the readers of the Journal about your journey, your mission, and unique vision of integrative East-West medicine?

“*My whole journey is a miracle*”
— Ka-Kit Hui, MD

One man’s journey to reshape the way we think about healthcare, medicine, and community.

DR. KA-KIT HUI

World Integrative Medicine Master

KA-KIT HUI, MD, FACP, doctor, professor, founder and director of UCLA Center for East-West Medicine, the Wallis Annenberg Chair in Integrative East-West Medicine, Department of Medicine, David Geffen School of Medicine at UCLA.

Dr. Hui has served as a consultant to the FDA, U.S.A, National Institutes of Health, World Health Organization, health insurance companies, drug companies and the media and holds visiting and honorary professorships in various universities throughout the world.

Photo: Zhang Jianshe
Dr. Hui: How to begin? My whole journey is a miracle. I was born in Hong Kong, but UCLA is where I have spent half a century. I arrived at UCLA in early 1969 to study chemistry. Then, I wanted to introduce to the western world a new drug from the Chinese herbal pharmacopoeia, like what the 2015 Nobel Prize winner Tu Youyou did in introducing the antimalarial drug, artemisinin. Instead, my dream turned a different corner: a UCLA Regent Scholarship to attend medical school enabled me to begin creating a new integrative health model by blending the best of both modern western medicine and traditional Chinese medicine to make healthcare better for all.

Prof. Zou: It’s lucky for both China and America that you had this foresight early on! So, can you tell us more about the Center for East-West Medicine (CEWM) at UCLA?

Prof. Hui: Certainly, because it is at UCLA, that my vision of establishing this integrative health model of comprehensive care with emphasis on health promotion, disease prevention, treatment and rehabilitation through integrative East-West has been realized.

Prof. Zou: We all know that new medical thinking and models require so many years of sacrifice and dedication.

Dr. Hui: Correct! But my vision requires a whole team; I’m only the conductor of the orchestra, so to speak. Much hardship, strategic thinking and contributions from so many people! For example, all former trainees who have taken a gamble in career development during the early stages of the CEWM and helped to build the field in their own brilliant ways, including 3 who are each building one of the CEWM’s 3 clinics and one who is building the in-patient program at UCLA. Also, my family, patients, colleagues, friends, donors and foundations that have come forth at different points on my life’s path to turn my modest vision into a much bigger reality.

Prof. Zou: Can you elaborate?

Dr. Hui: Shirley Hui, my late beloved wife married me when I was in medical school four and half decades ago. She truly believed in me. Without her, I could not devote my full energy to realizing this dream, even using part of our income to launch the Center before philanthropic support became available. Stress related to this early phase of our Center’s development contributed to her developing metastatic breast carcinoma.

That took her away from me - but integrative medicine kept her going for 11-and-a-half years to enjoy our 5 beautiful grandchildren.

Prof. Zou: I’m happy, still, to hear of a marriage and partnership of devotion and like minds between you and your late wife, Shirley.

Dr. Hui: Yes, I consider myself a fortunate and blessed man. Let me tell you a story. Out of sheer luck, I have had the great fortune to have Dr. Sherman Mellinkoff, dean emeritus, as my mentor for the last 40 years. Our relationship started when I was a fourth-year medical student during my externship. Fast forward 20 years, his letter of support provided guidance for me in developing the CEWM: “Your proposal for an expanded UCLA Center...”
for East-West Medicine strikes me as an inspiring plan. Its implementation could be of great value in medical education, medical research, cost-effective and compassionate care of patients, prevention of illness and synergistic application of principles originating in eastern and western civilizations. The beacon you have already ignited at UCLA could, through this Center, grow in luster to the benefit of all mankind."

Prof. Zou: So, essentially you are taking a holistic approach to health and healing, right?

Dr. Hui: Yes, because as we all acknowledge, health is an integral component of one’s existence. But what is health? It is a term that is difficult to define and something that means varying things to different people. Yet, it often is an element valued most when it has been lost.

In an effort to address the increasing cost and decreasing effectiveness of our current health care system, the UCLA Center for East-West Medicine (CEWM) has developed an evidence-based health model that incorporates principles originating in traditional Chinese medicine (TCM) and western medicine, and applies them in a synergistic manner. Practitioners at the Center take a system approach to address the needs of the whole person, and to restore balance and well-being.

Prof. Zou: I’d agree. I know that the World Health Organizations current definition of health is: to help the person achieve a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Dr. Hui: That is our belief. As for the East-West Medicine Model of Care, I have summarized it as “by using western medicine to look at the trees and Chinese medicine to look at the forest, we have a much more comprehensive view of health.”

Prof. Zou: I agree, family, gender, environmental, and societal factors may differ in China and America, yet they all influence the individual in society, and an individual’s current and future health.

Model of Clinical Care at the Center for East-West Medicine

Basic Principles:

- A harnessing of biomedicine’s strengths in disease detection, acute condition management and vital system stabilization
- Reliance on traditional Chinese medicine’s concept of balance, flow and spirit
- Trust in the body’s innate ability to heal
- A flexible, holistic and comprehensive approach for personalized care
- Commitment to finding the root causes behind the manifestation of symptoms and diseases
- Commitment to treating the whole patient by addressing both the local and the global factors
- Active engagement in prevention and the cultivation of health
- Safe, effective and affordable care

― Ka-Kit Hui, MD
The Center for East-West Medicine started with humble beginnings in December 1993

Dec. 1993 - The Center for East-West Medicine is established by Dr. Ka-Kit Hui with Dr. Jun Liang Yu (China), LAc.

1994 - First visiting professor, Dr. Chen Keji, academician of the China Academy of Sciences and the most prominent figure of integrative medicine in China

2005 – The Visual History Project launches with project manager, Dr. Weijun Zhang, and videographer, Casper Wong

2006 – The Center’s Education and Research office opens

• Dr. Ka-Kit Hui awarded Wallis Annenberg Endowed Chair in Integrative East-West Medicine
• Dr. Ka-Kit Hui begins his tenure as the chair of UCLA Collaborative Centers for Integrative Medicine
• Visiting Scholar Leadership Training Program launches

2007 – The Center collaborates with Chinese Academy of Medical Sciences and UCLA Biomedical Library to launch the East-West Medicine Information Center.

2008 – The Center launches Medicine 180: Integrative East-West Medicine for Health during UCLA Summer Sessions for students and trainees around the globe

2010 - Chinese Vice Ministry of Health, Wang Guo Chang, visits UCLA and the Center

• Launch of ExploreIM Webportal

2011 – 1st Annual National Student Conference on Integrative Medicine

2012 – Center expands to Westlake Village under the direction of Dr. Malcolm Taw. The clinic has 10 treatment rooms.

2013 – Philanthropic support launched the Integrative East-West Ophthalmology in collaboration with Jules Stein Institute

2014 – The Center launches the Integrative Medicine Fellowship: East-West Primary Care Track. With the new added track, CEWM offers a two-track integrative medicine fellowship: East-West Consultative Care and East-West Primary Care.

2014 – Dr. Ka-Kit Hui and Dr. Weijun Zhang serve as advisors for the Shanghai Transformative Public Health Project to train 10,000 Western-medical-trained physicians in public health.
1997 - The Center hosts the Pain Cycle Conference with visiting Professor Han Ji Sheng, academician at China Academy of Sciences expert researcher on neurological disorders.

1997 – Dr. Ka-Kit Hui gives a presentation at the first World Congress in integrative medicine in Beijing

1998 – The Center opens the first dedicated clinic in Santa Monica with 6 treatment rooms.

2016 – 2017 Center expands to Torrance and Palos Verdes under the medical direction of Dr. Lawrence Taw.

2016 - Dr. Edward Hui Presents at the ACP Internal Medicine Meeting 2016

2017 – Global Perspective of Integrative Medicine Leadership Training Course launched

2016 - Dr. Ka-Kit Hui presents at the Global Medical Education Program in Krakow, Poland and serves as WHO advisor for incorporating TCAM in Health Systems

2018 - CEWM launches 2nd annual Symposium on the Potential of Chinese Medicine in the U.S. focusing on Tai Chi for Health

2017 - CEWM holds 2nd Annual Student Conference for Integrative Medicine focusing the "Bridging Health Disparities through Integrative Medicine: Making Healthcare More Effective, Safe, Accessible and Affordable"

2018 - CEWM launches first travel abroad program, MEDICINE AND GLOBAL HEALTH: EAST-WEST MEDICINE IN SHANGHAI and Inpatient Program

2018 - The UCLA Center for East-West Medicine (CEWM) is collaborating with Tzu Chi Medical Foundation (TCMF) and presented at the TIMA Global Forum

2019 - Dr. Ka-Kit Hui presents at the Global Medical Education Program in Krakow, Poland and serves as WHO advisor for incorporating TCAM in Health Systems

2019 - CEWM celebrates 25 Years of Innovative Healthcare

CELEBRATING HEALING
25 Years of Innovation
Realizing that the pioneers of Chinese integrative medicine have themselves become advanced in years, the goal of the Visual History Project was to capture how they, as young western medical professionals, learned Chinese medicine and developed their critical ideas around integrative medicine that are now part of the curriculum for medical students and health professionals in China. Partnering with the Chinese Association of Integrative Medicine, UCLA’s Center for East West Medicine has collected a unique set of videotaped interviews with prominent scientists and policy makers in China who have made major contributions to modern integrative medicine. The project includes extensive interviews with 34 pioneers and 41 leading figures in this field as well as 30 international collaborators who have been observing integrative medicine development in China through collaboration. The Center has shared the completed work with the general public on its Web Portal-ExploreIM and YouTube, including more than 30 short clips and three 20-min documentaries on specific topics.

Master Deng was awarded an honorary doctor degree by the Hong Kong Baptist University in 2001. In 2009, he was named a “Master of National Medicine” of China, received a Lifetime Achievement Award from the China Society for Chinese Medicine and Pharmacology, and won the Guangdong Science and Technology Award (First Class). After a career spanning more than 80 years, Deng died 2019 at the age of 103. Master Deng was a mentor to Dr. Ka-Kit Hui and his writings in the 1970’s and his close interactions during his visit to UCLA in 1992, is what inspired Dr. Hui to launch the Center for East-West Medicine. Dr. Hui has also established a scholarship in Master Deng’s name at the Guangzhou University of Chinese Medicine in 1993.

Professor Chen Keji of China Academy of Chinese Medical sciences was the first person in Chinese medicine and Integrative Medicine to be elected to be academician at the Chinese Academy of Sciences. He was also the former president (1995-2008) of the Chinese Association of Integrative Medicine. He is a cardiologist and one of the foremost masters of integrating Chinese medicine into western medicine. In 1994, Dr Hui invited Professor Chen to visit the newly established CEWM at UCLA and to represent China to share China’s experience in herbal research at the NIH conference in Washington DC. This conference explored the roles of botanicals in the US. In the last 25 years, they have culminated a fruitful friendship where Professor Chen continues to inspire Dr. Hui. They continue to visit each other’s respective institutions where the last visit at Xi Yuan Hospital (see pic). Professor Chen continues to support CEWM’s work to this day.

**Tu Youyou, Nobel Laureate**, Director of the Artemisinin Research Center at the China Academy of Chinese Medical Sciences, who won the 2011 Lasker Award in Clinical Medical Research and then, the 2015 Nobel Prize in medicine and physiology, is one of the many integrative medicine pioneers who were interviewed for the CEWM Visual History Project launched in 2006. For more information on the Visual History Project, please visit: https://cewm.med.ucla.edu/international/visual-history-project/
UCLA Mentors

“Your proposal for an expanded UCLA Center for East-West Medicine strikes me as an inspiring plan. Its implementation could be of great value in medical education, medical research, cost-effective and compassionate care of patients, prevention of illness, and synergistic application of principles originating in Eastern and Western civilizations. The beacon you have already ignited at UCLA could, through this Center, grow in luster to the benefit of all mankind.”

