THE MEANING OF NATURAL MEDICINE

An Interpretive Study

Submitted by

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CONTENTS

INTRODUCTION

The Story Behind This Story

The brilliant physicist, Werner Heisenberg brought the mind of science a lot closer to the way things are in his often-quoted Principle of Uncertainty: *"The observer cannot be separated from the observed"*. This observation holds the essence of new-paradigm science. The intentions of the researcher inevitably infuse the outcome of a given investigation.

With this in mind, it is best to clarify my own experience which may have a bearing on this story. I owe a great debt to biomedicine. More particularly, to Selman Waksman, the quiet worker who isolated Streptomycin from the soil bacterium *Streptomyces griseus* in 1944 and thereby found a magic bullet for treatment of tuberculosis. Had it not been for the new drug streptomycin and accumulated knowledge of the nature of and treatment of spinal tuberculosis, my fate may well have been that of a lurching Quasimodo.

I was diagnosed with Pott's Disease (spinal tuberculosis) in 1952, shortly after my father had left his home town of Ragusa in Sicily to create a future for his new family. Like many early Italian immigrants to Australia at the time, my father had taken leave of his wife and young child in order to earn their fare to the new world. He landed in Melbourne, a couple of hours train travel away from the Orthopaedic section of the Royal Children's Hospital, one of the few hospitals at that time with a supply of streptomycin and a program for the treatment of Pott's Disease. My mother and I arrived at Station Pier nearly a year later. I was clad in the brown-hooded robes of the Capuchin monk, St. Anthony, patron saint of my home village of Ragusa in Sicily.

I barely had time to see my father again before being taken to the Children's Hospital at Mt. Eliza and left alone in a stainless steel cot in a white-walled room. I clearly remember the racking sobs that robbed me of breath after my parents left the hospital. I spent the next year encased in plaster from head to foot. I still remember the blue-sky days when the children in my ward were wheeled out in their beds onto the sun-deck overlooking Port Phillip Bay. We glimpsed infinity on such days as our vision reached vast and blue to the horizon. At a time when our brothers and sisters were running and leaping and climbing trees, we learned to find contentment in the stillness of immobility.

In September 1953, a remarkable event occurred near my home town in Sicily. At Siracusa, a bed-ridden woman, blind of many years and fingers worn thin through thumbing countless rosaries was startled as a warm and sharp wetness stung her sightless eyes. "What are you doing? What is happening?" she called to her husband. He was in another room. He ran to her. She was rubbing her eyes and her face and pillow were wet. She turned and looked at him.

"I can see you!" she cried.

Her husband looked up in amazement to the painted plaster image of the Madonna placed above the head of their bed. Drops of liquid, warm and salty, were falling from the eyes of the plaster figurine.

The statuette of *La Madonna Delle Lacrime* was moved to a nearby shrine. It soon became a place of pilgrimage. The plaster Madonna of Siracusa was visited by an endless stream of the devoted and the curious, and was soon surrounded by photographs of the sick and those in need of healing. Among the thousands of photographs was placed an image of a small boy in a full-body plaster cast who had left his home town a year beforehand. When news arrived shortly after that he had

been discharged from the hospital near Melbourne, there were celebrations and prayers of thanksgiving in his grandmother's house on the narrow *Via Minciluna*.

This same figurine of the Madonna of Tears continues to serve as an inspiration for the faithful and the flagging and periodically leaves Siracusa. It was presented in a number of churches in Melbourne from the 23rd to the 30th of November 1997 and honored at a solemn mass at Saint Patrick's Cathedral before being returned to Italy.

The development of penicillin and streptomycin and the implementation of vaccination programs have also brought prayers of thanksgiving into many households. Formerly fatal diseases have been rendered treatable. The scourges of smallpox, diphtheria, poliomyelitis and typhoid no longer decimate families and scar lives to the degree that occurred until recently.

Yet the essential mind of healing accomodates more than the magic bullets of antibiotics and vaccines. The life of the body is also charged with the light of spirit and the power of healing intention.

My future was effectively sealed. I would, of course, study medicine. In the new world, all freedom was available. Having been saved from a crippling fate by a renewed medicine, I would in turn take my place among those who could perform such magic. The apprenticeship, however, was strangely divorced from the naive expectations of a boy from the northern suburbs.

The group of 220 new students was welcomed as the academic elite of the university by members of the medical faculty. We were set apart from the herd from the start and

constantly reminded of our awesome calling. Our first mission was to attain mastery of biomedical knowledge. We carried the smell of the formalin which saturated and preserved the cadavers upon which we anatomised into our households and social circles. Our knowledge of neurophysiology was grounded in the decerebrate workings of Queensland cane toads whose poor brains we scrambled with sharp probes introduced through the foramen magnum of their flat skulls before opening up their bodies. The obscure pathways of biochemical activity were traced through the electronic titration of reagents produced by mitochondrial substrates separated by the centrifuging of shattered liver cells. And beyond the body, we learnt that our lack of understanding of the human mind could be secured by the treatment of its derangement through electroshock treatment or pre-frontal lobotomy when all else failed.

There was clearly something lacking in this unlikely apprenticeship. We had teachers and tutors who embodied the formality and distance of the professionalism into which we were being inducted. The teacher as mentor was largely unknown to the young medical students in my group. Mentor relationships between younger students and teachers did not appear to be on the agenda. Perhaps this was inevitable considering the size of the group.

Our studies seemed strangely abstracted from our nascent mission as doctors and healers. The person, the other, the experience of humaness, the reality and influence of suffering were not our immediate concern. We went through the motions. We learnt the language. We played the game. We passed or failed the exams on our way to becoming doctors of medicine.

During the third year of my studies, some of Nietsche's writings fell into my lap. Shortly after, Camus' *"L'Etranger"* further confirmed the existence of an entire body of literature grounded in human experience. My strained and increasingly tenuous relationship with positivist science was further sundered through this unexpected

stumble into the world of humanist literature, where the description of human qualities and the interpretation of experience appeared to be far closer to the healing mission than the course upon which I had been embarked for the previous three years. I left medical school and began to range a little more widely. It was to be many years before I returned to the formal study of medicine. This re-entry, however, would be through the portals of a marginalized and largely devalued natural medicine.

The old man watched with other-worldly concentration as the first drop of glistening clear liquid formed at the end of a distillation chain he had set up in an open shed on the edge of the Great Dividing Range at Healesville. At the other end, a vapour-filled flask containing a reddish brown liquid was gently bubbling. "Separation is the first step of the process" he intoned hypnotically. We had earlier started with a large paper bag containing a kilogram of dried *Rosmarinus officinale*, fragrant rosemary. Over a period of two weeks, the dried plant was progressively converted into a number of vials of mother tincture, fluid extract, resin, fragrant essential oil, and a small dish of brilliantly refractive crystalline mineral salts. Between the lines, we had retraced the movement of the mind of medicine from its magical presence in ancient Egypt, through its revolutionary renewal in Renaissance Europe, and on to its present complex manifestation in present time.

I had left my formal medical studies seven years beforehand and had travelled a street or two since. I taught science and mathematics at a high school in Launceston, Tasmania for a short time. I later spent two years travelling eastwards with my wife and constant companion, returning from whence we had come two years later. While in London, I had a brief but vapid flirtation with corporate madness as trainee programmer with Control Data Corporation, a large and well-outfitted Minneapolis/St. Paul based computer company. On our return to Melbourne, I undertook a study of Kirlian or electro-photography at the

RMIT School of Environmental Design. This was based on the construction and experimental use of a high-voltage, high frequency field generator and various electrodes developed and constructed with the help of some friends and accomplices.

A peculiar resolution occurred during my time with the old man. *This* was the medicine I had sought all along. *This* was the radiance that had been somehow overlooked or ignored by the biomedicine into which I had been ushered ten years beforehand. *This* was the understanding that would drive my activities from that time on. Within three days of taking leave of the old man, I had enrolled in a college of natural medicine.

Over the past two decades of practicing and teaching natural medicine, I have experienced at first-hand the effects and influence of osteopathy, acupuncture, homoeopathy, naturopathy and herbal medicine on my patients, on my family, and on my friends. I have also witnessed the movement of a number of modalities of the natural medicines from positions of marginality to sanctioned incorporation into the mainstream.

I come to this study committed to the work of communicating the great worth of the natural medicines in the task of restoring health in our communities. I have learnt too much from my patients to be an impartial and dispassionate reviewer of the phenomenon of natural medicine.

I have also had the great good fortune of participating in the progression of the natural medicines in this country at a number of levels. I have developed and taught programs in herbal medicine, anatomy, and the history and philosophy of medicine over many years. I have also served my time with a number of professional associations representing the interests of practitioners of natural medicine in this country. I have constantly pursued the meaning of the natural medicines throughout my professional life.

I am no stanger to the concepts which inform the theory and practice of homoeopathy and acupuncture. As a practicing osteopath, I am daily confronted by the interactional nuances of manual medicine. And the language and methods of naturopathy and herbal medicine are familiar to me. I trust that these experiences have enabled me to more deeply enter the life-world of the educator/practitioners whose discussions inform this study. I am grateful beyond words for their warmth and generosity in so freely sharing their knowledge, their understanding, and their considered reflections on the nature of the natural medicines.

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CHAPTER 1

THE TERRAIN

The experience of suffering is universal to humanity. Sooner or later, we all have to deal with the reality of birth, of sickness, and of death. Castes of healers from every culture have taken on the task of relieving pain, of restoring health, and of giving meaning to the experience of suffering. The healing intention has taken on many forms, from the hieratic invocation of the shaman/priest to the warm-blooded precision of a dedicated surgeon. The middle ground has traditionally been occupied by wise men and women, by the compounders of drugs, and by the various professions of medicine.

The practice of biomedicine in the twentieth century has become remarkably standardised. The teaching programs of most western medical schools are identical. And the clinical treatments one can expect to receive for a given diagnosis from any practitioner of biomedicine at street level will generally be similar. This situation has largely come about through the wide-ranging activities of major medical associations, university and medical research institutions, vast and powerful drug companies, and the manufacturers and promotors of increasingly complex medical technologies. The munificent support of American capitalist philanthropies in the early part of the twentieth century ensured that big-money medicine would rule the day.[1]

Contemporary biomedicine bears little resemblance to the medicine of Egypt or of Greece despite the lip-service until recently paid to the Hippocratic Oath by western medical graduates. Though the principles embodied in Hippocrates and the collection of writings which bear his name appear no longer to be incorporated in the teaching of doctors of medicine in the western world, they continue to be sought out by those physicians courageous enough to move beyond their doctrinal training and find their own place within the holistic tradition.[2]

Five hundred years after the time of Hippocrates, Dioscorides meticulously gathered the known knowledge of plant, animal and mineral medicines used in the wider Mediterranean region of the time in the form of his remarkable text, the *De Materia Medica*. This work remained the prime source of *materia medica* in the Greek, Arab, and European schools of medicine for over sixteen centuries.[3] Surprisingly, the work of Dioscorides remains largely unknown to doctors of western medicine in present time. Practitioners of contemporary herbal medicine, however, continue to make use of many of the agents described in his epochal work.

The current style of biomedicine is unique. A wide chasm separates contemporary biomedicine and the forms of medicine which were widely practiced in the western world only a century ago.[4] The great diversity and availability of healers at the turn of the century has largely contracted back to a single and powerful profession of medicine, although this situation is now beginning to change. Other forms of treatment are increasingly patronised by the community and supported by government institutions in the theatre of the healing arts.

The value of biomedicine has been challenged on many fronts in recent decades. It has been challenged by social and cultural critics, by more vocal members from its own ranks, and by the emergence and sanctioning of a number of other styles of treatment. The cultural authority exerted by biomedicine over the past century begins to erode as western communities actively seek out other forms of treatment.

The various modalities of natural medicine subscribe to different views of the nature of health and the causes of disease to those nominated by biomedicine. Naturopathy, osteopathy, acupuncture, herbal medicine and homoeopathy all offer differing forms of diagnosis and treatment to those available through general practice biomedicine. Practitioners of the natural medicines are increasingly supported by our communities,

and the disciplines themselves gain in credibility as they begin to enter university environments and as new legislation governing their registration is drafted.[5]

Yet very little support for the natural medicines has come from biomedicine itself. Rather, much of the literature emanating from biomedical commentators reflects more than a passing displeasure with the ascendancy of natural medicine in the community.[6] This tension in the relationship between biomedicine and the natural medicines forms a major node around which much of the following discussion turns.

Ian Gawler has actively promoted a broader approach to an understanding of the nature of cancer to that offered by biomedicine in Australia over the past two decades. His commitment springs from profound personal experiences with cancer for which he received both conventional and alternative treatment over many years. Gawler lost one of his legs to osteosarcoma, but recovered completely and has since been instrumental in the formation and promotion of cancer support groups in this country. His work was fiercely attacked by British oncologist Michael Baum in the December 1989 edition of the Medical Journal of Australia. Referring to a critical review of Gawler's book *You can Conquer Cancer*, written by Tasmanian cancer specialist Raymond Lowenthal and published in the same edition of the MJA, Baum stated:

> "The distinction between orthodox and alternative medicines is not one of establishment versus non-establishment, but one of science versus the absurd.....
>
> The subject which is portrayed so poignantly in this issue of the Journal by Raymond Lowenthal is merely a timely reminder that the cultural dominance of empirical science is in danger of being eclipsed by the "new age" counter-culture of irrationalism".[7]

Baum went on to proclaim:

> "The current controversy about alternative medicine in Australia as illustrated within this issue of the Journal is not some local problem or phenomenon of contemporary life, but another symptom of the virus of irrationalism that is a serious threat to the health and welfare of all nations. . . How many cancer sufferers will be denied the proved benefits of modern oncological practice while awaiting the miraculous cure that has been claimed by Ian Gawler?"[8]

One may ask whether Baum has perceived, let alone understood the distinction between irrationality and arationality.

Two years earlier, Australian physician Wolfe Segal offered his own interpretation of the natural or alternative medicines as voiced in naturopathy in the following terms:

> "To explain life processes and diseased states, naturopaths have created pseudo-scientific concepts. There are highly imaginative, dogmatic and not amenable to rational scientific investigation."[9]

Like Baum, Segal projects an unalloyed hostility towards the natural medicines. He rejects the energetic and non-material dimensions of the natural medicine modalities as inconsistent with "the scientifically accepted scheme of things" and "our concepts and accepted knowledge about matter, life and energy".[10] Segal boldly dismisses the validity of mineral therapy, orthomolecular medicine, homoeopathy and herbal medicine in his scalding review. And in a final flourish of insight, he declares: "The placebo par excellence or the ultimate in placebos may be the deity of those who are religiously inclined."[11]

In the United Kingdom, populist author Rosalind Coward claims that the essentially meliorist orientation of alternative medicine is naive and foolish. The ecological perspective which focusses upon interdependence, co-operation, harmony and benignity rather than individuality, competitiveness, conflict and struggle is strangely slurred in her declamations. In a transparently cynical swipe at holism, she states:

> "The alternative health movement is strewn with the accounts of the "true causes" of illness or the "deep causes" of illness. Unlike previous diagnostic procedures which were aimed at understanding the organic nature of the disease, the diagnostic practice of the alternative therapies involves a whole picture of the patient's life and a search for why that individual has become ill. Instead of the doctor as reader of the signs in the body, in which the individual's life was irrelevant, the diagnostic activity must now search into the social, environmental and emotional background to the disease".[12]

Coward views the increase in popularity of the alternative medicines as an expression of a self-serving narcissism in both patients and practitioners alike. Like Wolfe Segal, she also dismisses the possibility that the naturalistic medicines may actually carry some benefit for those who choose to use them. Coward relegates the works of such individuals as Ian Gawler and Lawrence LeShan to the trash-heap of spurious medicine, and cynically derides those who support such heretical healers. In another of her sweeping indictments, she states:

> "Publishing is now littered with monuments to the triumph of the will, accounts of miraculous and heroic struggles against cancer, such as *You Can Conquer Cancer*, and *You Can Fight For Your Life.*"[13]

Such bold statements of opinion raise a number of questions. What is the meaning of the ascendancy of the phenomenon of natural medicine in the western world? Does it represent a cynical exploitation of gullible patients by simple-minded and irrational opportunists? Or is it a timely and perhaps necessary reaction to a medical system which has failed large numbers of people and neglected their needs? Are there common understandings behind the natural medicines? Or do they represent an assortment of independent and unrelated modalities which do not receive the imprimatur of official medicine?

The virulent attacks launched upon the natural medicines from biomedicine have done little to clarify the actual and potential contribution of these newly emergent styles of

therapy to the present health needs of western communities. Nor have they even vaguely tempered their increasing use within the general community.

The purpose of this study is to contribute to an enhanced understanding of the nature of the natural medicines. This is to be accomplished through the analysis of in-depth discussions with a number of educator/practitioners of a range of modalities of the natural medicines. Through the explication of the various themes which emerge from a focussed analysis of interview transcripts, the *meaning* of the natural medicines to those interviewed will be uncovered.

The disciplines selected for the purposes of this study include osteopathy, homoeopathy, western herbal medicine, naturopathy, and acupuncture/traditional Chinese medicine.

Osteopathy is a form of manual medicine which was developed by an American doctor, Andrew Taylor Still during the nineteenth century. Osteopathic medicine as practised in Australia and the United Kingdom remains essentially a manual therapy which is based on the understanding that disturbances in the body structure may create disturbances in body function. Through physical examination, the osteopath seeks to diagnose areas of somatic dysfunction, and apply corrective treatments designed to restore mobility and structural integrity. Traditional osteopathy, as described by its originator, Andrew Taylor Still, is both mechanistic and vitalistic. It is mechanistic in the sense that a profound knowledge of anatomical relations forms the basis of successful diagnosis and treatment; and vitalistic in the sense that the body is understood to possess an inherent healing tendency carried through the circulatory and nervous systems which may be disturbed by the presence of structural restrictions or *lesions*, and restored or enhanced through structural correction.

Homoeopathy was developed in nineteenth century Europe by a German doctor, Samuel Hahnemann. As practiced in present time, it remains an essentially vitalistic system of internal medicine which makes use of a wide range of substances prepared through the methods of *succussion* or *trituration*. The system is based on Hahnemann's observation that small quantities of particular substances or drugs derived from the animal, vegetable, or mineral kingdoms are capable of curing the symptom patterns which are produced when larger quantities of such substances are ingested. As the name implies, homoeopathy is based on the principle of the *similimum*, or similarity between the symptom picture produced by a given drug and the presenting symptoms of patients. The preparation of homoeopathic medicines requires the serial dilution of plant, animal or mineral drugs to produce either *decimal* or *centesimal* potencies. In real terms, this requires a dilution of one part of starting material with either nine or ninety nine parts of an inert medium, either a water/alcohol mixture, or sugar of milk powder. The process of *succussion*, or vigorous shaking is used to potentise liquid mixtures, while the process of *trituration*, or grinding is used to potentise solids, such as mineral products. Homoeopaths believe that the strength of action of their medicines *increases* with each successive dilution despite the fact that there is physically *less* of the starting material with higher dilutions or *potencies*. Many of the medicines used by homoeopaths have been so diluted as contain no possible trace of the original drug or substance used.

Homoeopaths believe that the *potentising* process somehow releases an energetic template from the starting material which is capable of interacting with our own energetic nature or vitality and thereby restore it towards normality when its activity has been disturbed by sickness or disease. Traditional homoeopathy also describes a number of constitutional tendencies or *miasms* which may influence proneness to particular types or patterns of conditions. Characteristically, the homoeopathic consultation is very broad-ranging, and will explore familial history, mental and emotional tendencies, and somatic sensitivities, in addition to the actual presenting symptoms of the patient.

Western herbal medicine represents a repository of much of the traditional medicine of Europe and the Mediterranean region. Several hundred plant drugs are available to contemporary practitioners of western herbal medicine. The majority of these drugs have a long history of traditional use and remain untested according to the current protocols of biomedicine. In recent decades however, increasing interest has been directed towards the nature and activity of plant medicines by the scientific community with the result that the therapeutic effectiveness of many such plants has been vindicated through clinical trials, and their mode of action determined by pharmacological studies.

The practise of western herbal medicine differs significantly from pharmaceutically-based systems of medicine. Although symptomatic treatments are available for specific conditions (examples include the use of *Echinacea* or *Astragalus* extracts for immune system stimulation, *Hypericum* (St. John's wort) extracts for depression, and *Gingko* extracts for impaired cerebral circulation), most practitioners will tend to prescribe holistically according to the pattern of symptoms of patients. Patients with elevated blood-pressure may therefore receive a combination of plant extracts designed to influence the circulatory system, the nervous system, and the urinary system. And for patients with skin conditions, attention may be directed towards processes of detoxification and elimination through the digestive and urinary systems. Although most herbalists are aware of the nature of the active constituents in their more powerful plant medicines, they tend to prescribe plants more on the basis of their traditionally-described actions as nervines, astringents, or demulcents than upon their chemistry.

Naturopathy is a generic term which covers a range of modalities including nutrition, vitamin and mineral therapy, homoeopathy, herbal medicine, and massage and remedial therapy. Naturopaths may be said therefore to represent the general practitioners in the natural medicines who may use a wide range of methods according to the needs of their patients. Much naturopathic treatment is directed towards an enhancement of vitality or "life force" through the use of supportive medication and treatment, and through the

stimulation or activation of the body's detoxifying mechanisms. Attention to such life-style issues as diet, physical and mental activity, stress, and relaxation is also an important part of the naturopathic approach to the maintenance and enhancement of health.

Acupuncture and traditional Chinese medicine represent cultural systems which have been developed and utilised in China over millennia. Both acupuncture and traditional Chinese medicine are informed by a vitalistic and qualitative understanding of human nature and of the influences which sustain life and the phenomenal world.

The practise of acupuncture is prefaced on the existence of a bipolar energy or *ch'i* which circulates in the body through a series of channels or *meridians*. The meridians themselves are related to particular organ systems and functions, and their state can be determined by the observation of physical signs and more particularly by a sensitive reading of the quality of the radial pulse at a number of positions. The task of the acupuncturist is to detect imbalances or disharmonies in the flow of *ch'i* through the meridians and to correct such disharmonies through the insertion and manipulation of fine stainless steel needles in selected acupuncture points.

Acupuncture is one of the modalities which constitute traditional Chinese medicine. Another modality is Chinese herbal medicine. This represents a highly developed system of internal medicine which is based on similar philosophical principles to those of acupuncture. Conditions of the body are diagnosed in energetic or qualitative terms and plants are selected and prescribed accordingly. This system of diagnosis and prescribing has much in common with the style of practice of the Graeco-Arabic medicine which dominated European medicine until the time of the Renaissance. The practice of Ayurvedic medicine is similarly based on a qualitative understanding of the function of the body and the activity of medicinal plants.

In addition to the use of acupuncture and medicinally active plants, practitioners of traditional Chinese medicine will often make use a manual therapy known as *tui na*, and suggest the taking up of such exercises as *tai ch'i chuan* and *ch'i gung*.

Representatives of each of these disciplines have been interviewed in order to develop a greater understanding of the nature and significance of the increasingly patronised natural medicines in western communities.

Endnotes

1. Brown, E.R. (1979): *Rockefeller Medicine Men: Medicine and Capitalism in America*, University of California Press, Berkeley

2. See Rene Du Bos (1959): *Mirage of Health: Utopias, Progress and Biological Change*, Anchor Books, N.Y., pp. 117-118; David Sobel (1979): *Ways of Health: Approaches to Ancient and Contemporary Medicine*, Harcourt, Brace, Jovanovich, N.Y., pp. 107-115; Diane Wiesner, *"Similarities and differences unassailed by time: A comparison of beliefs, practices and orientation in natural forms of medicine"*, Journal of the Australian Natural Therapists Association, 1, 4, 1984, pp. 6-9

3. Historian John Riddle acknowledges the extraordinary influence of Dioscorides on the practice of European medicine: "*For the sixteen hundred years of the modern era, the knowledge of medicines came more from the prodigious search effort of one man, Dioscorides (fl. ca. A.D. 40-80), than from any other person. While he may not have been the first to discover most of the usages, he industriously collected them from various lands, codified the data, and organized it in a clear, concise, and rational fashion. For this reason, he became the chief authority on pharmacy and one of the principle ones on medicine*". John M. Riddle (1985): *Dioscorides on Pharmacy and Medicine*, University of Texas Press, USA, p. xvii.

4. Until the time of the Flexnerian reforms at the turn of the century, the Johns Hopkins model of medicine was but one of a range of modalities and treatments which were widely available. Paul Starr offers a broad view of the North American Scene in the nineteenth century. Paul Starr (1949): *The Social Transformation of American Medicine*, Basic Books, N.Y., pp. 40-56. Margaret Stacey reviews the various forms of medicine and the relationships between them in England and Europe during the eigtheenth and nineteenth centuries. Margaret Stacey (1988): *The Sociology of Health and Healing*, Unwin Hyman Ltd., London, pp. 50-56

5. The modalities of chiropractic and osteopathy have been registered by Australian State Governments for two decades. Programs are now well established within the university system. Within a short time, practitioners of traditional Chinese medicine will join their ranks as newly-drafted legislation is enacted. Funded programs in acupuncture and TCM, in naturopathy and in western herbal medicine are currently taught in Victorian and New South Wales universities.

6. This ongoing saga continues in a recent editorial in the New England Journal of Medicine where the validity of the natural medicines continues to be impugned. See Angell, M., and Kassirer, J.P.: *Alternative Medicine: The Risks of Untested and Unregulated Remedies*, NEJM, 1998, v. 339, 839-841. Interest runs high, however, in the current extent of usage of non-orthodox treatments. See

Eisenberg, D.M. et al., *Trends in Alternative Medicine Use in the United States 1990-1997*, JAMA, 1998, v. 280, 1569-1575

7. Michael Baum, *Rationalism versus irrationalism in the care of the sick: Science versus the absurd*, Medical Journal of Australia, 1989, v. 151, p. 607

8. Ibid. p. 608

9. Wolfe Segal: "Naturopathy, Homeopathy and Herbalism", in Joske, R., and Segal, W., (Eds.): *Ways of Healing* , Penguin, Australia, 1987, pp. 85-115. Quotation from p. 91

10. Ibid. p. vii

11. Ibid. p. 113

12. Rosalind Coward (1989): *The Whole Truth: The Myth of Alternative Health*, Faber and Faber, London, p. 78

13. Ibid. p. 86

CHAPTER 2

THE JOURNEY

Among the earliest recorded texts in medicine are those of Egypt. Egyptian medicine developed over an immense period of time. Two and a half thousand years of relative cultural continuity encompassed the time from the Old Kingdom (~ 3000 BC) to the New Kingdom before its decline some 500 years before the birth of Christ. The massive architectural works that continue to provide entry into the extraordinary power operating in the Egyptian civilisation were built at great human cost. Egyptian doctors practised an essentially magical system of internal medicine wherein the treatment served to call upon the intervention of healing forces and deities and to drive the disease out of the patient. Yet alonside this, the medical papyri of Egypt testify to a remarkably modern understanding of the physical and neurological consequences of bone fractures and other traumatic injuries sustained by the workers and slaves who built the great pyramids and other monuments.[1]

Greek medicine slowly awoke from the Aesculapian temple dreams to the nascent rationality of Hippocratic times. Doctors no longer depended upon the healing dreams of their patients, wherein they received guidance for treatment strategies. Rather, they consciously developed a capacity to observe their patients carefully, and to record their observations meticulously. As an emergent epidemiology gradually took form, Greek doctors began to look for verifiable principles within life which governed the development of, and recovery from diseases. The Hippocratic Collection reflects the depth and detail of Greek medicine at that time. But knowledge of the body, in terms of anatomy and physiology as we now know them, had yet to awaken fully.

Despite the dissections and anatomising done at the hands of Hierophilus and Erasistratos at the new University of Alexandria around the fourth century BC, the

medical teachings of the European tradition continued to view the body as sustained by the four elements of air, earth, fire and water until well into the Renaissance period. These elements were said to perfuse the phenomenal world, to influence our natures, and to sustain life. A proper balance of these influences brought health. An imbalance brought disease.[2]

For fifteen centuries, a truly physiological understanding of the function of the body remained elusive. The theory of humoral medicine increasingly could not be reconciled with observations regarding the actual structure of the body and its organ systems. Paracelsus vented the frustration of centuries in his iconoclastic burning of the works of Galen and Avicenna at the University of Basle in 1527.[3] The portals were thereby thrown open.

Vesalius was among the first to boldly strike into the new terrain. William Harvey followed, and soon after blew apart the hallowed notions of millenia in his revelation of the movement of blood through the human body.

The New Temple

The foundations were laid for a new quest that was to gradually redefine the practice of European medicine over the following three centuries. The development of analytical technologies enabled a greater penetration, separation and description of the phenomenal world. The grinding of glass into precision lenses opened the natural gaze into an unexpected world of ordered complexity. The microscope showed body tissues to be built of highly differentiated cells which were themselves composed of myriad organelles.

Through the processes of chemical separation and purification, plant medicines which had been used for millenia as agents of healing and carriers of elemental qualities were found to be composed of powerfully active constituents. In the early decades of the 19th century, early pharmacologists with a special interest in alkaloids discovered morphine within opium, quinine and quinidine within Jesuit's bark (cinchona), and strychnine within nux vomica.

At a social and environmental level, knowledge of the principles of sanitation, antisepsis and epidemiology similarly gathered momentum.

The actual practice of medicine in Europe and in North America in the 18th and 19th centuries embraced a wide-ranging eclecticism. The conventional wisdoms of blood-letting, purging and the prescription of metallic salts were practised alongside traditional herbalism, bonesetting, spiritual healing and midwifery. Other consistent and coherent systems of healing such as homoeopathy, osteopathy, chiropractic, and nutritionally-based hygienism began to flourish.[4]

In the United Kingdom, neither royal patronage nor philanthropy directed medical education and training. The development of European biomedicine in the late nineteenth and early twentieth centuries kept pace with the development of an extensive hospital system. Prior to that, the learned doctors of the Royal College of Physicians of London attended to the upper classes. They begrudgingly tolerated the co-existence of barber-surgeons, wise women, apothecaries and others who provided for the health needs of the poor.[5]

Enormous improvements in public sanitation, the near-universal supply of clean water and fresher food during the nineteenth century, together with an increasingly visible scientific medicine brought a renewal of confidence in the medical profession, and quickened a millenial expectancy of the new medicine as saviour of humanity.

The Johns Hopkins model of the new medicine was proclaimed Truth by Abraham Flexner in the early nineteen hundreds. It was planted throughout the universities of North America, and was nourished by the limitless funds of John Rockefeller, Andrew Carnegie and Americal Capital. Other nascent forms of medical theory and practice such as homoeopathy, hygienism and eclecticism shrivelled into powerless vestiges which either withered through lack of financial support, or were actively uprooted as heretical dogmas by an increasingly strident biomedicine.[6] David Sobel has astutely observed: "The history of medicine is as much the history of loss of ideas as it is the development of ideas."[7]

By the outbreak of the Second World War in the late 1930s, scientific medicine was on a magnificent roll. Domagk's discovery of sulphanilamide in 1932 and the discovery of the penicillins and other microbial antibiotics shortly after were the heralds of a magically effective iatrochemistry. Through the theatre of a war-torn Europe, these new medicines were tested under the most trying of conditions. They were not found wanting. In the meantime, emergency medicine and surgery had been rendered relatively safe and predictable by the use of aseptic and anaesthetic procedures, and widespread immunization programs seemed poised to clear the world of the deadly childhood diseases. The progress of biomedicine appeared to be invincible. The historical mission of medical science was about to be realised.

Shadows on the Veil

The increasing standardisation and uniformity of western medical education, diagnosis, and treatment were, however, soon to cast their own shadows. Rigid protocols determined the testing, approval and marketing of new drugs. The double-blind cross-over standard for the clinical testing of medicines became the new law against which common sense and

historical precedent railed. A materialist ethos increasingly directed the medical perspective of life. Medical education drove deeper into material reality, from bodily dissection, to histological analysis, to molecular biology and genetic engineering. In this process, spirit and soul evanesced to virtual extinction. Nor did psychic forces or social realities appear to be present in the new model. The once-human face of medicine was overlaid with a complex mosaic of science, technical mastery, and management.

Despite the immense cultural authority, the awesome technological hardware, and the universal administrative empire commanded by western biomedicine, there have arisen profoundly disturbing doubts about its effectiveness in delivering its millenial promise of universal good health. An increasingly expensive and expansive medical system has failed to curb, let alone overcome, the king tide of chronic disease in which many are slowly drowning in the western world.[8] Although the old infectious scourges of leprosy, plague, diphtheria, malaria, cholera, and tuberculosis may have been overcome through quarantine, vaccination and the use of newly developed antibiotics, epidemiologists begin to brace themselves as these and other conditions re-emerge in different parts of the world. Diphtheria has re-appeared in the wake of the break-up of the former Soviet Union. Parts of Africa and Latin America have similarly been poised on the dangerous edge of yellow fever epidemics.[9] And in the western world, new waves of cancer, circulatory disease, Alzheimers disease and AIDS have left many floundering.

As the mantle of biomedicine begins to fray, new cloth begins to be woven on a new loom.

Among the first in recent times to cast doubt on the salvationist myth of twentieth century biomedicine was medical researcher Rene Dubos. A gentle heavyweight in his field, Dubos discovered and developed a number of powerful antibiotic drugs from soil

microbes in the 1940's. Writing in the late 1950's, he called for the restoration of Hippocratic principles in medicine. While acknowledging the doctrine of specific aetiology as "the most constructive force in medical research for almost a century", he urged a broadening of the conceptual basis of medical science in order that it address more than just the biological realities of life:

> "By equating disease with the effect of a precise cause - microbial invader, biochemical lesion or mental stress - the doctrine of specific aetiology appeared to negate the philosophical view of health as equilibrium and to render obsolete the traditional art of medicine. Oddly enough, however, the vague and abstract concepts symbolized by the Hippocratic doctrine of harmony are now re-entering the scientific arena."[10]

Dubos' perspective was shaped by a deep understanding of the social and historical changes which had lowered the high mortality of earlier centuries. He acknowledges fully the enormous contribution of improved sanitation and nutrition in the overcoming of major sources of premature death during the 1800's. Dubos, however, denies biomedicine the status of a truly scientific discipline:

> "The holistic attitude leads to the conclusion that the scientific medicine of our times is not yet scientific enough because it neglects, when it does not completely ignore, the multifarious environmental and emotional factors that affect the human organism in health and in disease. Reducing the normal and pathological processes of life to the phenomena of molecular biology is simply not sufficient if we are to understand the human condition in health and in disease."[11]

Dubos understands the power of the non-rational which has been historically utilised in the healing practices of all cultures, and calls attention to the folly of biomedicine in discouraging, if not actively discrediting, these valuable and influential dimensions of healing:

> "Regardless of the level of cultural and economic development, all people throughout history and in the different parts of the world have practiced simultaneously two kinds of medicine. On the one hand, they have made use of drugs, surgical interventions and nutritional regimens to deal with traumatic accidents and with certain organic disorders that they could readily apprehend. On the other hand, they have developed practices of a semi-mystical or completely religious nature designed to cure physical and mental diseases by influencing the patient's mind. These non-organic healing practices - such as chants, prayers,

> pilgrimages, and the like - are usually regarded as irrational by outsiders, but nevertheless they often contribute to the recovery of the patient by helping him to mobilize unconsciously the innate mechanisms for spontaneous self-healing that exist in all living creatures."[12]

Before a decade had passed, Maurice Pappworth vented his own rather different concerns regarding the increasingly heroic diagnostic and treatment methods that damaged the individual in the name of scientific validation and experimental procedure. He cites the tragic and unnecessary blinding of eight newborn infants in a controlled clinical trial undertaken in 1954 to test a *known* relationship between the development of retrolental fibroplasia and the use of high concentrations of oxygen in premature infants. Four published reports over the previous 5 years had established with near certainty the relationship between high oxygen levels and blindness in premature neonates. Pappworth angrily proclaimed:

> "In the name of 'science', worshippers at the shrine of the controlled series rendered eight infants blind to prove what others considered to have been previously established."[13]

Pappworth laid himself on the line in the titling of his book: *Human Guinea Pigs: Experimentation on Man*. He was surprised at the reluctance of many of his influntial colleagues to share his concerns regarding the consequences of medical investigations conducted at that time.[14] He went on to say:

> "No doctor is justified in placing science or the public welfare first and his obligation to his patient second. Any claim to act for the good of society should be regarded with extreme distate and even alarm, as it may be a high-flown expression to cloak outrageous acts. A worthy end does not justify unworthy means."[15]

Pappworth recalls the active co-operation of German medicine in the eugenic "solution" of the German Third Reich to the "problems" of physical and mental "deficiency", criminality, sexual orientation and even nationality.[16] He demanded that biomedicine redirect its attention to the patient as primary responsibility. He rested uneasily with the thought that technological medicine was somehow losing sight of the

needs of the individual as it proceeded further into physiological process and biochemical mechanism.

American lawyer, Rick Carlson proclaimed *The End of Medicine* in 1975. Cultural and educational reformer, Ivan Illich drew forth the collective rancour of the western medical profession with the publication of his *Limits to Medicine* in 1976. Before the seventies were done, Australian physician and prominent member of the Doctors Reform Society, Richard Taylor pronounced *Medicine Out of Control*, and detailed *The Anatomy of a Malignant Technology*.[17]

The softly spoken earlier admonishments of Rene Dubos paled in comparison to the frontal assaults upon biomedicine launched by Rick Carlson, Ivan Illich, and Richard Taylor. Each declared the current practice of biomedicine to fall far short of human needs, though in markedly different ways.

At much the same time, a number of different approaches to treatment to that offered by the dominant biomedicine began to gain in popularity. These emergent medicines were increasingly patronised. In the late 1970s, chiropractic and osteopathy gained mainstream support in Australia and became registered professions with government funded tertiary education. Shortly after, the teaching of traditional Chinese medicine and a number of other branches of natural medicine moved into Australian universities.

Shaking the Foundations

Rick Carlson identified the disease-centred approach of biomedicine as a major source of limitation. Significant causes of disease other than those of biological origin have been too readily overlooked. Population medicine, and social and environmental medicine are relegated to sub-text in the biomedical paradigm. The pursuit of specialist

technical diagnosis has been at the cost of losing sight of the patient in their total life context:

> "Modern medicine has only one approach to health - a wholly disease-oriented approach. Its paradigm of healing assumes that highly refined techniques and profound interventions into the body can produce health by eliminating the symptoms of disease. This has led to.... the neglect of a blizzard of phenomena about the human being, because it does not fit the paradigm."[18]

Social reformer Ivan Illich accuses the biomedical style of physicianship of promoting a breakdown of trust between patient and doctor through the intervention of technological hardware, mystifying language, and a systematic denial of the inescapable reality of suffering in human experience. The essential human being is somehow lost sight of. The current structure of biomedicine actively supports - and is itself supported by - aspects of a socio-economic system which are inherently sickening to individuals, to societies, and to the biosphere itself:

> "Traditional cultures and technological civilisation start from opposite assumptions. In every traditional culture the psychotherapy, belief systems, and drugs needed to withstand most pain are built into everyday behavior and reflect the conviction that reality is harsh and death inevitable. In the twentieth century dystopia, the necessity to bear painful reality, within or without, is interpreted as a failure of the socio-economic system, and pain is treated as an emergent contingency which must be dealt with by extraordinary interventions."[19]

Illich's critique demands a reconciliation of western medicine with something other than pharmaceutical and technological management of the pain of birth, life and death. The devaluation of traditional values in the name of scientific method and the myth of "progress" has severely distorted the scope and mission of medicine in the western world.

Richard Taylor, like Carlson, views the neglect of environmental, social, and economic causes of serious disease as the blind-spot of biomedicine. He portrays over-servicing and the exploitation of technological services in medicine as a malignant abuse of trust. Elaborate diagnostic and treatment methods more often serve to further the economic

interests of their creators, interpreters, and promoters than to effectively deal with the causes of disease and suffering in those on the receiving end. Unlike Ivan Illich and Rick Carlson, Richard Taylor is himself a member of the medical profession and has seen at first-hand the consequences of an historically unique style of training and professional conditioning in his peers:

> "Although most doctors are honest and competent, and generally have the interests of their individual patients at heart, the medical profession as a whole has demonstrated that, left to its own devices, it is unable to understand or to act on the root causes of disease".[20]

Illich, Carlson and Taylor are in common agreement that biomedicine does not promote the development of autonomy and self-reliance in patients. Medical practice appears concerned more with the management of conditions through monitoring, screening and the medicalisation of different life stages and events than with encouraging the active participation of patients in the reclaiming and maintenance of their own well-being. Richard Taylor is particularly outspoken in this regard:

> "Rather than adopt measures that can be understood and carried out by the normal average person, the medical establishment has elected to usurp the capacity of the individual to look after his or her own health. Instead of encouraging self-sufficiency, independence and self-reliance in health and illness, doctors have persistently contrived to produce dependent hypochondriacs."[21]

At much the same time, sociologist John Ehrenreich offered a somewhat different perspective. He disputes the suggestion that biomedicine actively conspires to create a state of dependency in patients, and suggests rather that widespread dependency is a cultural reality in western - particularly American - society. This dependency is promoted and cynically exploited by vested interests within the medical establishment:

> "The dependency and passivity characteristic of modern medical care are sought by patients as well as imposed by doctors; they reflect not only the interests of the doctors and of giant corporations, but also the needs of patients. Medicine as practiced in the U.S. may reinforce dependence and passivity in the face of bourgeous domination; it does not, however, create them."[22]

Despite the differing academic and occupational allegiances of Carlson, Illich, Taylor and Ehrenreich, there is a surprising level of agreement in their identification of such factors as the reductionism of the current medical paradigm, the medicalisation of the entire life process, the disencouragement of independence, self-reliance and autonomy in patients, and the runaway costs of technomedicine as portents of an unsustainable system which has lost sight of its essential mission.

Interestingly, none attribute any significant influence to the alternative and naturalistic forms of medicine as either a counter-balance or as a potential source of resolution of the inadequacies of the dominant approach. Rather, there appears to be a collective call for the near-revolutionary reform of biomedicine through deprofessionalisation of practitioners, and through the socialisation of the medical establishment.[23]

What is strongly reflected in these critiques is a profound loss of faith in a profession whose historical brief has been somehow diverted away from the needs of its patients and directed more towards the realisation of scientific, professional, institutional and economic agendas.

The Empire Strikes Back

These blistering assaults upon the foundations and present manifestation of scientific medicine have predictably called forth a strong response from a number of quarters. Marten de Vries and his colleagues describe the criticisms of Rick Carlson and Ivan Illich as *"overblown, overgeneralized and unconstructive"*.[24] They take specific issue with the accusation unanimously voiced by Illich, Carlson and Taylor that biomedicine has produced and encouraged an excessive medicalisation of western society. De Vries suggests that medicalisation is a benign and universal phenomenon, and that even

traditional societies are characterized by a strong interpenetration of culture and medicine:

> "Traditional medical systems often demonstrate an integrated relationship with the rest of society. The medicalisation criticism, however, criticises precisely this integration of activities in the western system, that is, the increased involvement of medicine in day-to-day life."[25]

Apart from the fact that western society generally has sundered its roots from milleniary traditions, De Vries conveniently glosses over the epochal differences in both the form and extent of the medicalisation which has occurred in the western world. The practitioner of biomedicine is no shaman. In fact, the hieratic dimension of the call to healing has been virtually asphyxiated in the dominant style of western medicine.

