

By Dr Desmond Wai

TCM in Guangzhou

Along the street of Guangzhou, delicious soups were cooked in claypots outside restaurants. The sign board reads, "One can survive without meat for a day, but one must have soup with each meal".

DISCLAIMER: This is not an article on conventional treatment of cholangiocarcinoma.

I received an unusual call on a Monday morning last August, when my patient's son asked me to escort his father, Mr Lim (fictitious name to protect patient's identity), my 60-year-old patient with advanced cholangiocarcinoma, to China for herbal treatment the following day.

I have known Mr Lim for two years – he had a hepatectomy in 2006 for cholangiocarcinoma and was well till a year later when there was local recurrence. Despite subsequent palliative resection, systemic chemotherapy and locoablative treatment, Mr Lim's cancer progressed and by August 2008, there were numerous recurrent tumor nodules in the remnant liver, with spread to regional lymph nodes. Mr Lim consulted many different specialists and the unanimous conclusion was that supportive care would be the best treatment. It was certainly tough to tell patients that we had run out of treatment options.

His family had recommendations from friends of friends regarding a Traditional Chinese Medicine (TCM) professor in Guangzhou. Apparently some of these friends had their terminal cancers cured by him. As I knew Mr Lim's history pretty well, the family wanted me to escort him to Guangzhou and pass the case properly to the professor.

Personally, I have always been sceptical about TCM (I have even published papers on TCM

causing liver problems). Mr Lim had reached a terminal stage and the best treatment would be comfort measures. My first reaction was one of worry – what if Mr Lim deteriorated acutely on board? We were taking a commercial flight which did not have resuscitation equipment. Besides, did TCM really work for advanced cholangiocarcinoma? One may argue that since we had nothing therapeutic to offer, the patient should be free to explore other treatments, even if they were unproven. I also remembered my Evidence-Based Medicines lecturer teaching us that "No evidence does not necessarily mean absence of efficacy".

But what if TCM worsened his condition? If I agreed to escort him over to Guangzhou, did it mean that I endorsed his treatment plan? On the other hand, if the family went on their own, would the TCM professor be able appreciate the complexity of his disease?

After considering all these, I agreed to escort Mr Lim to Guangzhou. I went through all his notes, investigation reports, CT/MR/PET-CT films and prepared a detailed medical report to pass over to the TCM professor.

We arrived at Changi Airport early next morning to take the first SQ flight to Guangzhou. The flight was smooth, and Mr Lim remained well and stable throughout the journey. I also managed to finish two movies on board without interruption.

I met the TCM professor (referred to here as Prof) at the Baiyun International Airport in



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Guangzhou. He was a middle aged, humble looking Chinese. I tried to speak with him in Mandarin while he tried to speak with me in English, but my spoken Mandarin was as poor as his English. We ended up conversing in Cantonese, as that was a dialect we both had in common.

After hearing the history and investigation results, Prof said he had a more than 50% chance of curing Mr Lim. I did emphasise that Mr Lim had advanced, recurrent cholangiocarcinoma with regional lymph nodes and possibly lung metastasis. Besides, he was jaundiced, had bilateral pleural effusion, ankle edema and renal dysfunction.

Prof replied he had treated many patients like Mr Lim before and half of them lived a normal life after his treatment. I reemphasised that Mr Lim's cancer was advanced and even showed him the CT films but Prof said it did not matter.

Mr Lim's son also asked about his father's ankle edema, which was due to hypoalbuminemia and renal dysfunction. Prof said with herbal treatment, the edema would subside within a week. Mr Lim was also coughing from bilateral pleural effusion, but Prof said just one dose of TCM would stop the cough.

Prof also gave me a very detailed description of TCM. According to him, many cancers can be cured by TCM but there was no standard magic formula, and a good TCM practitioner would adjust the prescription according to both the disease and the patient's condition. Each prescription consisted of more than 30 different herbal ingredients, but their relative proportion would vary day by day, according to the progress of the patient.

I was rather impressed by him. He seemed like a learned man and spoke with confidence and surety. He also had solutions for every problem.



Authentic wonton noodle from the coffee shop. The bowl was small and I finished it in 2 mouthfuls. According to food documentaries, wonton noodle originated from Guangzhou.



A coffee shop nearby where I had my meals; it was very much like those in Singapore.

After the initial treatment of herbal medicines, Mr Lim rested well and his cough also stopped. I was pleasantly surprised at his rapid improvement and I also started to wonder if we could have brought him over for TCM earlier.

After settling into the hospital, we went for lunch at a local restaurant. The exceptionally delicious food reminded me of the saying of my former clinical group mate, "Born in Suzhou, eat in Guangzhou and die in Liuzhou". The saying literally means that Suzhou has the best environment for raising children, Guangzhou has the best food and Liuzhou has the best timber to make coffins. How true it was!

During the dinner with Mr Lim's son, I found out more about the Lim's background. Mr Lim was born poor but he worked very hard and had achieved a lot in his career; literally a rags-to-riches story. Mr Lim took good care of every single family member, including all his siblings. Everyone in the family respected him and they would do all they could to help him fight his cancer. I was very touched by their filial piety and determination.

When I returned to the ward the following morning, I found Mr Lim's son looking extremely tired. The night before, past midnight, Mr Lim wanted to use the toilet which was a few steps from his bed. As he was too weak to walk and too heavy for the son to carry alone, the son asked for nursing help. Yet, not a single nurse could be found on the whole floor. After much searching, he managed to find a nurse one floor below. Later, he discovered that there was only one night nurse on duty in charge of two storeys of wards; it was the duty of the patient's family members to take care of the patients' non-medical needs. This was interesting to me. I suppose they had a separate code blue team to take of medical urgencies.

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There were construction sites everywhere.

As Mr Lim appeared to be in good hands, I had fulfilled my duties and returned to Singapore. On my way to the airport, I saw many tall condominiums under construction along the highway. My cab driver told me that millions of Chinese from the rural areas poured into Guangzhou every year and all the condominiums would be filled up. Housing prices could only go up in Guangzhou (words like “subprime” and “property bubble” were unheard of then).

I could not stop thinking about Prof and Mr Lim. Prof was very confident of curing Mr Lim – at least 50% chance. That was better than any proven treatment for cholangiocarcinoma. Prof was talking about “cure”, not “response”! I mean, many cancer respond to chemotherapy but few are cured. I thought I ought to refer more patients to Prof, and was even thinking about taking 2-3 years off from my current post to learn TCM from him.

I arrived home late and was glad to see my lovely wife. As usual, she waited for my safe return and listened attentively to my brief encounter. She was sceptical about Prof’s claims and was definitely not prepared to go to Guangzhou with me for a second HMDP to learn from him.

I did not hear from the Lim family till a week later, when my clinic nurses informed me of the demise of Mr Lim in China.

I felt both upset and guilty. After all, I have known the Lim family for two years and I treated him as my own family member. Many thoughts came to my mind – did the TCM hasten Mr Lim’s death, or should we have sent him to Prof earlier? I could not envision all the promises I heard from Prof as false. After all, he was recommended by a friend’s friend and he must have had some success in the past.

As with many things in medicine, we will never know what would have happened otherwise. But one thing I know for sure – until I see more evidence regarding TCM, I am not going to give up my practice in Singapore to learn TCM in Guangzhou for now. ■