— Sherman M. Mellinkoff, MD, Dean Emeritus, David Geffen School of Medicine at UCLA

"Western science has made many great leaps forward, but because of the nature of this science, it has focused on a piece of the puzzle at a time. The genius of Dr. Kit Hui has been to integrate the best of Western Science with the best of Eastern science, which is older and wiser, and unlike Western science recognizes that without considering the whole, fixing the parts cannot make the person truly well. After a quarter of a century of ground-breaking work, Dr. Hui’s contributions have rightly been recognized by most of the civilized world. We at UCLA are honored that he has done his work here, and taught so many young physician-scientists to follow his path."

— Alan M. Fogelman, MD, Executive Chair of the Department of Medicine at the David Geffen School of Medicine at UCLA
Like a godfather to Dr. Ka-Kit Hui, Mr. Gerald Oppenheimer has grown together with the Center during the past 25 years and played a most vital role in the Center’s success. His wise counsel and continuous philanthropic support has enabled our Center to develop the educational resources to train our former students, trainees, residents, and fellows into becoming leaders of all our five clinics and programs.

At age 97, Mr. Oppenheimer is a living example of learning how to apply what he has learned at many of the Center conferences, including the daily use of TENs Unit to stimulate vagal nervous activity in his neck to calm down inflammation.

It has been my honor to support the good works of Dr. Ka-Kit Hui and the Center for East-West Medicine for the last 25 years. Under Dr. Hui’s astute leadership, the Center has experienced tremendous growth, allowing it to serve so many in need. Gail and I are excited to see what Dr. Hui will accomplish in the next 25 years.

— Gerald Oppenheimer
THE BIRTH OF CEWM
1993 – 2000 Reflections

Elaine Pang, PhD

Dr. Fu Jian Ping teaching fourth year medical students tai chi behind 200 Med Plaza at UCLA

Medicine, Science, and a Dream
In the early 1990s I was pursuing a career in public health education at the UCLA School of Public Health after some years as a medical research scientist. I was heading a tobacco education project covering the Chinese communities in Greater Los Angeles. Dr. Ka-Kit Hui was one of the principal investigators of this project. At that time, Dr. Hui’s office was just around the corner from mine on the 4th floor of the UCLA medical school building. I remember he used to come over and preach about his dream of starting a center that would blend both Eastern and Western medicine. While I thought the idea was very ambitious, I also shared his enthusiasm. I was convinced that Traditional Chinese Medicine, with a much longer history than Western Medicine, is a treasure that needs to be shared with the rest of world. Therefore, after my public health project was completed, I joined Dr. Hui to start the Center for East-West Medicine in UCLA School of Medicine.

A Humble Beginning
It was a very humble beginning indeed. The new Center consisted of three staff members, with Dr. Hui as director and the Western doctor; Dr. Jun-Liang Yu was the Eastern doctor; and myself as the administrator. Because of limited funding, my pay scale was very low with little employee benefits; and my job title was “Public Administrative Analyst” which remained throughout my entire time at the Center. While Dr. Hui and Dr. Yu treated patients in the clinic, I operated in a small office in the old Rehab building which was big enough for two desks and some space for office equipments. With the help of friends like Bob Chin who had just retired as an engineer from Lockheed, we set up the computer system in the office; and Yu Shun Yuen who had just graduated from UCLA and starting his own computer design company, helped us design the Center logo and brochures, and other technical help.

Formative Years
My responsibilities included supporting Dr. Hui in planning, organizational development and supervisory functions for the Center’s overall operations and personnel. The job was challenging but seemed to fit my diverse background in Public Health Education, community organization and my experience with working in medical school setting as a researcher. During the formative
years from 1993 to 2000, our small group of staff at the Center was able to organize five medical conferences, teach medical students elective courses, train fellows and clinicians, and participate in community health fairs. We applied for grants and organized a number of fundraising events in major hotels and conference centers. However, we would not be able to accomplish so much without the help of volunteers.

Volunteers and Our Medical Family
Volunteers were invaluable in the operation of the Center. Besides supports from friends in the community, we had volunteers on campus who were patients, students, interns, fellows, and other health professionals. Grateful patients who volunteered included Mrs. Annie Shepherd, Mrs. Mickey Loy and Caroline Sakurai who helped with daily tasks, keeping records and assisted in special events. Some patients supported the Center by generous donations, including Mr. Gerald Oppenheimar and Sandra Li who donations of T-shirts and bags for our fund raising events.

I had special joy in working with the student volunteers. They were the cream of the crop, bright and purpose driven. From ambitious high schoolers who aspired to go to pre-med programs, to pre-med students who aspired to go to medical schools, they were good workers. I loved counseling them and encouraging them, especially during the anxious time of waiting for medical schools placement results. I was happy to write enthusiastic recommendation letters for them. They often told me that I reminded them of their mothers or their aunts and they would take care of me when they became doctors. As far as I know, all of those students who passed through our office have become medical doctors.

Family members were a very important part of the volunteer force. Mrs. Shirley Hui was the chief supporter of the Center and her participation was invaluable. When young Ed Hui was a pre-med and later a medical student, he spent many hours working with us, especially during the preparation of medical conferences. My own husband and children were also involved with the activities of the Center, and have made sacrifices during my long hours of work. Together with other staff and volunteers, we worked together like a big family.

Health Highlights
The hard work was always rewarding, not only for the conference attendees, patients and students. When I was supervising the classes, I also picked up useful information about East-West medicine to enhance my own health. For example, I still use the 5 essential acupuncture points and practice the 18-steps Taiji Qigong for health promotion.

There were many highlights during the first seven years of the Center’s history. One of them was a trip to China to attend the first World Congress of Integrated Medicine in Beijing in 1997. Among the delegates were staff and volunteers from the Center. Besides attending the Congress, we also enjoyed touring historical sites of Nanjing, Xian, and Beijing.

Dream to Reality
I am honored to have played a role in nurturing the growth of the Center in the early days and making Dr. Hui’s dream a reality – to show the world the potential of integrating the best of Eastern and Western approaches to healing, and to use this paradigm to benefit mankind.
EDWARD HUI, M.D., Director, Center for East-West Medicine, Santa Monica

Edward Kwok-Ho Hui, MD obtained his medical degree from the David Geffen School of Medicine at UCLA in 2001 and completed his internal medicine residency at the Center for Health Sciences-UCLA in 2004. Subsequently, his two years in the VA-UCLA Geriatric Medicine Fellowship included training with the UCLA Center for East-West Medicine (CEWM). He is a Diplomate of the American Board of Integrative Medicine. He currently is Director of East-West Primary Care at CEWM and Associate Clinical Professor in the Division of General Internal Medicine and Health Services Research where he is active in clinical care and teaching as a general internist with background in integrative East-West medicine and geriatric medicine.

TEAMWORK AT CEWM
From Student Volunteer to Physician

“"The old adage of ‘practicing what you preach’ never rings so true when it comes to self-care as a means of achieving optimum well-being – body, mind and spirit. ”

— Edward Hui

IMMERSION IN INTEGRATIVE EAST-WEST MEDICINE

As a student volunteer, I was there at the beginning of the Center for East West Medicine. In the 1990’s, I worked with my father and his team to plan, organize, and launch our educational offerings for medical students and medical professionals. We introduced traditional Chinese medicine (TCM) and the evolving brand of integrative medicine we now practice at CEWM.

Medical school and residency training in internal medicine at UCLA certainly kept me busy, but I did find the time to continue my immersion in integrative East-West medicine. During my last year of medical school I took the fourth-year elective...
and again during my second year of residency spending four weeks doing a clinical elective. I opted to pursue fellowship training in geriatric medicine but was afforded the opportunity by my program director, Dr. Bruce Ferrell, and chief, Dr. David Reuben, to continue more formal training with CEWM during the first year of the two-year fellowship. Upon completion of my fellowship, I joined the Division of General Internal Medicine and Health Services Research as a clinician teacher focusing my efforts on patient care and launching a new clinic and training experience in Santa Monica for those UCLA Internal Medicine residents pursuing the newly created Primary Care Track.

REDESIGNING PRIMARY CARE
During these early years, I delved into quality improvement and primary care redesign by pursuing a year-long training program offered by Intermountain Health in 2011 and worked on UCLA Health’s integrative electronic health record Care-Connect which eventually launched in late 2013.

EAST-WEST INTERVENTIONS
My link to CEWM was still there. Indeed, I still maintained a practice there one day a week, my assistance needed for the great clinical demand and during CEWM’s more formative years when manpower was scare. Patients were surprised to find out that I also functioned as a primary care physician - and some naturally took the next step of asking if they could establish care with me! For much of its existence, CEWM’s patient-centered and problem-solving approach focusing on self-help, selective use of diagnostic and therapeutic modalities originating from TCM as well as soft-tissue dysfunction had seen success as a clinic of last resort through the constant flow of referrals from both within and outside UCLA Health. However, for a considerable portion of cases, early intervention at the primary care level could alleviate much suffering while saving money for the system, helping patients avoid a path or trajectory that might involve expensive and unnecessary evaluation and therapeutic misadventure with non-optimal outcome.

ESTABLISHING ONE-STOP EAST-WEST PRIMARY CARE
This is why in 2013 we reorganized and expanded the consultative model of CEWM into a one-stop, full-service, integrative East-West health center by launching East-West Primary Care (EWPC) at the CEWM-Santa Monica clinical site. Not only would EWPC provide full-service patient care seamless between evaluation, diagnosis, treatment and referral but also strive to function as a community wellness resource and serve as a clinical training ground and demonstration site for UCLA Health.

The old adage of ‘practicing what you preach’ never rings so true when it comes to self-care as a means of achieving optimum well-being - body, mind and spirit. All of the members of the CEWM care team, from the physicians and acupuncturists to our support staff, integrate East-West modalities into our daily lives.

THE BIGGER PICTURE—UCLA AND BEYOND
UCLA Health has begun the task of reorienting from tertiary and quaternary care and evolving the infrastructure necessary to improve primary care and population health. The goal of coordinated care is to ensure that the chronically ill get the care they need WHEN they need it and to do so without unnecessary duplication and waste.

This has required moving beyond the traditional MD/patient office visit with new types of interactions (electronic, group settings, etc.) and team members (care coordinators, pharmacists, etc.). Ultimately, this will be better for the patient and for the bottom line. In this way, we hope to expand our integrative East-West Primary Care Model throughout UCLA Health— and beyond, to serve underserved communities in Los Angeles and nationally.

“The hope is that early intervention will address most problems in the primary care setting and help patients avoid a path that involves expensive evaluation and therapeutic misadventure with worst-case outcomes.”
Musician Wellness Program
Led by Dr. Malcolm Taw the UCLA Integrative East-West Musician Wellness Program offers a musician-centered, problem-solving approach to optimize health and wellness for all performing artists through a multi-disciplinary team of UCLA Head & Neck Surgery, Ophthalmology, Cardiology, Dermatology, Integrative Nutrition and East-West Medicine. As “athletes of the small muscles,” musicians can suffer from a variety of musculoskeletal conditions caused by the demands placed upon the body from years of practice, rehearsals and performance. Our program can help optimize musical performance to maintain the precision, coordination, fluency and stamina that are required of a musician.

Head and Neck Disorders
Dr. Malcolm Taw has also developed an integrative East-West medicine specialty clinic for disorders of the head and neck that will provide a patient-centered approach to conditions such as headaches and neck pain, dizziness/vertigo, sinusitis/allergic rhinitis, temporomandibular joint syndrome (TMJ) and eustachian tube dysfunction.

Esophageal Disorders
UCLA offers a comprehensive, multi-disciplinary and innovative program designed to help patients with upper gastrointestinal disorders. In addition to making available the latest cutting-edge diagnostic, therapeutic and surgical procedures of modern medicine, the Integrative East-West Esophageal Disorders Program, led by Dr. Lawrence Taw, also offers the best of Traditional Chinese medicine (TCM), including acupuncture, therapeutic massage, and patient-centered education focusing on Chinese nutrition, self-acupressure techniques and stress management. This integrative approach looks at the whole person, empowers patients to make healthier lifestyle choices, and is customized to fit one’s needs, goals and comfort. This one-of-a-kind program may be of particular benefit to those who do not respond well to or tolerate medications, prefer to avoid invasive procedures, or favor more natural therapies.