The social, political and economic consequences of the medicalisation which has occurred in the western world are a universe removed from those of traditional societies. The wide-spread promotion of medical screening programs in Europe, North America and Australia has been described by Australian physician Richard Taylor as a brazen looting of the public purse by fee-for-service operators who are supported by a culture of fear and dependency nurtured by technologically-derived medical reassurance of questionable value.[26]

The medicalisation of the western world extends far beyond an interpenetration of medical values and the values of the dominant culture, as De Vries and his colleagues would suggest. It represents the martialling and utilisation of political, technological, organisational and economic resources of unprecedented magnitude.

British medical researcher Michael Horrobin turned his attention to the criticisms of Ivan Illich. Although Horrobin acknowledges the validity of many of Illich's claims with some grace, he remains somewhat disturbed by Illich's call for the radical

deprofessionalisation of western medicine. He challenges Illich's claim that biomedicine usurps the capacity and desire of many within society to live autonomously:

> "Most people do not seem to want to do things for themselves and given the free choice will opt not for autonomy and independence, but for industrialisation and dependence."[27]

Horrobin denies that biomedicine has attained its present form through a conscious steering of political, educational and economic processes by professional associations and commercial interests.[28] Horrobin makes no mention of the constellations of influence and intention which led to the Flexnerian reforms in the U.S. earlier this century. Nor is there mention of the political and professional power of such groups as the American Medical Association and the British Medical Association or of the supportive influence of the medical-industrial complex.

For Arney and Bergen, the observations of Ivan Illich and Rick Carlson are largely irrelevant. Biomedicine is changing, but that change has little to do with the criticisms of Illich, Carlson and others. Nor is that change a response to the proliferation and utilization of technology in western medicine:

> "We should not think of the changes in medicine that we are living through today as a rebellion against the runaway growth of medical technology."[29]

Arney and Bergen argue from a systems theory perspective. They portray western medicine as a highly reflexive and adaptive function which powerfully self-corrects through its rapid response to immediate realities. This flies in the face of much historical evidence which points to the refractoriness to change of the professions of medicine. Arney and Bergen suggest further that the new medical logic actually *requires* an increasing medicalisation of all stages of the life cycle. The control made possible by technological medicine calls for the constant monitoring of our lives in order that they may follow their optimal trajectory:

> "The new medical logic organises medical power around the practices of monitoring. Medicine monitors individual lives, extracts individuality - those images prowling around inside, sorts through that individuality for indications of deviations from carefully mapped optimal life courses, locates individuals precisely in terms of those deviations, and then offers freedom from those deviations in the form of a true and fulfilling life course. Medicine frees individuals from the problems of their individuality through techniques of normalisation."[30]

One cannot help wondering whether the Orwellian projections of Arney and Bergen would be universally welcomed. It is clear, however, that they are not alone. American physician Edmund Pellegrino offers his own view regarding this movement towards the development of a new medical technocracy:

> "Much of the discontent with medicine today arises from the disjunction patients feel between the doctor's technical role and the hieratic role which he formerly performed. We shall have to accept as a fact (an unpalatable fact, for many) that the ideal of reuniting these two radically different functions may become impossible."[31]

Pellegrino's solution effectively redefines the practice of medicine. The art of medicine, the human face of the doctor, has now become incompatible with the technical prowess made possible through the development of scientific knowledge of the body and its diseases, and easy access to powerful medical technologies. Pellegrino continues:

> "Is is more mature to assign medicine a limited role in our lives, so that we do not look for more than it can offer? Its domain could be limited to those disorders susceptible to specific therapy. On this view, the hieratic, personal and supportive functions could be assigned to people outside the medical profession altogether - to the patient himself, his family, friends, or a new set of therapists whose training would not be technical."[32]

The reductionist ethos of contemporary biomedicine appears here to be taken to a point of utter absurdity. The doctrine of specific aetiology gives rise to the expectation of specific therapy. The influences which affect our health, however, may be many and varied and may require broader solutions. Rather than acknowledging the presently

limited brief of biomedicine, and working towards an extension of its boundaries, Pellegrino urges the contraction of the profession of medicine to the ranks of a highly-trained technocratic cadre. We witness here a somewhat bizarre solution to the perennial dilemma of physicians of all times and cultures who have sought to help their patients in whatever way they can: the disclaiming of those unfortunates whose conditions are refractory to technical treatment.

Pellegrino's perspective dramatically reflects the profound alienation which exists between some forms of medical thinking and the essential values of healing.

New Light

During the 1980s, a subtle reposturing of certain elements within biomedicine became evident. The anaemic responses to earlier criticisms were overtaken by an active extension of the boundaries of acceptable medicine. The limitations of reductionist forms of treatment, which effectively excluded the patient from participation in the management of their own conditions, were increasingly exposed by an elite and vocal group of physicians who took their insights directly to the public rather than engaging their peers through professional journals and association politics.[33]

Eschewing the protocols of a formal epistemology which had over the previous century determined the acceptable limits of medical truth, all possibilities were not only permitted, but actively welcomed in the name of holism, mind-body medicine, and a "new paradigm" of health and healing.

The anecdotal acquired renewed status as case histories revealing unusual and remarkable cures were recounted by the new vanguard of a regenerating medicine. The hidden shaman within each doctor was encouraged to emerge. The healing powers of

meditation and visualisation were declared accessible to any who would give of their time and attention. Previously discounted and devalued therapies were resuscitated as the new physics legitimised a broadened view of the universe, where mind, matter and energy coalesced into an interdependent and interchangeable unity.

Holistic medicine represents a conscious re-acquisition of principles which have informed the practice of medicine at all times and in all cultures. Hippocratic medicine was conscious of the effects of the environment and of one's way of life upon health and disease.[34] Eastern systems of medicine similarly view the person as being in dynamic and constant interaction with environmental influences.[35] Rene Du Bos clearly identified an alienation of biomedicine from its historical and cultural origins:

> "To a large extent, all systems of medicine except those based on modern Western science are almost exclusively based on a holistic concept integrating the body, the mind and the total environment".[36]

Mind-body medicine refutes the Cartesian dualism which irrevocably separates bodily mechanism from mental process. Like holism, it lays claim to a vast and authentic lineage in medical culture. Mind-body medicine constitutes the essential basis of shamanism. The great renaissance medical reformer Paracelsus spoke of it as an integral part of his medicine:

> "The great world is only a product of the imagination of the universal mind, and man is a little world of its own that imagines and creates by the power of imagination. If man's imagination is strong enough to penetrate into every corner of his interior world, it will be able to create things in those corners, and whatever man thinks will take form in his soul".[37]

Distinct echoes of this perspective expressed five centuries ago reverberate through the work of the Simontons in their visualisation programs with cancer patients.[38] Since the early 1980s, increasing numbers of hospitals in the U.S. have begun to provide in-house teaching of meditation and visualisation practices to patients.[39] The current

work of Ian Gawler and his cancer support network in Australia focusses strongly on the importance of visualisation practices.

These emergent developments suggest a breakdown of the righteous certainty that has imbued the methods and values of scientific medicine until recently. The assumption that the biomedical model represents the highest possible form of medical wisdom becomes increasingly untenable as one's perspective extends beyond the purely biological to include psychological, social, environmental, cultural and spiritual influences on health and disease.

The View from the Other Side

What is the meaning of the naturalistic and alternative medicines? Do those who describe their principles and methods project a coherent system which consciously addresses the deficiencies and excesses of the biomedicine which they seek to complement? Where do they stand in relation to conventional and contemporary understandings of health and disease?

There are generally few available texts which systematically articulate the knowledge base of the alternative medicines as a whole. Although the disciplines of traditional Chinese medicine and homoeopathy possess a substantial and coherent literature, they embody a conceptual framework which is profoundly alien to that of biomedicine. Acupuncture and homoeopathy are in essence, energetic systems. They are founded on radically differing philosophies and epistemologies to those which inform biomedicine.

Although osteopathic medicine is nominally grounded in an anatomical knowledge base which it shares with biomedicine, its application of that knowledge pushes well beyond the limits acceptable to biomedicine; particularly in such recent manifestations

as cranio-sacral osteopathy, which describes a physiological activity in cerebro-spinal fluid, dura mater and fascia which is unknown to biomedicine.[40]

The contemporary practice of western herbal medicine appears to occupy a schizoid space between the humoural systems of the Graeco-Arabic tradition, and the newly emergent discipline of phytopharmacology.

And naturopathy represents a vast jousting-ground of Hippocratic and hygienist principles, naturalistic pharmacopoeias, and mystical/new age insights channelled through visionaries, pendulums and electronic circuits.

A large number of schools of natural medicine exist in Australia.[41] There appears to be little uniformity in the content of available courses. Naturopathy courses range from three year part-time programs of 700 - 800 hours to four year full-time programs of over 2,500 hours. There are neither uniform texts nor base-line curricula common to these courses. There is little available documentation which offers a coherent outline of the conceptual bases of these systems of medicine.

Some insight is available through the published writings of the former principals of two of the larger schools offering natural medicine education in Australia.

Former head of the now-defunct NSW College of Natural Therapies, Diane Wiesner, offers a comfortably broad overview of a range of available alternative therapies. She reviews chiropractic and osteopathy, acupuncture, massage therapies, naturopathy, homoeopathy, herbal medicine and a number of "minor" therapies.[42]

Wiesner herself is a trained pharmacist whose interests turned to medical anthropology and sociology. In the middle 1980s, she served as principal of the NSW College of Natural Therapies for a period of three years. She occupies a unique position in that

she is trained in western medical science, but has also observed at first hand the progression of natural medicine education in this country. Although her work at times resembles an informative catalogue or "handbook" of the natural medicines, she does provide some insight regarding the conceptual bases of the therapies:

> "Alternative and natural systems of medicine share many beliefs. The maintenance of balance between the external environment and internal bodily function is sought by all....Another common belief...is that for any treatment for ill-health to be successful, it must be comprehensive and wholistic." [43]

Wiesner elaborates further on the role of vitalistic and hygienist concepts:

> "Treatment by naturopathy endeavors to cleanse the body of its wastes and to improve the diet and lifestyle of the individual. Naturopaths argue that once health is improved, the body's own recupererative powers permit it to resume the fight against disease, chronic illness and lethargy."[44]

In these comments, Wiesner offers us a perspective on the nature of health and disease which may underlie natural systems of medicine. The patient is to be seen in the context of their life and circumstances. The role of external influences on the patient's life is to be considered as well as the state of their body tissues and functions. The overall internal environment of the patient is of central interest to many practitioners of natural medicine. Many treatments or dietary regimens are designed to activate the elimination of wastes from the body tissues, which are believed to contribute to an increased susceptibility to disease. The body's inherent capacity to heal itself is thereby empowered and enhanced.

The centrality of these ideas in the work of many practitioners of natural medicine is further reinforced by Judy Jacka who was for many years principal of the Southern School of Natural Therapies in Melbourne:

> "The twin concepts of building up vitality and resolving and eliminating toxins are basic to all natural medicine. These ideas were promoted by the early naturopaths in Germany nearly two hundred years ago."[45]

Judy Jacka identifies the contemporary practice of natural medicine as a part of a long-standing European tradition of vitalism and hygienism. Prominent in Jacka's account is the attention given to the non-material or energetic aspects of our natures. She recognises that such considerations lie well beyond the confines of the current paradigm of biomedicine and calls upon the theosophical tradition as a major potential source of knowledge of these areas.[46] She also gives considerable attention to the use of newly developed electronic diagnostic devices such as Vegatesting machines, and suggests that such technologies will be increasingly utilised by natural therapists:

> "At the time of writing, the use of electronic diagnostic instruments still involves a minority of practitioners. There has been an enormous acceleration of interest in the subject over the last two or three years. This is partly due to the considerably improved clinical results as experienced by both therapists and their patients. It is expected that there will be a rapid explosion of interest over the next ten years to the extent that the public may expect a natural therapist to use such a means of diagnosis."[47]

Such diagnostic devices are novel instruments which have been developed in recent decades. They purport to provide the operator with a diagnosis of the patient's condition based on measurement of skin resistance at a series of points on the fingers and elsewhere which are related to acupuncture meridians. Not only are such devices said to provide a diagnosis of the patient's condition, but are also able to select an appropriate remedy by matching the patient's "energy" with that of a vial of medicine - usually homoeopathic - added to the circuit. Such approaches clearly represent a radical and inventive departure from conventional approaches to the perennially perplexing task of diagnosis, and the difficulties and uncertainties of selecting appropriate and effective medicines for patients' conditions.[47]

It is clear from the comments of both Diane Wiesner and Judy Jacka that the natural medicines can embody principles and understandings which are both different and foreign to those which inform the practice of biomedicine.

This present study seeks to explore the nature of these differences through informed discussions with a number of individuals who are both educators in and practitioners of the key modalities of osteopathy, naturopathy, acupuncture and traditional Chinese medicine, homoeopathy, and western herbal medicine. It is suggested that such an approach may yield a broader and more reflective understanding than that which may be drawn through a review of the often contradictory and contentious writings associated with the phenomenon of the natural medicines.

Endnotes

1. See W.R. Dawson (1929): *Magician and Leech: A Study in the Beginnings of Medicine with Special Reference to Ancient Egypt*, Methuen and Co., London, 1929. Also P. Ghalioungui (1963): *Magic and Medical Science in Ancient Egypt*, Hodder and Stoughton, U.K.

2. For detailed reflections on the nature of Greek medicine, see Fielding Garrison (1929): *An Introduction to the History of Medicine*, W.B. Saunders Company, U.S.A.; Edward Withington (1894): *Medical History from the Early Times*, repr. The Holland Press, London, 1964.

3. Vincent Di Stefano, *Paracelsus: Light of Europe (Part 3)*, Aust. J. Med. Herbalism, 1994, v. 6, 3, 57-60

4. A number of chapters in US historian Norman Gevitz's collection of essays published in 1988 offer insight into the wide-ranging eclecticism which characterized medical activities in 19th century North America. See Norman Gevitz (ed.) (1988): *Other Healers: Unorthodox Medicine in America*, Johns Hopkins University Press, Baltimore.

5. Margaret Stacey offers a substantive review of the state of medicine in Europe during the 18th and 19th centuries in her work, *The Sociology of Health and Healing*, Inwin Hyman Ltd., London. 1988, pp. 45-76

6. See E.R. Brown (1976): op. cit., pp. 142-175

7. Sobel, David (1979): "Ways of Health: Holistic approaches to Ancient and Contemporary Medicine", Harcourt, Brace, Jovanovitch, N.Y. p. 107

8. The physician Max Gerson gave early voice to the reality of chronic "diseases of civilisation" and suggested that practices built into the fabric of technological society, particularly agricultural practices, powerfully influenced the development and maintenance of chronic disease. See *A Cancer Therapy: Results of Fifty Cases*, Totality Books, California, 1958, pp. 167-185. Sociologists Anselm Strauss and Juliet Corbin have recently investigated the rising tide of chronic disease in western

populations, and the current incapacity of biomedicine to deal effectively with this phenomenon. See *Shaping a New Health Care System*, Jossey-Bass Inc., California, 1988.

9. The Harvard Working Group on New and Resurgent Diseases have documented an extraordinary litany of epidemics which have unexpectedly burst onto the contemporary scene. See their *New and Resurgent Diseases: The Failure of Attempted Eradication*, The Ecologist, Vol. 25, No. 1, January/February 1995

10. Dubos, Rene (1959): *Mirage of Health: Utopias, Progress and Biological Change*, Anchor Books, N.Y., p. 104

11. Rene Dubos, in David Sobel (1979) op. cit., pp. xii-xiii

12. Ibid. pp. ix - x

13. Pappworth, M.H. (1967): *Human Guinea Pigs. Experimentation on Man*, Routledge and Kegan Paul, London, pp. 221-222

14. Pappworth reports essentially negative reactions to his call for attention from the editors of The Lancet, the World Medical Journal, and the British Medical Journal. Ibid., pp 15-18

15. Ibid. p. 278

16. The extraordinary perversion of trust which occurred at the hands of doctors who murderously enacted the will of the Third Reich in Germany during the 1930s and 1940s is chillingly recounted in Robert Jay Lifton's brilliant work *The Nazi Doctors: A Study in the Psychology of Evil* (Macmillan, London, 1986)

17. Jesuit priest, Ivan Illich had already an established reputation as cultural critic through his earlier calls to deschool society. Rick Carlson took upon himself the role of prosecutor of American medicine. And Richard Taylor had long been active as medical reformer through his association with the Australian group, the Doctors Reform Society. See Ivan Illich (1976): *Limits to Medicine. Medical Nemesis: the Expropriation of Health*, Marion Boyers, London; Rick Carlson (1975): *The End of Medicine*, John Wiley and Sons, USA; Richard Taylor (1979): *Medicine Out of Control: the Anatomy of a Malignant Technology*, Sun Books, Melbourne.]

18. Carlson, Rick (1975): op. cit., pp. 210-211

19. Illich, Ivan (1976): op. cit., pp. 135-136

20. Taylor, Richard (1979): op. cit. p. 236

21. Ibid. p. 196

22. John Ehrenreich (ed) (1978): *The Cultural Crisis of Modern Medicine*, Monthly Review Press, N.Y., pp. 22-23

23. Both Illich and Carlson call for a radical deprofessionalisation of medicine as the only means of re-humanising the role of the physician. Taylor claims that the current fee-for-service arrangement of all aspects of medical delivery has deflected its aims away from the actual needs of patients to the nourishment of the voracious appetite of economic and technological institutions which sustain the practice of biomedicine. Carlson glancingly suggests that more naturalistically inclined styles of therapy may represent a more authentic form of practice which satisfies real rather than created needs in patients: *"The natural healer, whether physician or shaman, fosters and builds upon the confidence and belief of his patients. This is a crucial difference. Today's physicians create a climate of uncertainty and dependence and are consequently left with only the tools of massive intervention to effect a cure. Patients' complicity is seldom encouraged. Thus the most fundamental factor in healing is denied."* (Op. cit. pp. 71-72)

24. De Vries, Marten W., "Introduction: Medicalization in Perspective", in De Vries, M. W., Berg, R. L., and Lipkin, M., (1982): *The Use and Abuse of Medicine*, Praeger, N.Y., p. ix

25. Ibid., p. xvii

26. Taylor, Richard., (1979), op. cit., p. 182, pp. 189-190

27. Horrobin, David F., (1977): "Medical Hubris: A Reply to Ivan Illich", Churchill Livingstone, p. 35

28. Ibid., p. 16

29. Arney, W. R., and Bergen, B. J., (!984): "Medicine and the Management of Living: Taming the Last Great Beast", University of Chicago Press, Chicago, p. 27

30. Ibid., p. 105

31. Pellegrino, Edmund., "The Sociocultural Impact of Twentieth-Century Therapeutics", in Vogel, Morris D., and Rosenberg, Charles E., (1979): *The Therapeutic Revolution*, University of Pennsylvania Press, U.S.A., p. 262

32. Ibid., p. 264

33. A new wave of medical authors spilled onto the scene during the 1980s. Rather than directing their attention to their peers through learned journals and academic tomes, they translated their insights and visions into populist works directed towards the interested general public. In this regard, they probably chose an audience more receptive to their ideas and experiences. Larry Dossey called upon medicine to take on board the insights of the new physics in order to move beyond the crippling reductionism into which it was locked. He has totally broken rank in his more recent writings which have explored the influence of such activities as prayer on the healing process. See his *Space, Time and Medicine*, (Shambala, 1982), and *Healing Words: The Power of Prayer and the Practice of Medicine* (Harper Collins, 1993). Bernie Siegal called upon biomedicine to shed its distancing armour of professionalism and to re-awaken its capacity for human love and wonder. See his *Love, Medicine and Miracles* (Rider, 1986). And Kenneth Pelletier urged the movement of biomedicine away from its primarily disease-oriented view of life, and called for an awakening of interest in the nature of health, and the human qualities which would nurture and sustain active health throughout life. See his *Sound Mind, Sound Body: A New Model for Lifelong Health* (Simon and Schuster, 1994)

34. See Rene Dubos: "Hippocrates in Modern Dress", in David Sobel (1979) op. cit., pp. 205-220

35. See Manfred Porkert: "Chinese Medicine: A Traditional Healing Science", in David Sobel (1979) op. cit., pp. 147-172; and Helen Graham (1990): *Time, Energy and the Psychology of Healing*, pp. 67-68

36. Rene Dubos, "Preface" (p. x) in David Sobel (1979) op. cit.

37. Quoted in Franz Hartmann (1973): *Paracelsus: Life and Prophecies*, Rudolph Steiner Publications, N.Y., p. 110

38. Simonton, O.C., Matthews-Simonton, S. and Creighton, J.L. (1978), Jeremy Tarcher, L.A.

39. Sabatino, F. "Mind and body medicine: A new paradigm?", Hospitals (USA), 67, (4), 66-72, 1993

40. American osteopath John Upledger has done much to activate the practice of a form of osteopathy which appears to have more in common with the laying on of hands than with traditional manipulative osteopathy. Upledger has developed the work os US osteopath Wiliam Sutherland who 60, years ago suggested the presence of a previously undetected physiological rhythm of 8-14 cycles per minute which was palpable through sensitive attention to extremely attenuated rhythmic

movements of the bones of the skull and of the sacrum. To an observer, there is very little apparent activity in a cranial treatment where the operator may sit with the patient's head cradled in his hands, apparently motionless, for many minutes at a time. The practice itself is based on a deep knowledge of the bony plates of the cranium and their sutures, and of the fascial system of the body. See John Upledger's *Cranio-Sacral Therapy*, Eastland Press, Chicago, 1983

41. The Australian Traditional Medicine Society presently accredits 63 colleges of natural medicine around the country. These do not include colleges accredited with other professional associations or those natural medicine programs which are established in university universities. *Personal communication*, Raymond Khoury, Head, ATMS Herbal Medicine Department.

42. Diane Wiesner (1989): *Alternative Medicine: Australia's Systems of Alternative and Natural Medicine. A Guide for Patients and Health Professionals*, Kangaroo Press, Kenhurst

43. Ibid., pp. 16-17

44. Ibid., p. 87

45. Judy Jacka (1989): *Frontiers of Natural Therapies: A Bridge Between Ancient Wisdom and New Edges of Science*, Lothian Publishing, Melbourne, p.80

46. Jacka states: "The most lucid and informative teaching about the structure of the subtle body or constitution comes from the Trans-Himalayan teaching which was first brought to the West around the turn of the century with the writings of H.P. Blavatsky. This same teaching was carried on by A.A. Bailey for thirty years between 1920 and 1950. . . . No treatment on holistic healing should avoid some inclusion of this teaching on the etheric body." Ibid., p. 118

47. Ibid., p. 68

48. Jacka offers a remarkable and highly original interpretation of how such instruments perform their magic: "The therapist is able to use his or her energy field to link with the energy field of the patient and express the findings through the measuring device of the instrument. It is quite likely that the magnetic crystals in the brain of the therapist act as amplifiers for the information received which is then transmitted to the instrument through the energy field and nervous system of the therapist." The conceptual bases of such ideas lie well beyond those which inform contemporary biomedical understanding. There is clearly much interpretive freedom in the area of "subtle energies" and of their application in the task of human healing. Ibid., p. 67

CHAPTER 3

RESEARCH METHODOLOGY

The search for an appropriate research model in the human sciences has kept sociologists and anthropologists busy for over a century. The positivist model of quantitative research has proven enormously successful in the physical sciences and its application has produced paradigmatic leaps in our understanding of the natural world. It has also birthed vast and complex technologies which have utterly changed the mindscape of the twentieth century. The attempt to impose positivist criteria on research in the human sciences has, however been a source of continuing contention since the development of sociology as an academic discipline. Early in the twentieth century, Werner Heisenberg lay waste the notion that objectivity is ever attainable through the stringent application of positivist research methods. Egon Guba comments:

> "Even post-positivists have conceded that objectivity is not possible; the results of an inquiry are always shaped by the *interaction* of inquirer and inquired into. There is no Archimedian point. And if there is such an intimate interconnectedness in the physical sciences, how much more likely is it that the results of social inquiry are similarly shaped."[1]

The understanding that even within its own domain, positivist research can no longer lay claim to absolute objectivity and truth has strengthened the quest within the human sciences to develop appropriate methods for investigating social and cultural realities. A greater confidence in the essential value of qualitative research methodologies has arisen in recent decades. This confidence is not built upon notions of the existence of fail-safe procedures for the determination of truth, but acknowledges that the act of interpretation is conditioned by the symbolic dimensions of human action and interaction. Paul Ricoeur comments:

> "That the meaning of human actions, of historical events, and of social phenomena may be construed in several different ways is well known by all experts in the human sciences. What is less known and understood is that this methodological perplexity is founded in the nature of the object itself and,

> moreover, that it does not condemn the scientist to oscillate between dogmatism and scepticism. As the logic of text interpretation suggests, there is a specific plurivocity belonging to the meaning of human action."[2]

Interpretations of a given phenomenon may vary, but this does not negate the essential validity of the task. The search for the meaning of phenomena in the human world differs essentially from the pursuit of the immutable laws which operate in the natural world. Rabinow and Sullivan give voice to the need to resist the tendency to impose a spurious objectivity on the task of social investigation through the use of positivist methodologies, and affirm the importance of acknowledging the presence of uncertainty within interpretive studies:

> "Interpretive social science has developed as the alternative to earlier logical empiricism as well as the later systems approaches, including structuralism within the human sciences. It must continue to develop in opposition to and as a criticism of these tendencies. Here interpretive social science reveals itself as a response to the crisis of the human sciences that is constructive in the profound sense of establishing a connection between what is studied, the means of investigation, and the end informing the investigation."[3]

Other commentators have also strongly supported the view that the study of the human world and the study of the natural world require methods of investigation which are appropriate to the task.[4]

This present study seeks to uncover the meaning of the phenomenon of natural medicine through in-depth discussions with educator/practitioners of various representative disciplines. It is suggested that the depth interview may yield far greater insight into the nature of the natural medicines than will a review of the often contentious and conceptually diverse literature associated with the area. Depth interview methodology offers a powerful means whereby the criteria for meaningful social research expressed by Rabinow and Sullivan may be met: *"establishing a connection between what is studied, the means of investigation, and the end informing the investigation."*

Shulamit Reinharz and Graham Rowles have commented:

> "Qualitative description is necessary when studying individual and social situations that are unique, relatively unknown, or have become stereotyped."[5]

The natural medicines are herein described. They are relatively unique forms of health care which are increasingly utilised by western communities; in comparison to the dominant biomedicine, they represent approaches to the treatment of illness and disease which are relatively unknown; and as marginalized disciplines, they have been variously and curiously depicted from a number of quarters.

On the Problem of Method

There are no fixed and defined methods in qualitative investigations, although there is widespread agreement regarding desirable features of such work.[6] The analysis of statistics provides the central fulcum around which the validity of quantitative research hinges. No such stringent mechanism for validation is available to the qualitative investigator. The highly interpretive nature of the process precludes standardized instrumentation. The researcher is essentially the research instrument in qualitative studies. Miles and Huberman comment:

> "In qualitative research, issues of instrument validity and reliability ride largely on the skills of the researcher. Essentially a *person* - more or less fallibly - is observing, interviewing, and recording, while modifying the observation, interviewing, and recording devices from one field trip to the next."[7]

Miles and Huberman hold that such qualities as familiarity with and interest in the phenomenon being investigated, the capacity for perseverence, and the presence of communication skills will enhance researcher reliability. In relation to the depth interview as methodology, Sue Jones elaborates:

> "In qualitative research the notion of some kind of impersonal, machine-like investigator is recognised as a chimera. An interview is a complicated, shifting, social *process* occurring between two individual human beings, which can never be exactly replicated. . . . We use our 'bias' as human beings creatively and contingently to develop particular relationships with particular people so that they can tell us about their worlds and we can hear them. In

> doing this we use ourselves as research instruments to try and empathise with other human beings. No other research instrument can do this."[8]

Some attempts have been made to create frameworks around which the research act can be structured. Grounded theory is a late development of the symbolic interactionist school of Chicago sociology.[9] Grounded theory was first described in the mid-1960s and represents a highly accessible model of qualitative research which has been widely applied in much of the social research of recent decades.[10] Regrettably, its authors Barney Glaser and Anselm Strauss have themselves moved away from agreement on what constitutes true Grounded Theory, and who now truly carries the venerable lineage. In 1994, Phyllis Stern reported:

> "Glaser clearly, and rather dramatically, points out what the differences are and goes so far as to write that the Glaserian and Straussian methods should have different names: *grounded theory* for the Glaserian school, and *conceptual description* for the Straussian school."[11]

With the giants in clear disagreement, what hope is there that mere mortals following along in their tracks will get it right? This aspect of the discussion concerning the nature of qualitative research has been recognised by many who have struggled to come to terms with the meaning of validity and reliability in interpretive studies. Sue Jones comments:

> "The analysis of qualitative data is a highly personal activity. It involves processes of interpretation and creativity that are difficult and perhaps somewhat threatening to make explicit. As with depth interviewing there are no definitive rules to be followed by rote and by which, for example, two researchers can ensure that they reach identical conclusion about a set of data."[12]

Certain methodological principles have been utilised in the present study in order that it may generate a plausible interpretation of the meaning of the natural medicines which is grounded in the experience and understanding of participating respondents, and also fulfill the criteria of "good" science described by Strauss and Corbin: significance, theory-observation compatibility, reproducibility, precision, rigor and verification.[13]

The Method

The present study is based on a series of interviews with ten educator/practitioners in a number of disciplines of the natural medicines. The individual disciplines represented were naturopathy, osteopathy, acupuncture, traditional Chinese medicine, homoeopathy and western herbal medicine. Participants in the present study were selected according to the principles of theoretical sampling. In theoretical sampling, the researcher strives for *conceptual* rather than *demographic* representation in respondents.

The selection of respondents is neither determined from the outset, nor haphazard. Participants in this study were selected from the disciplines of manipulative/manual medicine, oriental medicine and naturopathy, as these represent the major modalities of the natural medicines which are sanctioned and patronised by the Australian community. Respondents were also selected on the basis of their active involvement in education of undergraduates or peers. Those selected therefore represent an elite group of respondents. This has been consciously incorporated into the design of the present study on the understanding that such sampling will increase the likelihood of eliciting an articulate and evolved response to the question of the meaning of the natural medicines. It can reasonably be assumed that the act of teaching will have required respondents to attain a considerable degree of knowledge and conceptualization of their respective modality:

> "The aim of [theoretical] sampling . . . is to uncover as many potentially relevant categories as possible, along with their properties and dimensions. As a result, sampling during this phase of the research project is also open. The sampling is open to those persons, places, situations that will provide the greatest opportunity to gather the most relevant data about the phenomenon under investigation."[14]

Initial informants for the study were selected from educator/practitioners known to the researcher. Others were selected through what Minichiello and Aroni have called "snow-ball sampling", where early respondents themselves offered suggestions regarding other potential interviewees.[15] This enabled a considerable broadening of the range of potential

contacts available. One of the consequences of this process was that the researcher travelled interstate to obtain a number of the interviews. A greater opportunity to pursue the themes raised in earlier interviews was thereby realised:

> "Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes and alalyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges."[16]

Access to all respondents was gained through direct personal communication. Each respondent was informed of the nature of the research, and that discussions would be taped and transcribed. Of all those approached, none declined the offer to participate. Each was assured that the transcript of the interview would not be sighted by any other than the researcher and supervisors, and that anonymity would be preserved in any direct quotations used in the final document. Interestingly, the majority of respondents informed the researcher that anonymity was not, for them, an issue and that they had no personal objections to being identified as participants in the proposed study. Anonymity has, however, been maintained to the best of the researcher's ability.

Each informant was offered the option of a number of potential venues for the interview itself. Over the course of the project, interviews were conducted at the researcher's home, at the homes, offices or clinics of the respondents, or on neutral territory at an agreed-upon cafe. Each interview lasted approximately one hour, and was recorded on cassette tape using a Sony Walkman Professional cassette recorder. Soon after each interview, the contents of the discussion were transcribed using a word processor in order to create a codable text. The transcript of each interview was coded for major and minor themes before the next interview was undertaken.

On the Interview

The depth interview represents a highly distinctive form of social interaction. Unlike general conversation, it aims to uncover the meanings attributed to a given experience or

phenomenon by the interviewee. Through the medium of depth-interview, the researcher becomes privileged participant in the life-world of the other. The capacity for sensitivity and tact are helpful in the task of establishing the necessary rapport that will enable one's informant to comfortably disclose their relationship with, perceptions of, and experiences of the phenomenon under study. The depth interview is not a planned and scripted affair. Although an aide-memoir, or interview schedule may be used to ensure the necessary breadth of coverage of areas of interest to the researcher, the informant remains a free agent and is invited to move the discussion into areas which may not have been anticipated.[17] Robert Rubinstein comments:

> "[The] in-depth interview is a form of social interaction between two persons. In contrast to the social setting in which a closed-ended or structured interview is used and in which the subject is dissuaded from making extraneous comments, the in-depth interview invites statements of all sorts, not just specific answers to specific questions. The goal is to create a supportive and encouraging environment for the informant to say whatever he or she wants to about the issue at hand."[18]

A number of principles relating to actual interview style have been described by various commentators. Although the ideal is to create a conversational environment which is as relaxed and natural as possible, it is at times useful to call upon particular strategies to enable deeper penetration of particular areas of interest to the researcher. An essentially recursive style of interviewing was used in the present study:

> "The recursive model of interviewing refers to a form of questioning which is consistently associated with most forms of in-depth interviewing. It enables the researcher to do two things - to follow a more conversational model and by doing this, to treat people and situations as unique. . . . The researcher who chooses the recursive model as the strategy for conducting in-depth interviewing has chosen the most unstructured version of in-depth interviewing. This model relies on the natural flow of conversation to direct it."[19]

While using such an approach, the interviewer needs to remain present to the possibility that discussions may veer off-course and into apparent blind alleys. If rapport has been well established in the early stages of the interview, the researcher may comfortably re-direct the discussion to the topic or area of interest. In addition, other strategies such as the use of direct probing questions may need to be used where specific issues need clarification or further development:

> "The use of probing questions is a method of clarifying, and gaining more detail, especially when you are trying to understand the meanings that informants attach to original or primary questions. . . . They are introduced to elicit information of greater detail than that which was drawn from the primary question or previous probing. These probes are used when the informant's statements seem incomplete, and vague, or when the informant gives no answers."[20]

The use of such interview techniques enabled depth perspectives to be elicited from respondents without recourse to direct confrontation. When interviews were approaching closure, each respondent was invited to address issues that perhaps had not been brought up in the discussion or to comment further upon areas that they felt needed amplification. At every stage of the interview process, the style of interaction tended towards a view of the interviewee as co-participant in an exploratory discussion rather than as repository of information which was to be somehow drawn out. Overall, the interviews proved generally to be pleasurable and insightful experiences for both researcher and participants.

On Data Analysis

The primary source of data for this study was text generated through the transcription of interviews with respondents. Other sources of data include a wide literature, which is acknowledged throughout the discussion, and the researcher's own experience as educator in and practitioner of the natural medicines. Attempts were made throughout the transcription process to faithfully capture the moods, hesitancies and nuances which are an inevitable and integral part of all social interaction, but which may not actually be reflected in the text itself. Although the process itself was time-consuming and at times tedious, it did enable deep immersion in the ideas and issues which emerged through each interview. Typically, each taped discussion or parts of the discussion were reviewed several times in the process of preparing the transcript. Elliott Mishler emphasizes the importance of attention to detail at this early stage of the process:

> "Systematic transcription procedures are necessary for valid analysis and interpretation of interview data. This recommendation is neither an easy nor an

> economical one to follow. Some minimum level of detail is required for any study, but how fine this detail must be depends on the aims of the particular study and remains a matter of judgement. It seems clear, however, that the value of succeeding stages of a study - coding, analysis, and interpretation - depends on the adequacy of the description of the phenomenon of interest, and in interview research this means a carefully prepared transcript."[21]

As each trancript was produced, it was carefully reviewed a number of times with a view to identifying themes which emerged during the course of the interview. These themes were nominated, coded and pencilled into the left-hand margin of the transcript alongside relevant sections of the text. This process served to fracture the text and identify recurring themes and categories relevant to the research question. Strauss and Corbin use the term *open coding* to describe this phase of the process:

> "Open coding is the part of the analysis that pertains specifically to the naming and categorizing of phenomena through close examination of the data. Without this first basic analytical step, the rest of the analysis and communication that follows could not take place. During open coding the data are broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena as reflected in the data."[22]

In the early stages, several passes of each transcript were needed in order to identify emergent themes and to begin the process of comparison which would lead to greater understanding of the properties and dimensions of each theme and the relationships between them. Once the main themes were clearly identified through the open coding process, further elaboration, densification and integration became possible. In relation to grounded theory procedure, Strauss and Corbin describe this phase of analysis as *axial coding*.[23] Detailed coding enabled a panoramic view of the conceptual world of each respondent to be uncovered. See Appendix 1 for examples of the major and minor themes which emerged from single interviews with respondents.

The task of analysis begins with the coding of transcripts.[24] It is surprising how rapidly one gains insight into the ideas and concepts which inform respondents' understanding of their respective disciplines and of the natural medicines in general. As themes occur and recurr, one gains a sense of the hierarchy of value placed on these themes by respondents. The perspective of the researcher is itself influenced both by the interview process, and more particularly by working intensively with the interview transcripts. This

in turn may influence the style and focus of subsequent interviews. The process moves towards increasing clarification of the nature of major and minor themes through each episode of interview, transcription and coding.

As each new transcript was prepared and coded, it was examined closely in relation to earlier transcripts with a view to identifying similarities and differences in themes and their dimensions. It became apparent at an early stage that similar issues were voiced by most repondents. There were some differences in emphasis which tended to reflect aspects of the unique activities undertaken by particular respondents. For example, a participant who was also principal of a teaching institution spoke strongly regarding educational aspects of the natural therapies. Another participant who had been active in the theatre of registration and regulation of traditional Chinese medicine directed considerable attention to regulation issues. Overall, however, the repeated comparison of transcripts enabled a fleshing out and dimensionalizing of the various emergent themes.

Comments from participants regarding individual themes and categories were grouped for further comparison and development. The entire process tended to move from a global perspective of the concerns of each individual participant towards a progressive differentiation of individual emergent themes which was made possible by inter-participant comparisons. The model of analysis which was adopted in the course of the present study tended in many ways to parallel that described by Janice Morse:

> "Data analysis usually assumes two mechanical forms: (a) interparticipant analysis, or the comparison of transcripts from several participants, and (b) the analysis of categories, sorted by commonalities, consisting of segments of transcripts or notes compiled from transcripts of several participants. Each form of analysis facilitates cognitive processes that enable the researcher to synthesize and, as the research process continues, to interpret, to link (both with data and other concepts), to see relationships, to conjecture, and to verify findings."[25]

This process enabled the progressive differentiation of a number of major and minor recurring themes related to the meaning of the natural medicines. These themes and their properties are detailed in Appendix 2

Memoranda were maintained throughout the research process. These consisted of brief and sometimes lengthy notes regarding varying aspects of the research. Notes were taken after each consultation with supervisors, after interviews, throughout the literature review process, and particularly during analysis of the data. The purpose of recording memoranda was to catch the ideas, musings and reflections on the data as it was gathered and worked with. These memoranda gave some continuity to the project and proved to be particularly useful during the writing up process.

Regarding validation and verification of findings, at different times during the writing up process, draft copies of sections of the manuscript were sent to a number of participants for critical review. All responses were essentially positive and supportive of the researcher's findings. In addition, a review of research findings have been presented to professional peers on two occasions during the course of the research. The first was at the International Conference of the National Herbalists Association held in Collaroy, Sydney from 10-12 March 1995. And more recently, a paper detailing research findings was presented at the Australian Traditional Medicine Society Australian Herbal Medicine Symposium and Trade Exhibition held at Randwick, Sydney from 10-11 October 1998. (See Appendix 3) Positive feedback on the presentations was received from colleagues on both occasions.

This report does not purport to be the first or the last word on the meaning of the natural medicines. It hopes to offer, however, an integrated perspective constructed largely from discussions with a number of representatives of the various modalities of natural medicine which is grounded in experience and which carries more depth than that attainable through desk-top philosophising. Although respondents in this study have provided the essential context, responsibility for the act of interpretation rests squarely with the researcher. In this regard, Hans-Georg Gadamer has commented:

> "When we understand a text we do not put ourselves in the place of the other, and it is not a matter of penetrating the spiritual activities of the author; it is simply a question of grasping the meaning, significance, and aim of what is transmitted to us. In other words, it is a question of grasping the intrinsic worth of the arguments put forward and doing so as completely as possible. . . The meaning of

hermeneutical inquiry is to disclose the miracle of understanding texts or utterances and not the mysterious communication of souls. Understanding is a participation in the common aim."[26]

The essential task in this project has been to uncover the meaning of the natural medicines as voiced by its educator/practitioners. It is hoped that through following the methodological principles herein described, this brief has been honoured.

Endnotes

1. Egon Guba (1990): *The Paradigm Dialogue*, Sage Publications, USA, p. 26

2. Paul Ricoeur, *"The Model of the Text: Meaningful Action Considered as Text"*, in Paul Rabinow and William Sullivan (eds) (1979): *Interpretive Social Science*, University of California Press, California (pp. 73-101), pp. 91-92

3. P. Rabinow and W. Sullivan (1979) op. cit., p. 13

4. This century-long dilemma regarding valid styles of investigating human social and cultural experience begins to find resolution in recent decades as the methodological tyranny of positivism yields to the particular needs of social research. Madeleine Leininger offers the following handle on the problem of method: "The first principle to uphold is that *qualitative and quantitative paradigms have different philosophic premises, purposes and epistemic roots that must be understood, respected, and maintained for credible and sound research outcomes.* Both qualitative and quantitative paradigms have entirely different philosophic assumptions and purposes that lead to different goals, different uses of research methods, and the need for different criteria to fit with each paradigm." [Italics in original]. See her *"Evaluation Criteria and Critique of Qualitative Research Studies"*, in Janice Morse (ed) *Critical Issues in Qualitative Research Methods*, (Sage Publications, London, 1994, pp. 95-115), p. 101. Robert Walker observes similarly: "The differences between positivism and humanism go much deeper than merely theories and methods. The two traditions reflect fundamentally different epistemologies concerning the sort of knowledge about the social world which it is possible to achieve and different philosophies as to the nature of man." See his *Applied Qualitative Research*, Gower Publishing, UK, 1985, pp. 15-16

5. Shulamit Reinharz and Graham Knowles (1988): *Qualitative Gerontology*, Springer Publishing, N.Y., p. 10

6. Miles and Huberman clearly and systematically describe the essential features of qualitative research:
"1. Qualitative research is conducted through an intense and/or prolonged contact with a "field" or life situation. These situations are typically "banal" or normal ones, reflective of the everyday life of individuals, groups, societies, and organizations.
2. The researcher's role is to gain a "holistic" (systemic, encompassing, integrated) overview of the context under study: its logic, its arrangements, its explicit and implicit rules.
3. The researcher attempts to capture data on the perceptions of local actors "from the inside," through a process of deep attentiveness, of empathetic understanding (*Verstehen*), and of suspending or "bracketing" preconceptions about the topics under discussion.
4. Reading through these materials, the researcher may isolate certain themes and expressions that can be reviewed with informants, but that should be maintained in their original forms throughout the study.
5. A main task is to explicate the ways people in particular settings come to understand, account for, take action, and otherwise manage their day-to-day situations.