Inflammation Program
Dr. Lawrence Taw has also developed a clinical program to deal with inflammatory diseases. The Inflammation Program consists of treatment and education components. The goal is to treat patients with medical conditions such as osteoarthritis, rheumatoid arthritis, inflammatory bowel disease, multiple sclerosis, eczema, lupus and asthma.

Malcolm B. Taw, M.D., F.A.C.P. is Director of the UCLA Center for East-West Medicine in Westlake Village and Director of the UCLA Integrative East-West Medicine Musician Wellness Program. He is Associate Clinical Professor at the UCLA Department of Medicine, David Geffen School of Medicine at UCLA and received his B.S. and M.D. from the Joint Biomedical Sciences program at the University of California, Riverside and the UCLA School of Medicine.

Lawrence Taw, M.D., F.A.C.P., is an Associate Clinical Professor at the UCLA Center for East-West Medicine, Department of Medicine, David Geffen School of Medicine at UCLA. He graduated with his B.S. in Biomedical Sciences from the University of California, Riverside and M.D. from the UCLA School of Medicine. He completed his residency in Internal Medicine at Santa Clara Valley Medical Center, an affiliate of Stanford University along with a fellowship in Integrative Medicine at the UCLA Center for East-West Medicine, and has obtained his Master of Science in Oriental Medicine. He is director of the UCLA East-West Medicine clinics in Torrance and Palos Verdes.
Dr. Katie Hu is an assistant clinical professor and primary care physician in both family and integrative medicine of the UCLA Center for East-West Medicine's Santa Monica clinic. She obtained her B.A. degrees in both political science and biology from Miami University of Ohio and her M.D. degree from Washington University in Saint Louis. She completed her internship and residency at UCLA Department of Family Medicine as well as a fellowship in Integrative East-West Medicine at UCLA.

With each client, what aspects of the mind-body connection are you looking for or listening to?

I’m looking for a root cause of their physical symptoms. For example, in patients with diabetes, hypertension (HTN), hyperlipidemia (HLD), pain may be tied to chronic poor lifestyle choices such as poor diet, lack of exercise or too much exercise, poor sleep, and uncontrolled stress. The location of pain can tell me which meridian is blocked in traditional Chinese Medicine (TCM). Each meridian is tied to an organ system (five-organ system) that can then tell me which emotions might be contributing to their symptoms.

The body is extremely adaptable to change. However, when chronically overloaded with stress, this adaptation response will break down and eventually end up with a multitude of symptoms. The key again is to figure out how to break the cycle and reduce the stressors.

Within one hour I am able to understand the patients past and understand their history. I am able to hear and listen to what symptoms and issues they are still currently dealing with as well as the context in which these symptoms developed.

“I was drawn to family medicine initially because I wanted the opportunity to care for any person, in any situation, from any walk of life.”

— Katie Y. Hu
Why is an hour a lot of time for a physician to give to a client in conventional medicine?

An hour is a lot of time because typical primary care doctors can see 3-4 patients in that amount of time.

YOUR HISTORY IN AN HOUR
Within one hour, I am able to understand the patient’s past and understand their history. I am able to hear and listen to what symptoms and issues they are still currently dealing with as well as the context in which these symptoms developed.

PREVENTIVE MEDICINE
Within one hour I have the flexibility to address patients’ concerns, my concerns (which sometimes may be different from theirs), give them counseling on overall health, and take care of the preventative screenings. Sometimes hearing their story from the beginning may take an hour and we have to postpone the typical preventative screenings, including bone density, mammogram and colonoscopy. For some patients, their story starts in childhood; it takes a while to get the picture and context of who they are as a person and why they have the symptoms they are having now.

What are overlooked phenomena in conventional diagnosis which an East-West Practitioner pays attention to?

LIFESTYLE
Lifestyle factors which lead to disease are often the most overlooked phenomena. With my hour, I am able to ask more about lifestyle. How many hours do you sleep? Do you have difficulty falling or staying asleep? How is your diet? Do you eat a lot of sweets, fried foods, soda, dairy, raw salads or cooked vegetables, spicy foods, alcohol, coffee? How many meals do you eat? Do you skip meals? What times do you eat? What are you doing when you eat? What kind of exercise do you do?

ENERGY, ACTIVITY, AND STRESS LEVELS
Do you feel more or less energy? Do you have stress? People often say, no I don’t have stress, but then say, yes, I have a very active mind and it is hard to shut down. However, your body still feels that constant stress if you have an active mind because it is not allowing your body to rest; so you are stress out your body even though you may not feel emotionally stressed out.

TOWARDS OPTIMUM HEALTH / FOUR KEY ASPECTS
With this kind of information, I am able to first use lifestyle recommendations to address a multitude of their diseases. If you want the most “natural” way, you need to address those four key pillars of health. If you correct and optimize your sleep, diet, stress, and exercise, your body/mind will naturally be stronger and healthier and your other symptoms may improve by default (pain, mood disorders, chronic disease like blood pressure, cholesterol, diabetes).

LIFESTYLE AND DISEASE PATTERNS
Chronic poor sleep may lead to inflammation and anxiety/depression and a feeling over being overwhelmed by slightest things. Chronic stress can cause poor sleep, unhealthy eating habits (due to binge eating). Both poor sleep and chronic stress can make you extremely tired. Lack of exercise can cause your body to have more pain. Conventional medicine addresses stress as an emotion. Integrative doctors see stress as a disease emotionally with physical manifestations. TCM doctors are able to tie the emotions and the symptoms with chronic patterns.

TONGUE DIAGNOSIS
With adding Tongue diagnosis from TCM, I am able to give very specific food recommendations as well. Whether you should eat cold foods, warming foods, Yin tonics, Qi tonics, foods that resolve dampness, etc. For colds and flu, some of the best advice I can give patients are food recommendations.

SUPPLEMENTS
With our Integrative Medicine board certification background, we are also familiar with supplements. I may recommend evidence-based supplements such as fish oil, magnesium, probiotics, or vitamin D. In general these are benign, western physician friendly and may be helpful in energy, sleep and stress/inflammation related symptoms.

IT ALL BEGINS IN CHILDHOOD!
Another aspect that is often overlooked is the patients’ childhood. We frequently ask this question in our clinic to understand where the patients are coming from. Most patients with very complicated health conditions have a complex history of abuse or trauma. Physical, verbal, emotional, and sexual abuse, along with parental divorce can lead to post-traumatic stress-disorder (PTSD) or other psychosomatic disorders.
INTEGRATIVE EAST WEST TOOLS
Having a knowledge of Integrative Medicine as well as Eastern Medicine also allows me to have more tools to help patients. We have a better understanding of evidence based research that supports complementary therapies that help certain conditions. TENS unit, acupuncture, cupping, yoga, Tai Chi, mindfulness based stress reduction, cognitive behavioral therapy are all therapies we commonly recommend to patients as less invasive ways of treating their diseases and symptoms.

Why and what about self care?
YOU ARE IN CONTROL OF YOURSELF
Self-care is critical. If patients are not empowered to change, then the only solution is to give them medications to temporize their symptoms, which may lead to further medications to deal with the side effects. After a while, you may have more and more symptoms and it will just lead to more and more medications which address the symptom without making the patient healthier or stronger.

All the preventative care really takes place at home. Only the patients have control over their sleep, exercise, stress reduction, and diet. I can only give suggestions; they have to become motivated or feel empowered to make the changes.

WHY TEACH A PERSON TO FISH TO SURVIVE?
"Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime. It's the idea of teaching a person to fish." If you can convince a patient "why" they need to fish to survive and then teach them to fish, then it’s better than just teaching them to eat fish because most times they will forget. Fishing or self-care activities are necessary to sustain long-term health.

If they don’t make these fundamental changes, then their symptoms will just come back or get worse. So, self-care and knowledge, based on an integrative East West approach, is crucial to creating optimum health for oneself and for others around you.
Treating Patients and Pain

Most doctors are familiar with that specific sense of dread when a patient with gastroparesis on chronic opiates is admitted to the hospital for pain exacerbation. It’s the certainty of an impending fight, anticipating having to tell a patient who is writhing in agony that the best treatment is to stop all opiates. It’s also the expectation of every manipulative tactic that the patient may use to guilt you into “one last shot” of dilaudid to “get ahead of the pain” before stopping.

Gastroparesis is one of many well understood disorders that does not have a successful treatment despite telltale objective findings and several proposed mechanisms of how it happens. Like many other conditions, the opiates that treat the pain worsen the condition and need to be stopped. Other chronic pain conditions such as fibromyalgia are even worse because they do not have any clear objective findings on examination, which tempts physicians to diagnose malingering or drug-seeking behavior. This presents a frustrating situation for the patient, the physician and all others involved.

After seeing patient after patient in a similar situation, I recognized I had to change course if I wanted to avoid burning out. Such situations, and my responses, pushed me to explore Integrative Medicine. After all, I had gone to medical school to help people, not to take pain relief away from an individual who had reached a breaking point.

There’s an old saying that everything we learned in medical school has been cured already. Put another way, the mysterious patterns of symptoms that were once grouped into complex idealized syndromes have, over time, become understood at their molecular levels and, in many cases, cured outright.

Medical school is a long and wild ride through the history of 20th century breakthroughs, and instills in the student a sense of pride and awe that the wild organism of the human body has finally become tamed. By the time of my graduation, I was confident with the tools at my disposal.

Standing in front of our patient with gastroparesis, our tools fail. This is a disorder of the stomach failing to move food forward, causing severe pain and distress. So-called pro-motility agents rarely work as advertised, and the promise of surgically installed gastric pacemakers always seems out of reach. The only tool that really seems to provide relief - opiates - is actively making the problem worse by slowing down the function of the stomach, and so the proper thing to do is wrench it away from the suffering patient.

With this disease and many others, we’ve reached the limits of the tools available. To find new cures we must expand outside of what we already know.

Seeking a Paradigm Shift

This is one of many examples where the medical system could use a paradigm shift. Traditional Chinese Medicine (TCM) is one available parallel system of medicine that can be used to see the same diagnosis in a different point of view. Once the disease is understood differently, better answers often become apparent.

In TCM, “Qi stagnation” is one such way to see the human body from a different point of view. Qi stagnation describes a stagnation of energy throughout the body that is often the result of being emotionally or physically contained. Consider what happens to the root system of a tree that is restrained to a small
container. In humans, this manifests initially as muscle stiffness and feelings of frustration or irritability, and progresses eventually to overtly painful muscle spasms or intense emotional outbursts. TCM practitioners will readily diagnose irritable bowel syndrome, pre-menstrual syndrome, some forms of hypertension, and migraines, along with any related emotional difficulties, cumulatively as ‘Qi Stagnation.’ Interestingly, all these disorders can also be thought of as disorders of involuntary muscle spasms.

In the hospital, doctors will correctly identify disorders of involuntary muscle dysfunction as a cause of recurrent abdominal pain. Specific diagnoses include irritable bowel syndrome, Sphincter of Oddi dysfunction, and gastroparesis. Moreover, they will often report that patients with these diagnoses tend to more commonly suffer from emotional distress.

Using the paradigm I learned in medical school, the solution is to surgically open the muscle spasm when possible (such as with the Sphincter of Oddi) and treat the irritability with antidepressant medications. Seeing these diagnoses as manifestations of Qi Stagnation allows for safer and often more successful treatments through a combination of acupuncture, emotionally cathartic activities (think crying, laughing, strenuous exercise or psychotherapy), and sometimes herbs.