6. Many interpretations of this material are possible, but some are more compelling for theoretical reasons or on grounds of internal consistency.
7. Relatively little standardized instrumentation is used at the outset. The researcher is essentially the main "measurement device" in the study.
8. Most analysis is done with words. The words can be assembled, subclustered, broken into semiotic segments. They can be organized to permit the researcher to contrast, compare, analyze, and bestow patterns upon them." See B. Miles and A.M. Huberman (1994): *Qualitative Data Analysis* (2nd ed.), Sage Publications, California, pp. 5-7

7. Ibid., p. 38

8. Sue Jones *"Depth Interviewing"* in Robert Walker (ed) (1985): *Applied Qualitative Research*, Gower Publishing, U.K., p. 48

9. The development of symbolic interactionism at the University of Chicago Department of Sociology through the activities of Albion Small, George Herbert Mead, Robert Park and others represents a fascinating chapter in the movement of the sociological mind over the course of the present century. See Martin Bulmer (1984): *"The Chicago School of Sociology: Institutionalisation, Diversity and the Rise of Sociological Research* (University of Chicago Press, Chicago). Also D. Smith (1988): *The Chicago School* (MacMillan, London). British sociologist Paul Rock offers a perceptive review of the influences active in the formation of Chicago sociology. See his *The Making of Symbolic Interactionism* (MacMillan, London, 1979)

10. Glaser and Strauss's seminal work, *The Discovery of Grounded Theory: Strategies for Qualitative Research* (Aldine, Chicago, 1967) offered an eminently applicable method of phenomenological research which detailed a coherent style and sequence of activity. Grounded theory could be equally utilised in both participant observation and depth interview methodologies. Glaser and Strauss describe an integrated approach to data collection, coding and analysis which serves to generate theory regarding the phenomenon under investigation. The method of theoretical sampling is used in order that the emerging theory may best be explicated. Glaser and Strauss offer a conceptual map to facilitate the coding process, which serves to uncover major and minor emergent themes and the relationship between them. And they urge near-neurotic immersion in the study by the constant writing of memoranda and journal notes throughout the research process. A decade later, Barney Glaser fine-tuned the details of coding and theory construction in his *Theoretical Sensitivity*, (Sociology Press, California, 1978)

11. Phyllis Stern *"Eroding Grounded Theory"*, in Janet Morse (1994), op. cit., pp. 214-215

12. Sue Jones in Robert Walker (1985), op. cit., p. 56

13. Anselm Strauss and Juliet Corbin (1990): *Basics of Qualitative Research: Grounded Theory Procedure and Techniques*, Sage Publications, California, pp. 178-179

14. Ibid., p. 181

15. Victor Minichiello et al., (1990): *In-Depth Interviewing: Researching People*, Longman Cheshire, Melbourne, p. 198

16. B. Glaser and A. Strauss (1967), op. cit., p. 4

17. Minichiello comments: "So what does an interview schedule or guide, or as Burgess (1984) refers to it, an aide memoire, look like? Usually, it consists of a list of general issues that the researcher wants to cover. It is used to jog the memory of the interviewer about certain issues or concerns. Unlike the interview schedule used in survey interviewing, this interview guide is revised as informants provide information which has not previously been thought of by the researcher." See V. Minichiello et al., (1990), op. cit., p. 114

18. Robert Rubinstein, *"Stories Told: In-Depth Interviewing and the Structure of Insights"*, in S. Reinharz ane G. Rowles, op. cit., p. 131

19. V. Minichiello et al., (1990), op. cit., pp. 112-113

20. Ibid., p. 124. Social researcher Bruce Berg also offers valuable guidance on the way such probes may be approached in order to maintain greatest co-presence with the respondent: "*Probing questions* or simply *probes*, provide interviewers with a way to draw out more complete stories from subjects. Probes frequently ask subjects to elaborate on what they have already answered in response to a given question, for example, "Could you tell me more about that?" "How long did you have that?" "What happened next?" "Who else has ever said that about you?" or simply, "How come?" [Italics in original] See his *Qualitative Research Methods for the Social Sciences*, (Allyn and Bacon, Massachusetts, 1989)

21. Elliott Mishler (1991): *Research Interviewing: Context and Narrative*, Harvard University Press, USA, p. 50

22. A. Strauss and J. Corbin (1990), op. cit., p. 62

23. Ibid., pp. 114-115

24. B. Miles and A. Huberman (1994), op. cit., p. 65

25. Janice Morse (1994), op. cit., pp. 31032

26. Hans-Georg Gadamer, *"The Problem of Historical Consciousness"*, in P. Rabinow and W. Sullivan (1979) (pp. 103-160), op. cit., p. 147

CHAPTER 4

RETURN OF THE TEACHER

The Therapeutic Relationship in Natural Medicine

Thomas Szasz was among the first in recent times to offer a radically different perspective on the nature and interpretation of mental illness to that offered in orthodox psychiatry.[1] Forespeaking the insights of British psychiatrists Laing, Cooper, Esterton and others[2], he suggested that mental illness may ultimately represent a perfectly reasonable response to an untenable familial or social situation. Szasz suggested that the psychiatric profession has often acted, with the full assistance and support of legal enforcement agencies, to preserve the interests of family members or social groups who felt themselves threatened by the "mad" behavior of the unfortunate designate. From Szasz's perspective, much of so-called mental illness represents not so much a pathological entity to be rooted out or somehow controlled, but a transitional, if disquieting state which could, with sensitive guidance and management, resolve towards a state of greater psychic integration. In some ways, Szasz's view shares the meliorist orientation of the depth psychology of Carl Jung, without Jung's vast and elegant portrayal of the conscious and unconscious mind.[3]

Szasz's interest in the nature of psychological and relational realities has also been directed towards a review of the various forms of therapeutic relationship which may occur between doctor and patient.[4] He describes three models of the doctor-patient relationship which are disarmingly simple and self-evident, but which offer a powerfully clarifying view of the forms of interaction which can occur in the clinical environment. These models also provide a useful framework which enables the clinical encounter in natural medicine to be seen in relation to the dominant styles in biomedicine.

Szasz suggests that the three models that he describes are also common to more universal styles of human interaction and communication. The first is a model of activity-passivity, wherein the patient is acted upon by the doctor. This mode is immediately recognisable in the practice of emergency medicine in hospital casualty wards and in the operating theatre. Szasz comments:

> "This frame of reference (in which the physician does something to the patient) underlies the application of some of the outstanding advances of modern medicine (eg. anaesthesia and surgery, antibiotics, etc.)".[5]

The obvious parallel for this model occurs in the relationship between parent and infant.

The second model is one of guidance-cooperation, and Szasz suggests that most of the clinical interaction which occurs in biomedicine is based on this model. The knowledgeable and powerful doctor leads the patient through the process that will give them relief from their distress or disease. The willing cooperation or *compliance* of the patient is a necessary element in this interaction. In broader terms, the guidance-cooperation model shares much with the relationship between parent and adolescent child.

The third model nominated by Szasz is that of mutual participation between doctor and patient. This model is based more on equality between the doctor and patient than upon the power relationship which characterises the second model. The relationship has more in common with a friendship or partnership than a formal or professional relationship. It carries a strong empathic dimension through which the doctor helps the patient to help themselves. Szasz suggests that this style of relationship is more strongly favored by patients inclined to some degree of autonomy and self-reliance. He also acknowledges that this model may best serve those patients with chronic conditions that are generally refractory to cure by biomedicine. Szasz comments: "The model of mutual participation . . . is essentially foreign to biomedicine".[6]

This findings of this study suggest very strongly that much of the clinical interaction that occurs in natural medicine practice operates through this third model of mutual participation between physician and patient.

The Healing Partnership

Biomedicine excells in the treatment of severe acute medical crises. The strength of the natural medicines resides in a broader view of the nature of health and of disease than that offered in street-level biomedicine. The practitioner of natural medicine acts as mediator of a differing understanding. There is little room for a distancing "expertise" in the clinical encounter. The task of the practitioner is to establish a relationship based on mutual trust and equality:

> *It really is a partnership. I always try and make it a sense of* ***equality*** *there, that I am also on a journey, that I am not perfect. And I think that's an important component of establishing that relationship. It really is an equality.*

The above comment is offered by an experienced naturopath. There is not even a hint of the directive technician in this comment. Rather, this comment reflects a conscious mutuality in the healing relationship. Power relations between doctor and patient are dissolved in an acknowledgement of common humanity and fallibility. Our naturopath also suggests that beyond the relief of symptoms, a deeper purpose drives the encounter. This is no casual clinical exchange. It is the meeting of two journeyers.

> *In my clinical relationships with people firstly I feel that I am there to help them come to some understanding of what's going on for them. So therefore very much a client-directed situation. I'm not there to take responsibility for them. I'm there to help them take responsibility for themselves. And so therefore I provide what I feel is a safe non-judgemental environment for them to explore their discomfort or their disharmony or their disease.*

This perspective is offered by a teacher and practitioner of acupuncture and traditional Chinese medicine. Again, a strong mutuality between practitioner and patient is voiced. The patient is not directed towards a specific treatment, but is encouraged to explore, together with the physician, the broader nature and ramifications of their condition. The simple resolution of acute symptoms is clearly not the primary goal of the encounter.

Establishing a relationship based on trust and equality enables the patient to move towards a greater consciousness of their own role in the creation and maintenance of their symptoms. The physician as pontiff has given way to the physician as mirror. The patient is to find their own role in the healing process. The whole movement of the encounter is towards greater autonomy on the part of the patient, an autonomy which springs from self-knowledge.

This movement of the patient towards greater self-knowledge, mediated through the relationship developed in the natural medicine encounter, is a recurring theme in the stories told by the respondents in this study.

> *My personal approach is respecting the patient. . . We have practitioners - in either camp - who actually force their will or force what* ***they*** *want onto a patient. I feel that goes against healing. I feel you've got to respect the other person, know where they're at, and work in with them. If you are about to initiate healing, there has to be some form of respect.*

This comment comes from a teacher and practitioner of western herbal medicine. It further reflects the primacy of a relationship based on equality rather than on power in the natural medicine environment. Although power relationships may be part of any clinical relationship, they are generally perceived by our respondents as a hindrance to the intention of activating healing. The meaning of healing in this context clearly extends beyond a simple resolution of symptoms. A client-centred perspective is affirmed. The task of the physician is to *know* the patient, and to respectfully illuminate *their* life-world.

> *Our society expects interaction. They expect to be **met** by their practitioner. They don't expect to be lorded over or advised to. Even children want to know "why are you doing that?" when we treat them.*

Thus speaks an osteopath. Of all the modalities represented in this study, osteopathy would appear the least likely to accomodate the interactional model of equality/mutuality in the clinical relationship. The very nature of the osteopathic approach requires the osteopath to diagnose structural disturbance through careful history-taking, observation and palpation, and then to correct such through skilled treatment and advice where possible. The osteopath is clearly in charge. Yet our respondent projects a finely-honed sense of the importance of mutuality in the therapeutic encounter. He continues:

> *I have to **show** myself. I can't sit behind anything. I think they are principles of natural medicine that could well and truly go into orthodox medicine - go **back** to orthodox medicine. Because they can do it. They're dealing with human beings so they've got to, you know.*

Disclosure is not the sole prerogative of the patient. The doctor also discloses himself in this interaction, and makes himself available as more than mere technician or dispenser of medicine.

We also see here a suggestion that biomedicine has somehow overlooked or perhaps even abandoned an important dimension of the healing encounter: *"They are principles of natural medicine that could well and truly go into orthodox medicine - go **back** to orthodox medicine"*. The neglected human face of medicine is invoked as a restorative to the alienated technicianship and standardised practise that are too often encountered in hospitals and in street-level biomedicine.[7]

The clinical relationship developed in natural medicine appears to be based more strongly on mutuality than on the preservation of hierarchy. Natural medicine practice is characterized by a number of qualities. Self-reliance and autonomy on the part of the

patient is encouraged. This is accomplished through the development of a relationship with a strong empathic base. Thomas Szasz describes further his third model of mutual participation which may operate between doctor and patient:

> "The third category [of mutual participation] differs in that the physician does not profess to know exactly what is best for the patient. The search for this becomes the essence of the therapeutic interaction".[8]

An acupuncturist offers a view of how this style of mutuality may manifest in the natural medicine environment:

> *I don't go in assuming I am going to be looking for a micro-organism or I'm going to be looking for some sort of organic pathology. I have no idea what I'm going to be looking for. I'm not going to be looking for anything. I'm going to let that person and their experience move me to a place where they're experiencing disharmony with their life and then look with them and see what we can do together about it.*

This attitude is a universe away from the strongly analytical orientation of biomedicine with its near-obsessive requirement for immediate diagnosis and identification of pathology. Our practitioner of traditional Chinese medicine offers co-presence as his primary contribution to the healing encounter. The clinical encounter thereby provides a theatre wherein the physician as educator and mirror of differing perspectives can find expression, and the patient's need for understanding and self-reliance be met. As Szasz points outs, the model of mutuality requires some degree of coherence in the intellectual and educational life-worlds of the participants. This luxury may not be available in the blood and grime and confusion of casualty and other wards of public hospitals where much of the early training of western doctors takes place, or in street-level medical clinics.

Know Thy Patient

The establishment of a relationship based on mutual participation is not the goal of the natural medicine clinical encounter. Rather, it is the essential pivot upon which the practitioner may develop an in-depth knowledge of the patient:

> *I am interested in the nature of the complaint, but beyond that, I'm interested in their physical characteristics, what stamps them as an individual. What is different about them, what they particularly like and dislike with regard to their physical bodies. And also I'm very interested in their early childhood, their teenage years, the choices they've made when they left school, and how their careers developed, and how their family life is, and how their relationships with people are.*

Evolved natural medicine practice is no caricature of biomedicine. Apart from the actual modalities which may be used, the entire character of the clinical engagement differs radically. Although patients may initially be prompted to seek help because of distressing or disturbing symptoms, the relief of those symptoms is but part of the brief of the natural medicine practitioner. Of greater interest is the development of a global overview of the patient's life and circumstances in order to find meaning in the symptoms. Only occasionally will the presence of symptoms be seen as due to fickle chance or simple misfortune.

The patient's own role in contributing to their symptoms will be explored. And restorative rather than palliative solutions will be sought. This process requires something other than encyclopaedic knowledge of pathophysiology and differential diagnosis. A deep knowledge of the life-world of the patient is essential if the less obvious causes of disharmony or disturbance are to be uncovered.[9]

Many aspects of the patient's life are seen as impinging on their present circumstance. The clinical discussion may range beyond a focus on the body and its discomforts. Mental and emotional patterns, the familial and social nexus may all provide clues to the meaning of an illness episode or of lingering malaise:

Look at the whole picture, spread it out. Why is this person having this problem? Ah! Because this, this and this has happened in the last three years. . . they don't do a lot of exercise . . . they, you know. I go through the diet in detail, what they're eating, what time they get up in the morning, what time they go to work, the whole day. I like to know exactly what they do with their time so that I have an idea of where things are going astray.

Without an in-depth knowledge of the patient, treatment remains largely symptomatic. Our homoeopath gives a strong sense of the detail sought and the range of experiences which may be explored in the natural medicine consultation. Lifestyle and dietary patterns are central to the discussion. These form the fulcrum around which restorative changes in the patient's life may begin to turn. Such detailed knowledge is, however, unlikely to emerge in a short or hurried consultation:

The orthodox medical people are limited by time restraints. I believe Medicare is only ten minutes, that's what it's geared up against. Whereas our lot, we go for about an hour in the first consultation. Generally speaking. So therefore we have a lot more interaction with the patient. I aim to understand the totality of that person, not just the presenting clinical features which are at that stage prominent in that person's situation. But there are medical doctors who are into alternative medicine, natural therapies, and I know a couple of them, they are ex-students. They actually do spend an hour with their patients. Now is there a difference between an hour ***they*** *would spend and an hour which, say,* ***I*** *would spend? I would say, no there is not. I believe that our goals would be similar.*

The goals of the clinical encounter as expressed here by a practitioner of herbal medicine include a deep knowledge of the patient. This knowledge, however, is not the sole prerogative of the practitioner of natural medicine. It is potentially available to any physician who values such knowledge and who is inclined to take the necessary time.

The short consultation has become one of the signatures of standard biomedical practice in the western world. Is this one of the consequences of a style of medicine which seeks to control or eliminate disturbing symptoms by the prescription of powerful pharmaceutical drugs? Does the short consultation limit the ability of doctors to develop an holistic understanding of the broader influences operating in their patients' lives? These questions and others were addressed at some level by virtually every respondent,

as will become apparent throughout this discussion. It may be that an in-depth perspective of the broader dimensions of sickness and health is needed before an in-depth perspective of the patient is seriously valued:

> *So you really start to explore how that person is unconsciously actually sabotaging who they are in their journey. No guilt, no blame and I make that a very clear concept as well, that's never from any guilt or blame but it's always from the point of view of: How can we become more informed? How can we gain more knowledge from which we can make more constructive choices?*

Developing a deep knowledge of the patient requires more than simply generating a catalogue of attributes and habits. A relationship based on mutuality and trust allows aspects of the patient's life to be explored that would perhaps be by-passed in a symptomatic investigation. The physician acts as mirror, reflecting back behavioral and thinking patterns which may be contributing to a state of disturbance or disease in the patient. This is done in a supportive, non-judgemental context which aims to make patients more reflective of their own role in the creation of disease and the restoration of health. The possibility of change through conscious choice is offered to the patient.

As well as offering direct treatment or intervention according to their own modality, the natural medicine physician also acts as repository of broadened possibilities in such areas as dietary and lifestyle change, physical and mental culture, and personal development. The practitioner of natural medicine seeks to gain a deep knowledge of the patient in order that the patient may gain a deeper knowledge of him or herself.

It Takes Time to Know

One of the common differences between a natural medicine consultation and a biomedical consultation identified by respondents in this study is the amount of time given over to the patient. The practitioner of natural medicine seeks more than a rapid

diagnosis of the patient's condition. The patient's story is to be heard in order that insight may be gained into the broader context of their lives. The physician is to develop a deep knowledge of the patient. This key element in the practice style of the natural medicines is essential to the accomplishment of the therapeutic mission:

> *There is no way that you can start to really look at the deeper levels of what a person is doing in their diet or in their lifestyle or in their thinking within a five or ten minute consultation.*

It is impossible to gain a deep knowledge of the patient from a short consultation. Both the foreground and the background of the patient's life need to be brought into relief in the natural medicine approach. The physician is to become more aware of contributory influences in the patient's own life which impact or have impacted on their present state. The patient is to become more conscious of their own role in the genesis and maintenance of their health or unwellness. Strategies requiring change and commitment on the part of the patient may need to be explored and articulated. And this takes time.

It may be considered good medicine to control high blood pressure through the use of beta-blockers or calcium channel blocking drugs, but the practitioner of natural medicine will generally help the patient to seek out and identify influences in their lives which may have contributed to the development of high blood pressure to begin with. The autonomously inclined patient will welcome such an exploration, which offers the possibility of regaining some control over their condition. Dietary factors, work, rest and exercise patterns, and emotional realities may all be reviewed. The holistically-inclined physician may further consider elevated blood pressure to be a single marker which can reflect degenerative or deleterious changes simultaneously occurring in other body systems such as the circulatory system, the urinary system and the nervous system. The exploration of these dimensions necessarily takes time. And the discussion

has yet to move towards enabling strategies which the patient may consider in their quest for restorative change:

> *It **is** therapy when you're giving time to someone and listening and not thinking, "My God, I'm running forty minutes late". If you're giving that time to them in skillful listening, wandering a little bit, starting to chat a little bit about lifestyle, those things may reveal diagnostic clues. And you're not going to get them in ten minutes. You can't be that skilled. Time is what is necessary.*

The development of an holistic understanding of the patient and their condition is prefaced on thoughtful and unhurried listening. The development of such an understanding is, according to the respondents interviewed in this study, one of the primary goals of the natural medicine practitioner.

Rene Dubos has acknowledged that the doctrine of specific aetiology, the quintessence of reductionist medicine, led to the most spectacular successes in the history of medicine during the nineteenth and early twentieth centuries.[10] The use of newly developed anaesthetics and antiseptic procedures had rendered the formidable practice of surgery safe and manageable. The development of an understanding of the role of endocrine glands and the nature of hormones rendered diabetes and hypothyroidism effectively treatable. The discovery of sulphanilamide in the 1930s and of microbial antibiotics in the 1940s vanquished the grim reaper of many potentially fatal and life-threatening infections.

Although pharmaceuticals have claimed extraordinary successes in the treatment of many acute and infective conditions, chronic conditions remain the bane of street-level biomedicine. Analgesics, anti-inflammatories, lipostatics, antidepressives and antihypertensives may continue to balm harrowed lives but provide no exit from the medicated management that biomedical treatment has often become. The short consultation and repeat prescription underpins a large number of biomedical practices:

> *When you look at how doctors work in the modern medical setting where it's in and out every 5 or 10 minutes either in private practice or the public arena, you haven't got time in that sort of circumstance, or in that sort of model to sit and share and explore. And so it becomes easy for doctors to be dictatorial. "OK, you've got a headache, here's your headache pill, get out - next in." So the whole system as it has evolved nowadays is not conducive to that way.*

The short consultation as here depicted by a naturopath clearly does not concern itself with developing an in-depth knowledge of the patient, but tends to reinforce power aspects of the doctor-patient relationship: *"You've got a head-ache? Here's your head-ache pill."* It also re-affirms a symptomatic, reductionistic orientation which effectively cuts short the search for possible causes of the patient's disturbance.

Factors other than philosophical differences also influence the clinical style of biomedicine. An osteopath suggests that the phenomenon of the short consultation may be driven as much by economic considerations as by a reductionistic view of disease and its management:

> *I wonder if they're under pressure from overheads, that's just as business people. Because the way the business system is set up in medicine, in orthodox medicine, it's quite different from the way we practice. We generally practice as sole practitioners. Some of us mix it in. We basically take our receipts and we just pay some overheads. Medical centres often are owned by entrepreneurs, or big top doctors or a radiologist. And they employ G.Ps and they let them take home 40% of their takings. You know, if you were a G.P. and you're taking 40% of your takings home, you know, you'd pump up the numbers I would imagine.*

Purely economic factors may well influence the scheduling of patients. High establishment costs of large practices, along with high overheads and wages for non-medical staff may well drive one's thinking to the bottom line. Hippocratic ideals may be the first casualty in the daunting task of balancing the books in a high turn-over, entrepreneurial practice. The above comment also raises the issue of over-servicing in the form of brief and possibly unnecessary reviews of self-limiting conditions, and over-zealous but cursory monitoring of patients with chronic conditions. The massive blow-outs in the cost of biomedicine throughout the western world reflect the possibility of

abuses occurring at all levels, from drug company profit margins, the overuse of pathology services and diagnostic procedures, the questionably high cost of specialist and surgical services, and possible widespread background over-servicing throughout the general community. The increasingly unsustainable cost of biomedicine has been raised a number of times throughout the discussions by participants in this study.

Freedom from the constraints of a short consultation enables both doctor and patient to explore well beyond the immediate symptoms which the patient brings to the encounter. The knowledge of the patient acquired through an in-depth consultation provides valuable clues regarding possible meanings of the experience. The perspective which views diet, lifestyle, patterns of activity and patterns of thought as important in health and disease needs somehow to be transmitted to the patient. Patient education is therefore an important element in the natural medicine encounter, but does not take the form of brochure hand-outs or media driven public health education programmes.

The in-depth consultation is a highly individual experience. Each patient brings their own unique story. The task is not to fill the patient with healthful information. It is rather to enable them to recognise self-defeating patterns in their own lives and to find ways of activating restorative change. This, of course, requires doctor and patient to understand each other:

> *One of the things they appreciate is the bringing down to the level of the common man, you know, speaking in lay terms. Don't blind them with science, don't overwhelm them with my knowledge. I try and make it as plausible and as easily understood as possible. . . . In terms of explanation and education I say: "It can be as simple as this." But I explain how it has a longitudinal profile over a period of time, building up as a problem, and they say: "Oh yes", and that way it puts it within their grasp.*

Our naturopath is consciously committed to the education of his patients. The task is to demystify the patient's condition and render it understandable according to the patient's own frame of reference. The practitioner provides an explanatory model of

the condition which is consonant with the patient's own experience or understanding of their situation.[11] The clinical encounter as described here is clearly client-centred, and serves ultimately to empower the patient. Our naturopath continues:

> *I believe it is important to educate them, to empower them, to give* ***them*** *the responsibility back of taking care. I say, in a few weeks time I don't want to see you, if possible. I want you to get out there and if you need to I'm always at the end of the phone. I want to empower them to look after themselves, rather than always be dependent on some type of health care model*
>
> .

Through the clinical encounter which is consciously educative rather than merely prescriptive, the patient is quietly urged towards an increasing self-reliance and a decreased dependency on any health care practitioner. The process is clearly transformational, and may require the patient to make changes. They are not only to become aware of the influences or behavioral patterns which have contributed to the loss or lessening of their health, but ultimately are to become active agents in their own healing and free themselves from the need for constant guidance or assurance from the mediator of this transformation:

> *They need to be educated in the process that has occurred as they've got well. They need to know all those steps. They need to have experienced each of the steps. Not magically, but in true experience. They need to know what it felt like to get better, recognise that it didn't take much, it didn't take surgery or anything. And therefore they have faith in themselves. They are more sensitive to those steps that went backwards to cause their illness. / VDS: So you're also working on strengthening the individual? / Strengthening and preventing recurrence, educating them, making it an experience at a human level.*

The patient needs not only to be made conscious of those conditions which have contributed to their present state, but to reflect upon the means whereby their health can be regained. Illness is no longer the transitory phenomenon to be medicated out of existence. It becomes the vehicle whereby the patient more thoughtfully reflects on the whole process of illness creation and recovery. Lessons are to be learnt from the experience which will enable them to avoid or mitigate future recurrences, and intensify their understanding of the meaning of the experience. Patient empowerment and autonomy are thereby furthered:

To me, often what is troubling people is that they've got themselves into - or life has got them, and they are part of life - into a situation where they get a bit stuck. They get a bit apprehensive in certain ways. . . . And so it sometimes is a matter of getting to that particular point where they can develop a better understanding of the process and where they're at so that they feel OK about letting the process continue. In other words letting it work itself out, letting it resolve, letting it change, letting it move on, instead of being afraid that that's going to be something that they should be fearful of.

The transformative dimension of the natural medicine encounter is brought to the foreground in this comment from an acupuncturist. The illness or condition represents a distressing impasse in the patient's life. Through developing an understanding of the often hidden dynamic which underlies the condition, the patient's whole relationship to the process may be empowered. The initial sources of fear, anxiety and uncertainty may become catalysts for radical change in the life of the patient. Here it is not so much a matter of resolving bodily symptoms. One's whole relationship to the life process itself is to be reviewed. Apprehension and fear in themselves are also seen as elements in the overall problem. Existential as well as bodily realities are to be honoured.

In many ways this perspective shares much with that offered by the cancer support groups developed and described by Ian Gawler.[12] Quite often, people in such groups will undergo a dramatic re-visioning of the cancer process. Rather than it representing the shattering of life's steadiness and the hostile eruption of life-threatening forces into their lives, the cancer may come to be seen as a necessary, if perhaps too-powerful messenger of the need for change in the whole patterning of one's life. It can also call forth a needed preparation for one's death. The psychology of Carl Jung similarly views much mental distress and disquiet as an invitation to reflection, education and exploration, mental transformation and re-integration.

The natural medicine encounter in its more evolved expression represents a re-awakening of the teacher within the physician. The relationship established with the

patient is deep and reflective and is based on a respectful mutuality between doctor and patient. Tact and sensitivity are essential in the process of uncovering the many dimensions which contribute to the experience of illness:

> *I think sensitivity in the practitioner-patient relationship is very important. I think with sensitivity the practitioner is able to tap into the needs, into an understanding of the patient, whereas if one is not sensitive - and I'm using the word abstractly here - I feel that blocks out an understanding of the patient.*

Fullfillment of this mission is aided by the awareness and personal sensitivity of the physician. The physician needs to be tuned to the delicacy and nuance of the interaction with their patient if a comprehensive understanding is to develop. An osteopath reflects upon his own experiences:

> *In our work, we work at levels of anatomical refinement and subtlety that - provided we're slow and thoughtful and allow space to feel without predicting what we are going to feel - allow feelings to emerge. We pick up huge ranges of things about people that we integrate into an intuition or realisation. And many of us rely on that sort of capacity to integrate in order to diagnose. And it becomes ordinary to us to pick up an awful lot of things about people.*

The physician needs to be as comfortably grounded in human interactional realities as in anatomical, pathophysiological and diagnostic realities. Biomedicine has excelled beyond measure in developing a vast and detailed knowledge of the nature of the body and its diseases. Natural medicine rather, has directed its focus towards the patient's experience of illness and to the nexus which has contributed directly and indirectly to the development and maintenance of the condition. This knowledge is to be applied towards therapeutic goals that extend well beyond the symptomatic relief of acute symptoms. These goals will be explored in detail in the following section.

Endnotes

1. Thomas Szasz *The Myth of Mental Illness* **[get further details]**

2. During the 1960s and 1970s, Laing and his colleagues criticised and attempted to develop alternatives to the conventional psychiatric practices of the time. Building on the philosophical ideas of existentialism and phenomenology, they suggested that much of what is labelled madness is the inevitable consequence of the disturbed interactions and communications which can occur within families. Like Thomas Szasz, they were also highly critical of the use of psychiatry as a form of social control. They believed that what was considered madness often represented a form of existential impasse or spiritual malaise which would be better served by sensitive guidance and support than by medication with powerful psychotropic drugs. To that end, they created *Kingsley Hall*, a therapeutic community in London which was based upon their ideas. Laing and his colleagues were predictably subjected to much criticism from the psychiatric establishment, and succeeded in calling upon themselves the label of "anti-psychiatrists". See R.D. Laing *The Divided Self* (Tavistock, 1960), *Self and Others* (Tavistock, 1961), R.D Laing and Aaron Esterton *Sanity, Madness and the Family* (Tavistock, 1964). An informative overview of Laing and his group's activities with both supportive and critical commentaries is available through Robert Boyers and Robert Orrill's edited anthology *Laing and Anti-Psychiatry* (Penguin, 1972).

3. Carl Jung observed that disturbing mental symptoms were often associated with the individual's movement towards individuation. The task of the therapist was more akin to that of spiritual guide as the patient moved through a process of progressive psychic integration. See *The Undiscovered Self* (Routledge and Kegan Paul, 1958) and *Memories, Dreams and Reflections* (Collins and Routledge and Kegan Paul, 1963)

4. Thomas Szasz and Marc Hollander, *A Contribution to the Philosophy of Medicine: the Basic Models of the Doctor-Patient Relationship*, AMA Archives of Internal Medicine, 97, 585-592, 1956

5. Ibid. p. 586

6. Ibid. p. 587

7. Australian physician Richard Taylor believes that the rule of technology in biomedicine has had an essentially damaging effect on the historical mission of medicine. He speaks strongly: "The preoccupation of medicine with its newly acquired gadgetry and flashy technology in the face of the meagre evidence as to the usefulness of many of these new methods in diagnosis and treatment, leads to the conclusion that contemporary "medical science" would be better labelled "science-fiction medicine." This appellation is particularly apt for a supposedly scientific discipline which pays more attention to promoting its technology than evaluating it, and spends more time stridently announcing victories than in carefully analysing failures." See his *Medicine Out of Control: The Anatomy of a Malignant Technology*, (Sun Books, Melbourne, 1979), p. 3. Social reformer Ivan Illich also draws attention to the subtle intrusion of the technical into the domain of the moral in medicine: "What had formerly been considered an abuse of confidence and a moral fault can now be rationalized into the occasional breakdown of equipment and operators. In a complex technological hospital, negligence becomes "random human error" or "system breakdown", callousness becomes "scientific detachment", and incompetence becomes "a lack of specialized equipment." The depersonalization of diagnosis and therapy has changed malpractice from an ethical into a technical problem." See *Limits to Medicine; Medical Nemesis: The Expropriation of Health*, (Marion Boyers, London, 1976), p. 30

8. Thomas Szasz and Marc Hollander (1956). op. cit., p. 588

9. British doctor Michael Balint has suggested that the very style of history-taking which doctors learn in their hospital training may limit their receptivity to or even interest in the less obvious influences which may be contributing to the patient's condition. Balint is very conscious of the importance of personal sensitivity in the physician if there is to be some success in uncovering the

life-world of patients: "Our experience has invariably been that, *if the doctor asks questions in the manner of medical history-taking, he will always get answers - but hardly anything more.* Before he can arrive at what we called "deeper" diagnosis, he has to learn to *listen.* This listening is a much more difficult and subtle technique than that which must necessarily precede it - the technique of putting the patient at ease, enabling him to speak freely. *The ability to listen is a new skill, necessitating a considerable though limited change in the doctor's personality.* While discovering in himself an ability to listen to things in his patient that are barely spoken because the patient himself is only dimly aware of them, the doctor will start listening to the same kind of language in himself. During this process, he will soon find out that there are no straight-forward direct questions which could bring to light the kind of information for which he is looking. Structurizing the doctor-patient relationship on the pattern of a physical examination inactivates the processes he wants to observe as they can happen only in a two-person collaboration." [Italics in original] See his *The Doctor, His Patient and the Illness*, (Pitman Medical, London, 1964), p. 121

10. While acknowledging the enormous contribution made to medicine by the early fruits of the doctrine of specific aetiology, and its corollary, the doctrine of specific treatment, Dubos is also sensitive to holistic realities: "Unquestionably, the doctrine of specific aetiology has been the most constructive force in medical research for almost a century and the theoretical and practical achievements to which it has led constitute the bulk of modern medicine. Yet few are the cases in which it has provided a complete account of the causation of disease. Despite frantic efforts, the causes of cancer, of arteriosclerosis, of mental disorders, and of the other great medical problems of our times remain undiscovered." See *Mirage of Health: Utopias, Progress and Biological Change*, (Anchor Books, N.Y.), p. 91. Also: "One of the most important contributions of the philosophy of specific aetiology was to save medicine from the morass of loose words and loose concepts. But insistence on concrete facts need not deter from acknowledging that under natural conditions, the aetiology of most disease is multifactorial rather than specific." Ibid., p. 143

11. Building on the work of Arthur Kleinman, Howard Stein emphasises the importance of avoiding dissonance between the explanatory models of sickness or disease held by doctor and patient. If the therapeutic relationship is to be built upon more than a technical interchange, the physician needs to be sensitive to explanations and interpretations which patients themselves have regarding their own experience of sickness. Stein comments: "The more the physician can elicit from patient and family what they think is taking place, what they have been doing about it, and what they think clinically ought to take place, together with the clinician's assessment of these same issues, the more empathic will be the clinical relationship and the more realistic the treatment plan." See *The Psychodynamics of Medical Practice: Unconscious factors in patient care* (University of California Press, Berkeley, 1985), p. 12

12. Ian Gawler (1984): *You Can Conquer Cancer*, Hill of Content, Melbourne

CHAPTER 5

REBUILDING THE TEMPLE

The Therapeutic Mission

As we have seen in the previous chapter, the therapeutic mission in natural medicine extends beyond the relief of immediate symptoms in patients. This task is well handled by biomedicine. The practitioner of natural medicine invites patients to develop an awareness of their own role in the creation and maintenance of their condition or disease. The focus of control rests more with the patient and their own consciousness than in the expertise and directives of the physician.

The therapeutic encounter in natural medicine encompasses more than the application of arcane knowledge to identify and name the patient's condition and to prescribe a medicine to eliminate or control that condition. The encounter serves to develop self-knowledge on the part of the patient. How have their actions, neglects and general circumstances contributed to the creation of the problematic situation in which they find themselves?

The patient is actively supported in reclaiming control of their state of health as far as possible. The patient is encouraged towards personal autonomy rather than dependence upon the actions and counsel of their physician. The practitioner of natural medicine thereby functions as a catalyst who activates and supports the patient's will to healing through directing their attention towards life-style and behavioral issues which may be knowingly or unknowingly undermining their health.

The therapeutic project tends towards a conscious strengthening of the patient's physical, mental and emotional well-being. The activation and nurturing of

regenerative and restorative influences is a constantly recurring theme among all respondents in this study.

The therapeutic process in natural medicine supports the movement of the patient towards an increasing self-reliance and personal empowerment. Reflection upon life-style influences is crucial to this process. Illness and disease begin to be be understood from a broader perspective that includes the patient's own role in the process. This understanding may extend beyond purely rationalistic interpretations of disease causality and begin to move towards a sensitivity to the metaphoric and symbolic dimensions of experience.[1] These issues, as discussed by our respondents, will be explored in this chapter.

We are not simply cast adrift in a sea of fickle circumstance which buffets us between health and sickness. The encounter with natural medicine can awaken one to the possibility of control and influence in the experience of health and illness. This may require a profound review of one's thinking and behavior patterns. The patient is to become more aware of aspects of their lives which may affect their health. Practitioners of natural medicine may offer both treatments and suggestions for change which serve to strengthen patients and create vital reserves which will better enable them to deal with life's not-so-pleasant surprises. Patients may in turn reflect upon their own assumptions regarding the inevitability of disease and age-related deleterious change.

Respondents in this study generally described their therapeutic mission as an activation of healing forces and of regenerative influences in their patients. The mediator of this process was generally identified as an energetic or vital force.

The practitioner of natural medicine offers a radical perspective of therapeutic possibilities. The physician's brief includes more than technical competence in disease diagnosis and management. The physician is to become skillful and compassionate agent of change in the life of the patient. Patients are encouraged to explore the effects of their own behavior and thinking on their well-being. They are urged towards an increasing self-reliance in the regaining and maintenance of their health. And they are actively supported in the task of developing a new understanding of their own role in this project.

The Catalyst

Realisation of the therapeutic mission is clearly a co-operative venture between physician and patient in natural medicine. The expectation that one will be "fixed" by the doctor is balanced by the need for personal commitment to the process by the patient. Much more may be required than simply taking tablets two or three times a day. The patient may begin to re-evaluate their entire relationship with, and understanding of, their life-world:

> *With most of the healing systems that I'm familiar with, one very common aspect of it would be the recognition that nothing exists in isolation, that there are no boundaries between anything, and indeed that we are totally embedded people. All living things are totally embedded in their environment, in their total environment, not just their physical environment but their emotional, psychological, spiritual environment, in that they can't be separated from it. . . . It is indeed the harmonious relationships between all of the aspects of the person and their total environment that is actually seen as being necessary to be healthy and maintain health.*

This comment from an acupuncturist offers a clear voicing of the understanding which precedes the therapeutic mission. Our practitioner views self and world as implicate rather than separate. One is no longer the helpless victim struggling to retain control in the face of change. The development of sickness and disease is no longer the result of disconnected chance. Physical, social, psychological and spiritual realities condition both the background and the outcome of life experiences. Our respondent here

challenges the dualistic view of biomedicine where treatment of the embodied symptoms is considered quite sufficient. He projects a philosophical understanding that underpins much of the holism in traditional cultures.[2] A practitioner of naturopathic medicine offers a further perspective:

> *We honour the symptoms that they come in with, but it can often open up completely different territory that they might never even have contemplated, and that starts them literally on a journey of discovery and exploration. And in that process they also become more self-empowered which I think is a key word that I keep focussing on with my clients. Because the medical paradigm is very much disempowering.*

This comment clearly reflects the priorities which govern this respondent's style of practice. Presenting or acute symptoms represent merely the entry point to the therapeutic encounter. They in no way encompass the task to be accomplished. The practitioner invites the patient to a deep self-exploration which may lead to powerful transformation. This approach shares much with that of humanistic and phenomenological psychotherapies where the goal of therapy is no less than the re-integration and individuation of the patient, not simply the control or masking of troublesome symptoms.[3] Our practitioner is highly conscious of the transformative potential of the encounter. He identifies his role as catalyst for the task of patient empowerment. He notes passingly that the biomedical paradigm does not share the same brief.

A homoeopath offers her own view of the therapeutic task:

> *There are two things I'm looking at. I'm looking at the acute complaint. . . . But then beyond that, you need to look at what will help the system heal itself, and strengthen it. Well, how **can** the immune system be strengthened? And so we give medicines that work on the entire constitution of the person, and look at not just the physical array of symptoms, or the physical characteristics, but also the emotional or mental characteristics of the person.*

Here we have further confirmation of the broadened brief of natural medicine. This comment evokes a model of physiological restoration which is essentially foreign to

biomedicine. As well as resolving acute symptoms, one's brief as physician requires at least an acknowledgement of the psychosomatic dimension of health and sickness, and the implication of mental and emotional factors in the genesis of disease. Our practitioner includes a strengthening of the entire constitution of her patients - their physical, mental and emotional health - as part of her professed task. One may well ask where biomedicine stands in relation to such a possibility. Our homoeopath does not claim to heal her patient: *"You have to look at what will help the system heal itself, and strengthen it"*. Rather, the inherent healing process of the patient is to be somehow awakened and activated.

> *The role of the healer is probably to bring consciousness and vitality into some sort of balance within the individual. The consequence of that is healing. The healer doesn't heal the person exactly. It's not direct. The healer brings to the notice and the consciousness of the person's being - not just their consciousness, but their vitality - what is wrong. Because for some reason it's not fixing it.*

The above comment emanates from a practitioner of osteopathic medicine. The emphasis again is on the role of physician as catalyst. Healing resides more within the patient than in the ministrations of the physician. The physician is mediator in the quest to restore fullness to the patient's innate healing capacity. Our respondent speaks in terms of patient *consciousness* and *vitality*. The patient is to be somehow made more aware of their own reality. Our osteopath is perfectly comfortable with the notion of vitality as an operative principle in the maintenance of human life and health. Regarding the biomedical style of physicianship, he continues:

> *For the patient of course, they'll get something, and they'll get Medicare rebates and they'll probably be reassured that they haven't got a major pathology, you know in terms of pap smears, and an X-ray taken and a scan taken. But are they.... are they **better**? Have they **progressed** in themselves? Are they more **healthy** from having visited the doctor? I don't think the patients get what they really need. They get some part of it, certainly the cutting edge. They find out they're not dying and they don't have a pathology.*

The discussion begins to intensify, with our osteopath addressing what he considers to be a major deficit in the practice of biomedicine. He identifies with a style which is

essentially different to that of the dominant system. Biomedicine may capitalise upon the need for spurious reassurance on the part of patients through the application of newer diagnostic technologies, but appears to fudge on delivering the goods: *"Are they better?. . . . Are they more healthy from having visited the doctor?"* Our practitioner suggests that such reassurance only partially fulfills the patient's needs. Even symptomatic improvement in the patient is seen as an incomplete expression of the therapeutic contract. *"Are they better? Are they more healthy?"*. Our osteopath here calls upon doctors to reflect upon whether the clinical encounter has strengthened and empowered their patients as well as satisfied their own need to screen out the possible presence of pathology through the use of new diagnostic technologies.