There are other TCM-informed causes of gastroparesis as well, such as a depletion of the intrinsic digestive capacity termed “Spleen Qi Deficiency” that can manifest as abdominal bloating, weight gain, fatigue, loose stools and brain fog. TCM practitioners may attribute the high prevalence of this disease among the American population to excessive cold liquid intake, prolonged stress, and use of proton pump inhibitors. Again, recognizing these relatively simple TCM concepts can help better understand the problem and more readily provide a lasting solution.

The UCLA Santa Monica Medical Center
In July 2018, we started an inpatient East-West consultation service at UCLA’s Santa Monica Medical Center to bring Integrative Medicine principles to hospitalized patients such as these. Armed with this understanding of TCM and other Integrative Medicine paradigms, we are well suited to help doctors and patients understand the relationship of their lifestyle and emotional wellbeing to their current pain complaints. In many cases, the additional tool of acupuncture wellbeing to their current pain complaints. In many cases, the additional tool of acupuncture helps to improve their gastrointestinal function and reduce their pain levels, further leading to improvement. In this setting, reducing opiates becomes easier for all parties.

We’ve also found this East-West intervention works well for medically challenging patients across a wide range of specialties. Some examples have included refractory migraine syndromes, constipation and ileus, neuropathic pain, myofascial pain, nausea and anxiety. Other successes have been difficult to anticipate, such as the woman who required prolonged intubation because of a massively swollen tongue after surgery. After little progress for 3 weeks, her tongue swelling improved within a few days after initiating acupuncture to increase lymphatic drainage and she was discharged within the subsequent week.

The East-West Patient
Our team currently includes Dr. Annie Zhang and myself, and this summer we plan to hiring a third physician to help us see a daily case load of approximately 10-12 patients. We’re focusing on medically complex patients seen by the Internal Medicine service, and anticipate expansion to other wards to assist in post-operative pain control, oncology symptom management, and other areas. In the coming years, we anticipate a further expansion to the Ronald Reagan Medical Center to expand our visibility among trainees.

Already, we are seeing physicians calling out patients as an “East-West patient” in the same way that they would otherwise be labeled a Cardiology or Hepatology patient. For other patients, East-West becomes an option to apply a new strategy when medicine or surgery fails. In coming years, we hope to see East-West medicine applied inpatient consult service at UCLA continue to grow with an increasing patient load, and expansion into the Ronald Reagan Medical Center.

Andrew Shubov, M.D. is a subspecialty consultant at the UCLA Center for East-West Medicine and is an Assistant Clinical Professor within the UCLA Department of Medicine. He grew up in San Francisco and came to Los Angeles for his medical degree from the University of Southern California Keck School of Medicine and his residency in Internal Medicine at Cedars-Sinai Medical Center.
THE EAST–WEST CULINARY MEDICINE PROGRAM

Felicia Yu, M.D.

The East-West Culinary Medicine Program emphasizes the importance of nutrition in health by integrating Chinese medicine nutrition, Western nutrition, and culinary medicine to address both wellness and disease. Created by Dr. Felicia Yu, who received training through the UCLA East West medicine primary care fellowship and the Tulane University culinary medicine certification program (a blend of nutrition, culinary, and medical knowledge), the East-West Culinary Medicine Program aims to educate patients on how best to optimize health and/or disease through feasible dietary changes within their present lifestyle. Dr. Felicia Yu has developed a program to include nutrition group visits for her patients through lectures, cooking demonstrations, and group discussion that started August 2019. The long-term goal for the development of this program includes an East-West Culinary nutrition series (3-6 classes) based on prevention, health optimization, pregnancy/postpartum, menopause, obesity and specific diseases such as cancer, dementia (brain health), cardiovascular disease, diabetes, irritable bowel syndrome, inflammatory bowel disease, and common colds among others. This nutrition series will be developed for the community, UCLA patients, and other UCLA healthcare providers. By designing a program to make “eating healthy” more accessible and applicable for patients, the program aims to empower patients to take a more proactive role in their own health and wellness. As each patient is able to positively impact their health through optimal food choices, they are able to spread that knowledge to their families, friends, and communities. This ultimately creates a ripple effect, in hopes of increasing the overall health of our society and culture.
"Our East-West approach continues to evolve and grow like a living, breathing system. We each have our own backgrounds, whether from the midwest, China, first-generation immigrant or refugee, and thus contribute to the diverse world of healing practices.”

Open to Healing
My eyes were first opened to the world of non-mainstream healing approaches after our family vehicle t-boned a vehicle when I was only 8-years old and I hit my head on the windshield. I suffered from severe neck and back pain and my parents were told by my pediatrician for me to just rest and take acetaminophen. I couldn’t participate in swimming and had memory issues. Our family friend who was an eastern-oriented chiropractor offered to help. I received regular chiropractic adjustments, stretching exercises including qi gong, and within a few weeks made a return to swimming and regular life. When I returned with my parents to our pediatrician to share about my experience, they were dismissive of us seeing a chiropractor. This created a schism in my understanding of what constitutes “mainstream medicine” and this “other” chiropractic treatment, and the inherent prejudice against care approaches that do not fit the dominant system. Since then I have been navigating in and out of the wide world of healing approaches to find ways to heal myself and to support my patients.

Linking People: Health and Culture
During my undergraduate and medical school training I dove into a variety of different non-mainstream therapies and systems including mindfulness meditation, botanical medicine, osteopathy, traditional Chinese medicine, Reiki, shamanism. I connected with the variety of ways these systems saw the relationship between the patient, health, disease, and culture. I received a graduate certificate from U of MN’s Center for Spirituality and Healing in Integrative Therapies & Healing Practices, and mentorship from the director Mary Jo Kreitzer, a visionary leader in the field.

Center for East-West Medicine
I came to UCLA residency because of the Center for East-West Medicine and the strong integrative medicine presence through the Collaborative Centers for Integrative Medicine. I felt that if I was going to be living in the hospital, working day and night, at least I could get help from some integrative physicians. I rotated with Dr. Hui and his team as an intern and soon became a patient, receiving regular care and treatment from the faculty there to keep my severely qi deficient body afloat during training. I originally had planned to be a “quarterback” integrative doctor, knowing a small amount about a variety of therapies and guiding patients to optimize their choices. I met with Dr. Hui and my team of mentors, and came to appreciate that I will better understand “integrative medicine” if I dive into one specific alternative healing system, and specifically TCM which is straddling deep historical and cultural roots and its own biomedical evolution.

What’s the Point of Pain?
I was given the opportunity to be a two year fellow at the Center, which opened the opportunity to learn from our unique patient population who often are deeply suffering, and at the end of seeing many specialists without a clear path. During my 1st year of fellowship and crash course in acupuncture and the foundations of TCM, I couldn’t help but notice how poorly I felt. My tongue had multiple cracks and a red tip, my sleep was poor, and I felt challenged to stay present with my patients. As I tried to understand the almost poetic TCM texts and descriptions of yin and yang, and the
relationship to both bodily hot and cold. I connected with the spiritual aspects of how I relate to the natural elements of the sun and moon (spiritual - I refer to this as our deep mission in life and this relationship to nature and purpose in life).

Cultivating Mindfulness
I self-admitted myself to an almost spiritual intensive care unit and attended multiple mindfulness meditation silent retreats, spiritual workshops, and tai chi at the Center. I began to notice how the deeper I went into my own health imbalance and spirituality, the more authentic I was with patients and they seemed to respond better to my treatments. I noticed that many patients are not only dealing with pain, they are often having a loss of purpose, “just another day of pain, what’s the point,” and struggling to stay afloat by staying at jobs that are directly harming them with long commutes and sitting 10 hours a day. Many patients were highly developed in their thinking and analytical mind, yet sitting on years of emotional energy, and often a variety of psychological, emotional, sexual trauma. I continue to keep a full time spiritual exploration as an attending physician and try to incorporate what I learn in practice.

How Can I Support Healing?
The word integrative medicine, although I initially connected this with the bringing together of different complementary and alternative approaches with mainstream medicine, often is not enough to help our patients. What has distilled from this term for me is “how can I support healing” for this patient. What is needed now, acupuncture, medication, referral to a specialist, supportive presence, encouragement, surgery, sense of hope, movement. Everything served to help bring the patient into greater wholeness, more in balance of their yin & yang, and optimizing their homeostasis in their body.

My current approach to care, and what I am teaching to our fellows is an amalgamation of our East-West medicine approach, integrative medicine as defined by the national consortium, healing & wellbeing rooted care, and patient-centered approach. I am excited to be a part of our expanding and diverse Center and to continue to develop and hone my capacity as an East-West healer.

Note on the Fellowship Program
Currently we are focused on optimizing and re-designing our two year-fellowship program that started in 1999. The program has been funded by the Oppenheimer Family Foundation and the Peggy and Andrew Cherng Fellowship Program (Panda Care Foundation). Our fellows are now hired as junior faculty with the Department of Medicine through the support of our chair Dr. Alan Fogelman. His support has enabled us to recruit and train high quality newly graduated residents or young faculty. Our current goal is create clearer educational goals, optimize our many educational resources in our curriculum, and enhance our fellows opportunities for a variety of integrative healing approaches. This year we are going to explore our deeper why and mission, and look further into the next 5-10 years of our training program. There is an almost infinite need currently for “integrative medicine” trained physicians to help lead new health initiatives for hospitals, health systems and national health systems. Our goal is to have our fellows leave their training healthier than they have ever been and ready to be an innovator and leader in the field.

Our biggest challenge in the future is financially supporting the many educational needs of our program to be able to expand and train more fellows and trainees.

Dr. Justin Laube is an assistant clinical professor providing integrative primary and specialty care at the UCLA Center for East-West Medicine’s Santa Monica clinic. He is the fellowship director for the Center’s integrative primary care and consultative tracks for internal and family medicine trainees. He obtained his B.S. degree in biology from the University of Wisconsin in Madison and his M.D. degree from the University of Minnesota. He completed his internship and residency with UCLA Internal Medicine residency program in Westwood, and a fellowship in Center’s training program.
THE CHINA PROJECT
Expanding CEWM’s Clinical Practice & Educational Programs
Weijun Zhang, DrPH, MS, MB

<table>
<thead>
<tr>
<th>The United States Western Integrative Medicine</th>
<th>China Chinese Integrative Medicine</th>
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<tbody>
<tr>
<td>Starting Year</td>
<td>1990s</td>
</tr>
<tr>
<td>Main supporter</td>
<td>Customers</td>
</tr>
<tr>
<td>Workforce</td>
<td>Broad (Physicians, nurses, public health professionals, dietitians, etc.)</td>
</tr>
<tr>
<td>Approaches</td>
<td>Team-based approach; incorporate evidence-based CAM modalities</td>
</tr>
<tr>
<td>Commonly seen conditions</td>
<td>Chronic pain; GI disorder; depression; anxiety; cancer-related</td>
</tr>
<tr>
<td>Modalities and techniques</td>
<td>Acupuncture; dietary supplement; movement (Tai Chi, Yoga, etc.); mental health interventions</td>
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The China Project includes two major approaches in its educational programming.

1. **Learn from the China experience of developing integrative medicine and then disseminate it to the general public and medical professionals in the United States.**
2. **Bring new concepts of healthcare, including new development of western integrative medicine to educate integrative medicine practitioners in China for better healthcare development.**

**Part I**

**Learning from the 60-Year Experience of Developing Chinese Integrative Medicine in China**

The development of Chinese integrative medicine and western integrative medicine shows many differences (Table 1) but the core principles remain the same: including holistic approaches, individualization of cases, and incorporation with traditional medicine. Since the mid-1950s, the Chinese government called upon newly graduated western medical students to learn Chinese medicine to expand their knowledge for further developing a new medicine.

**Visiting Professors Program**

The visiting professor program started in 2003. The majority of visiting professors are integrative medicine pioneers (first generation of integrative medicine) or current leading figures of Chinese integrative medicine from mainland China. They advise the Center’s clinicians and researchers and help establish the theoretical & scientific construct of the new integrative medicine model based on findings from the latest scientific research & on the integration of biomedicine and traditional Chinese medicine. There are total of 11 visiting professors from China.[p2]

**Dissemination of Chinese Integrative Medicine to the West**

However, the bulk of materials on Chinese integrative medicine is mostly in Chinese and scattered across many databases. In order to make the materials more accessible for medical professionals, the Center conducted the following two programs:

**Chinese Medicine Translation and Terminology Program:** This program has partnered with leading organizations in Chinese medicine and translation, including the World Health Organization (WHO), the China Academy of Chinese Medical Sciences (CACMS), Foreign Languages College of Shanghai Normal University, People’s Medical Publishing House (PMPH), and UCLA Confucius Institute. The program aims to facilitate
scholars, practitioners and instructors in Chinese medicine and translation collaborate to combine insights and create a standard curriculum for teaching and translating Chinese medicine to U.S. clinicians, while developing a system of support for professional translators to deal with complex issues in the translation and dissemination of Chinese medicine literature and knowledge.

The Information Center for East-West Medicine: CEWM and the UCLA Library, in conjunction with the China Academy of Chinese Medical Sciences (CACMS), launched the UCLA Information Center for East-West Medicine in 2008. The Information Center aims to provide current, comprehensive and interdisciplinary information access and services to medical professionals and researchers. A 43-page guide for accessible resources for integrative medicine has been compiled for clinicians and researchers in integrative medicine.

Part II
From the United States to China: Applying Western Concepts of Integrative Biomedicine

For 25 years, the Center has been incorporating evidence-based non-pharmacological Chinese medicine modalities into medical practice as an established part of healthcare at UCLA health system and in the US healthcare system. This provides very unique experience of integration of Chinese medicine with biomedicine within the US healthcare system. The Center brings the new concepts and development experience of integrative medicine to help facilitate the development of Chinese integrative medicine as shown in the following two programs.

Shanghai-based Training Program for Community Health Practitioners: This transformative project aimed to meet the patient demand on Chinese medicine services at community health centers. From 2013 to 2016, the program provided in-service training for four groups of total 12,000 western-trained physicians, public health workers, and practitioners in Shanghai with the most up-to-date Chinese medicine knowledge and skills. This three-year training project is an essential component of China’s national healthcare reform and has made significant improvements in the physical and mental well-being of the Shanghai citizens. Dr. Hui and I were appointed by Shanghai Association of Chinese Integrative Medicine as senior advisor and consultant to provide their services in program design as well as lectures on cutting edge health management through integrative medical approaches.

Train the trainers of Primary care in Chinese Medicine: The Chinese Association of Chinese Medicine Primary Care was established in 2016 with a mission of improving Chinese medicine services in providing primary care services for community residents. In 2017, the Center was invited to provide a one-week training program on primary care practice and for over 150 Chinese medicine primary care practitioners in Shanghai, who will be trainers for next generation of Chinese medicine primary care practitioners, residents and Chinese medical students.

Creating a Two-Country Academic Platform: In 2008, Health Ministers in China and the United States signed a MOU to foster collaboration among scientists and clinicians in both countries for Chinese medicine research, which many believe will “improve the health of the American and Chinese
people.” The visits of China’s Vice Minister of Health WANG Guoqiang in 2010 and Vice Commissioner of China’s State Administration of Traditional Chinese Medicine YU Wenming in 2012 facilitated the creation of academic platform at UCLA for integrative medicine educational programs.

Visiting Scholars Program: The Center launched its Visiting Scholars Program in 2006 with a goal of cultivating future leaders in integrative medicine education, research and clinical practice. Most visiting scholars were from China’s leading integrative medicine organizations in Beijing, Shanghai, Guangdong, etc. They are expected to forge a strong academic links between the Center and their home institutes to support clinical practice, research, and education at the Center. Since 2006, the Center has housed 18 visiting scholars in different specialties.

Leadership Training Program: Per a request from CACMS in 2012, the Center developed a training program for their mid-career healthcare administrators in various departments. The program aimed to build leadership competencies required to drive changes in international collaboration on Chinese medicine and/or integrative medicine. Total 10 administrators from two groups completed the 3-month training in 2014. Since then, there have been multiple small groups or individuals participating in this type of leadership training program. In July, 2017, the Center organized a leadership training program for 20 faculty from the Shanghai University of Traditional Chinese Medicine to support their efforts in globalization of Chinese medicine.

Faculty Capacity Development Training Program for Chinese Medicine Universities: There are 45 Chinese medical universities in China that provide Chinese medicine education, research and clinical services. The goal of the faculty capacity development training program is to cultivate a cadre of faculty leaders to be more capable of developing educational, research, and clinical programs in integrative medicine worldwide. The Center has provided the similar faculty training program for three groups of 39 faculty from Hubei University of Chinese Medicine since May of 2018. Rather than working with individual universities, our future plan is to provide quarterly programs, each of which focuses on a specific theme, such as medical education, clinical practice, research management, healthcare management, etc.

Training of U.S. Students and Practitioners in China: On the other side, the Center also brings students and practitioners to China to experience Chinese medicine culture, observe integrative medicine practice at hospitals and community health centers, and visit cutting-edge integrative medicine research facilities.

UCLA Medicine and Global Health Travel Abroad Study Program: In partnership with UCLA Global Health Minor Program, the 8-unit 4-week program aims to introduce Pre-Med, Pre-Health and public health students at UCLA and other US-based universities the potential role of traditional medicine in current healthcare system. Collaborating with Shanghai University of Traditional Chinese Medicine (SHUTCM) and Fudan University School of Public Health, the program navigates the Chinese healthcare delivery system through the process of creating an actionable self-care plan using integrative medicine approaches. Through the process, students learn about basic concepts and various techniques of integrative medicine, China’s rapidly changing healthcare landscape, and integrative medicine strategies being implemented to address personal and community health issues. The program had 27 UCLA student in 2018 and 21 UCLA enrolled students in 2019 participating in Shanghai. The Center is planning to expand this program and make it available for medical students, physicians, and licensed acupuncturists in the upcoming years.

Weijun Zhang, DrPH, MS, MB
Adjunct Assistant Professor in the Division of General Internal Medicine & Health Services Research at the UCLA Department of Medicine. He serves as the director of China Affairs at Center for East-West Medicine to oversee all China-related academic collaborations, including visual history, visiting scholars, visiting professors, bilateral training programs, etc. He obtained his medical training in Chinese Medicine and Integrative Medicine from the Beijing University of Chinese Medicine. He completed his Executive MPH in 2008 and Doctor of Public Health (DrPH) in Health Policy in 2011, both in the Department of Health Services at the UCLA Fielding School of Public Health. He also earned his Medical Education Fellow from UCLA David Geffen School of Medicine in 2018. His research focuses on studying integration of Chinese medicine into medical practice through implementation science approaches as well as medical education program and evaluation.
CHINESE MEDICINE
A Patient-Centered Approach to PTSD

“Through acupuncture, individuals with PTSD can release trapped emotions and memory of trauma from the body.” — Lan Kao

From the injuries of veteran women and men who served in wars in Iraq and Afghanistan, to physical, sexual, and emotional abuse witnessed or experienced by women and youth mired in family crises, to childhood neglect or a family member with a substance use disorder, trauma impacts the health of many Americans. The negative impact of trauma on mental and physical health requires effective comprehensive interventions that include a person centered approach to care which is inherent in Chinese Medicine.

According to the National Institute of Mental Health, “about half of all adults in the U.S. will experience at least one traumatic event in their lives, but most do not develop PTSD.” For those who do develop PTSD, their experience of the event is beyond typical stress and experience post-trauma symptoms that persist beyond a month. It is an anxiety disorder that some people can develop after seeing or living through an event that caused or threatened serious harm or death. PTSD was not recognized until 1980 by the American Psychiatric Association, in the post-Vietnam War period. Prior to that time, PTSD was largely referred to as “shell shock” which attempted to explain the stresses of war on soldiers and veterans.

Lan Kao, DACM, LAc, Dipl OM has been practicing Chinese medicine in California and Hawaii for over twenty years and is currently a clinical specialist at the UCLA Center for East West Medicine. She is also a consultant and clinical specialist for the UCLA Operation Mend Intensive Treatment Program (part of the Warrior Care Network), where she developed the wellness component of the Intensive Treatment Program, for veterans and service members with PTSD and mild-traumatic brain injury. She is the first acupuncturist in the U.S. hired by the Department of Defense in 2008 to work on an Integrative Pain and Rehabilitation Program for active duty military service members and veterans.
In the U.S., the prevalence of PTSD is approximately 10 percent among women and 4 percent among men during a lifetime. For those affected in the military, the rates are higher: ranging from 7 percent in those exposed to low combat, 17 percent in medium combat, and 28 percent in high combat. The negative impact on those with PTSD not only affect individual lives but can also have social and economic costs in the community.

PTSD is a result not only of wartime and post-war conditions, however, but today extends to the results stemming from what the Substance Abuse and Mental Health Services Administration (SAMHSA) includes:

- Natural disasters
- Experiencing or observing physical, sexual, and emotional abuse
- Experiencing or witnessing violence in the community
- Childhood neglect
- Having a family member with a mental health or substance use disorder
- Poverty and discrimination
- Sudden or major emotional loss

What are the Symptoms? Common symptoms include, but are not limited to: intrusive thoughts, nightmares, and flashbacks of past traumatic events, avoidance of reminders of trauma, hyper-vigilance, sleep disturbance, all of which can lead to considerable social and interpersonal dysfunctions. The disorder is characterized by bad dreams, emotional numbness, intense guilt or worry, angry outbursts, and can develop at any age.

Conventional Treatment for PTSD
There is no cure for PTSD, however, the condition can be managed with conventional psychological or psychiatric treatment including talk therapy or medications. Conventional treatments include cognitive behavioral therapy (CBT), cognitive processing therapy (CPT), and exposure therapy. With the appropriate treatment approach, those with PTSD can experience a reduction of symptoms to where they can live relatively normal lives. However, there are patients who do not respond readily to these standard treatments and this is often due to cultural differences.

Holistic Approaches for PTSD
There is increasing evidence for acupuncture’s effects on the limbic system of the brain which deals with processing of emotions and instincts. I have found, through my work developing the acupuncture component of the Integrative Pain and Rehabilitation Program at Tripler Army Medical Center for the Department of Defense, along with creating the Wellness component of Operation Mend’s ITP, that the modalities of Chinese medicine including acupuncture can be very effective in treating symptoms of PTSD such as insomnia, migraine headaches, anxiety, depression, chronic pain, and digestive disorders. I believe the brain has an inherent ability to re-regulate and restore balance to the nervous system after a traumatic experience which can provide those suffering from PTSD a chance to be more functional in their life with family, at work, and in society.

Unfreezing Trauma, Restoring Balance: By stimulating the parasympathetic nervous system, acupuncture can facilitate the release of stagnant emotional and psychological stress lodged in the body, thus allowing the patient to unfreeze or discharge various layers of the stored trauma.

Qi and Healing: For instance, the stimulation of qi (or circulation of energy within the affected acupuncture channels) and/or blood stasis in cases of PTSD patients with chronic pain (stored memory of trauma) can help the individual heal on the physical (pain reduction), psychological (improved concentration, cognition), emotional (less anxiety, and for some on the spiritual level (letting go of guilt, embracing forgiveness). When emotional and mental stress from trauma can be released to some degree in the body, this creates a cascade of physiological responses that can reduce the severity of symptoms from PTSD.

Implementing the patient centered integrative approach to care
From my experience, when Chinese medicine is coupled with a system that incorporates the patient centered approach patients experience beneficial clinical outcomes from treatment for many conditions beyond musculoskeletal pain. Through several of CEWM’s Integrative Eye Health Program interactive workshops and patient programs which focus care on the whole person, several patients who participated in the programs who have intractable eye disorders and a history of early life trauma experienced improvement from their visual impairment allowing them to have better vision, improved daily functioning, and quality of life.