A practitioner of western herbal medicine offers his view of the therapeutic mission:

> *The whole approach is different. Their philosophy is very different to ours. They're very much into pathophysiology. That's what causes it. Knock out the offending organism and you're cured. Our approach is different. Boost up the body's immunity, look at lifestyle factors. Of course you have your medicines. Of course. But it's over and above medicines. There are other factors involved in it.*

Although the focus of biomedicine upon pharmacology and pathophysiology is essential to the practice of safe and effective medicine, it is not enough. It also needs to be supported by an awareness of other influences which may be active in patients' lives. Our herbalist directs a major part of his treatment towards a strengthening of the patient's own reserves or defences through, for example, immune stimulation.[4] Patients may also need to become aware of how their own behavior may be limiting their well-being.

Our herbalist here points to an important difference in approach to the treatment of such conditions as bacterial and viral infections by biomedicine and his own natural medicine modality. Further such differences will be explored throughout this study.

Despite the differing modalities practiced by our respondents, it becomes clear that there is considerable agreement on the nature of the therapeutic mission. A depth perspective operates. The simple resolution or control of presenting symptoms does not fully address therapeutic possibilities. The practitioner invites the patient to become more conscious of aspects of their lives which may affect their well-being. Through a reflective review of their style of living, patients learn to become more self-reliant and autonomous in relation to the maintenance of their health. The body's healing capacity is to be strengthened and their vital reserves increased. The whole process thereby moves towards an active enhancement of the quality of the life of the patient.

The Way We Live

A major differences between biomedicine and the natural medicines appears to be the attention given to details of the patient's life-style in the clinical consultation. Over the past century, biomedicine has developed powerful and effective medicines which will decisively deal with many life-threatening conditions. The treatment of troublesome symptoms associated with chronic degenerative change may, however, offer little in the curative domain.[5]

Despite the development of strains of bacteria which are resistant to certain antibiotics in recent decades, extraordinary control has been gained over most infections. Formerly fulminating infections such as meningitis and endocarditis are now treated through routine prescriptions. The pain and incapacitation of degenerative joint conditions are now rendered comfortably manageable by the use of analgesics and anti-inflammatory medicines. High blood pressure can be brought under control through the use of a range of beta-blockers and calcium channel antagonists. Heartburn and stomach pain can be

relieved through the use of antacid medications. Troublesome mental states associated with depression and anxiety can often be controlled through the use of psychotropic medication.

The doctor remains in charge in these scenarios. The patient is simply required to comply with the suggested dosage schedule of the prescribed drug or drugs. Such practices represent good medicine according to the biomedical brief.

Practitioners of natural medicine will tend to enlist the active co-operation and participation of the patient in the task of healing. The patterns of daily life may need to be reviewed in order to determine whether patients are consciously or unconsciously contributing to the creation of their symptoms or increasing their susceptibility to sickness. Suggestions may be offered regarding the activation of the body's innate healing abilities. Patients with recurring infections may thereby be alerted to the reality of their own protective immune systems, and of ways in which immunity may be enhanced and strengthened. Patients with joint and muscle pain may be encouraged to review their dietary and exercise patterns with a view to minimizing the effects of symptoms caused by pathological or structural problems. Structural treatment may be further offered or suggested as another approach to resolving or mitigating such symptoms. High blood pressure may be viewed as a portent of more generalized systemic deleterious change, and treatment programs directed towards improving the overall state of the body systems and tissue fluids through dietary changes, exercise and relaxation programs, and medication or supplementation regimens. Digestive disturbances by their very nature will demand a thorough review of the patient's dietary patterns and the use where possible of corrective rather than symptomatic medications. And mental and emotional distress may be viewed as indicators of an experience of a deep unsatisfactoriness in some aspect of the patient's life which may need to be resolved as much by major changes in attitude and relationships as by the use of supportive or palliative medication.

The natural medicine practitioner's professed brief of supporting patient autonomy and of augmenting their reserves requires the patient to become active participant, and to become conscious of their own role in the processes leading to both health and sickness. Knowledge of the hidden effects of one's life-style influences is an important part of this process:

> *Lifestyle. That's such an important part of healing. I mean, that's another whole thing. I suppose I deal with that a lot. . . Look at the whole picture, spread it out. Why is this person having this problem? Ah, because this, this and this has happened in the last three years and they don't do a lot of exercise. I go through the diet in detail, what they're eating, what time they get up in the morning, what time they go to work, the whole day. I like to know exactly what they do with their time so that I have an idea of where things are going astray. It's a very big thing. Lifestyle's very important.*

This comment from a practitioner of homoeopathy strongly reflects the high priority placed on knowledge of the finer details of a person's life. As suggested earlier in this discussion, the freedom to explore these contributory influences becomes more accessible through an unhurried clinical consultation which seeks an in-depth view of the patient. Our practitioner is vitally interested in all aspects of how her patients live. She affirms that the longer-term contributors to the patient's condition cannot be ignored without peril. A naturopath comments further:

> *My point of view is.... now hang on a second. What are you eating? What are you thinking.? What are you doing? What are you drinking? etc. etc. So you really start to explore how that person is unconsciously actually sabotaging who they are in their journey.*

The patient's actual symptoms have here receded into background. Our naturopath is obviously interested in how the patient may have contributed to the development of their condition. The psychosomatic dimension of health and sickness is fully part of our practitioner's world-view. Not only the patient's eating habits, drinking habits and actions are brought into the spotlight. Their *thoughts* and *thinking patterns* may also offer valuable insight to one seeking a depth perspective. Our respondent's concern

extends far beyond the resolution of acute or chronic symptoms. His interest encompasses the entire *gestalt* of the patient's life, or in his own terms, *"their journey"*.

Again, the connectedness of all things is voiced. One is no longer the passive victim of a bitter fate, smitten by an invading virus or swept up by the inevitable consequences of human ageing. Rather, one is a motive influence, consciously or unconsciously, in one's destiny. Our naturopath here draws attention to shadow-aspects of our lives which may subtlely limit or actively sabotage our potential to live in fullness of health and vitality. Sickness and disease are no longer isolated episodes to be resolved as quickly and painlessly as possible, but rather are interpreted as expressions of often unconscious influences which may undermine our health and potential. The notion of disease as metaphor, as something which points beyond itself, begins to emerge.

The Need for Change

The natural medicine encounter is clearly not a one-way street. The relationship established between practitioner and patient serves to encourage patients in the difficult task of increasing their awareness of their own role in the creation and destruction of health:

> *It's a matter of not only prescribing remedies and changing diets. It's changing habits, it's changing attitudes. Quite often it's the incorrigible person, not the incurable disease, as we've heard expressed in this profession. And old habits die hard. A lot of people are quite happy to continue on in their lifestyle regardless of the consequences.*

Here, the complexities of dealing with lifestyle issues are confronted. To have knowledge of self-defeating influences is insufficient. Armies of cigarette smokers are testament to this truth. Our naturopath is very aware of the importance of motivation in overcoming self-defeating tendencies or patterns of behavior. The task to be

accomplished requires more than the prescription of medicines or dietary modification. It may sometimes require a profound transformation of the patient, a deep and ongoing process of reform of aspects of their lives that may be hindering the restoration or maintenance of health. This comment also re-affirms the strongly reflective nature of the natural medicine encounter, where patients are gentled towards taking greater personal responsibility for their own well-being.

> *Once you provide a person with awareness, it may not be easy, but in that moment of awareness they can then have the choice of doing it the old way or doing it in a different way. Whether they do that is up to them, but at least they now have the choice. Before the awareness, they don't have that.*

The practitioner of natural medicine serves as catalyst for potential change. Biomedicine has tended to opt for the quick fix wherever possible. This is partly the result of the ready accessibility of powerful medicines which will provide rapid and predictable symptomatic relief in many conditions. This reality also sits very comfortably with the relational style wherein the physician prescribes the therapy and the patient complies. As Thomas Szasz earlier observed: *"This model of guidance-co-operation underlies much of medical practice."*[6]

Street-level biomedical practice makes it virtually impossible to offer anything *other* than a quick fix because the constraints of the short consultation render a deep exploration and review of patient's life patterns virtually impossible. The practitioner of natural medicine, working through the model of mutual participation, will however tend to reflect back to their patient an awareness of patterns of behavior which may directly or indirectly have an effect on their present experience of health or sickness. The practitioner does not demand co-operation or compliance with their own view of what the patient should or should not be doing. They simply alert their patients to such matters and thereby invite change. The choice is the patient's. The centre from which change is initiated remains within the patient, *not* in the actions or ministrations of the physician.

We don't often ask our patients whether their dreams are changing, or whether their sleep pattern is changing or whether their day-dreams are. Have they suddenly started to read books having never read them before, those sorts of things which are changes in the mind but also changes in the external pattern of social interaction. Those I think are very important.

The above comment from a practitioner of osteopathic medicine reminds us the movement towards increasing consciousness and autonomy in the patient may be reflected in unexpected ways. Psychosomatic relationship is subtlely expressed here. Changes in intellectual activity, social relationships, dreams or fantasies may all indicate the activation of transformative processes within the patient. Our osteopath continues:

I think one simple way of explaining it is: the patient limps in with a painful knee, and they're a squash player and they've got a competition the week after next. We've decided that the ligaments are strained and possibly the cartilage is torn or frayed. And in the fast-buck, turn-over practice they might do some manipulative work, they might strap it up. If it's a recurrent problem in the sports clinic they might stick some cortisone in it or they might just stick a fibre optiscope in to have a look. Whereas I would question whether the person is beginning to realise ***themselves*** *that they've reached the end of their squash playing career. And to help them over that transition, from being a squash player to being not a squash player takes a great deal of subtlety and knowledge of the person to enable them to accommodate the change. . . . The person has to sort out some very difficult things about what they do about physical aggression, what they do about the build up of anger and frustration in their job, and in their relationships, and whether they are encouraging their children into heavy contact sports.*

Our practitioner is obviously dealing with far more than his patient's presenting symptoms. The patient is not simply given a quick fix to enable the resumption of life as usual in the shortest possible time. Nor is the patient told what to do or what not to do: *"I would question whether the person is beginning to realise* ***themselves*** *that they've reached the end of their squash playing carreer."* Our osteopath here reflects to his patient aspects of the situation which are unlikely to be addressed in the search for a rapid and simple resolution of painful knee-joint symptoms. The patient is to be made aware of the implications and consequences of different styles of intervention or treatment. A broader range of possibilities from which a choice can be made is offered. Continuing on:

How do you deal with your squash player when he starts to get angry and when he starts to get paranoid at his work and his blood pressure starts to shoot through the roof? And when he does start to dream and have fantasies, they are lurid and violent and disturbing to him. And to begin to get that into some sort of socially acceptable health development, there is an art to that.... skill. It's not an easy job.

Our osteopath is more than mere technician. Complexity and consequence colour the overall perspective. Psychological realities contribute to the patterning of a patient's life and to the choices made which may influence their health. The physician unobtrusively explores the less obvious determinants of well-being as reflected in life-style choices and psychological make up. The patient's self-awareness is gently prodded. This self-awareness however is not the therapy in itself. The full implications of changing one's life patterns need to surface in a way that enable the patient to re-integrate their lives with minimal disturbance.

The physician's role here is one of supportive mentor and informed guide. The patient moves towards increasing autonomy and personal control based on a self-knowledge and a broadened freedom in life choices. As this movement gathers momentum, the task turns from a reactive seeking of professional relief from life's unpredictable and often senseless blows, to a conscious strengthening of vital reserves and a renewal of life energies through attention to one's overall style and pattern of living, and to one's physical, mental, emotional and spiritual health. Ultimately, one is to become one's own doctor.

The Renewal

Biomedicine has accomplished virtual miracles over the course of the present century. Knowledge of anatomy, physiology, biochemistry and pharmacology has rendered transparent the miasmatic haze through which sickness was interpreted in earlier times.

Dramatic technologies have elevated diagnostic precision to a near art-form. The development of surgery and modern drugs has restored the possiblity of hope in desparate and formerly untreatable conditions. Yet the current treatment paradigm of biomedicine has created its own conceptual limitations. Infection is to be treated by antibiotics. Hypertension is treated with beta-blockers and calcium channel blocking drugs. Depressive states and existential angst will yield to *Prozac* and the diazepines. Musculo-skeletal degeneration is controlled by analgesics and anti-inflammatories. Cancer is excised by knife, incinerated by radiation or killed by chemotherapy. The full might of the biomedical armamentarium is available to all through armies of general practitioners and legions of specialists.

But is this the *only* way that effective medicine can be practiced? Are there other possible approaches to dealing with infection, hypertension, anxiety and depression, and chronic degenerative conditions? The story which emerges through discussions with educator/practitioners of natural medicine tells us that although biomedicine has profoundly empowered its practitioners, and rendered safe the passage through many conditions which less than a century ago could threaten the individual with quick or slow death in life, it does not encompass the full picture. Material mastery has been accomplished on an unprecedented scale but at the cost of conceptual impoverishment. Life-style issues remain grossly neglected. What we eat, drink and think can influence us for better or worse.[7] The notions of physical regeneration and restoration are not strong elements in the biomedical paradigm. The active enhancement of patients' vital reserves through dietary, medicinal, or psychosomatic means appears to be low on the biomedical agenda.

> *The latter part of the 20th century has seen planned redundancy in just about everything, Cars, white goods,* ***everything*** *has a limited life. These are planned to go wrong. We understand that it's a part of the cycle of things. But the human body is different and we've got to* ***get back*** *to the potential to expand and grow and regenerate. Whereas everything else decays, the body has the capacity to regenerate. And if we can get them to focus on* ***that*** *model and get away from the experiences of the world around them, then they can change their thinking.*

Our naturopath clearly accepts the reality of bodily regeneration throughout life. He re-echoes the message that the mission of natural medicine points beyond the relief of pain and troublesome symptoms and the management of chronic conditions: *"We've got to get back to the potential to . . . regenerate"*. This regenerative potential is not actively pursued in biomedicine. It is hard to find mention of it in the texts and teachings of conventional geriatric medicine; it is barely acknowledged as a possibility in conventional biomedical physicianship.

The practitioner of natural medicine offers a re-visioning of bodily possibilities. The inevitability of age-related deleterious change is challenged. The body-mind is seen as a repository of immense healing potential which may be activated through various means. The physician is to alert the patient to the potential for bodily regeneration which is available to them, and thereby catalyse a reframing of therapeutic possibilities:

> *It's a matter of being able to advise and educate people of the benefits of good health and the extreme limitations of poor health. If you get them at a time where that process is already well under way, then you can show them the restorative and rejuvenating process of natural therapies . . . . You can't change their chronological but you can certainly change their biological age. And regenerate. So a person might be sixty years of age but can have the rejuvenated body of a forty-five year old.*

These are not the empty claims of a deluded idealist, as Australian physician, Wolfe Segal would suggest:

> "It has been estimated that 80-90 per cent of all human ailments (based on both frequency and type) improve and eventually clear up with no treatment at all. This is because of the body's capacity to overcome aches and pains, mild infection, inflammation, minor wounds etc. by inherent defence and repair mechanisms. The difference between this and the claims for self-healing by naturopathy is that naturopaths have questionable expectations that the body can overcome profound degenerative diseases."[8]

Segal rightly identifies the natural therapies as custodian of regenerative ideals, despite his personal cynicism. One of the most insistent claims of the nature cure movement throughout the present century has focussed on the enormous and generally untapped

potential of the body to regenerate and rejuvenate through such practices as fasting, colonic cleansing and dietary change.[9] This view is not shared by biomedicine. Such practices have been virtually abandoned in contemporary western medicine, where the rule of pharmacology has over-ridden the *vis medicatrix naturae*, the innate power and tendency of nature to heal given the right conditions.

Unlike biomedicine, the natural medicines consciously take on the task of bodily regeneration and the strengthening of organ systems as part of the therapeutic mission. A cultural precedent for this therapeutic goal exists in Ayurvedic medicine, one of the ancient indigenous systems of medicine of India. *Rasayana* represents one of the divisions of Ayurveda, and concerns itself primarily with regeneration and rejuvenation. The practices of fasting, significant dietary restriction, massage, breathing techniques and calisthenics, and the use of herbal and mineral medicines form the essential modalities of this specialty area of Indian medicine. Within the western tradition, European alchemy sought to achieve similar ends through the preparation and use of mineral and herbal medicines. The western hygienist tradition seeks to attain similar outcomes through the use of fasting and dietary modification.[10]

A practitioner of herbal medicine describes an approach to treatment which focusses upon an overall strengthening of the patient as longer term objective of the clinical encounter:

> *A person comes in with flu symptoms. The doctor, within his or her ten minutes will assess the situation, do a quick physical examination of the ears, whatever, to determine if it's deeper, and then prescribe a medicine which will make the person asymptomatic. And this all done roughly in ten minutes. Whereas if they came to a natural therapist or a herbalist for example, we would assess the situation, look at other factors, what else is happening in that person's body, then look at dietary factors and non-pharmacological factors to assist in the relief of the flu, prescribe a medicine which will not only dry up the sinuses or whatever, but perhaps work on the liver for its detoxifying properties, work on the general immunity, to boost the immunity, perhaps maybe some digestive medicine if, in the assessment of the practitioner, that's at play.*

A nascent holism here begins to find expression. The development of flu symptoms offers an opportunity for review of the patient's overall condition. The acute symptoms are obviously to be relieved as far as possible, and this is to be accomplished through the use of a specific medicine or medicines, and also through dietary and non-pharmacological means where appropriate. The body's own capacity to deal with the condition is to be enhanced through attention to possible weaknesses in the various organ systems which mediate an immune response. Attention is further directed to apparently unrelated systems such as the digestive system in order that the patient emerge from the encounter strengthened in every possible way. The patient's participation in this whole process is subtlely enlisted. He is not simply assessed and prescribed to. The whole experience serves to strengthen his reserves and increase his general immunity.

> *Their attitude is, "Let's see what we can organise to kill the bug" and my attitude is, "Screw the bug." We just look at trying to keep the body healthy, and let's leave the bug as just another passenger on board. So it is a totally different approach. They are diametrically opposed. Because from the medical point of view, trying to kill the bug, as it is with a lot of other illnesses too, you often end up virtually killing the body as well.*

This comment from a naturopath with a special interest in the management and treatment of HIV/AIDS further reflects an essential difference in approach between the biomedical and natural medicine treatment of infection. Unlike most bacterial infections, viral infections remain largely refractory to biomedical treatment. Our respondent's primary atention is directed towards the maintenance and support of his patient's health: *"Screw the bug. We just look at trying to keep the body healthy"*. The patient here is no longer considered the battleground wherein a war between infecting agent and powerful chemotherapeutic agents of uncertain efficacy is fought out. The focus is on the individual's state of *health* and its empowerment, not the disease. Our respondent here identifies his own approach as being essentially different to that of biomedicine.

Igniting the Flame

The healing mission in much of natural medicine extends well beyond the task of eliminating or controlling troublesome symptoms. It carries a great depth of intention. The task is not so much the *fixing of symptoms*, but more the *transformation of the patient*. The patient is no longer to be passive recipient of the ministrations of the knowledgeable doctor, but is to become repository of powerful healing forces which may be activated through the mediation of a thoughtful and conscious physician. The patient is identified as origin and locus of great healing potential. The activation of healing is another key signature of the natural medicines.

> *I think of myself not as a healer - I'd never describe myself as a healer - but as someone who has a tremendous interest in what constitutes a healing process, and an explorer of means to get that healing process working. Yes. But if things change, I would regard myself as no more than catalytic. And to every person involved in health care, they'd do well to look . . . . to their curiosity and questioning and doubt to see in fact how very, very little anybody knows about the processes that we're talking about.*

This comment from a practitioner of osteopathic medicine offers an understated reflection of the quintessential osteopathic principle that the body possesses an innate capacity to heal itself when cleared of mechanical restrictions and their functional consequences. His role is not so much that of operator or controller of therapeutic recovery, but of initiator and activator of healing forces. His role is that of catalyst in the process which moves the patient towards self-healing. Our practitioner is explicit regarding his own relationship to this process: *"I'd never describe myself as a healer"*, and acknowledges fully the *mysterium tremendum* that healing represents. Another osteopath speaks:

> *The role of the healer is probably to bring consciousness and vitality into some sort of balance within the individual. The consequence of that is healing. The healer doesn't heal the person exactly. It's not direct.*

Our osteopath here is clearly more comfortable with the use of the term *"healer"* than his colleague. But there is considerable agreement in a number of other respects. The source of the healing process is seen to rest with the patient. The patient is not *"healed"* by the other. Our osteopath rather helps to activate restorative change through skilled structural correction and general discussion. The patient's vitality is to be mobilised. The patient's awareness of the nature of the healing process is also to be awakened. This lofty therapeutic aim is mediated through the development of a therapeutic relationship based on mutuality, and freedom from the constraints and limitations of a brief and cursory consultation. The capacity of the body to heal itself is to be awakened. This may happen suddenly or it may take some time. Our osteopath elaborates:

> *You think of true healing as done by the person themselves, because it happens at all levels of themselves, because they* ***experience*** *it. You don't add to them or take away anything. The experience is there for them to have. And when you fully experience a shift in your health, consciousness, metabolic processes, shift of a stone in your bile duct, shift of a blocked colon or whatever you've got, when you truly experience it under your own steam and it changes under your own steam, then, you know, it is truly changed.*

The patient is not so much acted upon from without. Neither drug nor procedure are truly corrective. They merely enable or facilitate the body in its own miraculous re-equilibration. The patient is to experience fully their own healing. They thereby come to understand their own role as intimate participant in their own recovery. They have not been *fixed*; they have directly experienced their body's innate capacity to heal itself given the right conditions. They are quietly urged towards an increasingly autonomous relationship with their own well-being. A naturopath elaborates further:

> *It's this whole concept that health has got something to do with a doctor coming along or a practitioner of any kind coming along and* ***fixing*** *things. The whole fixing thing. There's no such thing as fixing. It's a political thing too. It's a kind of sociological and political thing because this lack of attention to health and rest and having a balanced life is reflected through the entire society. People don't convalesce their illnesses. They don't go to bed with their flus and what-have-you. There's a kind of fascism in the work-place which doesn't allow that.*
>
> *Treat your small illnesses with respect and you won't develop, as soon, the large ones that kill you.*

Our naturopath does not mince her words. She reminds us of the absurd abandonment of common sense practices that have numbed the body's innate healing capacity. The expectation that one is to be *fixed* by a drug or prescription has led to an ignorance of the essential importance of rest in the recovery process. Simple rest and convalescence have given way to the use of antibiotics and analgesics which enable one to soldier on in the face of infection or pain.

The political economy of the work-place has over-ridden the needs of individuals in the management of their health and illnesses. The longer-term consequence of such ubiquitous practices may be a progressive weakening of the body's defences, a lowering of vital reserves, and an increased proneness to the so-called "diseases of civilisation" which in their manifestation as cancer and cardio-vascular disease represent major sources of mortality in the western world. The patient needs to become autonomous and aware of their own potential influence in the processes which lead to sickness and recovery. Another naturopath comments:

> *The relationship that we establish is very much that they inherently have the ability to do that healing within themselves. What I can really do is co-facilitate that for them and then I am there for them in that process which they have to understand will take some time. The relationship is not just a one off and that's it. It may extend over time.*

Again, we hear voiced the need to bring to the awareness of the patient their own inherent powers of healing. The patient's own understanding of their relationship to health and sickness is to be awakened or enhaced. This will not happen overnight, nor is it to be side-stepped by providing a treatment or prescription until the next time the problem comes up. The practitioner remains present as supporter and facilitator of a changing consciousness.

> *If somebody says, "Well, what would **you** do in this situation", I usually say, "Well, it's probably not particularly relevant what **I** would do, but given the situation and my nature I'd probably go in this direction. But there are these other possibilities as well, and what **you** need to do is to decide for yourself what's the appropriate thing for you to*

*do." Now, I mean, **do** is probably too strong a word, because sometimes I find that really the understanding of the nature of crisis or of disharmony or whatever words we choose to use is in itself the healing process, because it gives people the confidence to let go and let the healing process actually move on a few more turns.*

This comment from a practitioner of acupuncture points to the transformational nature of the clinical encounter. Our practitioner remains fully present, offering his own perspective in an undirective way. His over-riding intention is the support of the patient's own movement towards an autonomous understanding of their situation. He also voices his own view of the relationship between consciousness and healing: *"The understanding of the nature of crisis or of disharmony or of whatever words we choose to use is in itself the healing process"*. The healing process itself may be activated simply by becoming more conscious of the influences which may have contributed to the present condition. A simple change of mind may begin to turn the wheel.

I will help them explore, I'll explore with them. I'll let them take me to where they are and see if I can hold up a mirror. Or I can be of value to them to maybe come to some deeper understanding of what's going on, then look at the options that may be available to them to actually do something about it.

A naturopath here voices his role as facilitator of a transformative process in the patient. He nurtures the development of a *"deeper understanding"* of their present condition on the part of patients in order to release hidden reserves. The process is not directive. Varying perspectives may be offered, but patients are ultimately to make their own choice and take their own action. The task may require certain changes to be made in one's life in the light of an increased understanding and awareness. The simple act of choosing to accept the need for such changes may in itself set the whole process moving.

Further insight is offered by a practitioner of homoeopathy:

I'm looking at trying to match the person that I'm seeing and all of their life history and their problems, with what I know about these medicines. I'm trying to get them one which would fit best and to which their vital force would resonate, so that if they're given that medicine, the vital force then somehow corrects itself. It's like they're just given that tiny little push in the right direction you know, and some people have said that it's roughly analagous to a vaccine principle, but it's really much more refined.

The essential principle invoked by our homoeopath is the same as that voiced by practitioners of other disciplines. A corrective influence within the individual is somehow to be activated. The notion of resonance offers a potential mechanism whereby homoepathic medicines may exert their influence. Our practitioner attributes the activation of healing to the influence of a specific remedy. Yet, looking a little behind the process, she has also spent considerable time with her patient taking a remarkably extensive and detailed history. Physical, social, and psychological realities are equally valued:

> *We give medicines that work on the entire constitution of the person, and look at not just the physical array of symptoms, or the physical characteristics, but also the emotional or mental characteristics of the person.*

The great depth and breadth of the homoeopathic history-taking process will, by its very nature, bring to the attention of the patient aspects of their lives which may have been dismissed, forgotten or over-shadowed. This in itself may well increase their understanding of the background to their present circumstances. The intention of our homoeopathic practitioner and educator is directed towards a radical activation of corrective and healing influences within the patient. She perceives this process in essentially energetic terms:

> *When healing takes place, it might be that the person hasn't got a very well defined physical complaint when they come but they just want to enhance their general health. And you can often just feel it around them that their energy's changed after taking the medicine. It's just from practice that you get more sensitive to those energy fields. I don't see them myself but I feel them very strongly.*

We begin to move more strongly into the multidimensionality of the healing process. The activation of healing is a significant element in the therapeutic mission of all respondents in this study. Complexity and ambiguity suffuse the tentative suggestions and interpretations which are offered. There is no commonly voiced explanation or model for how the healing fire does its work. Yet all identify the importance of awakening and nurturing its activity.

The therapeutic relationship and the therapeutic mission as presented in these two chapters represent the major or core themes which were uncovered in this research. They were central to the discussions of every respondent interviewed. Together, they offer an opening to our understanding of some of the essential differences in both style and intention between the natural medicines and conventional western medicine.

A number of other important themes also emerged. These themes deal with both philosophic and pragmatic aspects of the natural medicines. They include holism and reductionism in medicine, effectiveness and validation, education, professionalism, and future directions in medicine. Each of these will be discussed in turn in subsequent chapters. They offer further insight into the essential concerns of our respondents, and may broaden our understanding of the lived world of practitioners of natural medicine

Endnotes

1. American psychotherapist Thomas Moore poetically describes a metaphoric view of disease in the twentieth century: "We might imagine much of our current disease as the body asserting itself in a context of cultural numbing. The stomach takes no pleasure in frozen and powdered foods. The back of the neck complains about polyester. The feet die of boredom for lack of walking in interesting places. The brain is depressed to find itself described as a computer and the heart simply doesn't enjoy being treated as a pump. There isn't much opportunity to exercise the spleen these days, and the liver is no longer the seat of passion." See his *Care of the Soul: How to Add Depth and Meaning to Your Everyday Life* (Piatkus, London, 1992), p. 165. Ivan Illich decries the abandonment of the poetic in medicine: "Medical procedures turn into sick religion when they are performed as rituals that focus the entire expectation of the sick on science and its functionaries instead of encouraging them to seek a poetic interpretation of their predicament or find an admirable example in some person - long dead or next door - who learned to suffer." In *Limits to Medicine: Medical Nemesis: The Expropriation of Health* (Marion Boyars, London, 1976), pp. 114-115

2. Like Rene Dubos, Fritjof Capra points out that the holistic perspective described is ubiquitous and perennial. Unlike Dubos, who finds the seeds of holism in early Greek medicine, Capra finds it to be an essential element of shamanistic medicine: "The conception of illness as a consequence of disharmony and imbalance is likely to play a central role in the new holistic approach. Such an approach will have to go beyond the study of biological mechanisms and, like shamanism find the causes of illness in environmental influences, psychological patterns, and social relations. Shamanism can teach us a lot about the social dimensions of illness, which are severely neglected not only in conventional medical care but also by many new organisations that claim to practice holistic medicine." See *The Turning Point: Science, Society and the Rising Culture*, (Fontana, London, 1982), pp. 337-338. Also Rene Dubos (1959), op. cit.

3. The transformative intention of phenomenological approaches to psychotherapy is clearly portrayed by Donald Moss: "Phenomenological psychotherapy is never content with a simple change in behavior. Rather, the patient is invited to see his or her world in a different light, to discover a novel perspective on life and relationships, and to recapture a sense of wonder in a fresh and vital way of perceiving. This transformed perception and interpretation of life events becomes the avenue for practical modifications in behavior and experience." The parallels between Moss's orientation and that of our respondents is obvious. See his *"Psychotherapy and Human Experience"* in Ronald Valle and Steen Halling, *Existential-Phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience*, (Plenum, N.Y., 1989), pp. 194-195.

4. Biomedicine has enabled great control to be exercised over most bacterial infections through the use of powerful antibiotics. Such agents selectively target invading pathogens and destroy or inactivate them. Viral conditions have notoriously been refractory to chemotherapy. Natural medicine approaches tend, rather, to activate or strengthen endogenous defenses through a direct influence on the body's own immune system. Thus osteopathic techniques may focus on mobilizing the lymphatic system through lymphatic pump technique, while herbal medicine may make use of plants such as *Echinacea* spp. or *Astragalus membranosus*, both of which have been shown to have immunostimulatory effects. See Daniel Mowrey, *The Scientific Validation of Herbal Medicine* (Keats Publishing, Conn., 1986), pp. 118-124; also Michael Murray and Joe Pizzorno, *Encyclopaedia of Natural Medicine* (Optima, UK, 1990), pp. 57-68

5. Sociologist Anselm Strauss and nursing educator Juliet Corbin have drawn attention to the huge lacunae in the biomedical handling of chronic disease within western communities. They hold that chronic diseases have reached virtually epidemic proportions in the western world: "Most people in highly industrialized countries who are sick suffer from chronic illnesses. They include the cancers, arthritis, cardiovascular conditions, and a host of others that are currently incurable and sometimes scarcely controllable. Men and women have always suffered from these diseases, of course, but they were never before the most prevalent of illnesses. They are now the equivalent of the plagues and scourges of yesteryear." See their *Shaping a New Health Care System* (Jossey-Bass Inc. California, 1988), p. 10

6. Thomas Szasz and Marc Hollander (1956), op. cit., p. 586

7. Epidemiological studies have shown convincingly that dietary patterns will often influence susceptibility to particular conditions such as cardiovascular disease and cancer. For a brief overview, see J.I. Mann, "Diseases of overnourished societies and the need for dietary change", in D.J. Weatherall, J.G. Ledingham and D.A. Warrell (eds) *Oxford Textbook of Medicine*, (Oxford University Press, Oxford, 1984), pp. 8.55-8.58. Max Gerson's nutritional approach to the treatment of cancer dramatically demonstrates the powerful potential influence of diet on the course of chronic disease. See his *A Cancer Therapy: Results of 50 Cases* (Totality Books, California, 1958). The vast literature of psycho-neuro-immunology attests to an increasing understanding of the relationship between mental and emotional states and bodily immunity.

8. Wolfe Segal, "Naturopathy, Homoeopathy and Herbalism", in R. Joske and W. Segal (eds) *Ways of Healing*, (Penguin, Australia, 1987), p. 97

9. Bernard Jensen is a readily accessible and strong proponent of nature cure practices in present time. His methods build upon those of the European water-cure movement of the nineteenth century and on the work of American hygienists in the early part of the present century. See his *Nature Has A Remedy* (Jensen, Escondido, 1979) and his *Tissue Cleansing Through Bowel Management*, (Jensen, Escondido, 1981)

10. For a brief review of the ideas which inform regenerative medicine see V. Di Stefano "Towards Regeneration", Australian Journal of Medical Herbalism, Vol 2, 3, 1990, 55-58

CHAPTER 6

RE-MEMBERING THE BODY/MIND

Holism and Reductionism in Medicine

The work of Paul Ehrlich in the late 1800s set a course which has been steadily pursued by biomedicine over the past century. As a research student, Ehrlich was fascinated by the hidden world uncovered by the microscope. The new science of organic chemistry had led to the discovery of unusual dye-stuffs capable of selectively staining cells, including those which make up our body tissues, bacteria, and the parasites which inhabit our tissues and occasionally cause disease. At that time, the germ theory of disease and the doctrine of specific aetiology were gaining increasing credibility. It had already been established that syphilis was caused by the spirochete, *Treponema pallidum*, and that trypanosomiasis, the devastating sleeping sickness endemic in Central and Western Africa and newly introduced to Europe by colonists and missionaries, was caused by a single-celled protozoan, the trypanosome.

Paul Ehrlich investigated the newly developing techniques of staining cells and micro-organisms as part of his doctoral research. Through working with histologic stains, he learned that certain chemicals preferentially targetted certain cells, micro-organisms, and even particular organelles *within* cells. Ehrlich asked himself whether powerful chemical poisons could also selectively target and destroy micro-organisms in the body without damaging normal cells or poisoning the patient in the process. With remarkable perseverance, he systematically tested hundreds of newly synthesized compounds in the search for a chemical which would rid the body of such infecting agents as spirochetes and trypanosomes. His determination bore eventual fruit. The 606th compound which he tested proved lethal to both *Treponema pallidum* and to the trypanosomes which caused sleeping sickness. It also appeared to be well

tolerated by patients to whom it was administered. This compound, *Salvarsan*, an organic arsenical, became the first predictably curative medicine for syphilis and trypanosomiasis. The first pharmaceutical magic bullet in the history of medicine had thereby been created.[1]

Ehrlich's extraordinary findings irrevocably changed the style of medical research in the western world thereafter. A new vision of medicine began to take form. The search began for single chemical agents which would predictably and decisively block disease processes. The alchemical vision of producing medicines such as *aurum potabile* or the *lapis philosophorum* which were capable of curing all diseases and re-integrating body, soul and spirit gave way to the far more modest goal of finding singular medicines capable of decisively curing specific diseases.

The vision of the body as a unified phenomenon progressively disintegrated from the middle to the late nineteenth century.[2] New medical specialties were spawned as a flood of knowledge poured out from the frontier disciplines of histology, physiology, biochemistry and pathology. The newly emergent medicine began once again to take on the form of the medicine in the Middle and later Kingdoms of Egypt where each physician claimed a specific part of the body or organ system as their area of particular expertise.[3]

As early biomedicine looked further into the body and its mechanisms, the significance of social and psychological influences on human life and health receded into the background.[4] Despite the great insight offered by early epidemiological studies, the biomedical view of the human world contracted down to what was encased within our skins. The mission of medicine which had historically and culturally attended to the total human being in their social and environmental worlds now focussed on the newly anatomised body and its chemistry.

Every respondent in this study pointed to the limited vision of biomedicine. They generally renounced the reductionism inherent in the current paradigm of biomedicine. They tended to identify rather with an historic and cultural movement towards holism, where both body and the nexus within which patients live their lives are perceived as a unity. But some respondents queried whether such notions in fact found true expression in street-level natural medicine practice.

The View from the Tower

Every system of medicine embodies an inner consistency. A particular world-view or philosophy will condition the beliefs, epistemologies and praxis of each system of medicine. This is reflected not only in such systems as traditional Chinese medicine and Ayurveda, but equally in the more recently emergent forms such as homoeopathy, osteopathy and biomedicine. Although each is founded on radically different principles, an inner coherence drives the application of each approach in its attempt to ease human suffering borne of sickness and disease.

Biomedicine has increasingly gathered ground over the past century and become the dominant system of medicine in the western world in present time. A practitioner of traditional Chinese medicine comments:

> *The biomedical model as we know it in the west has been based on the Cartesian, the mechanistic approach to understanding, which by its very nature required a smaller and smaller look at things, and a look at things in isolation based on a scientific model that felt that if you looked small enough you'd eventually find the building blocks of the universe and then you'd understand how everything worked. So therefore in looking small, the big picture - the relationships between phenomena, the holistic nature of the universe - was omitted, let's say not recognised.*
>
> *Whereas with most of the healing systems that I'm familiar with that would be alternative to that, one very common aspect of it would be the recognition that nothing exists in isolation, that there are no boundaries between anything, and indeed that we are totally embedded people.*

The essences of the reductionist and holistic mind-sets are offered in this quotation. Observation and analysis of the natural world have yielded new knowledge which has given remarkable control over particular events in and out of nature. Yet such knowledge remains ultimately fragmentary. While analytical research methods may offer deep penetration of given phenomena, they will often neglect the context within which such phenomena occur.

Analytical approaches represent but one pole in the spectrum of possibilities. Our respondent draws attention to an integral perspective which attends as much to relationship and interconnectedness in the lives of patients as to the diagnosis of clinical entities or syndromes. He identifies the consciousness associated with naturalistic styles of medicine as being closer to a unitary rather than fragmentary view of the person and their illness. From such a perspective, *"nothing exists in isolation"*, *"there are no boundaries between people"*, and *"we are totally embedded people"*. Our respondent continues:

> *The nature of consciousness, the nature of spirituality, the nature of the philosophical perspective of the person need to be given a high priority, whether you're practicing osteopathy, naturopathy, be it chiropractic, herbal medicine or whatever. . . . We need to say, "Hey, we're not like biomedical practitioners. We actually come from a different perspective", and we need to stand up and be counted.*

The broader brief of natural medicine is again boldly proclaimed. Consciousness, spirituality, and philosophy all condition the nature of the therapeutic mission in the understanding of our practitioner. The dominant biomedicine is seen as occupying a world view which is essentially foreign to that of practitioners of natural medicine: *"We're not like biomedical practitioners. We actually come from a different perspective"*.

An educator and practitioner of osteopathic medicine continues:

There is a philosophical basis [to biomedicine]. It's reductionist, and that's philosophy. They have a philosophy that you have to reduce everything. Take away all the human nature, take away all the personality, all the healing interaction. . . .

This comment points to the ultimate *reductio ad absurdam* of the current biomedical paradigm. Human nature, the personality, and the healing interaction are clumsy variables that are somehow to be factored out of the quest for certainty and scientific truth. But at the end of the day, more than evidence-based medicine may need to be invoked in the task of healing.

The methods of biomedicine have determined the game plan of what is deemed good medicine or not. Yet the modalities of natural medicine, though proclaimed inadequate and suspect, are increasingly patronised by our communities regardless of the fact that they may not have undergone the trial by fire and money of the double-blind cross-over standard. The acceptance of natural medicine by the population at large is driven by more than rationality. At the very least, the complexity of our natures and relationships is honoured in the striving towards holistic understanding which our respondents have identified as the ideal towards which much of natural medicine is moving. This may resonate at far deeper levels of the patient than the present style of biomedicine.

I think with alternative medicine, the philosophical basis is different to the biomedical approach. Now with this philosophical difference you then have the practical application. It naturally has to be different. . . . Overall, I think with natural therapies, what we try and do is to take a holistic approach, whereas biomedicine is currently locked into this disease-specific approach. Though it doesn't mean they won't change. They might well change in the future and I believe they will change.

This comment from a herbalist once again identifies a major difference in style between the natural medicines and biomedicine. Underlying philosophies inevitably

influence the methods and forms of diagnosis and treatment in every system of medicine. Biomedicine has both influenced and been strongly influenced by the rationalism and reductionism which are structured into undergraduate medical education and daily applied in clinics and hospitals throughout the western world. Our respondent elaborates:

> *The biomedical approach is very much disease-specific, very much site-specific and they have the answers. I mean, you know, you have a particular condition and you take a drug, and that's how it has evolved over the decades. The whole approach is different. Their philosophy is very different to ours. They're very much into pathophysiology. That's what causes it. Knock out the offending organism and you're cured.*
>
> *Our approach, the natural therapy approach, as I understand it, is that you have an organism, yes, it can be verified, yes. But boost up the body's immunity. Look at lifestyle factors. Of course you have your medicines. Of course. But it's over and above medicines. There are other factors involved in it.*

Patients' lives are seen in broader terms than pathophysiology. The context within which they live will influence their state of health and susceptibility to disease. *"Boost up the body's immunity. Look at lifestyle factors"*. There are no prescribed formulae or procedures which are to be uniformly applied in given pathologies or conditions. *"There are other factors involved in it"*. The teasing out of these *"other factors"* represents the essence of the holistic mind-set. This view is further reflected by a practitioner and educator in naturopathic medicine:

> *There **are** philosophies. The basic philosophy of medicine I suppose is that you can isolate a causative agent and wipe that out. Which is just not our philosophy at all. We're into this labyrinth of causative processes, this causal chain of events that happen in people's lives.*

The doctrine of specific aetiology has dramatically changed the nature and style of western medicine over the present century. Although it has given the profession of medicine great power over many conditions and diseases that were previously untreatable, it has resulted in a predictable narrowing of the therapeutic vision. The holistic view re-constitutes the patient as *integrum*. Although simple solutions may

deal effectively with troublesome symptoms, the broader view acknowledges the complexity of human life and the range of influences which may impinge on our health and well-being. Our naturopath points to the existence of *"this labyrinth of causative processes"*, and is prepared to enter it with her patients in order to gain deeper insight into the *"other factors"* which are active in their lives and which may be contributing to their present state. The difference in philosophies between biomedicine and the natural medicines profoundly influences the nature of the clinical encounter. Another naturopath comments:

> *My feeling is that the more we try and say that they're compatible and they work together, the more I think it's going to be fraught with problems. My experience is that essentially they come from basically different philosophies. And if your philosophies aren't compatible, then the mechanics are not going to be compatible.*

Here we see further confirmation that biomedicine and the naturalistic medicines have developed out of differing philosophies which have profoundly influenced the style of clinical practice. Our respondent holds that biomedicine can neither accomodate nor assimilate the methods of natural medicine. The differences between the two orientations are seen as paradigmatic, rather than pragmatic. The focus of the natural medicines tends towards holism, while that of biomedicine tends towards reductionism.