Evidence for the utility of acupuncture for the treatment of PTSD is increasing. However, we need more randomized effectiveness trials and larger samples than what exist in recent studies to build a stronger evidence base that can foster improvement in patient care as well as changes in health care policy to support more innovative approaches to PTSD that include modalities of Chinese medicine.
CEWM has established a model system of comprehensive care with emphasis on health promotion, disease prevention, treatment and rehabilitation through an integrated practice of East-West Medicine.

Tzu Chi Medical Foundation (TCMF) serves:

- Low-income, English-limited members of the Asian and Hispanic/Latino community who lacks resources to utilize health care.
- Over 10 million members worldwide in over 70 countries
- Currently 4 Community clinics with 8 mobile vans in 2018:
  » 10,000 + medical visits
  » 8000 + dental visits
  » 9000 + vision visits

Currently under the generous funding by the PANDA Cares Foundation, CEWM is collaborating with TCMF to provide cross-disciplinary integrative medicine training for health professionals and health coaches through online and offline training. This partnership will not only provide Integrative East-West Medicine training for TCMF clinicians but also will encompass all of their volunteers workers which can extend its impact further on a national and global level.

In addition to the EW training, this collaborative EW Health Project has a core mission to establish a Teaching Resource Center in the San Gabriel Valley for both patients and their family members, focusing on primary caregivers. The aim is to educate and to provide tools in self-care to promote disease prevention and health maintenance. An innovative Comprehensive East-West Health Center will be built that serves everyone from all socioeconomic status. This comprehensive center will provide one of kind patient-centered care with multitudes of East-West specialties such as East-West Oral Health, Eye Health, acupuncture, nutrition, mental health and much more. This will redefine a new primary care healthcare model that will deliver high quality care that is more effective, more humanistic and yet affordable.

Ricky Chang MD is currently a Physician Diplomate at UCLA Center for East West Medicine. He is working with a dedicated team led by Dr Ka-Kit Hui on a project to bring the integrative East-West model to the underserved population through collaboration with TCMF. Dr Chang is licensed and board certified in Internal Medicine. He has been drawn to the integrative approach of patient care since medical school. His recent 3-year experience in caring for terminally ill patients motivated him to receive additional training in acupuncture in hopes to alleviate their pain and suffering.
STRENGTHENING THE SAFETY NET
Teaching Mind-Body Therapies for Chronic Pain Management

Emiley Chang, M.D.

"With the Love Button Foundation and the Los Angeles County Department of Health we will train clinical staff in integrative Medicine and mind-body therapies for chronic pain management."

In the face of the opioid epidemic, a growing chorus of U.S. health care providers, policy makers, patients, and researchers are advocating for multimodal treatment strategies for chronic pain management. Unfortunately, many safety net providers and patients have been unable to access mind-body therapies for pain management due to lack of knowledge or inadequate insurance coverage. In collaboration with the Love Button Foundation and the Los Angeles County Department of Health Services, the Center for East-West Medicine is developing a 3-month integrative medicine health coach training program to help bridge this gap. The goal of this program is to train clinical staff on the fundamentals of integrative medicine and the practice of key mind-body therapies for chronic pain management through a combination of online modules, webinar discussions, and live workshops. After training a core group of staff to serve as integrative medicine champions, we plan to start weekly outpatient integrative health group visits with a focus on relaxation techniques, mindfulness meditation, modified tai chi, and acupressure. We also plan to use these group visits as training opportunities for additional cohorts of staff members who wish to expand services to their own county clinics.

Dr. Emiley Chang is a geriatrician at Harbor-UCLA Medical Center. She graduated from Stanford University School of Medicine, with an additional MPH degree from UC Berkeley. After training in internal medicine at UC Davis Medical Center, she completed a subspecialty geriatrics fellowship at UCLA. She then went on to complete a NRSA research fellowship in General Internal Medicine at UCLA. During this time, she obtained an MS in Health Policy and Management at the Fielding School of Public Health in health services research methodology, biostatistics, and social marketing. Her community-partnered projects focused on racial/ethnic health disparities, patient-physician communication, and team-based models of care for hypertension and advance care planning. Dr. Chang has always been interested in integrative medicine as a means of promoting healthy aging and improving quality of life. She actively collaborates with the UCLA Center for East-West Medicine and is currently designing an interdisciplinary integrative medicine program to provide comprehensive pain management within the county health system.
TRADITIONAL CHINESE MEDICINE
The International Advanced Training Course
Prof. Zhao Jing, Academy of Chinese Medical Sciences, Beijing

IATC is an international training program sponsored by the Ministry of Science and Technology (MOST) of the People’s Republic of China.

The TCM-IATC is organized by the China Academy of Chinese Medical Sciences (CACMS), in collaboration with the UCLA Center for East-West Medicine (CEWM) of University of California, Los Angeles. Together, we are championing the globalization of TCM outside of China by developing programs that focus on integrating the greatest learnings from both Chinese and western medicine to improve healthcare around the world.

Our programs focus on sharing the latest developments in TCM clinical practice and research, supported by the latest science and technology.

The program strives to:
- Share the latest advancements, best practices, and achievements in TCM with western medicine professionals around the world
- Help individuals and communities worldwide live healthier lives through integrative medicine
- Disseminate TCM globally, promoting the strategy of China’s “One Belt One Road” initiative.

Assoc. Prof. Zhao Jing is an internal medicine doctor and Associate Director of TCM infectious diseases at the Institute of Basic Research of Clinical Medicine, China Academy of Chinese medical science (CACMS).

She has been working as a visiting professor at the UCLA Center for East-West medicine, University of California, Los Angeles from 2015 to 2016. Her clinical interests mainly focus on treating different chronic diseases with TCM or integrative medicine, including chronic heart disease, diabetes, systemic lupus erythematosus and cancers. Her research interests focus on disease prevention with TCM, especially infectious disease prevention, such as influenza.

She is also actively involved in research on the standardization of Chinese medicine. As an assistant reviewer, she has been working on the peer-review of the WHO ICD-11 Revision of traditional medicine since 2012. As a secretary of the TCM group, she was involved in the strategic planning of the Healthy China 2020 initiative.
PACIFIC MIGRATION: How Chinese Medicine Came to Brazil

Thais Salles Araujo, MD, LAc

Thais Salles Araujo, M.D. is a Research Associate at UCLA Center for East-West Medicine. Originally from Brazil, she got her medical diploma from the Universidade Federal de Minas Gerais (UFMG). During medical school, she completed her clerkships in France and Mexico to experience other medical systems and cultures. She completed her residency in Internal Medicine at Hospital Governor Israel Pinheiro, and to complement her medical knowledge with a more holistic view of the patients, she completed a postgraduate training in medical acupuncture and Chinese medicine.

“Traditional Chinese Medicine in Brazil co-exists within a rich tradition of Indigenous, European, and African healing practices.”

How Chinese Medicine Came to Brazil

The history of Traditional Chinese Medicine (TCM) in Brazil is linked with that of the immigration of Asians to the country. The first Chinese arrived in 1812, during the Portuguese colonial period, when King João authorized 200,000 Chinese to come to Rio de Janeiro to work in botanical gardens to cultivate tea. These pioneering immigrants brought with them their culture, which included their knowledge in the use of medicinal herbs and acupuncture. After that, during the first two decades of the 20th century more than 100,000 Japanese also moved to Brazil and brought their practices in acupuncture. These Asian settlers brought with them their philosophy, culinary, habits, martial arts, and also medical practices. Yet, because TCM was mostly practiced by immigrants who were not fluent in Portuguese, the communication and spread of TCM was for many decades greeted with skepticism by local practitioners and patients against the context of other traditional healing traditions.

Indian, European, and African Healing Practices

We must remember that by the time the Chinese and other Asians arrived in Brazil, the country was already a unique fusion of cultures and traditions including Indian, European, and African. Indigenous healing practices, for example, involved both naturalistic and mystical aspects, and some practices are still prevalent in Brazilian rustic medicine. With colonization by Portugal in the 16th century, the first descriptions of traditional Brazilian medicine were written by Jesuit monks, creating compendia that blended European scholarly knowledge with popular knowledge of Amerindian and African peoples. During colonial times, around two million enslaved Africans who possessed certain rituals and practices around their native food, herbs, spirituality, and drum culture incorporated what they knew and practiced into the hybrid Brazilian culture.

TCM Today

It was only in 1958 that the first organized institution for Acupuncture and Chinese Medicine was founded in Brazil, by professor Friedrich Spaeth, an immigrant from Luxembourg, who learned these practices in Germany. By 1972, this institution started to organize the first formal courses in Acupuncture in the country. Finally, in 1995 the Federal Medical Council considered it as a medical specialty and in 2002 started the first medical residency program in Acupuncture. Since then TCM practices have become more incorporated into the health care system. A big step to the propagation of the use of TCM in the country was its inclusion in the Brazilian public health system. The idea of a universal public health was stated in 1988 by the National Constitution which says that “Health is a private right and a duty of the state”. To ensure that, it created the Unified Health System (SUS). The root of SUS is primary care, which is provided by the Family Health Program (PSF), based on community-oriented multidisciplinary team care serving population organized into small groups. The Ministry of Health approved the National Policy on Integrative and Complementary Practices in the SUS, recognizing TCM and other practices such as homeopathy, medicinal plants and anthroposophic medicine, promoting the institutionalization of these practices in the SUS.
Taking the Integrative East West Medicine course at UCLA has changed my whole perception of medicine, my way of thinking and seeing patients, my professional research and activities, and, most important, has altered my own health and attitude to life. As a consequence, I changed my PhD topic to: “The Potential of Implementing Integrative Medicine into the Polish Healthcare System.” This all led to the following activities around the introduction and promotion of Integrative East West Medicine in Poland:

**Pioneering History of Herbal Medicine and East-West Contact in Poland**

Concurrent with these activities however, I also discovered that Poland itself has had a rich history of East-West relations around Chinese herbs and medicine. In fact, the first mention of TCM in Poland dates back to the 17th century. Polish missionary Michal Boym, considered the father of acupuncture in Europe, was born in 1612 in Lvov. His notable book was *Chinese Flora: Flora Sinensis* published in Vienna in 1659, the first work on Chinese herbs to appear in Europe. In 1686, his second book, *Medical Key / Clavis Medica ad Chinarum Doctrinam de Pulsibus* was published in Nuremberg. The book covered Chinese philosophical doctrines including Yin-yang theory and five elements theory, and pulse and tongue diagnosis. His treatises became officially part of the Polish National Library Collection in 2014. Boym’s pioneering work were utilized by Andreas Cleyer and Wilhelm Then Rhyne, authors of the first western works on Chinese medicine published in London in 1683.

Other 19th century Polish physicians who are part of the history of Chinese medicine in Poland include Antoni Baranowski and Jozef Domaszewski who wrote about acupuncture and moxibustion.

**Modern History of Chinese Medicine in Poland**

This begins in the 1970s, when acupuncture became more widely used in clinics and hospitals. Pioneers include Drs. Zbigniew Garnuszewski, and Boleslaw Rutkowski. In 1978 the first Acupuncture Clinic opened in Warsaw; in 1979 the course was taught in Poland. In 1981 the Department of Reflexology of the Polish Medical Acupuncture society was established and since 1983, the journal Acupuncture Polska has been published.

Today, there is no exact data available on the uses of traditional Chinese medicine in Poland. It is considered to be a part of complementary and alternative medicine. The most reported modality used was herbal medicine, followed by homeopathy, chiropractic, acupuncture, and reflexology. At the same time, it is estimated that 100 million European Union citizens are regular users of CAM.

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**Monika Rybicka, MD**

Department of Internal Medicine, University Hospital, Krakow, Poland

PhD student in Integrative Medicine - PhD topic: The Potential of Implementation of Integrative Medicine into the Polish Health Care System - a New Model of a Patient-Centered, Holistic Approach, Internal Medicine resident at the University Hospital in Krakow, Poland, former intern at the UCLA Center for East-West Medicine (2014, 2016).