The holistic vision offered by our respondents comfortably accepts that human experience is influenced by more than material causes. Respondents tended to acknowledge and integrate rather than ignore or dismiss such realities in their therapeutic application. Holistic understanding and integral consciousness are universal human attributes and are not confined to the vanguard of natural medicine practice. As the limitations imposed by the reductionist mind-set of biomedicine become increasingly apparent, growing numbers of medical doctors begin to look beyond their doctrinal training.[5]

Reduced to Limitation

Biomedicine's focus on the body and its mechanisms has given great control over many conditions. The self-administration of precise doses of insulin has enabled diabetics to effectively overcome their pathology and live normal lives. The chemical manipulation of steroid nuclei extracted from such plants as wild yam and sisal has produced powerful cortisone analogues capable of soothing harrowed eczematous skin, of rendering the crippling effects of rheumatoid arthritis and multiple sclerosis manageable, and of enabling individuals to continue living with the translanted hearts or kidneys of others inside them. The use of variants of these same plant-derived steroids has given women unprecedented control of their ovulatory cycles and pregnancies.

New anaesthetics have enabled surgeons to exercise their skills without hindrance and patients to be cut and repaired without pain. Precision and control are measured in exact doses and predictable outcomes.

The awesome power of biomedicine is transmitted to its initiates through an highly rigorous training which commences in the dissecting room and ends in the corridors and wards of public hospital systems around the world where internships are lived out. The reductionist world-view of biomedicine fully permeates its training methods and treatment style and is progressively embodied by each neophyte inducted into the profession of medicine:

> *The curriculum that they've got has been dominated by old school surgeons and pharmacists and reductionists. Too many hours of contact time a week, no time for the kids to develop themselves and their own hobbies and interests. We've all known medical students who have been over the top. You know, rampantly busy. They're tired when they finish their medical degree, and they go into a pretty horrendous three-year internship or residency. They're pretty bent up characters by the time they're 24 or 25 years old. And I don't think they've had a chance to develop themselves. I wonder if they can jump out of the system if the system has already hurt their ability to be sensitive.*

These considerations emanate from a respondent who has had considerable experience within the public hospital system. He sees the present style of biomedicine as a self-perpetuating phenomenon. The current mind-set is steadily reinforced through many years of exposure both as medical student and as intern. The western medical curriculum remains demanding and unbalanced and does little to nurture or evoke the more humanistic sides of the student's nature. Our respondent observes that this extreme training process may by its very nature damage the individual's capacity for sensitivity and thereby create a state of suspended development. The overwhelming intensity of biomedical training can overtake students at the expense of their overall development: *"They're pretty bent up characters by the time they're 24 or 25 years old."*

A neglect of the humanistic dimension may influence the longer-term fate of many medical students. A sensitivity to the role of subtle and non-material influences in the generation of health and disease is essential to an understanding of the holistic perspective. The shocking incidents of birth and death and the management of disease and trauma which are part of daily life in public hospitals may numb the more humanistic sensitivities of many young doctors.

> *I don't think that western medical practitioners are all of a sudden going to become holistic practitioners. They may recognise the holistic nature of people, and then they will recognise the particular level at which their medicine has trained them to operate. And so therefore they may become very skilled in practicing at that level, but they will recognise that it is only one level and that there are more dimensions to the person. That's the real issue.*

Those who do survive their training may well begin to look beyond the reductionist fixation on body mechanisms in order to fulfill their own calling to physicianship. But the very intensity of the process they have been through may limit their ability and freedom to respond to this broader view of the patient and their life-worlds. Our informant here welcomes the broadened medical consciousness which once again begins to acknowledge that materiality represents only one aspect of our natures and is not the full picture. A practitioner of osteopathy elaborates further:

What you have in traditional orthodox medicine - that's beginning to fray a bit at the edges now - is the idea of disease as a sort of mechanical entity that has always concrete measurements to be found in changes in body systems and structures and processes, that are identifiably the same in everybody. So that the idea of specificity which took medicine a long way in terms of microbiology, in terms of organic pathology, that idea of specificity leads to an ignorance about the human soup of emotions and social interactions and ecological balances and so on that are the matrix in which illness and health arise.

This comment begins to wrestle with the nature of the difference between mechanistic and holistic approaches to medicine. Analytic and quantitative methods are signatures of the current epistemologies of biomedicine. They are among its more important power sources. Yet the great body of knowledge which has emerged through the application of such methods has achieved only a partial understanding. Disease has been separated from the person; psyche from soma; emotions from their familial and social nexus; and community from its political, economic and environmental context.

These are the broader terraces which one must traverse in the quest for deep understanding of the causes of health and illness. And from this understanding there may arise a more balanced physicianship which attends to more than just the pharmacological management of pain and disease. A herbalist projects further the broadened brief of the natural medicines:

I feel that the downside of medicine is that they are just purely physical body, bodily-orientated. And I feel the advantage of the rise of natural therapies, the popularity of natural therapies, is the fact that we acknowledge that there is more to life than just a physical body. There's a psychological aspect. There's an emotional aspect. There's a spiritual aspect to it. And I feel medicine has limited itself by being purely physically oriented. The rise of medicine is now what's holding medicine back.

The detailed knowledge of the physical body and of its mechanisms which has been generated over the past century has radically altered the practice of medicine in the western world. Regarding the *"psychological aspect"* of medicine, we have in the present century witnessed an extraordinary interpretation of the term *psyche*. Even the methods of psychology have fallen to the seductive attraction of a biomedical paradigm

which promises certainty and predictability. Behaviorist psychology has reduced the mind to a series of reflexes conditioned by signals from the outer world. Psychiatric medicine has more recently reduced much of the angst and untenability which may occur within life to disturbances in neurotransmitter function which may be controlled chemically. The biomedical paradigm thoroughly permeates the style and method of much of psychological medicine despite the fact that it derives from a profound materiality. Descartes' partitioning of mind and body has been yet further reduced by the elimination of mind itself.

Our respondent here suggests that the fixation on bodily reality and mechanism must yield to a broader vision if the dominant system of medicine is to fully respond to its mission. The reduction of our natures to the purely physical has rendered great penetration of matter and mechanism but has been at the cost of neglecting the complexity and interdependence of other aspects of the phenomenal world and our part in it.

The reductionist mind-set is embedded in the epistemologies of biomedicine. The knowledge-base of contemporary western medicine has been built virtually from the ground up by positivist research. The pursuit of truth and certainty through measurement and quantification has required highly controlled experimental conditions. This style of research and validation continues to dominate the pursuit of new medical knowledge and is in biomedical circles deemed the one acceptable yardstick by which other putative therapies and treatments may be assessed.

Just Blind or Double-Blind?

Clinical validation in biomedicine finds its quintessential expression in the double-blind cross-over standard of contemporary research. A number of interviewees expressed doubt over the wisdom and utility of such methods:

I have doubts about the methods of double-blind cross-over trials ***anyway****, even within the field within which they're supposed to be reliable and effective and to tell you something worthwhile and interesting. I think the vast majority of them are actually valueless even for that purpose.*

So I'd say that one of the problems with health supply is that it relies so much on supposed validation by blind and double blind cross-over trials and so on, that it ignores the bias introduced by the pharmaceutical companies, it ignores the bias introduced by high technology and money-making medicine for the doctors. I would actually like to see a review of how we assess progress in health that is drawn far more widely than that.

This comment from an osteopath questions the claim to objectivity of the biomedical research methods which have among other things determined the nature of the new therapeutics which have emerged over the past century. Ehrlich's compound 606, *Salvarsan*, was a singular synthesized chemical of reproducible structure which specifically targetted the infective agents of syphilis and trypanosomiasis. Gerhard Domagk's *Prontosil*, or sulphanilamide was a synthesized chemical dye-stuff which decisively destroyed particular strains of staphylococcus. Howard Florey's *Penicillin* and Selman Waksman's *Streptomycin* saved many from an early death, or life-long limitation through the effects of serious infections and such diseases as tuberculosis. These new pharmaceuticals were all patented and marketed with questionable ethic by an army of drug companies whose resultant empires became legendary. The claiming of ownership of singular synthesized substances through patenting laws enabled drug companies to call the tune on the availability and cost of their medicines.[6]

How are plant medicines produced by nature and not the laboratory to be assessed? Most herbal medicines in common use owe their influence not so much to the presence of a singular chemical compound but rather to a constellation of activities which may include anti-inflammatory, immuno-modulatory, anti-oxidant and nutritional. These activities are carried by a small universe of constituents within any given medicinally-active plant or combination of plants. And what is to be made of homoeopathic medicines whose physical constituents have been literally triturated out of existence

through successive potentizations? And how is one to determine a baseline rationale for the process of inserting fine stainless steel needles into designated points through the skin which correspond to no known anatomical structure and which have been selected according to a sensitive reading of the pulse of the radial artery?

Our osteopath suggests that assessment of the validity of treatment methods needs to accomodate more than strictly quantifiable standards. A naturopath elaborates further:

> *One of the difficulties if we just go back to the western scientific model is the double-blind crossover. I think that is the noose around the medical profession's neck. Fortunately, we haven't had to apply that same type of standard. Naturopathy takes in a lot more, it takes in many elements, the multi-dimensional aspects of the human being. As we know in naturopathy, there are multiple reasons why migraines occur. Now common sense is going to tell you that that broad spectrum treatment or medication that the double-blind crossover has found has worked in migraine cases isn't going to work in all of them.The cause of the migraine can be as varied as bowel problems, through to neck problems, through to stress, all of which respond differently.*
>
> *And this is why I like the flexibility to say OK, well this person's an individual. Let's try this. Or let's try that. Whereas conventional or allopathic medicine doesn't allow it. The rigorousness of the training produces a rigorousness in the perception of the treatment.*

Our respondent here pointedly addresses the limitations which result from the standardisation of medical treatment. The doctrine of specific aetiology has given rise to the doctrine of specific treatment. Although this has brought revolutionary change in the management and treatment of such conditions as diabetes and bacterial infection, its utility becomes questionable where a range of variables may influence the development of a syndrome or pattern of symptoms. Our naturopath raises the example of migraines. One could just as readily speak in terms of osteoarthritis, hypertension, gastric ulcers or clinical depression. The great successes of early antibiotics and later chemical medicines raised the expectation that there is a specific medicine for every condition. The problem of course is that there are often multiple potential causes for many conditions. Analgesic drugs will relieve the intense pain and discomfort of a migraine episode in virtually all to whom they are administered, but

may effectively condemn the patient to a life-time of medication. A differing mind-set may seek to probe further for potential sources of the disturbing symptoms. Although the relief of those symptoms by analgesics may be deemed good medicine conventionally, the holistic perspective offers the possibility of different strategies and different outcomes.

Our naturopath clearly values the freedoms associated with access to a range of modalities in a profession which has yet to be constricted by the standardisation of treatment methods. Although the development of the doctrine of specific aetiology represents a crucial turning point in the creation of biomedicine, many of the naturalistic medicines lay claim to an acceptance of the multi-dimensionality of disease causation. They tend also to support a therapeutic eclecticism which offers a range of treatment possibilities. The holistic task in many ways echoes the historical mission of medicine as reflected in the traditional role of the healer:

> *Previously we could have said that we were bringing people into tune with their community or their conflicts or their extended family network or kinship or some sort of passion which they'd become knocked sideways out of, and part of the healer's job was to sort of clear out all the garbage that they had got stuck with and get them back into smooth function with their environment, social and ethnic and so on.*

A decidedly shamanistic perspective permeates this comment.[7] Psycho-social reality is elevated to its rightful prominence in the healer's consciousness. This may be a necessary corrective to diffuse the rigidity of a biomedical ethos which regards body and mechanism as primary theatre and the rest as either too messy or too difficult. Our osteopath understands health as representing far more than the absence or management of physical symptoms. A larger universe, not just what is contained within our skins, significantly influences our experience of health and illness.

The Re-Membering

Our respondents generally identify their philosophical foundations as being significantly different to those of biomedicine. Despite the range of modalities represented, the interviews reflect a surprising agreement in the identification of reductionism as one of the primary limiting qualities of biomedicine.

The holism embraced by the natural medicines is, however, more suggestive than explicit. This holism appears to span a number of levels from bodily holism through social/environmental holism to virtually a cosmic holism wherein everything interdependently originates and coheres. The consistent feature of this holism is an acceptance by all respondents of the role of multiple influences in disease causation and a concomitant acceptance of the value of multiple strategies in the work of deep healing. This deep healing is seen to reside in far more than the resolution or management of presenting symptoms:

> *A fundamental approach that I use as a natural medicine practitioner, and I think a lot of my colleagues would too, is of not getting sucked into the idea that the symptom is the disease. That's an important distinction. If you think that the symptom is the disease, as the medical profession tends to think, and that by getting rid of the symptom you have got rid of the condition, then you have lost the plot. I think that's where we are so different. We take the symptom into consideration but only as a messenger of what is the deeper underlying problem. So as we work on the deeper underlying problem we tend to get rid of the symptom too.*

A patient's symptoms are here seen as reflective of deeper realities which may need as much attention as the symptoms themselves. The routine use of analgesic and anti-inflammatory medications to control head pain and joint pain and the use of antibiotics to control acute bacterial infection are considered good medicine. Yet stress and pressure, poor diet and inactivity, relational and work-place unsatisfactoriness, all may contribute to the development of pain or a lowering of immunity to infection. Symptomatic treatment as a general principle is seen to be grossly insufficient. An understanding or at least an awareness of the patient's life-style is a necessary

precondition to approaching the *"deeper underlying problem"*. This whole process rests on the development of a therapeutic style where not only the foreground of the patient's symptoms, but the background of their bodily condition, social and cultural circumstances and personal relationships, are explored for clues regarding the nature of the *"deeper underlying problem"*. The notion of illness as metaphor, as something that points beyond itself, is reiterated. The pattern of symptoms does not need to be specifically named and targetted. Restore the patient's digestive function through dietary reform and supportive medication; reduce the effects of stress through nervous system support and deep relaxation; restore sleep patterns in order that the patient's energies may be constantly renewed. Such indirect approaches may lead to an indirect resolution through the reintegration of the patient and their life: *"As we work on the deeper underlying problem we tend to get rid of the symptom too"*. A practitioner of herbal medicine continues on:

> *If they came to a natural therapist or a herbalist for example, we would assess the situation, look at* ***other*** *factors, what else is happening in that person's body, then look at dietary factors and non-pharmacological factors to assist in the relief of the flu, prescribe a medicine which will not only dry up the sinuses or whatever, but perhaps work on the liver for its detoxifying properties, work on the general immunity, to boost the immunity, perhaps maybe some digestive medicine if in the assessment of the practitioner that's at play. So yes, I would say that is the difference. And they call this the holistic approach.*

This comment offers insight into how sensitivity to bodily holism finds expression in herbal medicine practice. The patient's presenting symptoms are understood as foreground, but not the total field. *Other* factors come into play. A broadened therapeutic mission is herein re-affirmed. The presenting symptoms are to be dealt with as far as possible, but further probing may reveal other symptoms and systems of the body which are in need of attention. For our herbalist, the therapeutic gaze has extended from the pattern of presenting symptoms to a more global view of the body and its complex interactions.

Beyond the Symptom

Some treatment methods by their very nature are integral and integrative. Traditional Chinese medicine largely by-passes the use of the diagnostic technologies, such as full blood examinations and liver function tests, which are associated with conventional biomedical practice . The patient's appearance, odour, and posture all inform the clinical diagnosis and treatment. The quality of the pulse at six positions on the radial artery commonly determines the selection of acupuncture points to be used. The overall purpose of the treatment is to harmonise and rebalance the body's energies and their related functions. A further aim of traditional acupuncture treatment is to restore the free circulation of energy between the patient and their environment. The therapeutic objective is a return to wholeness and a clearing of disruptive or obstructive influences. Successful treatment may result in the reintegration of multiple dimensions in the patient including their energy, their physiology, or their relationship with the cosmic order.[8] A practitioner of acupuncture and traditional Chinese medicine offers the following reflection on the sometimes unanticipated outcomes of treatment:

> *Acupuncture appears to be able to affect people at a whole range of different levels. It's almost a connecting level between the physical, emotional, psychological and spiritual level. And so therefore when I treat someone with acupuncture, some people experience physiological change, or what they would say change in the way they feel physically, their bodies working and so forth. Other people may experience shifts in emotional and psychological makeup, and other people may experience quite enlightening and illuminating spiritual change. So in other words it seems to be able to tap people at various levels.*

The trans-symptomatic aspects of acupuncture treatment are vividly expressed here. There is no neurotic demand for a rational mechanism whereby such changes are mediated. The philosophical substratum of traditional Chinese medicine is essentially holistic. The body is a living reflector of the quality of one's health. Colour, odour, physiognomy and gait may all inform the practitioner's assessment and judgement. Philosophically and pragmatically we are embedded in natural cycles of day and night, activity and inactivity, expansion and contraction, assimilation and elimination. Our

physical natures are powerfully conditioned by energetic realities which course through the conduits of the meridian system. These energies are intimately associated with outer energies which sustain and influence the macrocosm. Disease represents a state of disruption of, or disharmony in, this entire interactive nexus. The aim of treatment is to re-equilibrate free movement between the inner and the outer. In essence, one's relationship with God, the Tao which sustains and interpenetrates all creation is to be restored. The consequence of such an impressive aim is an acceptance that successful treatment may restore many aspects of a patient's life, not just their troublesome symptoms. Hence our respondent can comfortably include enlightenment and spiritual illumination as potential, if unexpected, spin-offs of acupuncture treatment.

The facilitation of deep healing and the transformation of patients is an implicit dimension of the holistic mission expressed by respondents in this study:

> *When a patient comes to me I often say to them, my idea of what you need is more than what I can give you, but I think if you start with me and you do so much work and we know that it is actually working because we don't bring in a whole lot of things at the same time - you know, we don't interfere with too many different variables - once that's established then I think you need to have some herbal treatment, then I think you need to do some yoga, you need to go and have chiropractic, you need to have acupuncture.*

Our homoepath herein describes her own style of practice which may lead to similar outcomes as those just described though through profoundly different means. The patient is welcomed to the possibility that the clinical encounter may become a medium of profound personal transformation: *"I often say to them, my idea of what you need is more than what I can give you".* Our practitioner accepts the limitations of her own particular discipline yet acknowledges from the outset the multi-dimensionality of deep healing. Symptomatic resolution is not enough. Its attainment does however offer entry into a process which may well reach into unexpected recesses of the patient's life and experience. Early therapeutic encounters offer a vehicle wherein patients may be gently urged towards autonomous re-integration. This process may require the assistance of

other therapeutic disciplines; herbal treatments may strengthen and tonify weakened organ systems and functions; chiropractic and osteopathic treatment will restore mobility and function at a musculoskeletal level; acupuncture treatments may restore the flow and balance of the body's vital energies; and yoga practice will put the process firmly in the hands of the patient. We see here the reflection of an integral consciousness which addresses the totality of the patient and the patient's needs.

Too Good to be True?

It does not take an illuminated intelligence to see the wisdom and commonsense expressed in our respondents' frustrations with the reductionist ethos of biomedicine. Many within biomedicine have openly repudiated the claim to omniscience of the reductionism which directs much of their craft.[9] This is increasingly reflected in the widespread interest among both medical students and doctors in many of the modalities associated with the natural medicines. Holism as an attitude and philosophy begins to take root. Rene Dubos' gentle seedings of half a century ago have found fertile soil as physicians of all persuasions seek to incorporate an holistic sensibility into their work with patients.

Although our respondents have generally identified themselves and their style of medicine as the advance guard of a transition in paradigms, many have also cautioned against the wholesale championing of natural medicine as rescuer and reformer of the perennial ideal of universal physicianship. The natural medicines are themselves not sacramentally immune from intellectual fundamentalism, control through vested interest and human greed:

> *When I say alternative or complementary practitioners, the assumption is that they disagree with that mechanistic approach. Well now, a vast majority of them don't. They actually are as mechanistic in their view of what they're doing as the orthodox medicine, and in fact very often are more arrogant and simple-minded about it. So*

the simple hypothesis that alternative medicine has to do with a denial of the linear mechanistic approach to medicine fits in my own mind, but when I look at the other alternative practitioners, most of their mind is more full of simplistic mechanistic ideas than even most orthodox.

This comment from a practitioner of osteopathy flies in the face of the model of natural medicine practice as embodiment of holistic intent which has been projected through much of the foregoing discussion. It is not however an isolated perspective, and is further mirrored in the reflections of other respondents. A naturopath comments:

What I'm concerned about is that in fact a lot of the natural therapists are now becoming worse than the doctors. And there is a danger within our own realm, that we just become alternative medical prescribers being more rigid, being more fundamentalist almost, and being perhaps in some senses, more blinkered. I think for a long time, natural therapists have had an inferiority complex. So what you have now is a lot of people going out into practice with white coats on, with that whole same professional stature of the healer, or the therapist who's going to fix it all. And also, "You've got a headache? We've got a headache herb combo." And so we are getting in a sense, our own pharmaceutical industry.

The danger is that within our own little world arena, we are actually churning out alternative naturopathic ***doctors****.*

What has here become of the ideal of holism expressed so eloquently and consistently by our respondents? Is the phenomenon of natural medicine driven by more than the will to reform a biomedicine which has become strangely normative, restrictive and alienated from humanistic realities? Does perhaps as much cynicism reside in the promotion and marketing of natural medicine as that which appears to drive the promotion and use of pharmaceutical drugs and the biotechnology industry? Do the natural medicines now offer a back-door entry into a coveted professionalism previously accessible only to a highly intellectual and often socially privileged minority?

These questions may well address more general aspects of human nature than the social and historical currents which have so rapidly brought the naturalistic medicines to a position of prominence in recent times.

The task in this discussion has been to elicit the meaning of the phenomenon of natural medicine from those who both practise and teach it. The comments expressed by our respondents may well represent highly individuated and developed views which have been formed over many years and perhaps decades of reflection and clarification. As such, they may be interpreted as evolved and considered perspectives in an area that remains relatively uncharted. The ideals which drive our respondents may also differ from those of their practitioner peers who have in a very short time moved from a position of occupational marginality to that of sanctioned profession supported by government registration, professional regulation, and tertiary educational programs.

The power of biomedicine and the status of those who practice it is common knowledge. The temptation to mimic the forms and style of biomedicine in order to assume power-by-association may well be an influence in the apparent abandonment or loss of holistic mission in street-level natural medicine practice:

> *In my opinion some practitioners who work in the so called alternative medicine areas are probably even more suited to working in the biomedical area because their focus is often very much on pathology and resolving pathology. But I do think that they are an aberration in a sense, meaning they're sort of out of step with the tradition they're really working with, because from my experience working with people of different healing modalities in these so-called alternative areas, those people that I've developed great respect for and insight from were the people that indeed worked with* ***people****, not with* ***therapies****.*

Our respondent here acknowledges fully that the reality may not necessarily reflect the ideal embodied in natural medicine practice. Reductionism as a way of dealing with the phenomenal world may be inherently attractive to certain individuals. There is no problem here. Problems arise only when such a view of reality is imposed on a population or occupational group as the only acceptable view. The natural medicines are identified as belonging to an established tradition which is essentially humanistically oriented. Those who practice in a mechanistic or reductionistic manner are seen as off-track, and are not reflective of the *dynamis* of the tradition. Those medical practitioners who have eschewed their reductionistic training and who are moving

more towards an understanding and application of holism in their clinical work are similarly *contra granum* in relation to their peers.

The theme of holism identified by our respondents as an important signature of the natural medicines is fully integral to the two other major signatory themes identified in this study: the nature of the therapeutic relationship, and the nature or objectives of the therapeutic mission.

The reduction of the biomedical gaze to bodily process and mechanism has rendered unprecedented control in many areas of medicine, but has done so at the cost of neglecting important other dimensions of our being. Our respondents suggest that the tide is now turning, as physicians of all persuasions as well as their patients begin to look beyond what is encased in our skins. This development will be further explored in the following chapter.

Endnotes

1. Paul Ehrlich may be said to be the father of what has in recent times become known as the random-screening approach to the search for drugs. After Gerhard Domagk's discovery of the anti-staphylococcal activity of the analine derivative, *Prontosil* in the early 1930s, thousands of new chemical compounds were systematically tested. The end-result of that particular burst of activity was the dozen or so sulphanilamides which continue to be used in certain infections today. Howard Florey's early work with *Penicillium notatum* similarly unleashed a fury of activity wherein many thousands of species of fungi and soil bacteria were systematically tested for antibiotic activity. The ethnobotanical forays of the U.S. National Cancer Institute through tropical rain-forests in recent decades is the latest manifestation of this particular approach. See V. Di Stefano *Of Spirochetes and Rain-forests: The Search for New Drugs*, Journal of the Australian Traditional Medicine Association, vol. 2, 4, 89-93, 1996

2. Chester Burns comments: "A multitude of observations emerged from countless necropsies, dissections, and operations performed during the three centuries after Vesalius. Physicians located disease in a bodily part, described the changes which had occurred in that part, classified types of

disease in anatomical terms, and attempted to explain diseases with anatomical language. But anatomical analysis was not sufficient, as Galen had realised many centuries earlier." See his "Diseases versus Healths: Some Legacies in the Philosophies of Modern Medical Science", in Stuart Spicker and H. Tristram Engelhart Jr. (eds) (1975): *Evaluation and Explanation in the Biomedical Sciences*, D. Reidel Publ., Boston, (pp. 29-47), pp. 30-31

3. See V. Di Stefano *The Medicine of Ancient Egypt: In the Shadow of Im-Hotep*, International Journal of Alternative and Complementary Medicine, vol. 14, 7, 17-19, 1996

4. Epidemiologist Thomas McKeown has observed: "Medical science and services are misdirected, and society's investment in health is not well used, because they rest on an erroneous assumption about the basis of human health. It is assumed that the body can be regarded as a machine whose protection from disease and its effects depends primarily on internal intervention. The approach has led to indifference to the external influences and personal behavior which are the predominant determinants of health. It has also resulted in the relative neglect of the majority of sick people who provide no scope for the internal measures which are at the centre of medical interest." See his *The Role of Medicine: Dream, Mirage, or Nemesis*, Nuffield Provincial Hospitals Trust, UK, p. xiv

5. As mentioned earlier, increasing numbers of commentators from within biomedicine have over the past two decades offered their peers and other interested parties a broader view of medical philosophy and practice to that into which they were inducted. See Larry Dossey (1982, 1992) op. cit., Bernie Siegal (1986) op. cit., and Kenneth Pelletier (1994) op. cit.

6. Peter Davis has gathered a number of important papers reviewing the problematic interactions between pharmaceutical companies and the managed economy of New Zealand. Commenting upon J. Braithwaite's study *Corporate Crime in the Pharmaceutical Industry* (Routledge and Kegan Paul, London, 1984) he writes: "Braithwaite (1984) in his study of corporate practices in the pharmaceutical industry . . . outlines the evidence on price-fixing, serious law violation, international bribery and corruption, fraud (in safety testing), and criminal negligence (with unsafe manufactured drugs). In nearly all these areas the industry has a poor record. In addition there is its undoubted success in avoiding open settlement in court for the multiplicity of product liability suits, large and small, including the benchmark case of thalidomide. Despite this unsavoury record, the industry has a high level of profitability." See his *For Health or Profit: The Pharmaceutical Industry and the State in New Zealand*, Oxford University Press, Oxford, 1992, p. 5

7. Fritjof Capra comments: "Whereas the focus of western scientific medicine has been on the biological mechanisms and physiological processes that produce evidence of illness, the principal concern of shamanism is the sociocultural context in which the illness occurs." See his *The Turning Point: Science, Society and the Rising Culture*, Fontana, London, 1983, pp. 335-336

8. See Helen Graham (1990): *Time, Energy and the Psychology of Healing*, Jessica Kingsley, London, pp. 67-68. Also Manfred Porkert, *Chinese Medicine: A Traditional Healing Science*, in David Sobel (1979), op. cit., pp. 147-172

9. See Larry Dossey (1982, 1992) op. cit., Bernie Siegal (1986) op. cit.,and Kenneth Pelletier (1994) op. cit.

CHAPTER 7

TURNING THE WHEEL

Paradigms in Transition?

The conceptual bases upon which biomedicine and the natural medicines rest differ strongly. Much of the power of biomedicine has been gathered by the application of principles and methods generally identified with Rene Descartes and Isaac Newton. Descartes proclaimed a separation of mind from body and declared the body a clock-work mechanism.[1] The disciplined quantification developed by Newton in his studies of light and motion rendered undreamt of powers of control and predictability. The names of Descartes and Newton are often combined in recognition of the pivotal influence of their thought on the development of the paradigm which has so powerfully contributed to the creation of the forms characteristic of contemporary technological civilization.

Yet a closer examination of their lives leaves one wondering whether they would themselves have fully endorsed the mechanistic materialism which their names invoke. Descartes himself attributes the source of his *new science* to a divinely inspired dream which he received when he was 23 years old. Fritjof Capra has described Isaac Newton as "the last of the magicians".[2] Historian of science, Betty Dobbs records the lesser known pursuits of Newton which may have contributed to this appellation:

> "Newton's studies in astronomy, optics and mathematics only occupied a small portion of his time. In fact, most of his great powers were poured out upon church history, theology, "the chronology of ancient kingdoms", prophecy, and alchemy.[3]

Both Descartes and Newton understood the revolutionary power inherent in their methods, yet neither eschewed less formal epistemologies in the formation of their own ideas.

The methods of biomedicine hold strongly to an epistemology which has increasingly directed the movement of scientific research over the past century. During that time, other systems such as those of traditional and indigenous cultures and the newly emerging alternative medicines have been largely denigrated by an intellectual hubris that decrees what is acceptable knowledge and what is not. In a peculiar irony, medicine, the most human of all the sciences, has itself been subverted by the demand for objectification and quantification which is built into the current paradigm of biomedicine. Fritjof Capra reflects:

> "Ever since Galileo, Descartes, and Newton our culture has been so obsessed with rational knowledge, objectivity, and quantification, that we have become very insecure in dealing with human values and human experience. In medicine, intuition and subjective knowledge are used by every good physician, but this is not acknowledged in the professional literature, nor is it taught in our medical schools. On the contrary, the criteria for admission to most medical schools screen out those who have the greatest talents for practicing medicine intuitively."[4]

A related view is expressed by a naturopath interviewed in this study:

> *I see the boundaries of the paradigm from which medicine comes as being very narrow, very circumscribed, and I think the difference is that as natural therapists we have extended our horizons or our boundaries out a lot more. So that we are working perhaps on what we call intuitive levels, or using things that work in terms of clinical results. But we may not have actual explanations for them at this point in time.*

This comment identifies a paradigmatic difference between the natural medicines and biomedicine. The range of the permissable in the natural medicines has extended beyond that circumscribed by scientific orthodoxy. Rationality is no longer the sole arbiter and determinant of clinical judgement and methods. The limiting conceptual boundaries of biomedicine are transcended in a therapeutic style which accepts uncertainty as a necessary dimension of the healing mission. Strategies will be pursued as much on the basis of a practitioner's intuitive understanding of the situation as on the read-out of a full blood examination. And the methods utilized in the restorative endeavor may well remain unproven according to the conventional norms of clinical validation.

Our practitioner is comfortable with the empirical nature of his treatment methods and does not agonise over whether these treatments have been statistically proven as effective or not. He remains confident that such approaches will be vindicated in time as new research paradigms capable of accomodating more than purely material realities develop. There remains a fluid acceptance of the relativity of knowledge and the value of empiricism.

> *There has been a great silence in Western science about the things that we haven't been able to be measure and quantify. And they are things like consciousness, awareness, the nature of being. And clearly people who are recognising and aware of this great silence need to speak, and need to give people confidence to say: Yes. I am more than just my body.*

This comment from a long time educator in acupuncture and traditional Chinese medicine reflects further upon how the conceptual worlds of biomedicine and natural medicine differ. Measurement and quantification are not accepted as the sole parameters whereby reality is to be apprehended. Rationality and materiality are understood to be only part of the totality of influences within which we are immersed and to which we are humanly subject. The dimensions of consciousness and awareness cannot readily be circumscribed in a scientific paradigm based on quantifiable mechanism and materiality. Yet these dimensions will often determine the relationship of an individual with the processes that lead to health or sickness, and to insight into the role of such influences as mental and emotional states on bodily health and sickness.

The mechanistic/dualistic model of reality which underlies much of western science does not and cannot give the full picture. The *"nature of being"* encompasses more than flesh and blood. Psycho-socio-spiritual realities all influence our natures and affect our relationship to health and disease. Our respondent continues:

> *The biomedical approach has to change. Not the other way. I remember once giving a talk at La Trobe University to some western biomedical science people, and at the end of it one of them said: "Do you see the time when we actually get together on this, you know the western medical people, and the Chinese medical people, actually get together?" I said yes, when **you** join us -*

not when we join you. Meaning that biomedicine has to recognise there's a much bigger dimension to people.

The biomedical paradigm has strangely limited itself to but a partial knowledge of the human realities which influence health and disease. Our informant in no way aspires to the social, professional and institutional power of biomedicine and has no desire to be identified with, subsumed by, or absorbed into the ranks of orthodoxy. Despite the great power of biomedicine, it is still seen to be seriously deficient at a paradigmatic level of knowledge and understanding of non-material influences on human health and disease. A vast body of accumulated traditional knowledge has been discounted, if not discarded by defenders of the biomedical paradigm.[5]

The rule of the double-blind cross-over standard has perhaps itself blinded the medical profession to the value of all but measurable biological influences in the healing mission. Thomas Kuhn insightfully describes this characteristic of an ascendant paradigm:

> "When it repudiates a past paradigm, a scientific community simultaneously renounces as a fit subject for professional scrutiny most of the books and articles in which that paradigm had been embodied. Scientific education makes use of no equivalent for the art museum or the library of classics, and the result is sometimes a drastic distortion in the scientist's perception of his discipline's past"[6]

The holism which found early expression in the Hippocratic medicine of two thousand years ago was an early such casualty, although we now witness an increasing interest in and development of its principles.

Our respondent is himself witness to the recognition by many practitioners of biomedicine of the poverty and limitation of the paradigm within which they work. He remains firm in the truth and value of his own orientation and sees the possible restoration of biomedicine occurring: *"when **you** join us - not when we join you"*. This is not an invitation for biomedical practitioners to become oriental or natural medicine practitioners. It is an invitation to reflect upon the paradigmatic base of contemporary

biomedicine, and perhaps to review in a more kindly light the insights which may become available through an open-minded study of other systems of healing.

> *I think we and them, if you want to put it that way, are coming from a totally different point of view. The medical profession is coming very much from a sickness point of view. You can say the paradigm is illness orientated. I think we come very much from a health orientation. So we've observed what health is and then we try and get a person back to that state. Whereas they only look at what disease is and just try and get rid of disease. But getting rid of disease is not necessarily going to make you healthy. There* ***is*** *a difference.*

A naturopath here identifies one of the primary differences in focus of biomedicine and the natural medicines. The naming of disease, the determination of its pathology at anatomical, physiological and biochemical levels, and active intervention through chemical or surgical means characterises the style of biomedicine. Our informant describes the dominant paradigm as *"illness oriented"*. The vitalist orientation of the natural medicines tends rather to focus on the activation of inherent bodily mechanisms which may facilitate a return to equilibrium and homoeostasis. The osteopath will seek out and correct structural abnormalities which may interfere with blood and nerve supply to body tissues; the naturopath will look at dietary patterns which may be limiting the body's capacity for repair and regeneration; the acupuncturist and homoeopath will seek to restore the free circulation of *energies* which are said to condition our mental and physical equilibrium; and all may urge the nurturing of physical, mental or spiritual practices to increase vitality and to create a state of positive health.

A practitioner of western herbal medicine continues on:

> *There's higher education in the community. Times are changing. Environmental issues are being taught in schools. But medicine hasn't changed. Diet, I mean, you know, everyone knows about diet and health. No matter how stupid. It's shoved down your throat every night you watch TV. It's part of marketing. But medicine hasn't changed. Doctors are still not giving dietary advice. They're leaving it up to others. Whereas we do. So, when doctors do start giving dietary advice, when doctors do start realising that there's more in life than just the physical body, then I feel our role will not be as needed as at this stage. Times will change.*

Our herbalist laments the fixed and unresponsive nature of biomedicine. Despite an increasing community awareness of the influence of environmental and nutritional factors in the making and breaking of health, practitioners of biomedicine remain strangely resistant to change. Drug and knife-based interventions continue to remain the preferred style of disease management and treatment.

Our herbalist suggests that the natural medicines may be a necessary corrective for the failure of practitioners of biomedicine to inform and encourage patients towards the creation of positive health through their own actions and decisions. This situation will change, however, as *"doctors start realising that there's more in life than just the physical body"*. He views the current style of biomedicine as a transitional phenomenon, and anticipates a realignment of medicine to a broader understanding as it re-envisions its brief.

A practitioner of homoeopathy offers her own view of how the conceptual boundaries of biomedicine and the natural medicines differ:

> *I think that things like Kirlian photography are touching the edge of it. There is the work of Rupert Sheldrake who has talked about morphic fields and morphic resonance. I think he's at the forefront of the cutting edge of science. I think that it is going to come because to me it is so real that it has to. It's just that science, the paradigm that we have at the moment doesn't incorporate these concepts or these understandings of subtler energies, subtler realms.*

The vitalism that appears so strongly embedded in the natural medicines is given more accessible form through images and ideas which have emerged in recent decades. Kirlian photography, developed by Semyon and Valentina Kirlian in the 1950s and 1960s, has been interpreted as offering a visual imaging of energetic fields which are said to be associated with living organisms. Its potential as a research tool for investigating paranormal human energies, such as those associated with the phenomena of metal bending and spiritual healing has been strikingly documented.[7] The work of

Rupert Sheldrake further suggests the presence within nature of non-material "morphic fields" which condition material forms.[8]

The implications of Kirlian photography and the ideas of Rupert Sheldrake find no resonance within the contemporary scientific and biomedical world-views. They represent anomalies which do not fit in the dominant paradigm. Our homoeopath points towards a revisioning of the nature of the forces operating in the phenomenal world and towards an emerging paradigm which seeks to broaden the boundaries of the limited and limiting world-view of western medicine.

Thomas Kuhn reflects on the process of paradigm reconstruction:

> "The transition from a paradigm in crisis to a new one from which a new tradition of normal science can emerge is far from a cumulative process, one achieved by an articulation or extension of the old paradigm. Rather it is reconstruction of the field from new fundamentals, a reconstruction that changes some of the field's most elementary theoretical generalizations as well as many of its paradigm methods and applications."[12]

As a homoeopath, our respondent works within a model which is utterly foreign, if not totally contradictory, to that of biomedicine. The "higher potency" medicines which she commonly uses contain no physical trace of the original substances used to produce them. They have been literally triturated or succussed out of existence. Yet such medicines are said by homoeopaths to carry a far more powerful action than the original substances from which they were produced.

The scientific paradigm which has driven the extraordinary progression of biomedicine over the past century has generated a knowledge of the physical body and an understanding of its mechanisms which is profound beyond imagination. Yet this paradigm does not comfortably jibe with notions of *"subtler energies, subtler realms"*.

Not by Bread Alone

Most of the respondents in this study spoke comfortably of the role of *energies* in their healing work. There was a general acceptance of vitalism as an operative principle in human nature, although the nature of this vitalism was never fully clarified despite considerable probing. This may perhaps be due to the inherent difficulty of dealing with experiences and concepts which remain largely unnamed. There appears to be no common agreement on the nature of these energies; yet there is a general acceptance of their reality and potential for influence. The practice of traditional acupuncture is premised on the existence of a system of energetic conduits or meridians which distribute *ch'i* or energy in and through the body. The practice of "therapeutic touch" developed by Dolores Krieger is similarly premised on the existence of a radiant body which substands and interpenetrates the physical body. Much of the healing which occurs in certain forms of shamanism is said to be mediated through the conscious manipulation of a luminous energy which is available to the shaman and visible to fellow participants in healing rituals and ceremonies.[10]

Religious traditions of all cultures speak of light and radiance as qualities associated with the descent of grace or the attainment of spiritual mastery. Yet biomedicine fails to acknowledge, let alone begins to apply and use these energies in the task of healing.

> *Life force I believe is innate in everyone. The Indians call it prana. We all have it, this vitality. Animal magnetism other people call it. The chi, the Chinese call it. It's a force or a vitality that is partly, I believe, electromagnetic in nature. But it is expansive, it has the capacity to just grow and grow and to amplify. This can be turned up or turned down, like a dimmer on a light. By using the correct principles of living, I believe it can be amplified and turned up.*

This comment from a naturopath identifies life force with the vitality spoken of in many of the natural medicines. Far from being an abstraction, our respondent suggests that the life force is an electromagnetic phenomenon which has been neither identified nor acknowledged in the biomedical paradigm. He further suggests a close relationship

between the life of the body and the state of these energies. These energies are capable of being consciously augmented by particular practices and *"by using the correct principles of living"*. Our respondent believes that such energies have been utilised in the healing mission in a number of different contexts. He elaborates:

> *If you want to look at it in terms of the church for example, certain branches are looking and developing what they call the healing ministries, in which laying on of hands has become a very important aspect, which it has been over the millenia. But it's seeing a resurgence over the last 15 years or so. And there's every evidence, simply empirical, and anecdotal and observational evidence that there is a force that is encountered and can be utilised when this principle of laying on of hands is applied.*

Our naturopath sits comfortably with the notion of direct healing and accepts it as an existential reality. He suggests a relationship between the nature of the life force and the nature of the energies which may be activated in the *"laying on of hands"*. Although he makes no direct reference to the conscious incorporation of such practices in his own clinical practice, he invokes the principle as an historical and cultural use of non-material influences for the purposes of healing.

Interestingly, the application by many nurses of the work of Dolores Krieger has resulted in a movement of such ideas and practices into the great secular temples of biomedicine, the urban hospital system. Helen Graham comments:

> "Krieger's achievement has been considerable. Not only has she pioneered and effectively promoted Therapeutic Touch within orthodox Western medicine, but in so doing she has also revived the ages-old natural healing tradition of laying on of hands, which is the basis of her approach, and established a means by which it can be systematically trained".[11]

Helen Graham also acknowledges the religious and spiritual origins of this particular approach to healing. She continues:

> "Christ appeared to teach of a spiritual realm in which healing energies work more powerfully than man ever dreamed; a view consistent with that of both the East and the West; and he directed his disciples to heal with this knowledge".[12]

But biomedicine is based on science, not religion. And although individuals may quietly work within their own understanding of what is possible, the nature of the acceptable in biomedicine has been clearly defined by the operative paradigm. The existence, let alone the application and use of such energies for the purposes of healing represents a major problem for the biomedical paradigm.