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*Integrative Health-A New Paradigm for Health Care organized by Jagiellonian University Medical College and the Center for Chinese Language and Culture at the Confucius Institute. Participants included: Profs Ka-Kit Hui, Zhao Jing from China, Monika Rybicka, and others from her university in Krakow, Poland*
"Across the globe, TCM is being increasingly integrated into mainstream health care, driven by an expanding evidence-based, increased consumer demand, and Chinese government support."


The ICD is the international standard for reporting illness and disease for both clinical and research purposes. The ICD-11 will be presented for adoption by WHO Member States in May 2019, and, if adopted, will come into effect in January 2022.

For the first time, the ICD has incorporated codes for traditional Chinese medicine (TCM), and more broadly for traditional Asian medicine (TAM). Specially, for "disorders and patterns which originated in ancient Chinese Medicine and are commonly used in China, Japan, Korea, and elsewhere around the world." (ICD-11, 2018).

This is an important milestone for TCM, and a powerful endorsement. ICD codes can now be used to report epidemiological data on TCM, which may improve TCM research and public health policy. Moreover, conventional health care providers worldwide, most of whom have little to no exposure to TCM, will see it incorporated in an important mainstream standard.

Quick Facts about TCM

- Traditional Chinese medicine (TCM) is being incorporated for the first time in the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems (ICD). The ICD is the international standard for reporting illness and disease and is used worldwide.
- TCM is continuing to achieve greater acceptance in Western clinical and academic health care practices.
- TCM still faces many challenges, including a lack of high-quality research, training and education, and appropriate regulation across nations.
- In China, the government is aggressively supporting the further development and export of TCM.
In the 1990s, evidence emerged that TCM, together with a variety of other traditional (and modern) practices lumped together as “unconventional” or “alternative” medicine, was being widely used in the United States.

Moreover, many consumers, including well-educated consumers, were using TCM in addition to, rather than in place of, conventional medicine. This led to referring to such treatments generally as complementary and alternative medicine (CAM).

Today, the term “integrative medicine” is often used to refer to the use of CAM practices as part of mainstream care.

The most recent evidence from comprehensive studies on CAM use, the National Health Interview Surveys (NHIS), found in 2007 that around 40% of Americans were using some form of CAM, and that in 2012, about 30.2 billion was spent out of pocket on CAM products and services.

**Advancing Integrative Care in the U.S.**

More than 70 academic medical centers and affiliate institutions now belong to the Academic Consortium for Integrative Medicine & Health, which is an organization committed to advancing integrative health care in academic organizations.

The Veterans Health Administration (VHA), which provides healthcare services to eligible military veterans, now provides chiropractic care as part of its standard benefits package, and even hosts chiropractic residency programs.

The American Board of Integrative Medicine established a new board certification in 2014 for Integrative Medicine under the auspices of the American Board of Physician Specialties, one of the major organizations overseeing board certification. As part of the Affordable Care Act, the Obama Administration’s signature health reform act, many states, such as California, have determined TCM services like acupuncture are essential health benefits that must be reimbursed by insurance companies.

The growing acceptance of TCM has been accompanied by a growing evidence-base for TCM. In part, this has been due to increased government funding for CAM research. In 1992, the U.S. Congress created an Office of Alternative Medicine (OAM) to scientifically evaluate integrative medicine at National Institutes of Health (NIH) that later became the National Center for Complementary and Integrative Health (NCCIH). In 1992, it had a budget of $2 million; in 2018, it had a budget of $142 million. While that is, in one sense, a tremendous amount of money, it only about 0.4% of the NIH’s 2018 budget of $38 billion. Funding for CAM research seems even less significant when you consider that most US medical research is funded by private industry. In 2015, $158.7 billion was spent on medical research, with industry contributing $102.7 billion, federal agencies investing $35.9 billion ($29.6 billion to NIH), and the remainder coming from research institutes, foundations and smaller contributors. For perspective, the pharmaceutical industry claims the cost of getting a single new drug approved is in excess of $2 billion dollars.

The lack of private funding is not surprising. New drugs and devices often require substantial investment to receive regulatory approval for marketing, and these products are usually protected by intellectual property rights that may allow handsome profit margins. By contrast, regulatory approval is generally unnecessary for TCM products, so there is no need for expensive clinical trials and only a limited, if any, need for pre-clinical testing. In addition, it may be difficult to adequately protect TCM products with intellectual property rights, which may discourage private investment.

The continued integration of TCM has not been without criticism or problems. Attitudes toward TCM are more hostile in some European countries than in the U.S. For example, in 2018, the Spanish government announced a plan to eliminate “alternative” medicines such as acupuncture and homeopathy from health centers. The plan labels them a “health risk” and calls for prohibiting universities from offering degrees in alternative medicines.
Other European countries have more positive attitudes. For instance, German insurance companies are required to cover acupuncture for certain conditions, the result of several randomized controlled trials commissioned by German insurance companies to resolve disputes about acupuncture's usefulness. (For instance, a randomized controlled trial of 1162 patients with low back pain found no difference in effectiveness between real and sham acupuncture, but found both to be about twice as effective as conventional care.) In recent years, attendees of integrative medicine conferences in Germany have released declarations—the Stuttgart Declaration and Berlin Agreement—urging the improved use of integrative models to improve public health.

Traditional Chinese Medicine in China Today

TCM enjoys a relatively high degree of integration with mainstream care in many Asian countries, but particularly in China. The Chinese government has long promoted TCM, historically, in part, as a means of improving access to healthcare. TCM is even promoted in the Chinese constitution. Still, TCM has not traditionally received the same level of support as Western medicine from the government. TCM providers have a relative lack of resources and training, and there also a lack of high-quality TCM research. A 1998 review, for instance, found that 99% of Chinese studies found a positive result, and no published trial found a treatment to be ineffective.

State Support for this is changing rapidly. China’s President Xi Jinping has called TCM a “gem” and promised it equal support with Western medicine. In 2016, China’s top legislature, the National People’s Congress (NPC) adopted “The Law on Traditional Chinese Medicine” to advance TCM. It requires new investments in TCM institutions and care provision, encourages private investment, requires new qualifying tests for practitioners, enhances protections for TCM intellectual property, and increases funding for TCM research. The government has stated a goal of having all Chinese healthcare institutions provide at least basic TCM care by 2020.

Revenue

TCM has become a critical source of revenue for the Chinese government. The TCM pharmaceutical industry generated $114 billion in sales in 2015 and represented nearly 29% of China’s pharmaceutical industry. This is near the Government’s earlier stated goal of increasing sales of TCM pharmaceuticals from 26% to 30% of the domestic market by 2020.

Belt and Road Initiative

The Government is now actively working to promote TCM globally. More broadly, China unveiled its Belt and Road Initiative (BRI) in 2013 to promote Chinese investment and infrastructure development in Europe, Asia, and Africa. This initiative aims to enhance Chinese influence and trading with countries historically linked by a “belt” of overland corridors and a “road” of maritime shipping lanes. China’s plan to connect Asia, Africa, and Europe has been called a Chinese Marshall Plan after the American initiative to aid Western Europe after the end of World War II. It is expected to cost China more than $1 trillion.

Promotion of TCM is part of the Belt and Road Initiative, which calls for creating 30 TCM centers by 2020. By the end of 2017, 17 such centers had already opened in countries like Hungary, the Czech Republic, and Malaysia. Sales of TCM products in Belt and Road countries have already increased by more than 50% from 2016 to 2017, to a total of almost $300 million. Exporting TCM is part of a broader effort to boost China’s soft power—the nation’s ability to influence without relying on coercive military and economic force.

China has also promoted TCM at WHO. Before TCM’s inclusion in ICD-11, WHO released an updated ten-year traditional medicine strategy in 2014 that calls for integrating traditional medicine into mainstream care to achieve universal health coverage. It calls on Member States to develop traditional medicine capacity, insurance reimbursement policies, and enhanced education. China provided support for the development of this policy. In 2008, WHO organized the WHO Congress on Traditional Medicine in Beijing, which resulted in the Beijing Declaration with its seven integrative principles.

A Globalized Future

Across the globe, TCM is being increasingly integrated into mainstream health care, driven by an expanding evidence-base, increased consumer demand, and Chinese government support. However, challenges in TCM, as with all medicine generally, revolve around better research, expanded East-West training, innovative education, and quality and quality control. Challenges remain with regulation of TCM in China. China’s State and Food Drug Agency (SFDA) receives around 230,000 reports of adverse events annual from TCM products. In addition, there are ongoing concerns about animal rights abuses for animal-based TCM products like rhinoceros horn or bear bile.

For TCM to achieve its global potential in the next decade, these challenges must be addressed in a timely, unbiased, and scientific manner. This is the goal of the UCLA Center for East-West Medicine (CEWM), which has refined a model of integrative care over the past 25 years that is holistic and evidence-based, and that improves well-being and quality of life.

Ryan Abbott is Professor of Law and Health Sciences, University of Surrey, School of Law and Adjunct Assistant Professor, David Geffen School of Medicine, UCLA.

Chinese Herbal Medicines (CHMs) are used worldwide by a large and growing segment of the population. In China, where these products are a core component of traditional Chinese medicine, CHMs are integrated with western health care. In the U.S., CHMs are more often used outside of conventional medical systems as complementary and alternative medicines.

A growing base of scientific evidence suggests that CHMs are safe and effective for the treatment of certain conditions. However, adverse outcomes can result from poor quality control, inappropriate use, and unmonitored drug-herb interactions. Moreover, particularly in the U.S., physicians are unfamiliar with CHMs. As a result, CHMs are largely used outside of mainstream health care systems, which may negatively impact doctor-patient communications and the use of CHMs.

The CEWM organized the Chinese Herbal Medicine Summit & the Symposium on the Potential of Chinese Medicine in U.S. Healthcare to improve the use of CHMs in the United States. These events brought together an international group to develop new strategies for addressing longstanding challenges. Key figures in the integrative medicine community such as Professor Vivian Taam Wong from the University of Hong Kong School of Chinese Medicine, Dr. Qi Zhang, Director of World Health Organization (WHO)’s Traditional Medicine Unit, Ms. Hildegarde Aguinaldo, President of the California Acupuncture Board, Dr. Tai-Ping Fan from the University of Cambridge, and Dr. Tony Kuo for the Los Angeles County Department of Public Health, gave keynote lectures. The global group of presenters also included Dr. Hwee Ling Koh from the National University of Singapore, Dr. Lixing Lao from the University of Hong Kong, Dr. Rainer Nögel from the SMS International Society of Chinese Medicine in Germany and Dr. Heather Boon from the University of Toronto. In the Summit, prominent academics, practitioners, researchers, and industry leaders from Asia, Europe, and North America engaged in roundtable debates about CHMs. In the Symposium, conference attendees networked with speakers and participated in panel discussions about the future of Chinese medicine, education and policy.

As part of the Summit & Symposium, the CEWM sponsored a Chinese Herbal Medicine Publishing Competition. Robin Anderson, LAc, was awarded First Place for her submission on “The Surprising Intersection of Rural Mexico and Chinese Medicinal Herbs.” Her submission focused on her work with a non-profit organization working to create local and sustainable ecosystems integrating Chinese and traditional Mexican herbal medicines in poor, rural communities. Collectively, the winners of this competition received $12,000 in prizes, with all submissions evaluated by a blinded panel of internationally recognized experts in herbal medicine and related fields. Key judgment criteria included novelty, feasibility, and potential impact.
II. UNDERSTANDING HERBAL MEDICINE TODAY

Grant Chu, M.D.

Traditional herbal medicine was born from medical necessity thousands of years ago. Through trial and error, the earliest medical texts were compilations of cumulative experiences. Unlike modern medicine, which is primarily a disease-based treatment model, traditional herbal medicine was and remains a primarily symptom-driven one. Anatomic knowledge existed, however, understanding of biochemistry, histology, and physiology as we understand them today was either incomplete or nonexistent.