A practitioner of western herbal medicine offers his view of the relevance of such considerations in the clinical context:

> *I believe that there is an energy. But it's not something that I focus on. It's not something I will ever talk about, but I believe that there is an underlying factor there. I believe it takes many, many years of clinical exposure to start to understand it, let alone work with it. I feel that component is there but it's not something which I particularly focus on. I believe that as an individual practitioner, within an individual practitioner's model, it may have some importance. But I believe that its importance tends to be overrated. The knowledge is useful. But I don't believe that it's a very important aspect of it.*

Our herbalist accepts that material reality is not the full picture, and acknowledges his acceptance of an existent and available energy, but does not claim to possess esoteric knowledge of its nature. In fact, there is a marked reluctance to even discuss the matter: *"It's not something I will ever talk about"*. The conceptual framework which describes such phenomena is not established according to *any* paradigm; and there is no generally agreed language in which these ideas can be addressed. Yet our respondent accepts that some practitioners can and do utilise such notions in their daily work: *"Within an individual practitioner's model, it may have some importance"*. Such approaches, however, are not definitive of the natural medicines. Our respondent in fact plays down their role as a central or essential influence in general clinical experience. An osteopath addresses the same issue:

> *Talking first of all about ch'i. It's not an it. It's a them. There is an enormous chemical soup and interchange of movement and heat and so on going through the body and all round the body in all sorts of different directions at all times, and to pick out the electro-chemical or electro-magnetic aspect of that or to pick*

out the circulation of endorphins or whatever and say, "Oh, this is what we are talking about, that's what we're talking about." No. The idea of ch'i is a metaphor, an abstraction from a simplification of a way of perceiving some currents that are going on in that chemical soup if you like. So and it's not an it. It's a them. It's a simplification of many things into one to try and make sense.

This comment represents a serious-minded attempt to interpret the meaning of a term used in traditional Chinese medicine to describe the energetic dimension of our natures. Our osteopath acknowledges fully that there is more to the story than flesh and blood, but remains reserved in his acceptance of the terms used for and the interpretations given to these energies. They are certainly understood to be related to living processes, but are not perceived as representing a readily-interpretable reflection of somatic reality. He continues:

*Saying ch'i energy or saying chakras or saying meridians, or auras, or astral-bodies and so on are simplifications in order to try and make something explicable in a more concrete form when you perceive it, and to have a language of talking to other people about it. In another sense, they are actually metaphorical perceptions in that we are not **ever** perceiving the real.*

The terms often used interchangeably to describe these phenomena are viewed here as metaphors of the unspeakable. With no common language, interpretation remains idiosyncratic. With no graspable form, there is nothing to point to. Our osteopath suspends judgement on the nature and significance of these phenomena. They are possibly artefacts of complex physical and energetic interactions. They remain peripheral to his world-view.

The significance of these phenomena is viewed somewhat differently by a practitioner of naturopathy:

Within the naturopathic arena, there will be those whose frontier will continue to evolve. And so what I believe will happen in the future, is that natural therapists of whatever persuasion are going to go more and more into energy medicine. It's as if there is always a group within the natural arena that remains the frontier band, even though some of the guard may be absorbed into medicine, if that makes sense. So there will be those that will really start to work purely on an energetic level. They'll basically just look at a person, be able to see energy imbalances and from their own mind powers, start to create changes.

Our respondent clearly places a high value on the dimension of energy and virtually claims it to be definitive of the longer term direction of naturopathic medicine. He identifies himself as part of a cadre of natural therapist revolutionaries, who work at and beyond the boundaries of conventional understanding. Our naturopath projects a scenario that is a universe away from the materialist model of biomedicine: *"There will be those that will . . . basically just* ***look*** *at a person, be able to see energy imbalances and from their own mind powers, start to create changes"*. The development by Dolores Krieger of "therapeutic touch" was a direct consequence of working closely with Dora Kunze, a clairvoyant whose abilities to diagnose physical disease from her own perception of luminous energies which surround and interpenetrate the body are well documented.[13] Our naturopath further suggests that not only are such energies directly perceivable, but are capable of being manipulated by another for the purposes of healing. A practitioner of osteopathy offers his own prognostication:

> *I foresee in my lifetime that probably the orthodoxy of the day will have some of the things that we used to think of as being radically different. As old men we might stand around going, "Did you see that? I don't believe it! There's a professor of medicine on the television saying the patient's aura was disrupted around the tumour". You know. And they might develop that. Now you already see that. If you just watch the television carefully, you are already starting to see things like that occurring.*

Our osteopath sees the current limits of acceptable knowledge as pushing out rapidly. Practitioners of natural medicine are no longer the lunatic fringe who may speak in terms of energies and auras. If such realities are part of the phenomenal world, they cannot be the exclusive domain of any given cultural group. Rather, these phenomena will in time be investigated in their own light and incorporated into a broader model of reality than that embodied in the current paradigm. A professor of medicine is a high symbol of medical authority and accomplishment and our informant uses this image powerfully to project an uncharted diagnostic possibility: the direct vision and

interpretation of the body's radiations. As far-fetched as this may sound, it finds numerous resonances in the literature of esoteric, spiritual, and energetic medicine.

The ideas of Swiss philosopher Jean Gebser are especially useful in the quest to understand the nature of these emergent arational phenomena. Gebser holds that as a species, we are presently undergoing a major mutation of consciousness characterized by what he terms *"the concretion of the spiritual"*. By this, Gebser points to a de-abstraction of spirituality; to an increasing consciousness of spirit as living and vibrant and visible presence in the world. Georg Feuerstein comments:

> "The spiritual is indeed the pivot of Gebser's entire thinking, because the unfolding of consciousness, according to him, has its anchorage and its *terminus* in the spiritual, which now, in the latest mutation, appears to become more directly accessible to the human being than at any other period in history. . . . Gebser observes: *"The grand painful path of consciousness emergence, or more appropriately, the unfolding and intensification of consciousness, manifests itself as an increasingly intense luminescence of the spiritual in man".*[14]

For Gebser, as with Jung, much of technology is a metaphor of psychic reality:

> "At one time, man himself, or more precisely, the human body, was the instrument of sight or thought across distances - tele-vision and telesthesia - or the perceptor of the faint radiation of the aura, while today man fashions instruments for such purposes. Yet to the extent that the machine is an objectivation or an externalization of man's own capabilities, it is in psychological terms a projection".[15]

Regardless of its origins, the so-called aura is perceived as part of spiritual reality and is available to spiritual consciousness. According to Gebser, spiritual perception becomes more widespread as humanity moves globally towards a mutation in consciousness. And according to a number of respondents in this study, this phenomenon will come under increasing medical scrutiny as the boundaries of the acceptable begin to broaden. Interestingly, in the European alchemical tradition, the term "spirit" is used not so much to represent an extra-mundane reality, but rather to signify energy.[16] Our osteopath continues:

> *I don't think that everyone that's in alternative medicine is a more sensitive and loving person compared to anyone else, but they have definitely given time to*

develop those senses, and medicine and the healers of every tribe have always been sensitive to other things. And we know some people are sensitive to energies, some people to auras, lights, just inflections in voice, you know. You develop this, you can learn it.

This comment reflects a profound valuation of the subtle, of the less obvious. The training methods of many of the natural medicines emphasize the humanistic dimensions of learning to a far greater extent than the undergraduate medical training which focusses so intensely on somatic realities. The pacing and ethos of much natural medicine education may further encourage a more leisurely exploration of interior realities. This will tend to *sensitise* practitioners to the subtler influences within life, be they related to life-style, relationships, emotions, or spirituality. Our respondent idealises sensitivity in healing as a perennially-present possibility: *"Medicine and the healers of every tribe have always been sensitive to other things"*. But in order to develop a sensitivity to energies, auras, lights, or sounds, one needs to be comfortable with the notion of their presence in the world as a result of personal experience, or through trust, or by convincing proof.

The biomedical establishment remains largely sceptical of the reality of the energetic dimension which appears to be integral to many of the natural medicines. Neither technologies nor methodologies capable of investigating such dimensions have been formally developed in biomedicine. And there is little indication of a change in emphasis in undergraduate medical studies which would encourage the development and testing of such potentials in students. Yet for many respondents in this study, the energetic dimension represents a neglected but very important dimension in healing.

The Passing Parade

A major problem in human experience is the tendency for powerful institutions to call the tune and lay claim to all truth and value in their day. This holds as strongly today as

it did in dynastic Egypt and in renaissance Europe. Egyptian doctors were forbidden to depart from the established norms of treatment under fear of punishment. Giordano Bruno was burned alive for his belief that the earth moved around the sun. Galileo Galilei chose rather to bend and recanted, under threat of excommunication, his own observation that the earth truly moved around the sun.

Thankfully, we live in more clement times. Yet many of the modalities of the natural medicines and many who work at or beyond the boundaries of conventional knowledge similarly suffer the opprobrium of a powerful and hostile institution.

One of Thomas Kuhn's most valuable contributions has been his reminder that much of the scientific knowledge held as sacrosanct at any given time is in fact contingent and relative. The present form of biomedicine is itself a reflection of the philosophies, epistemologies, and technologies which have developed in the western world in recent centuries. It does not represent the omega point of the healing mission, but is more in the nature of a transient social, professional, and institutional phenomenon with its present fair share of problems and contradictions. David Horrobin, in a reply to Ivan Illich's unrestrained lashings offers an apologetic on behalf of his peers:

> Our current problems are consequences of the accumulating weight of small decisions made by small men and women with small concerns. Such people have been totally unaware of the huge consequences of what they have been doing. The image which best fits is not of a phalanx of Promethean heroes setting out to conquer the world: it is one of an army of peasants who by their small and immediate day-to-day concerns seriously damage the potential of a whole land. The medical profession has made great decisions without realising it. . . . [M]edicine has acquired its empire almost in a fit of absentmindedness. Having acquired it, it has no idea what to do with it."[17]

This naive view does express a certain truth. Despite having no idea of what to do with its own creation, biomedicine nontheless continues to vigorously fend off all criticism, and to jealously guard its occupational space against all rivals. Horrobin appears to wash the collective hands of the biomedicine establishment of all responsibility for the

present state of affairs. Yet there remains a strong sense that all is not well at base camp.

The nature of the *"huge consequences"* of the dominant style of medicine are graphically spelled out by Rick Carlson, an American lawyer who as independent prosecutor is somewhat more removed from the fray:

> Modern medicine is only one approach to health - a wholly disease-oriented approach. Its paradigm of healing assumes that highly refined techniques and profound interventions into the body can produce health by eliminating the symptoms of disease. This has led to the neglect of population medicine because there is no paying consumer; the neglect of social and environmental conditions, because physicians are only trained to intervene at the individual level; the neglect of a blizzard of phenomena about the human being, because it does not fit the paradigm; and finally neglect of the role of the individual in achieving health, because if health is a commodity it must be delivered to a manipulable public."[18]

Carlson details his view of the major failings of contemporary biomedicine. We find some resonance here with what has been voiced in this study. Our own respondents remain mindful that the institution of biomedicine is strongly reflective of the science, philosophy and methods which have shaped it, and though immensely powerful and effective in certain areas of management and treatment, it is but one of a number of possible approaches to the problem of human suffering born of sickness and disease. Our respondents also take some comfort in the knowledge that newly-emergent sciences, philosophies and methods of research each begin to perturb the system towards change.

The hegemony of matter and materialist thought, and the rule and influence of technology are primary elements in the development of the present form of medicine. As attention turns more towards the role of non-material influences on health and well-being, and towards the hieratic rather than the technocratic dimension of physicianship, the style of medicine as we know it in western communities will inevitably change.

Endnotes

1. Helen Graham writes: "Descartes' world-view was . . . mechanistic and materialistic but also analytic and reductionistic in so far that he viewed complex wholes as understandable in terms of their constituent parts. He extended this mechanistic model to living organisms, likening animals to clocks composed of wheels, cogs and springs, and he later extended this analogy to man. He wrote: *I wish you to consider finally that all the functions which I attribute to this machine . . . occur naturally . . . and solely by the disposition of its organs not less than the movements of a clock.* To Descartes the human body was a machine, part of a perfect cosmic machine, governed in principle at least by mathematical laws, and this view of the body as a mindless machine has governed western medicine ever since." See her *Time, Energy and the Psychology of Healing*, Jessica Kingsley Publishers, London, 1990.

2. Fritjof Capra (1982), op. cit., p. 51

3. Betty Dobbs (1975): *The Foundations of Newton's Alchemy: or, 'The Hunting of the Greene Lyon'*, Cambridge University Press, Cambridge, p. 6. For further insight into the profoundly mystical side of Isaac Newton's nature see G. Christianson (1984): *In the Presence of the Creator: Isaac Newton and His Times*, Collier-McMillan, London.

4. Fritjof Capra (1982), op. cit., p. 350

5. This tendency was apparent even in the early stages of the development of biomedicine. Fielding Garrison, writing earlier this century gives clear voice to the cultural arrogance which so readily dismissed perspectives of human life and nature which were not based upon positivist science: "A further association of ideas led our *primitif* to regard disease as something produced by a human enemy possessing supernatural powers, which he strove to ward off by appropriate spells and sorcery, similar to those employed by the enemy himself. Again, his own reflection in water, his shadow in the sunlight, what he saw in dreams, or in an occasional nightmare from gluttony, suggested the existence of a spirit-world apart from his daily life and of a soul or *alter ego* apart from his body. In this way, he hit upon a third way of looking at disease as the work of offended spirits of the dead, whether of men, animals, or plants. These three views of disease are common beliefs of the lowest grades of human life." See his *An Introduction to the History of Medicine*, W.B. Saunders Co., USA, p. 21

6. Thomas Kuhn (1962): *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago, p. 167

7. Kirlian photography in many ways represents a technology which has yet to find an application. Much of the work done in the 1970s has confirmed its great usefulness as a research tool for the investigation of biological energies. Apart from the sheer beauty of many of the images produced by Kirlian photography, the technique offers a means of creating images which confirm that *something* changes in such activities as deep meditation, psychic or spiritual healing and metal bending, the nature of that *something* remains elusive, as there is no commonly acceptable conceptual framework which accomodates such phenomena. Kendall Johnson has recorded striking images of the effects of zen meditation practices and acupuncture on the electrophotographic image. See his *The Living Aura: Radiation Field Photography and the Kirlian Effect*, Hawthorn Books, N.Y., 1975, pp. 106-119. Earle Lane has similarly recorded remarkable electrophotographic images of the effects of transcendental meditation and the use of high doses of Panax ginseng. See his *Electrophotography*, And/Or Press, San Francisco, 1975. And H.S. Dakin has recorded extraordinarily challenging images while working with metal-bender Uri Geller in 1973 and with psychic healer John Scudder in 1974. See his *High Voltage Photography* (2nd ed.), H.S. Dakin, San Francisco, 1975, pp. 26-33.

8. Rupert Sheldrake (1988): *The Presence of the Past: Morphic Resonance and the Habits of Nature*, Collins, London

9. Thomas Kuhn (1962), op. cit., p. 84

10. American nursing academic Dolores Krieger has created extraordinary interest among nurses in the western world through her articulation and development of what she has termed "therapeutic touch", based on clairvoyant observations of changes in the body's luminous atmosphere in response to the presence and intention of a healing other. See her *The Therapeutic Touch: How to Use Your Hands to Help and Heal*, Englewood Cliffs, New Jersey: Prentice Hall, 1979. A number of forms of shamanism, particularly those associated with the use of psychoactive plants, make use of luminous energies in healing rituals. Terence and Dennis McKenna report: "Shamans, under the influence of potent monoamine oxidase-inhibiting, harmine- and tryptamine-containing *Banisteriopsis* infusions, are said to produce a fluorescent violet substance by means of which they accomplish all their magic. Though invisible to ordinary perception, this fluid is said to be visible to anyone who has ingested the infusion." See their *The Invisible Landscape*, Harper, San Francisco, 1975, p. 95. Terence McKenna expands upon the ritualistic aspects of shamanic healing using *Banisteriopsis caapi* infusions: "The experience induced by *ayahuasca* includes intensely rich tapestries of visual hallucination that are particularly susceptible to being 'driven' by sound, especially vocally produced sound. Consequently, one of the legacies of the *ayahuasca*-using cultures is a large repository of *icaros*, or magical songs. The effectiveness, sophistication, and dedication of an *ayahuasquero* is predicated upon how many magical songs he or she has effectively memorized. In the actual curing sessions, both patient and healer ingest *ayahuasca* and the singing of the magical songs is a shared experience that is largely visual." See his *Food of the Gods: The Search for the Original Tree of Knowledge*, Rider, London, 1992, p. 228

11. See Helen Graham (1990), op. cit., p. 206

12. Ibid., p. 206

13. Psychiatrist Shafica Karagulla offers an in-depth portayal of the perceptual world of Dora Kunze, to whom she gives the pseudonym, *Diane*, in her remarkable work detailing various forms of clairvoyant perception. See her *Breakthrough to Creativity*, De Vorss and Co., California, 1967, pp. 124-161.

14. Georg Feuerstein (1987): *Structures of Consciousness: The Genius of Jean Gebser: An Introduction and Critique*, Integral Publishing, USA, pp. 160-161

15. Jean Gebser (1949): *The Ever-Present Origin*, (trans. Noel Barstad), Ohio University Press, Athens, Ohio, p. 131. Helen Graham reports on Carl Jung's understanding that events, phenomena, and constructions in the outer world may represent a projection of psychic realities. She comments: "The most striking similarities with ancient and Eastern concepts of energy are found in the ideas of Jung, who indicated that psychic energy and physical energy may be but two aspects of one and the same reality, the world of matter appearing as a mirror image of the world of the psyche, and vice versa. He designated energy as physical when it is physically measurable, or psychic when it becomes psychically or introspectively perceptible." See her *Time, Energy and the Psychology of Healing*, Jessica Kingsley Publishers, London, 1990, p. 187

16. Frater Albertus (1974): "*The Alchemists Handbook: Manual for Practical Laboratory Alchemy*", Samuel Weiser, N.Y.

17. David Horrobin (1977), op. cit., p. 16

18. Rick Carlson, (1975), op. cit., pp. 210-211

CHAPTER 8

JUSTIFYING THE EMPIRIC

Effectiveness and Validation in the Natural Medicines

Much of the new knowledge acquired by biomedicine over the past century has been driven by research models which have more recently been applied in the validation of the efficacy of new treatments and procedures. A great body of information has been generated and formal standards of medical treatment have been universally adopted by western doctors. The natural medicines draw rather upon a variety of historical and traditional sources of knowledge and validation. A handful of studies have confirmed the utility of particular approaches and treatments in the natural medicines according to the demands of positivist research models, but for the major part, the practice of the natural medicines rests more upon experiential rather than experimental proof of efficacy.[1]

Different diagnostic categories than those of biomedicine are used in the natural medicines. The osteopath may speak of segmental restrictions or lesions; the acupuncturist may speak in terms of liver fire and excess *ch'i*; the homoeopath may speak in terms of miasms and inherited constitutions; and the naturopath may speak in terms of toxic accumulation and lowered vitality. Patients with a medical diagnosis of ulcerative colitis or bronchial asthma may therefore receive widely differing treatments depending on who they choose to visit.

Despite the fact that the modalities of natural medicine may not have been proven according to the protocols of biomedicine, they continue to be utilised by increasing numbers of practitioners and their patients.

Biomedicine is without historical peer in its application of emergency medicine and surgery. Yet, the increasing movement of the general public towards non-conventional practitioners points to a perception that other areas of biomedical management may perhaps fall short of the mark in terms of effectiveness and patient satisfaction.

> *The fact that medical success with life threatening disease has now reached its peak and has flattened, has begun to expose their uselessness in dealing with less life-threatening, incapacitating, and life-quality-destructive conditions and states.*

Our osteopath acknowledges that biomedicine has developed powerful treatments capable of overcoming formerly fulminating conditions and has virtually perfected the art of surgery over the course of the present century. But these successes have not fully permeated the domain of the biomedical endeavor. Our respondent bluntly refers to the *"uselessness"* of biomedicine in the treatment and management of chronic disease in the general community. The patient, though physically sustained, may experience significant limitation and loss of quality of life despite constant medication and review. Our osteopath identifies this as a major failing of biomedicine.

A practitioner of naturopathy extolls the usefulness of his own modality in dealing with this problem:

> *In terms of general practice, in terms of dealing with a lot of the problems of the twentieth century, the conventional illnesses that we see, I think naturopathy's got it all over [biomedicine]. The longer I stay in the business, the more I'm convinced of it.*

Our naturopath does not base his judgement on formalised clinical trials. Clinical experience is enough. *"The problems of the twentieth century"* that he refers to are what are commonly known as "the diseases of civilization". These include the main sources of mortality in the contemporary western world, cardiovascular disease and cancer. It is now common knowledge that lifestyle issues are strongly implicated in the aetiology of cancer, heart disease and stroke. Earlier reflections have shown us that

dietary and lifestyle patterns will generally receive major attention in natural medicine approaches. A practitioner of western herbal medicine spells it out:

> *Our work is chronic conditions. We don't have the facilities for acute conditions, we don't have the training for acute conditions. It's chronic work.*

The natural medicine modalities have developed outside of the institutional framework of biomedicine. Until recently, they have been taught in private colleges with limited resources and limited access to actual patients. Hospital environments on the other hand form the essential ballast in western medical training. Medical students are immersed in hospital life on a daily basis over many years as undergraduates. Many will spend further time after graduation acquiring specialist skills. They experience repeatedly and at first hand the medical management of the full range of diseases and conditions to which we are humanly subject. Apart from general hospitals, specialised hospitals serve the needs of women, children, the elderly, cancer patients, psychiatric patients, and the wealthy.

Hospitals represent the front-line training ground for the biomedical profession. Such environments are supremely resourced with state of the art technologies and facilities. These resources are simply not available to any practitioners outside of the hallowed mainstream.

Many people suffering from chronic conditions have done the rounds of conventional medicine at street level, specialist clinics, and hospitals and found little relief. They often end up on the doorstep of natural medicine practitioners. A naturopathic respondent observes:

I think what is forcing the issue to change again is people's dissatisfaction with the results that they're getting out of the medical model. If I get run over on the road, the best model is to go to intensive care, not to some herbalist or whoever else. But within the chronic degenerative problems which our culture is over-burdened with at the moment, their medicine fails miserably. And because it has failed so miserably people are forcing the issue by their foot-power. They are literally walking elsewhere.

The great successes of emergency medicine are herein acknowledged, but again we hear the lament that biomedicine falls short of delivering the goods in the treatment of much of the chronic and degenerative disease *"which our culture is over-burdened with"*. This failing is reflected in the increasing numbers of patients who *"are forcing the issue by their foot-power"*. Our respondent here suggests that it is not the assurance of proven and effective treatments which drives people to seek out the benefits or otherwise of the natural medicines, but rather the *lack* of effectiveness of the clinically proven and validated treatments of biomedicine. Another naturopath offers further insight into an approach which increasingly draws the interest and patronage of chronic disease sufferers in the community:

Our medicine is gradualistic - apart from acute things. It's more of a working towards a gradualistic process where at the end of that course of treatment with you, the patient has turned a corner in their health. They're not cured necessarily, completely cured, although sometimes they are cured. But they've turned a corner and they've got some of the tools for maintaining that new level of health in their own life.

Our naturopath understands that a quick fix in chronic or degenerative conditions is simply not possible. Unlike the biomedical approach, which seeks to offer rapid relief of problematic symptoms through the use of pharmaceuticals, practitioners of the natural medicines will tend to work with patients over an extended period of time during which a range of influences are brought to bear. The primary task is to enable the patient to *"turn a corner in their health"*. Although the use of specific medicines may be part of the process, the educative dimension of the clinical encounter is clearly in the foreground. The patient is to make use of new knowledge and review their living patterns in order to regain the personal autonomy which will enable them to maintain *"a new level of health in their own life"*. Although our naturopath makes use of medicines

which may not have been validated according to the norms of biomedicine, she also works directly with the consciousness of her patients in the task of reclaiming what has been lost. A practitioner of homoeopathy elaborates further:

> *In the process of their condition improving there is a certain empowerment that happens with a patient. Often people have been to four or five different practitioners and they might find that one or two are much more helpful for them, and that to me is a form of empowerment because they know who to go to for what. They also learn, say with acute episodes of problems what medicines to take by themselves, and they learn also about diet and so on. I mean, the ideal is to make them much more aware of what is good for their bodies and what's good for their psyche.*

Our homoeopath here alludes to an *attitude* on the part of patients that will actively seek a resolution of their symptoms and the restoration of their health. The autonomously inclined will not be content to pursue a course of treatment which provides palliation without resolution. They will tend to look further. They may well make use of a number of different styles of treatment in order to best determine *for themselves* where the benefit lies. This represents an interesting turn from the situation where patients will comply with the directives of their doctor who may be practicing the best medicine according to the book.

Pain, limitation, and incapacitation belong to the patient. Regardless of whether a given drug has been proven many-fold by placebo-controlled clinical trials, if the patient's symptoms continue to cause distress, if their comfort is compromised, or if they find the side-effects of the drug too disturbing, they may well range out independently, without the sanction of their physician, in order to find out for themselves whether there may be another way to deal with their health problems. The actual process of searching out a suitable practitioner or practitioners may in itself give the patient far more information on possible approaches to dealing with their symptoms or condition than is likely to occur in a consultation with their medical practitioner. Patients may learn more of *"what is good for their bodies and what's good for their psyche"* from their homoepath than from their medical practitioner.

It's the successes of what we've been able to demonstrate clinically that has been observed by enough doctors over a long enough period of time now, that they are actually slowly starting to turn around and at least honour that we may have some value to offer. So as ***that*** *is seen more and more, doctors will change their practice.*

Despite the lack of formal proof of efficacy of many of the natural medicines, stories of their benefit have been told in so many circles that many doctors have begun to reconsider the hostility and opposition expressed towards these approaches by the more conservative elements within their profession. An increasingly benign regard for the natural medicines becomes evident as biomedical practitioners actively seek out knowledge of and training in other modalities.[2] A guarded empiricism has found favor as doctors begin to find out for themselves the truth of the claims made for approaches other than that of the system in which they were trained.

Biomedicine is tethered to prescribed methods of testing and treatment. There is very little variation in the type of treatment a patient is likely to receive regardless of who they see. The quest for maximum control and predictability has generated a system of scientific proof based on the randomised placebo-controlled clinical trial. In the attempt to establish the clinical efficacy of a therapeutic substance or procedure, patients are classified according to a given diagnosis and prescribed either a drug or treatment, or an inert placebo. The findings in each group are statistically analysed and the efficacy or otherwise of the intervention is thereby determined. Many treatments and procedures offered in biomedicine have been validated and sanctioned according to this method.

Biomedicine tends to focus on disease and pathology. Interventions are directed towards a weakening or destruction of pathogenic forces.[3] The randomised placebo-controlled clinical trial serves as the most powerful method yet devised to validate the efficacy of a single substance or procedure on a given disease process according to this disease-centred model. The natural medicines will tend, however, to focus on the *health* of the patient with interventions serving to activate and support the innate healing mechanisms of the body. This may require the assistance of a *range* of substances or modalities. There remain strong reservations regarding the appropriateness of the randomised clinical trial as an adequate model for the validation of the natural medicines.[4]

Ultimately, the randomised clinical trial will only confirm that a given treatment offers a better-than-chance outcome. The treatment cannot be inferred to be universally effective for all patients. Not everyone will benefit from a given treatment, regardless of its validation status.

> *Results that follow from interventions are very unpredictable as we all know, and the more note we take of the unpredictability of things, the more interested we get in chaos and complexity and the mysterious areas that we can't yet describe in any sort of concrete terms or language, or transmit as codified knowledge. What we* ***can*** *do is continue to explore and try to develop language between different practitioners that more usefully describes what's going on.*

Our osteopath has not been seduced by claims of the supremacy of biomedical interventions. The unpredictable nature of life and the universe are accepted as a necessary given in the healing endeavor. The quest for certainty and predictability has given way to a respectful awe of the complexity of our natures and the essential mystery of the healing process. Healing in this context is to be understood as not simply the removal or alleviation of problematic symptoms. Our osteopath reminds us that we have yet to fully understand the forces, material and otherwise, which sustain and influence living processes.

The maps that we use are incomplete. The journey requires further dialogue with practitioners of different perspective and experience who will collectively broaden our view of the terrain to be traversed in the pursuit of a more complete knowledge and understanding of life in its fullness

The Invisible Matrix

Disease is a tangible phenomenon. It has distinct markers. Apart from the actual symptoms experienced by patients, our tissues and body fluids will exhibit identifiable and consistent changes in disease. Infection will be asociated with the presence of a given pathogen; multiple sclerosis with demyelination and scarring of nerve tissue in the central nervous system; Parkinson's disease with atrophic changes in the pigmented nuclei of the brain stem and altered levels of certain neurotransmitters.

Health however is not an absolute. It has no fixed parameters. It cannot be easily defined, categorized, or quantified. Though essentially unitary, it also encompasses physical, mental, social and spiritual realities.

> *There's a paradigm operating at the moment that really everything must be almost seeable, definable, you know physical, in a material sense. And we haven't really developed the apparatus to perceive these more subtle realms.*

The current paradigm of biomedicine is rooted in materiality. This has created great knowledge of the nature of disease and great power over its manisfestation in many conditions. But our homoeopath reminds us that other *"more subtle realms"* may have been overlooked or dismissed in the process.

> *We are stuck now with what we do as natural therapists in the sense that science says, "You can't prove that." I say, "Well, that's fine." You see, this gets back to that foundation thing. It's not that what we do isn't provable. It isn't provable with the state of the art of the scientific instrumentation that we use at this point in time. Give it enough time, we will prove. . . . But getting back to the fundamental point,*

it doesn't matter if it's provable or not. Ulimately, it's like, "Do you get results?" and, "Are you doing it in a safe way?"

Our naturopath suggests here that the validation of some aspects of the natural medicines may require the application of methods other than those presently used in contemporary biomedicine. Our naturopath is not phased by the criticisms of those who demand proof of efficacy according to the norms of scientific medicine. He is quite content to continue in an ethical and responsible empiricism. He knows that the boundaries of conventional wisdom are not fixed, but will in time yield to the growing accumulation of evidence that natural medicine treatments are generally effective and are valued by those who benefit from their use. Like our homoeopath, he anticipates the creation of new methodologies and technologies which will accomodate the difficulties inherent in the task of validating the efficacy of the influence of the *"more subtle realms"* which may condition our nature and experience. In the meantime, the continuing demands for validation of the natural medicines appear not to have diminished the confidence of those who daily apply them and who are witness to its utility.

I guess my experience with a lot of orthodox people, and I'm not saying ***all*** *orthodox people, suggests that the people who tend to make decisions tend to be very narrow thinkers, very scientific thinkers. Unless they have got evidence to support every single thing, they're not interested in what empirical, what tradition has shown them.*

Our respondent identifies biomedicine as being narrowly focussed on scientific methods of proof and too dismissive of empirical and historical sources of knowledge. Her own practice of acupuncture is based on the use of methods which remain inexplicable according to the framework of biomedicine. But this lack of theoretical accountability in no way diminishes her own valuation of the tradition within which she works. Our acupuncturist accepts both the mystery and the uncertainty inherent in the work of healing:

I don't know whether or not the energy we manipulate is something that's sort of one with the universe, that's Godly. I mean I really don't know. I just know that I have witnessed incredible things in some people. But in other people I've really wanted to

see something happen and I don't know whether it's been my poor selection of points or whether or not there's been a basic blockage or something. I really don't understand. I've witnessed truly miracles and yet in other people I haven't been able to shift anything. I wish I could give you a better answer.

Our practitioner's view of the world transcends materiality and rationality: *"I don't know whether or not the energy we manipulate is something that's sort of one with the universe, that's Godly"*. She is comfortable with the possibility that a more-than-human intelligence may be implicated in the processes which are activated through her treatments. Nor does she appear to be concerned by the political or academic correctness of her position. She remains in awe of the mystery of the healing process to which she is daily witness. Rational justifications and explanations of how acupuncture works remain secondary to the fact that from her own perspective and experience, she knows the treatments to be effective, sometimes remarkably so.

A practitioner of western herbal medicine similarly practices from a context that is foreign to biomedical understanding. He also finds affirmation of the validity of his own tradition in daily experience:

The difference is they're getting better. Their pain is subsiding, their quality of life is improving, their skin condition is getting better, the child's asthma is getting better, their periods are stabilising. ***They're getting better****. Why are they getting better? Well, herbal medicine has a long tradition, a long tradition. And the reality is that if that medicine has not performed over the centuries, it would not have lasted. Full stop. It's as basic as that.*

Our herbalist suggests that biomedicine has perhaps too hastily dismissed the tradition from which it has itself emerged. Scientific methods have largely defined the nature of acceptable medicine and driven to the margins approaches which do not fall into its own style and pattern. The European tradition of herbal medicine has been quietly sustained by generations of committed practitioners as if waiting for its own day. That day appears to have arrived in fullness as pharmaceutical companies now line up for their share of a newly developing market in herbal medicines which has taken many by surprise. The global market for herbal medicines has risen rapidly over the past decade

and is now reckoned in the billions of dollars. Mark Blumenthal, editor of HerbalGram recently reported that in Germany alone, over 1.3 billion dollars were spent on plant medicines in 1995.[5]

The hegemony of biomedical methods of health care in western communities begins to fracture as the value of other approaches is experienced by those who choose to step outside the mainstream and try for themselves. The need to establish the validity of their respective disciplines is clearly understood by the participants in this study, but they are not prepared to disregard their own experience and that of their historical predecessors and limit themselves to that which has been formally tested and proven according to current protocols. Our herbalist has kept pace with contemporary investigations which vindicate the power of his treatments and begin to offer possible explanations for how plant medicines work:

> *The medicine in itself is powerful, and as more research is done, the picture becomes clearer or less foggy as to why the medicines are powerful. Flavonoids across the board; the enormous properties of flavonoids; the tannins, which were not taken seriously up until five years ago; and now mucilage which was always regarded as a waste product, now showing immuno-modulating properties. And I think as they research it more, and have an understanding of the chemistry, that helps to explain it combined with the practitioner-patient interaction, and just this holistic approach to it.*

The doctrine of specific aetiology and its corollary, the doctrine of specific remedy, have served biomedicine well in the treatment of many formerly life-threatening conditions. But the research model which it has created proves inadequate in dealing with chronic disease, where many influences may be operating.

Over the course of the present century, newly synthesized drugs have been tested, patented, and prescribed to patients in precisely measured doses. Their mode of action has been minutely determined according to the state of the art. A complex analytical underlay of rationality is used to justify the entire process.

The difficulty of dealing with plant medicines according to this model has been a powerful deterrent to the systematic examination of their potential role as agents of healing. A single plant may contain many flavonoids, and a range of tannins, mucilages, and volatile or fixed oils. Each of these classes of compounds within a plant may carry anti-oxidant, anti-inflammatory and immunomodulatory influences. The possible mode of action of many traditional plant medicines only begins to be understood as new research gathers momentum. Our herbalist does not demand absolute proof of efficacy but makes use of an approach which rests strongly in an historical empiricism. He also points out that the actual medicine itself is to be *"combined with the practitioner-patient interaction, and just this holistic approach to it"*. We again glimpse the essential style of natural medicine practice where many diverse elements are enlisted in the task of healing.

The recent scientific investigations of the mode of action of herbal medicines also provide much useful information for those practitioners who strive to remain abreast of contemporary developments. A naturopathic educator comments:

> *It's very important to me - the biomedical model - because it helps me understand what I'm treating and it gives me lots of ideas for our therapy. If I go through the pathophysiology of prostatic hyperplasia and then I look at the remedies, I'm able to understand more about why our remedies are working and to see which may be the more important herbs and the less important herbs.*

The traditional knowledge base of her modality is continually infused by new knowledge emanating from current research. Our naturopath's understanding of plant medicines and of how they may work remains open and malleable. This enables her greater creative freedom in developing new strategies and treatments based on a synthesis of traditional and new knowledge. Her treatments are not fixed to agreed-upon traditional formulae. She delights in the opportunities for creative practice which are increasingly made available through the existent knowledge-base of biomedicine, and the emergent research findings which relate to the practice of herbal medicine.

Our naturopath points the way towards a more tolerant relationship between the natural medicines and biomedicine, where there may develop a mutual acknowledgement that the insights of each may inform the understanding of the other, to the ultimate benefit of all patients.

The successes of the biomedical model through the course of the present century have contributed to the creation of a millenial view of its role and capabilities. Declining infant mortality, the control of formerly fatal diseases, and increasing longevities in the western world are all claimed as vindication of the essential truth and power of the present style of medical practice. The enormous social, political and economic prestige of biomedicine has been built largely around its salvific image. It wields an awesome hegemony in claiming sole right to the practice of proven and effective medicine in the western world. Yet thoughtful reflection reveals that it has perhaps claimed too much influence in the creation of the present standards of health which are enjoyed in the developed world today. Epidemiologist Thomas McKeown has commented:

> The rapid decline of mortality from diseases spread by water and food since the late nineteenth century owed little to medical intervention. Immunization is relatively ineffective even today, and therapeutic measures of some value were not employed until about 1950, by which time the number of deaths had fallen to a low level.[6]

McKeown reminds us of the great benefits bestowed upon humanity through the work of sanitary engineers and urban planners during the nineteenth century. The actual influence of medical interventions on mortality and longevity is soberly reviewed and placed in a broader perspective than that which is projected by biomedicine. Australian medical reformer, Richard Taylor similarly reflects:

> The value of medical science has been vastly oversold. Its contribution to the dramatic decline in mortality rates in the industrialised nations over the last 150 years has been negligible. These declines occurred in association with improvements in nutrition, sanitation and general social conditions, and most of the reduction in death rates was apparent prior to the arrival (during the Second World War) of "modern medicine".[7]

The projection of biomedicine as universal creator and custodian of the health of the western world has fuelled an hubristic dismissal of other forms of medicine which do not conform to its own particular view of life and the world. Biomedicine has similarly claimed its own methods of validation as sole arbiter of clinical effectiveness and has sought to impose this standard upon all contenders of differing style and persuasion. This attitude of biomedicine has understandably generated a certain acrimony which is dramatically voiced by a naturopath respondent:

> *I think one day it's going to be shown that the greatest conspiracy that we've ever faced is that of the medical profession, and the notion of illness and health. I feel that as time passes, people will no longer say "the emperor's wearing clothes." They're going to say "the emperor is not wearing clothes", particularly as people start to think more and break outside the traditional training that they've had..*

Many of the jewels in the crown of biomedicine appear to be flawed. No treatment is failsafe. As the epidemic of chronic degenerative disease in the western world continues to fulminate, we are reminded that the phenomenon of healing can be activated in many unexpected and often mysterious ways.

The profound reality of human pain and limitation will not be constrained by uncertain assurances of tested efficacy. Ultimately, individual experience demands respect. People are free to choose different approaches to healing for themselves and to find those which carry greatest personal benefit.

Endnotes

1. See Knipschild, P., "Searching For Alternatives: Loser Pays", The Lancet, 1993, 341: 1135-1136

2. A number of local programs have been established specifically to train medical practitioners in the various disciplines of the the natural medicines. A masters program in osteopathy for medical practitioners has been established at Victoria University; Swinburne University now offers a graduate diploma in complementary medicine for medical practitioners; the newly established Australian College of Herbal Medicine offers training in western herbal medicine for medical practitioners; and a graduate diploma in acupuncture was until recently offered at the now defunct Preston and Northcote Community Hospital.

3. See Sutherland, L.R., "Alternative Medicine: What Are Our Patients Telling Us?", Am. J. Gastroenterology, 1988, 83, 10: 1154-1157

4. Ibid., p. 1157 Sutherland comments: "To many physicians, the major difference between alternative and conventional medicine is our emphasis on scientific proof which, in clinical practice, is often based on the RCT [Randomised Clinical Trial]. Aakster has suggested two philosophic reasons why alternative medicine refuses to carry out such trials. For a trial, patients need to be classified and quantified: since alternative medicine sees each individual as unique, incapable of being classified or grouped, this cannot be accomplished. Further, alternative medicine, because of its emphasis on the supremacy of the individual and a holistic approach, considers it unethical to use control groups or placebos." [See Aakster C.W., "Concepts in Alternative Medicine", Soc. Sci. Med. 1986; 22: 265-273]; The limitations of using current biomedical research paradigms to assess the validity of traditional Chinese medicine are further addressed by Kerry Watson in his paper, *The Philosophical Basis of Traditional Chinese Medicine and the Implications for its Clinical Evaluation*, J. of Chinese Medicine (UK), 1991, 36, 11-14

5. This figure is just the tip of the iceberg. See *Market Report: German Medicine Market with a High Share of Phytotherapeutics*, HerbalGram, 1997, v. 39, 67-68

6. McKeown, Thomas (1976): *The Role of Medicine: Dream, Mirage, or Nemesis?*, Nuffield Provincial Hospitals Trust, UK, pp. 54 - 55

7. Taylor, Richard (1979): *Medicine Out of Control: The Anatomy of a Malignant Technology*, Sun Books, Melbourne, p. 2

CHAPTER 9

ASPIRANTS TO THE CADUCEUS

Education in the Natural Medicines

The educational reforms generated by Abraham Flexner with the support of the American Medical Association in the United States during the early part of the twentieth century irrevocably changed the nature of medical education in the western world. Tolerance towards differing styles and philosophies of medicine darkened as the demand for standardised curricula and teaching environments intensified. In the late 1800s, the nascent biomedicine practiced by an elite of European and Johns Hopkins-trained doctors was but one of a number of approaches widely used in the healing of the day. Homoeopathy, osteopathy, chiropractic, herbal medicine, hygienism, water-cure, midwifery, Christian Science and spiritual healing were all available to the general public. The training of doctors encompassed apprenticeship systems, private college education and university-based programs.

Abraham Flexner's scathing indictment of all teaching programs other than those modelled on that of the Johns Hopkins School of Medicine called for the extinction of virtually all other medical and health care teaching programs in North America. Of the 166 medical schools operating in 1904 prior to the implementation of Flexner's recommendations by the AMA's newly-formed Council on Medical Education, only 104 survived a further decade. By 1929, only 76 medical schools remained. Near-identical programs based on lectures, laboratory training and hospital experience were taught in each of these schools.[1]

As the number of medical schools progressively diminished in the wake of Flexner's reforms, the membership of the AMA grew enormously. It increased eight-fold over the first ten years of the present century. In 1900, there were 8,400 members of the AMA in North

America. By 1910, membership totalled 70,000.[2] A powerful new professional body vesting the interests of an increasingly influential biomedicine was created virtually overnight. Control of education and professional development in scientific medicine contracted into the hands of a politically astute and highly influential elite. These early events had a powerful influence on the progression of medicine in the twentieth century, particularly through their effects on the nature and style of medical education in the western world.

The Portals of Entry

Biomedicine has generated a universal and standardised curriculum based firmly on academic science in the pre-clinical years, and on hospital experience in the latter years. Hospital environments have become massive institutional sanctuaries for state-of-the-art biomedical technology and extensive hierarchies of management headed by the elder statesmen of the medical profession, the matrons of nursing, and professional administrators.

Entry into the profession of medicine is highly competitive and contingent upon mastery of the scientific world-view. This has been deemed the determinant of suitability for aspirants to the profession for many decades. The ferocity of competition for entry into medical schools has ensured that only very high academic achievers reach the hallowed portals. And the medical curriculum itself steadily reinforces the mind-set that has been formed over many years of focussed scientific education.