Having said this, the early physicians observed how symptoms developed and evolved, how the environment and emotional and physical stressors affected the body, and how the body responded both negatively and favorably to food, toxins, and medicinal plants. Traditional Chinese medicine took these observations and categorized them into patterns that reflected the symptoms associated with diseases. They also developed models for understanding how organs were believed to function and how organs related with each other.

Traditional Models and Modern Medical Science

Although these traditional diagnostic models were associated with traditional herbal medicine, they did not reflect modern understanding of medical science, which makes them incompatible with current diagnostics and treatments. Often times, in modern context, they can be difficult to comprehend and seem contradictory. Direct translation becomes impossible. When viewed as a different language within a historical and cultural context, the incompatibility can be better understood. An example of this can be seen between different languages today. English words such as animation, microphone, and beer are now part of Japanese lexicon as anime, maiku, and biiru, while Spanish words such as burrito, oregano, and cafeteria are used unchanged in the English language.

Materia Medica: Plants, Animals and Herbs

Plants, animals, and minerals make up the Materia Medica in traditional herbal medicine with plant products accounting for the vast majority. Like modern medications, these are chemicals that have bioactivity on the human body. They are bound by pharmacodynamics studying the biochemical and physiologic effects of drugs on the body. These effects may be stimulating, depressing, antagonizing, stabilizing, or replacing and exchanging. They are also bound by pharmacokinetics studying how the body affects a drug in terms of absorption, distribution, metabolism, and elimination.

Like medications, herbal medicines can produce a desirable therapeutic effect at a certain concentration. In excess concentrations, this can produce undesirable effects resulting in physiologic injury and adverse drug reactions. They will reach peak concentrations, achieve steady state, and be metabolized and cleared from the body through the liver and kidneys.

Tu Youyou received the 2015 Nobel Prize for the discovery of artemisinin at the Karolinska Institute in Sweden on Monday. [Photo: CNTV]
Challenges of Herbal Medicine vs. Modern Pharmacology

Modern pharmacology focuses primarily on single bioactive ingredients. While medicinal herbs may be used as single plant ingredients, they still contain multiple chemical constituents. This can be challenging in identifying which chemical constituents are bioactive and exhibit therapeutic effects. Additionally, it can be challenging to identify constituents that may contribute to adverse reactions.

In traditional herbal medicine, it is also common to use medicinal herbs in formulas or combinations to optimize the therapeutic benefit while simultaneously minimizing intolerance and side effects. This can present a complex challenge with multiple ingredients and even more chemical constituents. While this presents concerns similar to polypharmacy with modern medications, the medicinal herbs are combined to optimize positive effect while minimizing side effects. Medicinal herbs can be used together for synergistic effect similar to medications such as insulin and metformin, or acetaminophen and codeine. Other medicinal herbs counter side effects similar to medications such as levodopa and carbidopa or folic acid with weekly methotrexate.

Future Integration of Traditional Herbal and Modern Medicine

There is ample research available on many single plant ingredients in the scientific literature. Other medicinal herbs, however, have scarce available data. Further research is needed to identify the chemical constituents in these bioactive plant products. It is also necessary to identify the proportion of the bioactive ingredients and understand the quantity of the chemical constituents needed to exert a pharmacologic effect.

Further research is also needed to better understand how single and combination herbal products affect the human body, as well as further understanding of the pharmacodynamics and pharmacokinetics of various medicinal herbs. Phase II and III clinical trials are currently underway studying combination herbal medicine for food allergies, asthma, angina, and adjuvant chemotherapy. Further clinical trials for other conditions can help better understand herbal medicine and expand therapeutic options for patients.

Grant Chu, MD, MSAOM is an Assistant Clinical Professor at the UCLA Center for East-West Medicine, Department of Medicine, David Geffen School of Medicine at UCLA. He received his Bachelor of Science in Neuroscience and Doctor of Medicine from Brown University and Master of Science in Acupuncture and Oriental Medicine from South Baylo University. He completed his internship and residency in Internal Medicine at UCLA Medical Center and fellowship in General Internal Medicine at UCLA through the Center for East-West Medicine. Dr. Chu is board-certified in Internal Medicine by the American Board of Internal Medicine and in Oriental Medicine, Acupuncture, and Chinese Herbology by the National Certification Commission for Acupuncture and Oriental Medicine.

Bioactive Plant Facts: Did you Know?

Plant products contain multiple chemical constituents which makes herbal medicine seem complex and impractical. It is important to appreciate that many bioactive plant ingredients have been identified to date and refined into important modern medications today.

Among these are:
- **Aspirin** derived from white willow bark
- **Morphine** derived from opium poppy
- **Digitalis** from foxglove
- **Warfarin** from the tonka bean
- **Penicillin** from mold
- **Artemisinin** from wormwood
- **Paclitaxel, etoposide, vinblastine, and vincristine** are chemotherapies derived from the pacific yew tree, mayapple, and Madagascar periwinkle

Grant Chu, MD, MSAOM is an Assistant Clinical Professor at the UCLA Center for East-West Medicine, Department of Medicine, David Geffen School of Medicine at UCLA. He received his Bachelor of Science in Neuroscience and Doctor of Medicine from Brown University and Master of Science in Acupuncture and Oriental Medicine from South Baylo University. He completed his internship and residency in Internal Medicine at UCLA Medical Center and fellowship in General Internal Medicine at UCLA through the Center for East-West Medicine. Dr. Chu is board-certified in Internal Medicine by the American Board of Internal Medicine and in Oriental Medicine, Acupuncture, and Chinese Herbology by the National Certification Commission for Acupuncture and Oriental Medicine.
“I believe that a courageous spirit to think differently and an appreciation of innovative models of practice beyond the conventional standard of care are necessary to transform the health care system.”

— Tony Hung

The following is an interview conducted by CEWM staff in June, 2019.

Q: How did the East-West Integrative approach influence your thinking and development as a physician and educator?

I believe that a courageous spirit to think differently and an appreciation of innovative models of practice beyond the conventional standard of care are necessary to transform the health care system in the U.S. and globally. Integrative East-West medicine aims to blend the best of Modern Western medicine with Traditional Chinese Medicine with emphasis on health promotion, disease prevention, treatment and rehabilitation through an integrated practice. This model represents a new healthcare paradigm that provides a potential solution to multi-facet challenges to current healthcare.

Q: In terms of “complete health” what organizations, strategies or devices have you incorporated to expand and develop oncological care? Why did you go into this field?

Growing up in a humble immigrant family, I learned since early childhood the unpredictable struggles of life as I fought alongside my mother who passed away from breast cancer. I watched helplessly as my family then humiliated by bankruptcy, and my sister collapsed into mental disorder. I was not supposed to be here – graduated summa cum laude at UCLA, and then dared to even dream to become a doctor. I could have easily fallen from my struggles, but I embraced them instead and let them guide my journey toward medicine.

Tony Hung, MD, MBA

After pursuing his medical and management degree, Tony Hung (M.D., M.B.A. ’13) decided to add an M.S. in clinical research to his repertoire. Upon graduating medical school, he completed his internal medicine residency and is now a UCLA STAR (Speciality Training in Advanced Research) oncology fellow at the Olive View-UCLA/ Cedars Sinai/ Kaiser Los Angeles fellowship program, where he has continued to pursue his interest in oncology, as well as health care innovation and integrative East-West medicine.
Trained in the dual M.D., M.B.A. programs at UCLA, I see the study of medicine as my life passion, and the emerging needs to redesign the healthcare system as my calling. While making cancer history - that’s personal.

Because of my upbringing, I realized the tremendous needs and inadequacy to care for patients and their family who suffered from cancer. As I sought to deepen my understanding, I realized the challenges we faced from cancer biogenetics (publications: Genetics 2007; Blood 2010) to translational oncology (European Oncology & Haematology 2011). I questioned what it takes to build a high-quality, accessible, cost-effective system for those in need (winner of innovation research category of ACP Southern California Region I Poster Competition 2015 and 2016). I launched a nonprofit organization during my internal medicine residency, daring to transform the healthcare system through creativity, compassion and kindness (TeamX Health, a 501c3 nonprofit organization). As I have matured through the years of curiosity and discovery, I decided to take my training to the next level and commit to career in oncology.

In the Summer of 2017, I was selected as a hematology/oncology fellow at the Olive View UCLA/ Cedars Sinai/ Kaiser Los Angeles fellowship program. Through a unique educational arrangement supported by the UCLA STAR (Specialty Training and Advanced Research) Program, I am able to additionally coordinate my subspecialty training with an advanced master’s degree education in clinical research.

Among the body of innovative studies in oncology, I am most drawn to the system thinking in healthcare and integrative oncology. In my career, I hope to continue to kindle my passion in caring for patients with cancer and in giving back to the underserved community that has shaped who I am as a physician today.
Pulse diagnosis, is one of the major and most useful health evaluation techniques in Traditional Chinese Medicine (TCM). However, due to its subjectivity, which varies based on the practitioners' experience, it is one of the most difficult to qualify and quantify. Headed by Yu-Min Cho, PhD (Physiology), PhD (TCM), project scientist at the Center, the Chinese Medicine pulse diagnosis device development project is currently supported by PixArt International (Samoa) Ltd., Taiwan. In collaboration with PixArt, the Center has been conducting a novel photoplethysmographic device development by using an illumination sensor to analyze the value of harmonic resonance profiles in resting and physical activity status, which may apply TCM pulse diagnosis as part of holistic health evaluation. This interdisciplinary research project, which includes expertise in Chinese medicine, physiology, sports science, and bio-engineering, aims to contribute to the modernization of Chinese medicine diagnosis methodology.

The R&D Team is mainly focused on healthcare applications based on the PixArt's sensors, CMOS image sensors (CIS), capacitive touch controllers and related imaging applications. One of the most important products is the PPG sensor. PixArt's PPG sensor products offer robust platforms for the development of physiological detection functions on wearable, hearable and portable devices. Potential health and fitness applications which is attainable from PixArt's PPG sensor includes heart rate detection (stationary-, sport- or Wear OS-compliant grades), stress-level tracking via HRV SDNN value, respiratory monitoring, cardiopulmonary quality tracking, sleep-related breathing assessment and irregular heart beat screening...etc. While all PixArt's PPG products benefit from their common architectural features such as low-power consumption, small form-factor, auto-adjusting mechanisms, and anti-ambient interference, PixArt have built PixArt's list of PPG products with various reference optical-mechanical design and focus on providing flexibility for various algorithm implementation.
It has been my honor to support the good works of Dr. Ka-Kit Hui and the Center for East-West Medicine for the last 25 years. Under Dr. Hui’s astute leadership, the Center has experienced tremendous growth, allowing it to serve so many in need. Gail and I are excited to see what Dr. Hui will accomplish in the next 25 years.

— Gerald Oppenheimer
Peggy and Andrew Cherng have been friends of Dr. Ka-Kit Hui and the Center for the last decade and have generously supported our fellowship efforts. Most recently, they have enabled a major initiative to bring the Center’s integrative health model to underserved communities through the collaboration of the Tzu Chi Medical Foundation, a component of the United Nations NGO.
The endowed chair named after Wallace Annenberg and the support from Charles Weingarten of the Annenberg Foundation has played an important role in enabling the dissemination of the Center’s model through the Center’s many educational programs and web portal.
Mrs. Shirley Hui was born Shirley Manchu Tin in Hong Kong and moved to Los Angeles in 1972 to attend Pepperdine University. In 1974, she married Ka-Kit Hui, then a young medical student at UCLA and now the Wallis Annenberg Professor in Integrative Medicine and the Founder and Director of the UCLA Center for East-West Medicine (CEWM). As a partner and co-founder of the Center, Mrs. Hui maintained a deep conviction about the benefits of integrative East-West medicine and was its beneficiary before her passing in 2010.

The Shirley Hui Memorial Fund supports awards, educational events, and scholarships in integrative East-West medicine. These programs open doors to professional advancement opportunities for students, trainees, and healthcare professionals who aspire to meaningful careers in improving healthcare through integrative medicine.
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