The selection of candidates for admission to the profession of medicine is based largely upon examination performance in the sciences. A demonstrated aptitude towards the human side of physicianship is not a high priority for entry into the schooling process. Perhaps it is expected that such qualities will automatically emerge during the experiences gained in the temples of biomedicine.

Despite recent gains, the natural medicines, particularly as reflected in the modalities of naturopathy, western herbal medicine, and homoeopathy remain relatively marginalised. The historical impetus which has driven many of the disciplines, some of them over many centuries, has been continually obstructed and dispersed by debilitating assaults from the dominant biomedicine.[3] Institutional and government support for these modalities has been virtually non-existent until recently. Yet demands continue for research-based proof of efficacy despite a near-total lack of supportive and facilitative infrastructures. Professional power has had little opportunity to manifest due to constant bickering and competition among representational groups. And education for the natural medicines has until recent years been notoriously variable.

The natural medicines have developed independently of formal institutions which adhere to an established paradigm. They have lacked the financial patronage of powerful philanthropies and vested groups who supply the materials and technologies of the various crafts. They verge more towards a diversity of ideas and methods than towards uniformity and standardisation.

Despite these apparent limitations, notable freedoms have been exercised by the natural medicines in the areas of curriculum design and gate-keeping. As unsanctioned professions operating under common-law, there has been near-total freedom to work within differing institutional and educational models ranging from the idealistic to the cynical. Entry to the profession may be determined as much by the ability to pay fees as by academic capacity, socio-cultural eligibility, or personal aptitude. As individual modalities such as osteopathy, chiropractic and traditional Chinese medicine have gained in status and legitimacy through entry into formally accredited university courses and registration, other modalities begin to look to their own future. Among the questions being asked is the appropriateness and relevance of academic performance as gate-keeper to the emergent professions in natural medicine:

If you look at the age of the person coming into it, with the medical people they are straight out of school, they are going to take five or six years, and then they're into it. They may or may not have a love for healing. It's based on academic record, plus parental pressure, or encouragment, and peer pressure. You know, if you score very well in maths and science, well then naturally you do medicine. That's it, naturally.

Whereas in healing, whereas in natural therapies, we have mature age students - by far mature age students - who are in it because they desire to be in it, who ***crave*** *to be in it. And I feel that does make a major difference. Now there are some medical practitioners who I feel are great healers, but what I'm saying is that the entry into the profession is very different, and I believe that this does make an overall difference. You come straight out of school, you have limited life experience, you know.*

Our herbalist expresses profound reservations regarding the adequacy of academic criteria as determinants of entry into medical studies. More than exceptional ability in the sciences and mathematics is required in the healing mission. As a long-time educator, our respondent has had the opportunity to observe the nature of those drawn to the modalities of natural medicine. Many who come into the programs do so as mature-age students who are strongly motivated towards healing. Their decision has generally been tempered by life-experiences and is not the consequence of an automatic progression through the schooling system. He has noted an increasing tendency for students entering the natural medicines as having earlier professional or academic experience:

The level of education of students is very different now. I remember in 1979, there were three of us with degrees out of a class of thirty. These days, you'll get ***half*** *with degrees. So times are changing.*

A significant number of aspirants to the natural medicine professions will have walked a street or two in life. The decision to pursue further education in the natural medicines will often be at great personal cost in terms of both time and money. Direct life experiences may well have provided unexpected insight into the dimensions of healing which transcend technical competency.

Our educator values personal as well as academic qualities in students. A fellow educator reflects further:

> *I feel [that] the educative process in getting some consistency is bigger than just having everyone do the same number of hours in the same subjects at colleges. It is far more complex than that. I feel part of the importance is having a much stricter selection process for people who enter in, to ensure that a person who is going out there to deal with the lives and the health conditions of others needs to have life experience, understanding of a broad range of life's issues rather that just be academically competent. I feel this is where [we should act] if we are to survive and* ***continue*** *to survive as a profession and to really come to maturity. We need to look at that: getting the right type of person. The profession has to sit down and decide what determines the right type of person so that we don't go breaching certain laws of the land in our selection process. But we have to determine what we are looking for in future generations of practitioners.*

As principal of a private naturopathic college, our respondent is fully immersed in the internal realities of designing, co-ordinating and teaching a balanced curriculum, and of dealing with increasing external pressure to develop a recognised and accredited standard of education. Increasingly, private colleges around Australia seek formal accreditation of their programs through government education boards in order to enhance their own credibility in a highly competitive market-place, and to safeguard their own and their graduates' freedoms in the eventuality of government registration. Our respondent expresses strong reservations concerning the suitability of academic prowess as sole determinant of the personal aptitude of aspirants to the profession. Like our earlier informant, he also places a high value on personal qualities and life experience, while appreciating the moral and logistic difficulties of factoring such realities into the selection process.

Our respondent grapples with the dual task of acknowledging the vocational dimension in healing while not neglecting an adequate and competent coverage of the basic medical sciences. He continues:

> *We've approached naturopathy from a much more humanistic perspective. We don't want to follow too strictly the scientific model. We train people in the basic health sciences, we train them in all up to a tertiary standard of what would be expected. But we also have a high emphasis on psychology, sociology, anthropology, the social*

causes of illness. Yes. And counselling. We place a lot of store in that. We don't want to just train people heavily in biochemistry, and chemistry and physics.

The emphasis of biomedicine on positivist science has resulted in a neglect of humanistic realities in medical education. This in turn has influenced the overall style of biomedical practice as reflected in hospital environments, specialist centres, and street-level clinics. The professed heuristic style of natural medicine practice on the other hand requires that social and inter-personal skills are consciously developed as part of the educational program. The inclusion of such subjects as psychology, sociology, anthropology and counselling in the natural medicine curriculum will go some way in facilitating the exploration of ideas which will broaden the future physician's understanding of the many contexts within which patients live, move and have their being. This exploration serves to ensure that the physician's attention will encompass more than the patient's presenting symptoms.

An osteopath offers his own view of the effects upon students of the impoverished educational style of biomedicine:

There's not much room for self-development in a medical degree. And what happens is they graduate them, and say, "Oh they're OK, life experience will fix them". But it's very difficult to have life experience in a green gown under lights in a surgery, when everyone is under stress and the patient is unconscious. It's very, very difficult to have life experience. So they're graduating people that I don't feel have evolved in life, in human interaction.

The need for a greater incorporation of humanism into the studies of medical students finds graphic expression in this comment. Our osteopath is not at all confident that *"life experience will fix them"*. Although technical competencies may be mastered through biomedical education, this is not considered a sufficient basis for working so closely with the human realities of life, death, illness and suffering. Other qualities and skills are also needed. The capacity for empathy and skill in interpersonal communication are very helpful attributes in aspirants to the professions of medicine. These qualities will enable a

greater personal response to the other, to the patient, in a more strongly relational sense. Many who enter natural medicine programs do so as mature age students. They have not automatically moved from secondary school into medical studies. Some degree of self-development, and identification with the mission of the natural medicines will have been experienced. Our respondent continues:

> *When you are attracted to a form of healing in the alternatives to orthodox medicine, you usually are interested in humans. And no matter how much your course looks like it's got psychology and social sciences, that doesn't show it either, because every course that I've done - and I've done two, you know, I've done naturopathy, I've done osteopathy - both of them had a full level of human interaction and development in them. In every course we always discussed the background to this thing and we were interested in the person's history. And whenever we were in clinic in both those courses, similar to my nursing course, you were always interested in the person first.*

The patient as person, not as pattern of symptoms, is again identified as primary focus in our respondent's preferred style of clinical encounter. The incorporation of such subject areas as psychology and the social sciences into the curriculum will broaden students' awareness of the social and psychological influences which condition our health and well-being . But this broadened consciousness will need to find expression in the actual clinical encounter. Our respondent has experienced formal education in nursing, naturopathy and osteopathy at different times. Interestingly, he identifies a strong humanistic emphasis as common to all three training programs.

One of the major differences between the natural medicines and biomedicine appears to be a significant focus on personal development, and a conscious sensitising of practitioners to the interpersonal and interactional dimensions of physicianship in the natural medicines. Programs also differ in the intensity and scope of training in the medical sciences. As biomedicine becomes more self-reflective and begins to encompass a more holistic perspective in its general practice, we can anticipate a greater balance of sciences and humanities in undergraduate medical education. In the meantime, there can be no quarrel that the knowledge base of the medical sciences has attained an

extraordinary degree of comprehensivesness and depth of understanding; nor that knowledge of the humanities has been grossly neglected.

Perhaps the renaissance ideal of universal and balanced scholarship is difficult to attain in such professions as medicine, but there remains much to be said about the notion of intellectual relativity, and the importance of at least acknowledging the existence of synthetic as well as analytic modes of knowledge, of holistic as well as reductionistic world-views, and of the hieratic as well as the technical dimensions of physicianship.

The institutional poverty of the natural medicines has severely limited the resource base available to educators, students and practitioners at virtually every level. Private college libraries can in no way expect to even vaguely approach the comprehensiveness of university collections. Practical training in the clinical sciences represents a pale masquerade of the superbly resourced and staffed laboratories, dissecting rooms, and pathology museums of medical schools. And although student clinics associated with teaching colleges may offer some experience of the range of conditions which can be encountered in private practice, they remain a universe away from the total immersion available to medical students through extensive time in general hospitals, maternity and women's hospitals, children's hospitals, geriatric hospitals and psychiatric hospitals. As one respondent has expressed it:

> *The biomedical people have quite large and have well-developed education systems. It's in the tertiary system, developed beautifully, a lot of research, and they have, you know, billions of dollars of funding. And they've developed it very well.*

One may well ask whether it is depth of courage or height of folly that drives graduates of natural medicine colleges to open their doors as primary contact community practitioners

without having the experience of intensive exposure to the full range of diseases which is made possible in hospital environments. Regardless, increasing numbers of natural medicine practitioners enter their communities and are well patronised. And if media reports are any indication, very few mishaps appear to occur at the hands of natural medicine practitioners.[4]

An educator in naturopathy voices her own frustrations at the limitations imposed by a marginalised and poorly resourced education:

> *I envy them their training. There are unbalanced aspects to their training too. They still have to get out into general practice and learn about functional problems, and learn about how to treat those. Which are huge. But in the hospital system, they learn how to diagnose, congestive cardiac failure etc. They really listen to the lungs of someone with a chronic obstructive airways disease, they really get hands-on essential training.*

Our respondent is an experienced practitioner who has in her own work been confronted by many difficult and challenging cases for which her education may not have prepared her. In this regard, she is no different to many other successful practitioners in the community. Although the unbalanced nature of biomedical training is acknowledged, our naturopath also recognises the profound advantage conferred by constant and repeated exposure to many cases of serious disease in hospital environments. She continues:

> *I think the education of naturopaths is nowhere near practical enough. It's not directed enough towards practising. They learn too much about everything else, but not the actual work.*

As supervisor in a student clinic for over a decade, our respondent has had much experience of the actual range of clinical presentations to which students are exposed in their undergraduate years. And as an active clinician in her own right, she deems this inadequate for the needs of new graduates taking their place in their respective communities. Without major changes occuring in the nature of the educational process itself, there is no foreseeable resolution for this situation. The essential emphasis on

clinical experience in the latter years of medical education is seen as necessary and ultimately beneficial to the future practitioner and their patients. Our naturopath projects possible paths through the dilemma:

> *One can fantasise about us being allowed into the hospital system, having six months in a hospital. But that's so far off. Or having hospitals of our own. In real terms, it's really great if you've got people teaching the biomedical model who are also naturopaths. So that they're not teaching the biomedical model from a biomedical frame completely. They're teaching it with our system in mind.*

A new scenario is offered. An essential frustration with the limitations imposed by institutional and professional marginalisation is voiced. The resolution envisioned by our respondent will require near-revolutionary changes in either the current style of natural medicine education and practice, or in the longer-term relationship with the institutions of medicine. Access to the hospital system is one obvious solution to overcoming the limited exposure of natural medicine students to the full spectrum of disease conditions. *"But that's so far off"*. Apart from the fact that western hospitals are totally contextualised in the educational and therapeutic system of biomedicine, interlopers of differing mindset, materia medica and therapeutic style would simply not be welcome. In addition, the contradictions would be unwearable. Most naturopaths would have difficulty getting beyond the hospital kitchen without demanding radical reform, let alone dealing with the largely pharmacological methods of treating most conditions and diseases at ward level.

A far more tantalising possibility is raised: that of the creation of new hospitals based on natural medicine principles which would serve both patients and students of natural medicine. Apart from the immense logistic difficulties of the actual construction, financing, equipping, and staffing of such environments, there appears to be very little will on the part of either colleges or professional associations to undertake the negotiations and planning to necessary to actualise such a possibility.[5] So one may also say regarding such an eventuality: *"But that's so far off"*.

Our informant deeply recognises the need for re-contextualising the knowledge-base of biomedicine according to the philosophies and practices of the natural medicines. Looking beyond professional territorialism, there is much to be gained through the development of dialogue between the natural medicines and biomedicine. Some progress has been made. The desire for or threat of registration (depending on one's perspective) has driven a steady and progressive development of educational programs in the natural medicines. Strong identification with humanist models of physicianship have reinforced a distinctively broader curriculum than one encompassing only biomedical realities. But there is still much to be done.

> *As far as natural therapists, well, being in lecturing, since 1979 when I first started off, I know that the level of education has improved enormously, enormously, over the last 16 years. Can it get better? Obviously, yes. Anything can get better.*

Our respondent is a direct participant in the transformation of natural medicine education in Australia during the 1980s and 1990s. Yet there is no complacent resting upon laurels. The development of natural medicine education does not appear to have attained its full potential. This is a predictable consequence of limited access to the established and abundent resources of university environments. Both internal pressures emanating from the professions themselves and external forces borne of the possibility of statutory regulation of the modalities will ensure that the curricula of natural medicine programs continue to evolve. As individual modalities of the natural medicines begin to enter university environments, and as research and institutional funds become increasingly available, we may well witness the creative development of new educational models which build further upon the strengths of the natural medicines as expressed by our respondents.

Endnotes

1. Brown, E.R., (1979): *Rockefeller Medicine Men: Medicine and Capitalism in America*, Univ. of California Press, Berkeley, pp. 84 - 91. See also Paul Starr (1949): *The Transformation of American Medicine*, Basic Books, N.Y., pp. 117-124

2. Brown, E.R., (1979) op. cit., pp.133 - 142

3. The tendency for professional hegemony has been present since the earliest days of biomedicine. Paul Starr writes: "Although the AMA [American Medical Association] had not been formed primarily with homoeopathy in mind, it quickly turned to the challenge. In 1855, the organisation insisted that state and local societies desiring representation accept its code of ethics, including the bar from membership of doctors subscribing to an exclusive dogma, of which homoeopathy was a chief example. While the AMA did not cripple the advance of homoeopathy, it did prevent regular physicians who adopted homoeopathy from remaining in orthodox societies." P. Starr (1949) op. cit., p. 98. A little closer to present time, the NHMRC in this country has similarly pontificated upon the utility of acupuncture: "It has no place in the treatment of paraplegia, strokes, poliomyelitis, demyelinating disorders, blindness and major psychiatric illness." [National Health and Medical Research Council of Australia: *Acupuncture: A Report to the National Health and Medical Research Council*, Australian Government Publishing Service, Canberra, 1974] Experienced practitoners of acupuncture may not be in total agreement with such edicts. This same report recommended that: "At the present time the use of acupuncture should be restricted to medical and dental practitioners, and at a later date consideration may be given to allowing nurses and other professional health personnel to perform acupuncture under strict medical supervision." Thankfully, great skill was at hand to challenge such presumptive and dismissive proclamations. The medical profession lost its intended control over the practice of traditional Chinese medicine in Australia. In both Melbourne and Sydney, university programs in acupuncture and traditional Chinese medicine are well established.

4. The popular perception of the natural medicines as being relatively safe with a low incidence of reported adverse reactions or formal complaints is confirmed by Bruce Greetham, Manager of the Patient Support Office of the Health Care Complaints Commission in NSW. (Personal communication).

5. Despite the activities of practitioners of natural medicine in Australia over recent decades, little if any progress has been made towards the creation of integrated multi-disciplinary environments with in-patient facilities where patients may receive treatment according to the principles of the natural medicines. Michelle Oyao has detailed a number of theoretical and practical considerations regarding the issue. See her *An Intensive Treatment Facility for the Natural Therapies*, Journal of the Australian Natural Therapists Association, 1984, 1, 4, 12-14.

CHAPTER 10

ON BECOMING A PROFESSION

Professionalism and Regulation in the Natural Medicines

As community recognition and patronage of the natural medicines begins to gather momentum, and as educational programs leading to qualification gain in tenor both within and without formal tertiary institutions, practitioners seek to somehow elevate their present marginal status to one which more consciously reflects their presence in the health care system which serves the Australian community. This process is not entirely driven by internal reform in natural medicine education or by a renovated institutional resourcing. It also builds upon an erosion of the traditional authority exercised by the medical profession, and by the rise of the natural medicines themselves.

Biomedicine has over the past century created a huge empire which spans university departments of medicine, public and private hospital systems, megalithic professional associations, and vast numbers of research institutions, trans-national pharmaceutical companies, and biotechnology industries. At the turn of the nineteenth century, the profession of medicine in the United States could be described as:

> "generally weak, divided, insecure in its status and income, unable to control entry into practice or to raise the standards of medical education".[1]

In the years since, the many and varied styles and treatment methods of medicine which had long served western communities have been pared down to a single highly integrated, standardised, universal and highly autonomous system financed largely by the public purse. Despite criticisms, biomedicine remains the dominant form in present time, and will most likely endure as long as western technological civilization endures.

Although practitioners of natural medicine enjoy relative freedom in the practice of their disciplines, many respondents in this study have expressed a certain unease with their present status, and with the limitations imposed by the paucity of institutional support structures. There is clearly some resentment of the privilege and power invested in the profession of biomedicine and a desire for greater acknowledgement of the actual and potential contribution of the natural medicines in health care:

> *The medical profession has accrued this enormous sense of who they are supposed to be. They have been viewed as being God-like, beyond human reproach, beyond human failure or faults and so on. And of course they are totally human. I think what's happened lately is that their very humanness has started to become common knowledge, with all the scandals and with all the things that are happening. If you look at what's happening on television and on the news nowadays, you realise that again and again doctors are being shown up as being the human beings they are. One has caused problems here, and another one has caused problems there.*

The cultural authority of biomedicine has begun to recede in recent decades. The expectation of omniscience and infallibility in the domain of health and disease has been tempered by widespread experience with a style of practice where the needs of the patient as individual have been eclipsed by a largely drug-based approach. The media have furthermore ensured that errors of commission and ommission within the profession of medicine have become public domain. There is occurring a levelling of public perception whereby the doctor's status descends closer to that of broader humanity. The former chasm between the medical profession and marginalised practitioners of the natural medicines has narrowed significantly, at least in the eyes of many within the general community.

A practitioner of western herbal medicine reflects upon his own personal experiences and early impressions of the nature of the dominant profession:

> *At the age of twelve, it dawned on me that the medical people are not as good as what they're made out to be. Bear in mind, from my cultural background, there is God, and the medical people sit at the right hand of God. That is how I was brought up. So if you're told to die, you die; if you're told to get better, you get*

*better, because they said so. By the age of twelve, I had this experience which made me realise that these people are **not** absolute in their knowledge. I came to the realisation that it was not what it was meant to be.*

Our herbalist, at a relatively early age, came to the independent realisation that the Emperor's clothes were perhaps not what they were made out to be. The power and authority conferred upon practitioners of medicine by our respondent's family and cultural group approaches that of the aboriginal man of high degree, who can by the pointing of a bone deal life and death amongst his tribesmen. But the authority of biomedicine is perhaps built more upon an aura of professionalism and institutional identification than one of disciplined charism and inner attainment. A naturopath reflects further:

The legal and the medical professions are both very strong professions and both, I believe, are self-serving and have vested interests and have secured for themselves privileges, and are in some ways beyond reproach. And they haven't been open to question and scrutiny. And I think that's rapidly changing.

Like the legal profession, the profession of medicine has through firm control and management of its educational programs and institutional structures secured great autonomy and power. One's wealth and social status are assured through entry into the profession. Beyond the dust and grime of street-level medicine, medical specialists command high fee scales and full access to the technology and resources of the public and private hospital systems. The print and visual media have, however rendered the activities of individual practitioners and their representative associations increasingly transparent. The formerly sacrosanct social and professional authority of the medical profession becomes increasingly accountable.

The scorching academic critiques of scientific medicine which were aired in the 1970s have mellowed into a calmer, more reflective and even-handed assessment of its performance in both the clinical setting and the public arena. In the eyes of our respondent, the social and professional space between biomedical practitioners and practitioners of natural medicine steadily diminishes as the gilding begins to fade.

The traditional advocates and custodians of professionalism in medicine are the large and established representative bodies, such as the American Medical Association in the U.S., the British Medical Association in the U.K. and the Australian Medical Association in Australia. Such associations represent powerful political arms which mediate with government and industry bodies, regulate standards and ethics of practice, and determine the boundaries of correct professional conduct. Professional associations may impose upon their members strict adherence to particular styles of practice or pronounce upon the acceptability or otherwise of professional consorts in private practice situations. These imposts may be accepted by many members. But more autonomously-inclined practitioners who wish to incorporate non-biomedical modalities into their practice, or who work closely and co-operatively with practitioners of non-sanctioned disciplines may choose to move beyond the constraints of such attempts to control their freedoms:

> *As far as I'm concerned, organisations like the AMA [Australian Medical Association] if they wish to hold their narrow sort of views, are actually going to be left behind and become irrelevant because more and more medicos are not going to join. Now I know medicos who would* ***never*** *join the AMA because they know what the AMA stands for and they can't in all sincerity belong to it any more. They'll belong to other organisations that better reflect an open, more reasonable and respectful attitude to health and health care.*

As one who has participated directly in the various processes resulting in the movement of acupuncture and traditional Chinese medicine education into Australian university environments, our respondent has on a number of occasions locked horns with powerful bodies representing the interests of biomedicine who have strongly and actively opposed the sanctioning of acupuncture practice by non-medical practitioners. He has also spent time with medical practitioners and medical educators whose affinities and commitments extend beyond the biomedical model and into more holistic and tolerant attitudes. Our respondent has directly encountered the political and institutional power of such groups as the AMA, and is fully aware of their attempts to

control the behavior and opinions of their members. He suggests, however, that the climate within biomedicine itself is beginning to change, and that individual practitioners may choose not to automatically join a professional association which does not reflect and endorse their own values and their own understanding of the nature of medicine.

Despite opposition from the dominant system, the natural medicines are widely utilised by many within the community, and embody principles and practices which may be at variance with those of orthodoxy. The traditionally adversarial stance of the AMA towards the natural medicines and their practitioners is regarded by our respondent as inappropriate and out of step with the broadening of medical consciousness reflected in more holistic and diverse approaches towards the treatment of disease and the maintenance of health. Our respondent points to the changing power and influence of professional groups other than the AMA which will reflect a broader view of the nature of health and disease and a greater respect and tolerance for other styles of treatment.

Babes in the Wood

Practitioners of the natural medicines do not have the benefit of over a century of sustained political, educational, institutional, and professional organisation. The range of disciplines in the natural medicines has made it difficult for a cohesive professional identity to develop. And conflict and factionalism have notoriously characterised relations within the disciplines themselves at different times.

But the recent successes of Australian chiropractors, osteopaths and practioners of traditional Chinese medicine in gaining entry into the university system and in obtaining formal government registration have broken, at least on the surface, the sense of

marginality and impotence which has traditionally been associated with the natural medicines. To expect, however, that such developments herald an open-armed welcome into the fold of medicine, and absorption into the social status and institutional privileges of biomedical colleagues is naive. Sociologist Arthur O'Neill comments on the local scene:

> For all the advances they made in gaining higher education and government regulation, the overall situation of the three occupations - that is, their social positioning in relation to other medical groups, to registered medicine in particular - had but little changed. The proof was in the upholding of barriers of collaboration (as indicated by the lack of referrals for treatment from doctors), to hospital engagement, and to full participation in public health insurance arrangements. Chiropractors, osteopaths, and traditional acupuncturists were still shut out of the game."[2]

As relative latecomers to the fray, the natural medicines lack the cultural and professional momentum generated by the century-long hegemony of biomedicine. Respondents in this study generally agree that the process of professionalisation of the natural medicines is at a rudimentary level.

In response to the question of identifying any major weaknesses in the natural medicines, an osteopath replied:

> *The overwhelming thing for me is professionalism. And I think that that does not limit your sensitivity. I think that there has to be some consistency in your behaviour, you know. If you are seeing lights and feeling energies and you do feel the need for ritual etc. you still should accept that this is a transaction, that this person comes to you and wants to trust you with their story, and with their life or with their whatever they're going to give you. And yes, they might need a bit of this and that done. But they're going to give you money, you've got to run your busines so it's proper, it's done well, it's taxable.*
>
> *You know what I'm saying. It is not outside the law. You respect the history that you are given, confidentiality, the recording of information, the hygiene of practice. . . . I'm no fastidious person about this, but I am a bit shocked sometimes by how wild people get.*

Our respondent has experienced first-hand the transition from marginalised practitioner to registered osteopath, and similarly participated in the movement of osteopathic education from private college environments into university based programs. He

understands that passage from the margins to the mainstream is not automatically accomplished by legislative change. The very nature of the natural medicines and the variability of educational experiences of practitioners has created a wide diversity of styles and intensely individualistic modes of practice. On the margins, all things are permissable. In the mainstream, adherence to norms is obligatory. Our osteopath points to the essential difficulty of transmitting the norms of professionalism to an occupational group who have traditionally worked with near-total freedom. He also understands that professionalism *per se* may be antithetical to a free expression of the sensitivities which he associates with the natural medicines. Yet as one who knows just how feral certain practioners may be, our informant quietly urges the collective movement of his colleagues in the natural medicines towards greater professionalism as a matter of necessity. Not only are the rules to be learned, but appearances need also to be maintained if the game is to be well played. Interestingly, the business side of things is identified as needing some attention: *"But they're going to give you money, you've got to run your business so it's proper, it's done well, it's taxable"*. This observation is further reflected by a naturopath:

> *One of the things I think a lot of naturopaths lack - they have a lot of compassion, a lot of understanding of the natural modalities - but they're not strong on the business side.*

Business acumen is one of the hall-marks of established professionalism. According to our respondents, some of the modalities of the natural medicines have yet to find their feet on this count. A practitioner of western herbal medicine elaborates further:

> *Why did the chiros get registered and other natural therapies did not? Why? Because the chiros came over as being an organised group, very business-like, excellent marketing and they got it. No-one else got it. So I feel organisation, resources are very important factors. It doesn't make you a better healer, mind you. But as far as social dominance, social position, social acceptance, these are very important factors. And natural therapists are a bloody woeful lot. They're woeful. You've got 6,000 practitioners, say 7,000 practitioners, you've got around 60, 70 to 80 organisations and, you know, one arises every month.*

Through business and marketing skill, and the projection of a unified front, the chiropractic profession succeeded in selling the idea of registration of their profession to the State Governments of Australia in the late 1970s. Interestingly, they showed little collegiality for their osteopathic brethren, whom they sought to exclude from the registration act in Victoria.[3] Their attempts to exclude osteopaths from registration failed, yet did not prevent the osteopaths from entering an uneasy alliance with chiropractic education at Phillip Institute and later Royal Melbourne Institute of Technology. The principles and ethics of the healing mission appear to become somewhat blurred in the struggle for power and influence in political and professional theatres.

Our informant rightly observes that political and organisational prowess have little direct relationship with the healing mission: *"It doesn't make you a better healer, mind you"*, but acknowledges the usefulness and indeed essentiality of such skills in the quest for social acceptance and professionalisation. He again confirms the earlier observation that naturopaths and other natural therapists remain naive in the ways of the world of politics and professionalism. A practitioner of naturopathy offers the following suggestions:

> *We've got to get away from our notion, our naturopathic notion of clean air, rainbows, green grass, and become more politically astute. We have to become more business-like and in doing that, we are going to get away from some of our puritanism and some of our higher notions. It's going to make us more mainstream. We're going to have to fight for survival and that in turn produces attitudes within people that can produce power elites and hidden agendas.*

A fierce pragmatism is expressed in this call to arms from one who has been involved in high-level administration of a naturopathic college. Experiences in the intensely competitive arena of private college education have sharpened our respondent's awareness of the coarser realities of the market-place for groups who remain on the margins. High-minded ideals may need to be ploughed under in the quest for survival in a health care system dominated by the powerful profession of biomedicine. We are

again confronted by the suggestion of an inherent antipathy between the ideals and sensitivities expressed in the mission of the natural medicines and the norms of professionalism: *"We've got to get away from our notion, our naturopathic notion of clean air, rainbows, green grass, and become more politically astute".*

Our naturopath strongly advocates a change in status for his colleagues but recognises that this will require the wide-scale acquisition of business and political skills as a matter of urgency. He also concedes that this process, by its very nature, may taint the idealism and *"higher notions"* embodied in the philosophical bases of the natural medicines, and produce hard-core elites capable of engaging in the stealth and cunning of adversarial politics. This is accepted as one of the costs of "success" according to the ways of the world. Continuing on:

> *Once this crisis period in our development has passed and we start to gain greater legitimacy and become more the focus of people's primary choice for health care, we still run the risk of developing what the medical profession has done over the last 150, 200 years, the same problem. It really comes down to - even if the philosophies are strong - it comes down to individual egos and power plays amongst people, and that's where the danger lies.*

If the game is played carefully, and the necessary changes accomplished, there will be a greater degree of participation in the health care system. But our respondent fears that the increase in legitimacy and power gained through the formation of a stronger professional and political identity may affect the profession at all levels, from private practice to political theatre. Our respondent anticipates the possibility that the process of professionalisation may subtlely undermine the sense of equality and mutuality between practitioner and patient which has earlier been identified as a key signature of the natural medicines. This concern is further reflected by a fellow naturopath:

> *It's not that the doctors are evil people. I think that it's something that just evolved over the many centuries. And it's very interesting to see that this can happen in the alternative or the complementary side just as much. It is so easy to buy into the ego and power that our situation as practitioners gives us over people who come to see us.*

Professional demeanor and the cultivation of dominant attitudes may themselves engender a distancing between practitioner and patient regardless of the form of medicine practiced. Our respondent here absolves biomedical practitioners of personal culpability for the style of medicine which they practice: *"It's not that the doctors are evil people"*. Rather, they have been inducted into a manner of conduct which has been constantly reinforced by their superiors during their student years and hospital training, and by peers and representatives throughout their professional lives. Our naturopath urges mindfulness of the obligations and freedoms of practitioners towards their patients and cautions against an over-zealous emulation of the style of clinical encounter associated with biomedical practice.

As a marginalised group, practitioners of natural medicine have enjoyed the freedom to pursue styles of clinical engagement and therapeutic application which have been increasingly utilised by the general population. As legislative sanctioning of the various modalities gathers momentum, one may well reflect upon the role of the natural medicines in relation to the historical mission of medicine. Is professionalisation to be pursued simply in order that the natural medicines may claim for themselves the status and privilege which are associated with orthodox medicine? Is the impoverished relational ethos which has been identified with biomedicine to be mirrored in modalities which aspire to equivalent social and professional status? Are future freedoms and safety from territorial encroachment to be guaranteed by the pursuit of professionalisation and licensing? Or is there a more noble intention to be served than the law of the jungle and survival at all costs?

The notion of professionalism has been identified by Rick Carlson as one of primary alienating influences within biomedicine. In a radical suggestion for reform, he urges the deprofessionalisation of medicine as a means of restoring it to its hieratic and humanistic mission:

> "Professionalism is incompatible with the idea of community and the egalitarianism that accompanies it. But professionalism . . . is the cornerstone of the medical care system. A successful attack on it may shake the edifice. If the attack on professional prerogatives by new naturalists is coupled with a rational systemic critique, the trend to a different medicine may be accelerated."[4]

Carlson rightly identifies the great need for reform in biomedicine. Rightly or wrongly, he accords the naturalistic medicines the role of illuminating catalysts for the restoration of a medicine which has come adrift from its essential brief of service to suffering humanity. His call for a re-assessment of the distancing professionalism embodied in the institution of medicine, however, does not appear to find a strong echo in the concerns of many of our respondents. Rather, a strong desire for the status and power associated with a greater degree of professionalism is evident. Although its potentially damaging consequences on the signatory style of natural medicine are acknowledged, many respondents long for a piece of the action and hope for the best.

Social reformer Ivan Illich has also identified professionalism as a counter-productive influence in medicine. Through mystification of the public, personal autonomy and self-reliance in health and well-being have been discouraged; through educational gate-keeping and political manipulation, the nature of what is acceptable healing and what is not has been deemed; and through the influence of powerful representative bodies, the high wages of biomedicine have been claimed from the public purse.[5]

The task of maintaining the high ideals and unique relational style of the natural medicines in the face of increasing pressure towards professionalism will require the collective development of a clear sense of identity and mission. Perhaps these considerations reflect the dangers expressed in the old colloquialism, *"power corrupts"*.

The increasing professionalisation of the natural medicines is an established reality which has been driven by entry of educational programs into university environments

and government registration of particular disciplines. Whether we witness the evolution of a new style of professionalism which is consistent with the professed mission of the natural medicines, or whether the natural medicines go the way of all flesh through the attainment of coveted power, status and influence remains to be seen.

Endnotes

1. Starr, P. (1949): *"The Social Transformation of American Medicine"*, Basic Books, N.Y., p. 7

2. O'Neill, A. (1994): *"Enemies Within and Without: Educating Chiropractors, Osteopaths and Traditional Acupuncturists"*, La Trobe University Press, pp. 219-220

3. Arthur O'Neill comments: "The Australian Osteopathic Association which started in 1955, was tiny: it had 7 members when registration was first proposed in Victoria and 14 when the federal committee supported it in all the States. . . Despite chiropractic endeavors to cut osteopathy out of the projected Victorian Act, the AOA lobbied hard and obtained a separate designation for osteopaths on the single register." Ibid., pp. 44-45

4. Carlson, R. J., (1975): *The End of Medicine*, John Wiley & Sons, USA, p. 150

5. Like Carlson, Illich strongly favors the radical deprofessionalization of biomedicine as a means of restoring it to its essential historical mission: "The deprofessionalization of medicine does not imply the proscription of technical language any more than it calls for the exclusion of genuine competence, nor does it oppose public scrutiny and exposure of malpractice. But it does imply a bias against the mystification of the public, against the mutual accreditation of self-appointed healers, against the public support of a medical guild and of its institutions, and against the legal discrimination by, and on behalf of, people whom individuals or communities choose and appoint as their healers". Illich, I., (1976): *Limits to Medicine; Medical Nemesis: The Expropriation of Health*, Marion Boyars Publishers, London., pp. 255-256

CHAPTER 11

ENVISIONING THE FUTURE

The Renewal of Medicine

As the sound and the fury begin to subside, a more comprehensive understanding of the nature of the natural medicines can find expression. Their actual and potential contribution to the historical mission of medicine can begin to emerge. Through the medium of depth interviews, our respondents have told the story as they see it. As educators, each of them is personally committed to developing a communicable knowledge-base of their respective disciplines. As practitioners, they remain in contact with the concerns and experiences of their patients. They are able to witness for themselves the effectiveness or otherwise of their treatments. Operating outside of the biomedical mainstream, they are privy to their patients' disaffection with the biomedical system itself, which many have tried and found wanting. Throughout this study, our respondents have had an opportunity to voice their frustrations and their triumphs, their uncertainties and their visions.

A surprisingly coherent view of the nature of the natural medicines has emerged through the discussions which form the basis of this study. Despite a great diversity in the training and educational experience of our respondents, there is remarkable agreement on the principles which distinguish their approach to health and disease in our present society. There is also a remarkably consistent voicing and interpretation of the dimensions of biomedicine which have fallen short of the mark in present time. Most respondents have acknowledged that they owe their existence to the fact that biomedicine has increasingly lost favor in the latter decades of the twentieth century. The strident declamations by biomedicine of the worth of any system other than its own begin to collapse in the face of widespead successes of the natural medicines in the general community.

The attitude of biomedicine towards the natural medicines has changed from one of suspicion, hostility and denunciation to one of suspended judgement and cautious appraisal. Despite editorials in the learned journals of medicine, street level practitioners begin to learn directly from their patients of the usefulness of other approaches in dealing with conditions which may have proven refractory to conventional treatment. They also begin to understand that life-style considerations, psychological realities, and social and environmental influences all colour the overall picture. These experiences may run counter to the opinions they heard expressed in medical school and continue to hear in their professional journals. Yet they may serve to activate a broadened understanding of the nature of healing which can occur beyond prescribed, texted and tested methods.

> *I think people are beginning to realise the limits of medicine and people are questioning their doctors more. The image of doctor as god is actually eroding. And people are assessing whether their doctor is good, and all of that. So people are demanding more from medicine.*

Our naturopath observes that many of the changes which are presently occurring are being driven from the ground up - from the impressions, observations and actions of a public which has come to realise the excesses and deficiencies of biomedicine through their own experiences and those of their families. Patients now ask their own questions and expect to be answered fairly and squarely. The guidance-co-operation model of doctor-patient relationship which has served the profession so well for many decades may need to yield to one of greater mutuality and community as the will for autonomy, self-reliance and personal responsibility for health arises in increasing numbers of people. Stories of successful treatment and management of health conditions through the natural medicines appear regularly in the popular press and media. People talk about their own experiences with the natural medicines and encourage each other to range beyond the biomedical clinic when results are not forthcoming.

The increasing presence and visibility at street level of practitioners of all persuasions favors the impression of a widespread cultural sanctioning of the naturalistic medicines. The changing demography of health care providers and the widespread patronage of emergent modalities begins to be felt at all levels. An osteopathic respondent comments:

> *Our local GP down the road here who is very sound in her orthodox medicine has sent a letter round to her patients saying now what times she is available and so on. She's doing a bit more advertising, and she also says in her letter that she is happy to work with alternative practitioners on people's problems. And so within the demographics of this area, patients are beginning to become sort of therapy shoppers who will have a number of different practitioners they go to for different things. And the GP, the medical GP is feeling the strain of that. And she's not getting the people to come and consult her first.*

The health-care market-place has burgeoned in recent years, and suburban doctors serving their local communities begin to feel the effects. Until recently, hostility towards and dismissal of non-conventional medicine was common among medical practitioners. The situation, however, is clearly changing. There is more competition on the streets. Doctors can no longer afford to alienate and lose patients who have themselves benefitted from non-conventional approaches. A more tolerant and even conciliatory atmosphere appears to develop as medical practitioners accept that, like it or not, patients are making their own choices regarding the treatments which they feel are appropriate to their needs.

Although the hegemony of biomedicine remains unchallenged in the area of public health, its cultural authority begins to recede as other forms of health care become increasingly visible. Medical doctors are now more willing to co-operate and communicate with practitioners of other persuasions. This in itself heralds a softening of professional barriers, and a greater possibility for dialogue among different practitioners. Individual medical practitioners begin to modify their own style of practice and extend their referral base beyond the inner circle of specialist medical suites rather than continuing to toe the party line. The profession and its suppliers have

picked up the scent of present changes and begin to offer instructional seminars in complementary medicine, and courses in western herbal medicine and other modalities in an attempt to both keep the customer satisfied and retain full practice rights within their own fold.

Yet the core of the natural medicines contains more than unusual techniques or exotic pharmacopoeiae. The disciplines themselves are infused with a different relational style. Their underlying philosophies differ. And they reflect a consciousness of dimensions other than the physical. Another osteopath comments:

> *The orthodox, begrudgingly, is moving towards what the public are demanding - not towards us necessarily - but towards what the public is demanding. That is, more time, more sensitivity and more general family practice. Not necessarily the high tech stuff.*

We see here further confirmation that changes in the present style of biomedicine are being driven more by the desires and expectations of the general community than by a sensitive assessment and critique of the present model from within biomedicine. The eclipsing of the essential humanism of the medical mission must be close to its peak in present time. The hieratic dimension of medicine cannot continue to be suppressed. Though scientific discovery and technological innovation have created extraordinarily powerful treatments and unprecedented diagnostic capabilities, the essential encounter in the healing process will always be between human beings. Medicine remains as much an art as a science. Our osteopath points to a re-awakening of the art of medicine which is made possible through the development of sensitivity, depth and commitment to other than technical or entrepreneurial values.

The loss of the family doctor is felt acutely in present times. People want *"more time, more sensitivity and more general family practice"*. This return to the perennial values of physicianship is, however, unlikely to overtake biomedicine in a hurry, as the

present pattern continues to be sustained by powerful interests with strong investments in the style and ethos of contemporary biomedicine:

> *The idea of psycho-social or psychosomatic medicine having something to say that would actually be heaps cheaper and heaps healthier won't really dawn on orthodox medicine ever because they make heaps more money. . . They probably always will be so. That high-tech, sexy, "beyond 2000", physical, technological cure-type medicine - which actually never cures anything - will flourish. But the softer, more holistic approach will gather ground.*

Technology is a powerful signature of contemporary civilization. It is ubiquitous and permeates many aspects of life. The practice of biomedicine is inconceivable without technology. The production of drugs, the manufacture and maintenance of diagnostic equipment, and the operation of acute and intensive care environments, surgical theatres and nuclear medicine departments are all dependent upon high technology. The power conferred by the application of these technologies however comes at a cost; a very high cost.

One of the major problems faced by western governments is the runaway cost of biomedicine. Pharmaceutical drugs are expensive. Hospital environments are expensive to create and maintain. Pathology and diagnostic equipment and services are expensive. And they are not getting cheaper. Australian physician Richard Taylor alerted us to these realities some years ago:

> Throughout the Western world, medicine and medical care systems are in a state of crisis. There is a dissonance between the escalating costs and the paltry benefit measured in terms of improved health, lower death rates, or increased longevity . . . Prevention of the present ills of mankind, based on a recognition of the social, economic, cultural and environmental context in which health and illness occur, seems to have been officially rejected by those in control. Rather, we have a system which is obsessed with individual culpability for ill health and which is dominated by the protection of the vested interests of the medical profession, the corporations which manufacture pharmaceuticals and medical equipment, and the huge industry built around the promotion and the provision of the means to an unhealthy lifestyle.[1]

Taylor is totally blunt about the nature of the interests being served by the dominant system of medicine. His essential quest calls for widespread social as well as medical reforms.

Our osteopath has drawn attention to the fact that sickness and disease can be handled in ways other than those elected by biomedicine and often at a fraction of the cost. He is also well aware of the enormous resistance to any change in the *status quo* which rests upon the huge amounts of money which currently change hands in and around the business of medicine. Despite the impressive hardware and capabilities of technological medicine, we hear expressed profound reservations regarding the actual effectiveness of this style of medicine. The pragmatism and cynicism of those who promote, support and benefit from the application of technological medicine do not, however, entirely rule the day. Our informant anticipates that *"the softer, more holistic approach will gather ground"* as individual doctors review their own commitments and methods and begin to change their overall approach to the healing task.

The Best and the Worst of Times

This movement in many ways goes against the temper of the modern world, where technology is widely viewed as the source of all abundance and progress. But the shadow cast by technology lengthens as its effects begin to gather momentum. Environmental degradation, deforestation, increasing levels of green-house gasses, loss of the protective ozone layer, and increasing levels of background radiation all attest to the regrettable but not unanticipated consequences of the unrestrained development and application of technology. The movement away from hard-core science and its ruling technologies which is reflected in the styles and philosophies of the natural medicines represents perhaps a primal response to the dilemmas of the present times. A naturopath respondent offers her thoughts:

> *I suppose it's something to do with the advance of science and technology and the whole worship of that in modern life. We're getting further and further away from a natural state and more and more into a technological artificial world. Medicine's a*

big part of that. And what alternative medicine is trying to bring back or maintain is the natural, or some elements of the natural world.

Our naturopath views the development of the natural medicines as a necessary corrective to the blind acceptance of technological values in the modern world. The artificial environment has permeated all levels of our experience. Modern agricultural practices have changed the nature of our soils. The production of food crops through broad-acre techniques is inconceivable without liberal servings of chemical fertilizers and insecticides. Our foods are cooked through micro-wave radiation. Our days are spent in fluorescent lit spaces which are conditioned by stale air circulated through the ducts and vents of high rise buildings. Our nights are balmed by electronic images ranging from the utterly banal to the totally violent, interspersed with numerous enticements to consume more of everything. Our medicines are designed and manufactured by a chemical wizardry unforseen by the most adventurous of alchemists. Our place in the natural world with its own cycles and rhythms has been dispersed by the demands of the work-place and the limitless forms of leisure and pleasure available in present time.

While acknowledging technological reality, the natural medicines also point to the existence of perennial forms and perennial values which transcend civilizational circumstance. Nature remains capable of producing medicines without the manipulation by pharmaceutical engineers of atoms within and around chemical molecules under conditions of high temperature and pressure. The skilled use of our hands will often help overcome joint restriction and inflammation far more decisively than measured doses of analgesics or anti-inflammatory drugs. And inner motivation or change may prove to be of far greater influence than outer intervention in the task of reclaiming and restoring health. A practitioner of traditional Chinese medicine continues:

I think that health, the secrets of health are locked up in nature. And I think this is probably why most of us are, why a majority of people are so ill, because of our so-

called civilized living. I'm not sure that civilization has done all that much good for man, to be quite honest.

Our respondent here calls attention to the two-edged nature of our present civilization. Although technology has extended our freedoms enormously, it has done so at a great cost. She reminds us of the ubiquitous presence of the "diseases of civilization" and questions whether the gains achieved in present time are for the ultimate benefit of all humanity. Much of the practice of traditional Chinese medicine is prefaced on Taoist understandings of the essential interconnectedness of our own natures with the timeless cycles and rhythms of the greater world. Medical researcher and historian Rene Du Bos reflects further:

> "Biological rhythms were inscribed in man's genetic make-up during evolutionary development when human life was closely linked to the natural events determined by the movements of the earth around the sun and of the moon around the earth. Biological rhythms are important for the understanding of modern man because they persist even though he now lives in an artificial environment. He may intellectually forget diurnal, lunar, and seasonal influences, but he cannot escape their physiological and mental effects."[2]

We are part of nature, and although technology has enabled us to live for extended periods of time cruising the ocean floor in submarines carrying multiple nuclear warheads, or to wheel beyond the earth's atmosphere in space shuttles delivering new satellite systems, we nontheless remain subject to the transhuman influences within nature. Our Promethean potentialities have enabled us to soar beyond previous limitations. But if we go too far for too long and pay too little attention to the consequences, like Prometheus, our wings will burn and we will catastrophically return from whence we came.

Western medicine is highly contingent upon the existence and continuation of current technologies. Most doctors would be utterly at sea if they no longer had access to prescription-based pharmaceutical drugs and access to an extensive network of specialist suites. The continuance of biomedicine assumes the sustained progression of 20th century technological civilization. Many, however, have begun to question the

wisdom of such assumptions. Civilizations rise and civilizations fall. Conservationists and environmentalists continue to remind us of the tenuousness of our present circumstances.

The natural medicines represent ways of dealing with sickness and disease that remain relatively independent of highly elaborate and sophisticated technologies. As such, they embody much of the perennial within medicine and may be viewed as repositories of sustainable and enduring methods of attending to the reality of human sickness and disease.

The rule of biomedicine has locked both doctors and patients into standardised ways of dealing with sickness and disease. One of the more obvious fruits of the increasing ascendency of the natural medicines has been the broader realisation that healing is a multidimensional phenomenon which can be approached from a number of directions. The range of modalities of the natural medicines attest to this reality. As the biomedical mindset itself begins to move beyond reductionist philosophies and fixed patterns of treatment based largely upon pharmaceutical and surgical interventions, we witness an increasing receptivity to the forms which only a short time ago were dismissed as spurious and ineffectual. It is no longer unusual to find biomedical practitioners using or recommending acupuncture, spinal manipulation, vitamins and minerals, herbal medicines or psychosomatic approaches such as meditation and deep relaxation. The hubris that lay sole claim to medical truth has begun to yield to a deeper understanding of the complexity of our natures, and to the realisation that healing can occur in ways that have not necessarily been taught in medical school.

*People can't live by the biomedical methods alone. There need to be people who are skilled at working at the **earth** levels, working with things like herbs, and using the natural sort of products of the world that have been provided here to help us maintain this balance. And there need to be people that can work with their **hands**, who can work with people at that tactile level. There need to be people who are well trained to be able to work at **energetic** levels. There need to be people that can work at the **heart to heart** level. There need to be people that can work at the **spiritual** and **philosophical** levels. They all need to be there.*

We have here a quintessential statement of the task that lies ahead. The role and importance of biomedicine is quietly acknowledged, but the value of the many other forms of healing is also poetically affirmed. The earth itself produces our medicinal plants and nourishing foods and is honoured as a great source of healing influences which can, with knowledge, be effectively utilised in the task of healing. The importance of skilled touch, whether it takes the form of structural diagnosis and correction, of comfort and reassurance, or of a direct source of healing energy is similarly honoured. Beyond the nourishment, repair and restoration of our physical bodies, our energetic natures may also be influenced towards harmonisation or strengthening by those whose vision or sensitivity are tuned to the more subtle realms of consciousness. The importance of love, of relationship, of compassion and of empathy in the work of true healing is reaffirmed. And our respondent further reminds us that our souls and spirits may need as much nourishment and restoration and healing as our bodies during times of difficulty, of grief, or of collapse of meaning in our lives. The call to physicianship needs to accomodate the full breadth of human pain and suffering, and attend to our total humanity, not just our somatic embodiment.

Each of the modalities of the natural medicines offers a unique contribution to the task of restoring the practice of medicine to its full dignity and purpose. The natural medicines exhort us to remain open to the essential mystery of healing.

Endnotes

1. Richard Taylor (1979): *Medicine Out of Control; The Anatomy of a Malignant Technology*, Sun Books, Melbourne, pp. 255-256

2. Rene Dubos: "Hippocrates in Modern Dress" (p. 216), in David Sobel (ed) (1979): *Ways of Health: Holistic Approaches to Ancient and Contemporary Medicine*, Harcourt, Brace, Jovanovich, N.Y., pp. 205-220

CHAPTER 12

COMPLETING THE CIRCLE

The Meaning of Natural Medicine

The medium of depth interview as used in this work has provided an opportunity for all respondents to engage in a focussed explication of the meaning of natural medicine with a sympathetic colleague. As has been related, much transpired in the discussions. The entire process from interview to analysis and writing up proved to be an experience of deepening regard for the ideas and insights which progressively emerged. This interpretive study will hopefully do honour to the serious-minded commitment of our informants to contribute to a broadened understanding of the nature of the natural medicines.

The story which emerges has been constructed from the collective meanings given to their work by respondents, from selected gleanings from a wide range of writings, and from personal experience. Those interviewed are both educators and practitioners of their respective disciplines. The modalities represented in this study include acupuncture and traditional Chinese medicine, homoeopathy, naturopathy, osteopathy, and western herbal medicine. The ideas uncovered in this project represent those of an elite group. Many of these ideas have been formed over years and in some cases decades of reflection and clarification through curriculum design and active teaching. The themes uncovered in this study may well differ from those which might have emerged through interviews with street-level practitioners of natural medicine who are solely in private practice.

If the existent literature is anything to go by, the meanings ascribed to the natural and alternative medicines are various and contentious. For this reason, selective rather than ramdom sampling has been used in the task of developing a deep and informed

understanding of the meaning of the phenomenon of natural medicine. Further studies with non-educator clinicians in private practice may add to these findings and show how things are closer to the ground.

The story which is told suggests that the natural medicines represent not so much a number of unrelated occupational groups lining up in the health-care market-place, but rather represent a very different style of medical practice to that available in the dominant biomedicine. Although our informants do not identify themselves as a coherent and integrated alternative to the dominant system, they generally agree on the major differences between the natural medicines and biomedicine.

The core themes which emerge from this study centre on the nature of the therapeutic relationship, and the nature of the therapeutic intention. The doctor-patient relationship favoured in the natural medicines is profoundly different to that which generally occurs in biomedicine. The essential task of the healer is also perceived in radically different terms.

The Heart of the Matter

All participants in this study valued the development of a relationship based on equality and mutuality over one based on dominance and compliance. The formation of such a relationship is seen as a necessary condition to developing an in-depth knowledge of the patient. Without deep knowledge of the patient, one cannot gain insight into their life-world, or become aware of the patterns and influences in their lives which may have a bearing on their present situation.

Many stressed the importance of not judging patients, but attending rather to their healing. Through the clinical encounter in natural medicine, patients may begin to

reflect upon their own life-patterns and experience and hopefully gain some insight into the relationship between their own behavior and their health. The encounter between doctor and patient not only invites deep exploration of life patterns and tendencies, but also furthers the development of greater consciousness and self-knowledge on the part of the patient. The clinical encounter in natural medicine appears to focus more upon the detailed exploration of the patient's life than the efficient collation of symptom details and the formulation of a diagnosis and prescription.

Respondents generally identified the signatory short consultation of suburban biomedical practice as profoundly antithetical to the development by the doctor of a deep knowledge of their patient, and the patient of themselves. The short consultation also limits the development or expression of an holistic understanding of the patient and their life-world. It takes time to uncover the complex of influences which may subtlely or obviously undermine the state of balance which health represents.

Through developing a relationship based upon equality and mutuality, the physician is enabled to gently seed the patient with ideas and reflections which nourish their movement towards personal autonomy and self-reliance in health matters. The encounter serves to educate and inform the patient about the role of such influences as diet, activity and rest, and stress and emotions on their health. Practitioners aim to empower the understanding of their patients by alerting them to the broader determinants of their state of health, and supporting their will to autonomy through reflective advice and encouragement.

The Healing Intention

The will to healing in the patient is to be awakened. This represents the unique therapeutic mission of the natural medicines. The task of the physician is not simply to

deal with troublesome presenting symptoms as quickly as possible, but to actively help patients to regain their health and to augment their vitality or life-force. This process builds upon a perspective which views the patient in their physical, mental, emotional, social, environmental and spiritual contexts. The influence of life-style, the metaphoric dimension of illness - disease as messenger, the multidimensionality of disease causation, and a use of a broad and eclectic range of therapeutic options all colour the picture.

The therapeutic mission serves to awaken patients to their own role in contributing to their present circumstances. Patients also need to become informed of ways to actively improve their health. This may require a review of their thinking and behavior patterns. Patients may need to consider whether six or eight cups of sweetened coffee gulped down between meals and meetings at the office and work-place every day are in their overall best interest.

Patients are invited to consider whether they may be needlessly locked into patterns of behavior which may be usurping their available energies and weakening rather than strengthening their vitality. They may also begin to reflect upon their own assumptions regarding the nature of health and disease. Are we cast adrift in a hostile world where sickness and disease may assail us from any quarter, or do we in fact have some say? Does the coming of age signal inevitable decline, or are there principles within life which, if honoured, may activate and maintain our regenerative forces and limit our susceptibility to degenerative change and the great downhill slide?

The intention of such reflections is to move the patient towards an integration of their life-style and their understanding. Patients are encouraged to maintain their health through consciously limiting the harmful influences in their lives, and by actively incorporating strengthening and restorative practices into their general pattern of living.

The overriding therapeutic intention in the natural medicines is to increase patients' vital reserves and to strengthen their capacity for regeneration and repair. This is to be achieved both through the assistance of the treatment programs offered by practitioners and through the patient's own interventions and changed behavior patterns. Osteopathic treatments will not only deal with acute pain and discomfort, but will also restore somatic integrity and general physiological functioning. Acupuncture treatments serve to rebalance and harmonise body energies in order to optimise health. And naturopathic, homoeopathic and herbal medicine treatments all aim to restore and strengthen the patient far beyond the simple resolution of acute symptoms.

This whole process may lead to an overall improvement in the quality of life of the patient, and often, their families as well.

Beyond the core themes of therapeutic relationship and therapeutic mission, our respondents also addressed to varying degress the issues of holism and reductionism in medicine, the notion of operative paradigms in medicine, the issue of validation and effectiveness of medicines and treatments, education in the professions of medicine, and the nature and consequences of professionalism.

On Philosophies and Futures

The natural medicines and biomedicine are based on profoundly different philosophies. Biomedicine is seen as essentially materialist and reductionist in character, while the natural medicines are seen as essentially holistic in both their understanding and application.

The doctrine of specific aetiology is recognised as the quintessential expression of reductionism in biomedicine. Many respondents acknowledged that the early

development of this principle generated a paradigmatic leap in the degree of understanding and control of many diseases by doctors. Yet its widespead acceptance and application, together with its corollary, the doctrine of specific remedy, were seen to severely limit the vision of biomedicine and to undermine the development of an holistic consciousness of disease causation.

Biomedical reductionism finds further expression in the profoundly materialist basis of western medicine, where the primary theatre of engagement is the body of the patient. The role of psychological, social, economic, environmental, and spiritual realities have, until recently, been eclipsed in the materialist understanding of conventional biomedicine.

A major consequence of these developments has been the progressive erosion and devaluation of the hieratic and humanistic dimensions of physicianship. The acquisition of technical skills has overshadowed the development of interpersonal and empathic skills in young doctors. Competence in medical management is largely measured in terms of the doctor's ability to diagnose pathology and to prescribe appropriate medication. These skills are efficiently exercised in the context of suburban clinics with their fast turnover of patients and drug-based symptomatic treatments.

The natural medicines derive from a wide ranging historical and cultural eclecticism. All respondents identified with an essentially holistic philosophy and practice. They acknowledged the multidimensionality of disease causation, particularly in chronic disease, and often utilised multiple strategies as part of the therapeutic program. The cultivation of personal sensivity by the physician is highly valued as this enables one to look beyond the obvious and fulfill the task of knowing the patient and their life circumstances. Such sensitivity is integral to holistic consciousness. The physician looks beyond presenting symptoms. The patient moves towards physiological strengthening and personal empowerment.

The identification of respondents with holistic rather than reductionist philosophies was further reflective of a rejection of the rational-materialist paradigm of biomedicine. The current paradigm is strongly rooted in a disease-centred approach to medicine. Somatic reality forms the primary theatre around which diagnostic and remedial activities are enacted. Vitalist notions have no place in the dominant paradigm.

Respondents identified their approach as being health-centred rather than disease centred. Treatments serve not only to overcome sickness and disease, but more importantly, to enhance the state of health in the patient. The materialist paradigm of biomedicine was seen as useful, but incomplete. Practitioners of acupuncture and homoeopathy operate according to an understanding which finds no resonance in an exclusively materialist philosophy. Nor can the vital force and healing impetus spoken of by many respondents be accomodated in the biomedical paradigm.

The conceptual boundaries which presently govern the theory and practice of biomedicine were generally seen to be inadequate. Materiality is but part of the picture - albeit a major part. The influence of a poorly described energetic dimension was prominent in the thinking of many respondents. The conceptual models of acupuncture and homoeopathy, and such modes of healing as the laying on of hands and the *therapeutic touch* developed by Dolores Krieger are prefaced on an interaction with these forces and influences. The fact that such notions are largely rejected by the dominant medicine was generally not a source of concern for respondents. Those who expressed a special interest in these areas were confident that as the conceptual boundaries of the current scientific paradigm became more fluid, and as technologies capable of dealing with such phenomena were developed, there would occur a progressive explication of their nature and influence.

The overriding sense gained in these discussions was that materiality is but part of the story, albeit one that has been superbly told by the dominant paradigm. The natural medicines do not reflect the application of a developed and consistent paradigm, but rather may be seen as utilising principles which have yet to be accomodated in *any* existent paradigm. They may thus be said to occupy a space between the dominant paradigm and one which has yet to fully take form.

One of the major and consistent criticisms of the natural medicines is the lack of evidence documenting their effectiveness. Many of the treatments developed by biomedicine have been tried and tested according to the stringent protocols of placebo-controlled clinical trials. There is often voiced a strong expectation that the methods and treatments of the natural medicines should be similarly assayed. Respondents universally acknowledged the need to validate the effectiveness of therapeutic procedures, but called for a broadening of validation methods beyond those sanctioned by biomedicine.

The entire style of clinical validation in biomedicine is seen as largely inappropriate for the natural medicines. It is perceived as an extention of the reductionist philosophy within which biomedicine is currently embedded. Most of the treatments administered in the natural medicines are individualised rather than standardised. Diagnostic categories differ from those routinely applied in biomedicine. A treatment program will often require a range of interventions rather than a specific prescription or procedure. This is particularly evident in the treatment of chronic conditions, where active and sustained participation of the patient is a necessary part of the program. All potentially restorative influences are to be called on. The placebo effect is no enemy in this

process, but is to be consciously made use of wherever possible. All paths are permissable in the task of awakening the healing process.

Respondents were generally comfortable with the historical empiricism which underlies many of the modalities. Its utility was confirmed or modified on the basis of their own clinical experience with their patients. All welcomed new information which emerged from the scientific establishment which either supported the usefulness of their discipline or deepened their understanding of the processes with which they were working in their treatments. Despite the fact that their treatments had generally not been vindicated by clinical trials, respondents were content to continue working responsibly with the historical knowledge embodied in their respective discipline and to remain sensitive to the experiences of their patients.

On Renewal

Regardless of community support, the natural medicines remain relatively marginalised. Despite the fact that education in particular modalities may have entered university environments, the natural medicines are neither formally nor informally incorporated into the dominant health care system. Much of undergraduate education in the natural medicines occurs in privately owned colleges; treatments and medicines are not paid for by Medicare but are paid directly out of patients' pockets; practitioners of natural medicine are excluded from the public hospital system; and the public health system largely ignores the potential contribution of the various disciplines of natural medicine to the health of the community. Yet colleges of natural medicine increasingly attract students and feed a steady stream of new graduates into the general community.

Natural medicine education has developed without the constraints of a normative curriculum offering standardised education and ultimately, standardised treatment.

Programs are varying and diverse and often reflect the particular interests and philosophies of college owners and course managers. Great freedoms have been available in the design and content of teaching programs. The natural medicines have tended to attract mature age students rather than drawing from the pool of secondary school graduates. Selection criteria for students entering private colleges are based on values other than academic performance in science and mathematics. So long as one can pay the fees and last the distance, entry into the natural medicine professions remains largely open, apart perhaps from newly developed university-based osteopathic medicine courses in this country which have come more and more to resemble programs in orthopaedic medicine.

Unlike biomedical education, natural medicine programs tend to consciously incorporate humanistic studies into the curriculum. This is a necessary element in the development of the holistic consciousness embodied in the natural medicines. The underlying philosophies of the individual modalities differ strongly from that of biomedicine and this is reflected in the content of teaching programs.

The private college system imposes obvious limitations on the opportunities available to both students and educators. In comparison to university environments, such colleges are thinly resourced. Laboratory facilities are rudimentary, library collections are selective and limited, opportunities for broad clinical experience are virtually non-existent, and research culture has yet to develop. Such limitations are part of the reality being a marginalised occupational group. Yet respondents remain confident that the essential insights embodied in their disciplines will find increasing expression and contribute to the reform of the professions of medicine.

As the cultural authority of biomedicine recedes, and as its hegemony weakens, the enduring values embodied in the natural medicines will be sought out and incorporated into a broadening vision of the mission of medicine. A health-based understanding will develop alongside one oriented towards disease control. The hieratic dimension of

physicianship will re-awaken as the medical perpective broadens to embrace the whole human - not just our physical body. The desire on the part of patients for self-reliance and autonomy in health matters will be encouraged and supported. Our increasing knowledge of the subtle realities which condition human life will become incorporated into a new paradigm of medical thought and practice.

The methods of medicine and the ideals of physicianship have changed radically over the past century. Our informants offer powerful reassurance that they begin to change in a new direction.

APPENDIX 1

Emergent Themes from Individual Respondents

(A Selection)

OSTEOPATH 2

EMERGENT THEMES/CATEGORIES

HOLISM: 17 entries overall. Includes

- Lack of in natural medicines (3 entries)
- Lack of in biomedicine (2 entries)
- Low profile of (2 entries)
- Ascendancy of (1 entry)

THERAPEUTIC STYLE: 14 entries overall. Includes

- And sensitivity (4 entries)
- And insight/intuition (2 entries)
- And technological medicine (2 entries)
- And vested interest (2 entries)
- Determination of by community desire (2 entries)

THERAPEUTIC INTENTION: 9 entries overall. Includes

- Patient self-knowledge (5 entries)
- Change of behavior patterns (2 entries)
- Patient autonomy (1 entry)

THERAPEUTIC RELATIONSHIP: 8 entries overall. Includes

- And knowledge of patients (2 entries)
- Avoidance of (1 entry)

PARADIGM CHANGE: 6 entries overall. Includes

- And social/cultural values (4 entries)
- And research methodology (1 entry)

COMPLEXITY: 6 entries

HEALING PROCESS: 6 entries overall. Includes

- Poor understanding of (3 entries)
- And practitioner insight (2 entries)

REDUCTIONISM: 6 entries overall. Includes

In biomedicine (3 entries)
In natural medicine (3 entries)

COST OF THERAPY: 5 entries overall. Includes

High in biomedicine/technomedicine (3 entries)
Reducibility through holism (2 entries)

THERAPEUTIC EFFECTIVENESS: 4 entries overall. Includes

Of biomedicine in community health (1 entry)
Of acute-care medicine (1 entry)
Lack of in biomedical treatment of chronic disease (1 entry)
Of natural medicine on chronic disease (1 entry)

EDUCATION: 4 entries overall. Includes

Need for holism in (3 entries)
Inadequacy of in natural medicines (1 entry)

ENERGY: 3 entries

FADDISM IN ALTERNATIVE MEDICINE: 2 entries

NATUROPATH 2

EMERGENT THEMES/CATEGORIES

THERAPEUTIC INTENTION: 15 entries overall. Includes

- Patient self-knowledge (4 entries)
- Patient empowerment/autonomy (4 entries)
- Physiological strengthening/tonification in the natural medicines (2 entries)
- Regeneration in the natural medicines (2 entries)
- Symptomatic treatment in biomedicine (2 entries)
- Change of behavior patterns (1 entry)

THERAPEUTIC RELATIONSHIP: 12 entries overall. Includes

- Knowledge of patients (3 entries)
- Educational nature of (2 entries)
- Mutuality in (2 entries)
- Poor development of in biomedicine (1 entry)

HOLISM: 8 entries overall. Includes

- Lack of in biomedicne (2 entries)
- Lack of in naturopathy (2 entries)
- In naturopathy (1 entry)

THERAPEUTIC VALIDATION: 7 entries overall. Includes

- Adequacy of experiential/empirical evidence (2 entries)
- Inadequacy of biomedical protocols (1 entry)

ENERGY: 6 entries overall. Includes

- Elaboration of nature of (2 entries)

PROFESSIONALISM: 6 entries overall. Includes

- And power over patients (3 entries)
- And authority (1 entry)
- And poor development of therapeutic relationship (1 entry)
- And arrogance (1 entry)

COST OF THERAPY: 6 entries overall. Includes

- High cost of biomedicine to general community (3 entries)
- High cost to individual of natural medicine (1 entry)
- High in biomedicine (1 entry)

PARADIGM DIFFERENCE: 6 entries

REDUCTIONISM: 6 entries overall. Includes

In biomedicine (3 entries)
Increase of in natural medicines (2 entries)
in natural medicines (1 entry)

PARADIGM CHANGE: 5 entries overall. Includes

Emergent nature of (2 entries)

THERAPEUTIC STYLE: 5 entries overall. Includes

Determination of by community (2 entries)

THERAPEUTIC EFFECTIVENESS: 5 entries overall. Includes

Of biomedicine in acute care (2 entries)
Lack of in biomedical treatment of chronic conditions (1 entry)
Denial of in alternative medicine by biomedicine (1 entry)
Of alternative medicine (1 entry)

SENSITIVITY: 3 entries

LIFE FORCE: 3 entries

LIFE-STYLE: 3 entries overall. Includes

And chronic disease (1 entry)

HEALING PROCESS: 3 entries overall. Includes

Patient directed (1 entry)
Practitioner as facilitator of (1 entry)

ORIENTAL PRACTITIONER 1

EMERGENT THEMES/CATEGORIES

HOLISM: 21 entries overall. Includes

In the natural medicines (8 entries)
Increase of in biomedicine (5 entries)
Lack of in biomedicine (3 entries)

THERAPEUTIC RELATIONSHIP: 17 entries overall. Includes

Client-centred nature of (5 entries)
Mutuality in (4 entries)
Educational nature of (3 entries)
Trust in (3 entries)
Non-judgemental nature of (1 entry)

THERAPEUTIC INTENTION: 13 entries overall. Includes

Patient autonomy (7 entries)
Patient self-knowledge (5 entries)
Change in thinking/behavior patterns (1 entry)

HEGEMONY: 8 entries overall. Includes

In biomedicine (5 entries)
Lack of in natural medicine (3 entries)

REDUCTIONISM IN BIOMEDICINE: 6 entries overall.

HARMONY: 6 entries overall.

INTERDEPENDENCE: 6 entries overall.

ENERGY: 5 entries overall.

PROFESSIONALISM/REGULATION: 4 entries overall. Includes

Need for in natural medicines (3 entries)

HOMOEOPATH, INTERVIEW I

EMERGENT THEMES/CATEGORIES

KNOWLEDGE OF PATIENTS: 19 entries overall. Includes:

- Psychology of (8 entries)
- Behavior patterns of (5 entries)
- In-depth view of (2 entries)
- Miscellaneous: eg. early development, life choices of, relationships with others, individuality (4 entries)

THERAPEUTIC RELATIONSHIP: 18 entries overall. Includes

- Patient autonomy (4 entries)
- Practitioner accessibilty (2 entries)
- Value-free, non-judgemental nature of (2 entries)
- Trust in (2 entries)
- Temporal aspects of (consultation-time given, long-term nature of) (8 entries)

THERAPEUTIC INTENTION: 13 entries overall. Includes:

- Relief of acute symptoms (3 entries)
- Disease prevention (2 entries)
- Stimulation of healing (2 entries)
- Constitutional treatment (5 entries)

CHRONIC DISEASE: 11 entries overall. Includes:

- Effectiveness of alternative medicine in (3 entries)
- Need for holism in (3 entries)
- Difficulty of treatment of (4 entries)

LIFE-STYLE: 9 entries overall. Includes:

- in disease causation (3 entries)
- and stress (3 entries)

COST OF THERAPY: 9 entries overall. Includes:

- Low cost of homoeopathy (4 entries)
- High cost of naturopathy (5 entries)

THERAPEUTIC EFFECTIVENESS: 9 entries overall. Includes:

- of homoeopathy (7 entries)

STEREOTYPES: 7 entries overall. Includes:

as guides in diagnosis (5 entries)
as definitive of homoeopathic approach (2 entries)

VITAL FORCE: 7 entries.

MEDICINE-PATIENT INTERACTION: 4 entries.

PATTERNS/SIMILARITY: 5 entries.

PATHOLOGY: 5 entries

THEORETICAL JUSTIFICATION OF HOMOEOPATHY: 3 entries

APPENDIX 2

INDIVIDUAL THEMES AND THEIR PROPERTIES

CORE THEMES

1. THE THERAPEUTIC RELATIONSHIP

MUTUALITY/EQUALITY

Facilitates knowledge of patient
Facilitates educational dimension

KNOWLEDGE OF PATIENT

Facilitates patient self-knowledge; autonomy
Informs regarding patient's lifestyle
Is value-free, non-judgemental
Enables educative dimension of realationship

THE SHORT CONSULTATION

Profoundly limits knowledge of patient, patient self-knowledge, and patient educational
Antithetical to holistic orientation

PATIENT EDUCATION

Informs/demystifies re: condition and symptoms
Supports patient self-knowledge
Addresses life-style issues

POWER

Limits patient autonomy
Maintains patient dependency

2. THE THERAPEUTIC INTENTION

SUPPORT OF PATIENT EMPOWERMENT

Through patient education
Through life-style review

ENHANCEMENT OF PATIENT SELF-KNOWLEDGE

Influence of life-style
Disease as metaphor

CHANGE IN THINKING AND BEHAVIOR PATTERNS

Reframing
Motivation towards integration

STRENGTHENING AND REGENERATION

Restoration of balance
Enhancement of vitality
Activation of healing

QUALITY OF LIFE

OTHER THEMES

3. HOLISM AND REDUCTIONISM IN MEDICINE

UNDERLYING PHILOSOPHIES

Reductionism in biomedicine
Holism in the natural medicines

REDUCTIONISM IN BIOMEDICINE

Limitation of vision
Specific aetiology
Abandonment of human *qualities*
The short consultation
The quick fix

HOLISM IN THE NATURAL MEDICINES

The depth perspective
Sensitivity and the physician
Beyond symptomatology
Educating for holism

LOSS OF HOLISM IN THE NATURAL MEDICINES

4. PARADIGMS IN TRANSITION

Transience in Paradigms
Paradigmatic difference
Energy and the (emergent) natural medicine paradigm

5. THERAPEUTIC EFFECTIVENESS AND VALIDATION

Chronic conditions
Limitation of biomedical research models
Historical empiricism

6. EDUCATION

Selection of candidates
Humanism in natural medicine education
Deficiencies in natural medicine education

7. REGULATION AND PROFESSIONALISM

Loss of professional hegemony in biomedicine
Professional naivetee in the natural medicines
The politics of registration

APPENDIX 3

Presentations to Peers of Research Findings

1. National Herbalists Association of Australia, International Conference, Sydney N.S.W., 10-12 March, 1995

2. Australian Traditional Medicine Society, National Conference, Sydney, N.S.W., 10-11 October, 1998

Australian Company Number 000 009 932

Founded in 1920

PROCEEDINGS

of the

1995 NHAA INTERNATIONAL CONFERENCE

10-12 March 1995
Collaroy, Sydney, Australia

Alternative medicine: a naturalistic enquiry

Vincent Di Stefano
Chamomile Farm Lot 79 Monbulk-Emerald Road Emerald Vic 3782 Australia

Some time ago, an international conference was held to look at the remarkable findings of a biologist who had spent many years in his laboratory working with flies. He had, over the years taught them to do many wondrous things.

Fellow scientists came from all over the world to learn about these revolutionary findings from this great investigator.

When everybody had gathered together, the scientist set up a small table in the middle of the room, where everybody could get a clear view of what he was about to demonstrate. With a pair of fine tweezers, he carefully removed a single fly from the small box in front of him, and placed it in the middle of the table.

The murmurings of the assembled audience gradually hushed, and an attentive silence descended.

"Jump three times", said the scientist to the fly. And to the astonishment of everyone present, the fly jumped, once, twice, three times.

"Circle to the left", said the scientist. The fly then began walking around the table, curving to the left and formed a near circle before coming back to where he had started.

"Now circle to the right", intoned the scientist. And the fly immediately set out in the opposite direction, again forming a full circle to the right.

The audience was astounded.

"Now, distinguished colleagues", he continued. "I will placed a drop of honey on the two front feet of the fly." Using a tiny paint brush, he carefully put a drop of honey on each of the front feet of the fly. The fly began busily licking his feet.

"Now, jump three times", said the scientist. The fly just kept on licking that honey off his feet.

"Well then. Circle to the left". The fly stayed in the same spot, busily licking away.

"Well, circle to the right". That little fly just stayed where he was, in the middle of the table, merrily licking his feet.

The scientist looked up at the assembled audience, cleared his throat, and said. "And there, my distinguished colleagues, we have clear proof that putting honey on the front feet of flies makes them go deaf".

This story shows us, albeit in a rather absurd way, that the act of interpretation is an unavoidable element in all scientific endeavour. We devise various strategies which enable us to make sense of, or to derive meaning from phenomena that are part of the world that we live in and that we wish to know more about.

There are many ways that we can go about investigating the phenomena that are of interest to us. A very particular style of investigation has gained enormous power in the western world over the past century or so. Here, I am talking about what has become known as scientific method. Through scientific method, enormous insight has been gained into the various forces that operate through nature. Technological civilization has largely been built upon the foundations laid through scientific method. Those of you who have flown here from overseas or even from interstate are tasting first-hand fruits of aeronautical engineering and computerised navigational systems. You have travelled safely 40 or 50 thousand feet above the earth, where the air is unbreathable and where your blood would freeze were you not in a protected environment... The fruits of scientific method.

The same methods which have given such enormous control over nature and over natural forces have been systematically applied to the *human* world, particularly in the medical sciences. The consequence of this style of investigation has been the creation of a medical system which is unique in human history.... and which we all benefit from. But finely woven fabric which clothes the body of medical knowledge seems to be tearing, and even falling apart in places.

The reductionism that results from the use of scientific method has now become an *attitude* in many of those who actually practice medicine. More obvious examples include the present focus on killing the bacteria which cause infections rather than actively stregthening the body's resistance; or the routine use of beta-blockers in hypertension rather than trophorestorative treatment of the circulation, nervous system and possibly kidneys.

The first to bring our attention to the dangers of rigidly applying the methods of investigating nature and its forces to the study of *human* nature were the early European sociologists, Wilhelm Dilthey, Georg Simmenl, and Max Weber among others. The debate which started in Europe in the early part of the present century has only in recent decades begun to influence the actual practice of conducting research.

The early German sociologists warned of the folly of trying to mathematise human behaviour, and of looking for over-arching laws which govern our conduct. Human reality and human behaviour is somehow different. It requires a different *understanding*.

Now, how is such an understanding to be developed?

If you speak to people who are practicing and teaching the various forms of natural medicine, as I have done and continue to do, many will describe their work as reflecting a different paradigm from that which operates in biomedicine, or western scientific medicine.

In the newer forms of investigation that are becoming far more acceptable in the study of human realities, there is

similar talk of a new paradigm of research which is gradually emerging.

We are talking here about styles of research which explore the *qualities* of phenomena rather than measuring and analysing *quantities* associated with those phenomena. We are talking about methods that are more inductive than deductive. We are talking here about qualitative research, and what has been called naturalistic inquiry.

This style of research is now being taken seriously by groups which have traditionally been hostile to anything other than quantitative, positivistic research methods. The Executive Committee of the National Health and Medical Research Council have recently endorsed the circulation of a draft paper entitled "Ethical Aspects of Qualitative Methods in Health Research". This is presently doing the rounds of university departments around Australia. This paper acknowledges the burgeoning interest in qualitative styles of research in health science. This paper may perhaps, anticipate the publication in the medical literature of research articles and papers which hang upon something other than the double-blind cross-over standard.

So, what is qualitative research? And of what significance is this style of research to the forms of medicine which many of us here are practicing?

In the first place, qualitative techniques are, as one would expect, not concerned with measurement.[1] Unlike quantitative techniques, these approaches do not aim to reveal causal relationships, but rather focus on the nature of phenomena as *humanly* experienced.[2] Through qualitative, or naturalistic research methods, the researcher actively shares in the understandings and perceptions of others and consciously explores how people structure and give meaning to their experience.[3]

Qualitative research is therefore conducted through intense contact with a life situation. The aim of the research is to gain a systemic, encompassing and integrated - in a single word - a holistic overview of the area under study; its logic, its arrangements, its explicit and its implicit rules.[4]

Now how does this relate to the forms of medicine that many of us here are practicing?

Consider this:

During the 19th century, a Scottish surgeon named James Esdaile discovered that by hypnotising patients about to undergo surgery, he could dramatically reduce the pain they experienced and increase the likelihood of their surviving the ordeal. Remember that at that time, there were no anaesthetics available - apart from, perhaps, a bottle or two of whiskey. Esdaile's claims were summarily dismissed as impossible by his profession. Medical journals refused him publication.

He called together a meeting of the British College of Physicians and Surgeons. In front of a large group of colleagues, he hypnotized a man with a gangrenous leg, and before their eyes, amputated the man's leg. The man sat calmly through the procedure.

Despite the evidence in front of them, Esdaile's sceptical colleagues concluded that a hardened rogue had been hired especially for the occasion, and had, with the promises of a few gold pieces, undergone the ordeal without showing any pain.

As Charles Tart later observed, "They must have had very hard rogues in those days".[5]

We can spend an enormous amount of energy validating many, if not most, of our medicines. That's already been done with *Crataegus*, with *Echinacea*, with *Gingko*. We can spend thousands of hours and millions of dollars doing the same with many other members of our materia medica. Although this is useful confirmatory research, it will change very little - apart from the cost of those medicines which pass the test. Witness the rocketing cost of *Echinacea* and *Gingko* extracts.

Until there arises an *understanding* of the nature of our work, and an acceptance of the validity of what we are doing in a far broader sense than is the case at the moment, we can busy ourselves with myriad little projects for decades without changing very much at all.

And things *do* need to change.

In a leading article in the Medical Journal of Australia several years ago, British oncologist Michael Baum had this to say:

"The ideas of holism that are described by 20th century irrationalists are completely metaphysical and related to some as yet undiscovered and, for all we know, non-existent natural life-force, whereas in modern scientific medicine our concepts of holism are based on well-defined neuroendocrine pathways which are known to link the psyche and the soma.

The current controversy about alternative medicine in Australia as illustrated within this issue of the Journals is not some local problem or phenomenon of contemporary life, but another symptom of the virus of irrationalism that is a serious threat to the health and welfare of all nations."[6]

Michael Baum. Leading Article, MJA, 151, 1989, p.608

And Wolfe Segal offers his own view:

"In the naturopathy literature, we find a liberal use of undefined terms - such as 'life energy fields', 'orgone', 'bioplasma bions', 'shimmering blue vesicles in the blood', 'blue bions', 'vivaxis energy', 'auras of radiation' - to describe healthy and diseased states. A trained medical scientist would not understand these terms and would be unable to incorporate such notions and terminology into the scientifically accepted knowledge about matter, life and energy."[7]

Wolfe Segal in Joske, R & Segal, W. (eds) "Ways of Healing" Penguin. 1987 p.91

What these quotes represent are *interpretations* of the nature of alternative medicine. And as we learnt from the dancing fly, all interpretations are not necessarily correct.

Over the past two years, I have been researching the *meaning* of alternative forms of medicine to those who should know best - educators who are also actively involved in clinical practice. The research method I have used involves the use of in-depth interviews with collaborators rather than subjects. The interviews themselves are transcribed, and then carefully coded in order to identify themes and categories which emerge from the discussion.

The picture that begins to emerge has very little in common with the view that is offered by either Michael Baum or Wolfe Segal. The picture that emerges is developed through in-depth discussion with actual practitioners of the therapies. It is not based on my own opinion nor, as appears to be the case with Wolfe Segal, the opnion of someone that I may happen to have read. The picture that emerges is *grounded* in the life-world of those who are immersed in the phenomenon itself.

And what actually *is* emerging?

Clearly, with the time we have, we are not able to go into a detailed analysis of the research findings, but I want to pass on to you the fact that most of the people I have talked with *consistently* identify a number of central or core ideas which characterise what they do.

I call these core concepts, because they lead to or are related to most of the other categories and themes which emerge from the discussions.

Core categories

Therapeutic intention

Dimensions:
- Patient autonomy
- Patient self-knowledge
- Physiological strengthening/ regeneration
- Change in behaviour patterns

Therapeutic relationship

Dimensions:
- Educational nature of
- Mutuality in
- Value-free non-judgemental nature of

Other major themes, most of which relate to these core concepts, have also emerged from the research to date. These include:

- Practitioner sensitivity
- Holism
- Redactions
- Life-style
- Cost of therapy
- Energy/vital force

This research is proving to be a two-edged sword. On the one hand, it may help to dispel a few myths, such as those proffered by Michael Baum and Wolfe Segal. On the other hand, research of this type may be generating a new mythology regarding what alternative medicine actually means to those who are doing it.

Qualitative or naturalistic styles of research offer us immensely powerful ways of mapping areas and phenomena which are poorly understood, and consequently, often misunderstood. They enable us to get a better handle on what is actually going on.

The research I am undertaking attempts to describe and interpret what may prove to be an historical phenomenon - the emergence of a different style of medical practice in the western world. Of far greater importance is not so much the recording of this process, but the *creation* of this process, which you, through your work, are bringing about.

Ladies and gentlemen, thank you.

References

1 Walker R. Applied Qualitative Research. UK: Gower Publishing, 1985.

2 Minichiello V, Aroni R, Timewell E, Alexander L. In-depth Interviewing: Researching People. Melbourne: Longman-Cheshire, 1990.

3 Berg B. Qualitative Research Methods for the Social Sciences. Massachusetts: Allyn and Bacon, 1989.

4 Miles B, Huberman A. Qualitative Data Analysis 2nd ed. California: Sage Publications 1994.

5 Walsh R. The Spirit of Shamanism. Los Angeles: Tarcher, 1990.

6 Baum M. Rationalism versus irrationalism in the care of the sick: Science versus the absurd. Med J Australia 1989;151:607-8.

7 Segal W. Naturopathy, Homeopathy and Herbalism. In Joske R, Segal W. eds. Ways of Healing. Australia: Penguin, 1987.

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Return of the Teacher: On the Nature of Natural Medicine

Vincent Di Stefano

Review

The past two decades have seen a remarkable movement of natural medicines from a position of social and professional marginality to one of sanctioned and patronised respectability.

This has occurred in spite of the entrenched and vocal opposition of the biomedical establishment, and the neglect of educational and institutional support, until recently, by government.

The natural medicines have in recent years gained increasing credibility as bona fide and useful contributors to the health care needs of the general community. This has been reflected in the widespread utilization of the therapies, the entry of natural medicine educational programs into tertiary environments, and government registration of a number of the modalities of the natural medicines.

What is the meaning of the natural medicines? Do those who articulate their principles and methods describe a coherent system which consciously addresses the deficiencies and excesses of the biomedicine which they seek to complement? Where do the natural medicines stand in relation to conventional and contemporary understandings of health and disease?

There are few available texts which systematically articulate the knowledge base of the natural medicines as a whole. Although the disciplines of traditional Chinese medicine and homoeopathy contain a substantial and coherent literature, they embody a conceptual framework which is profoundly alien to that which substands biomedicine.

Acupuncture and homoeopathy are in essence, energetic systems. They are founded on radically differing epistemologies to those which inform biomedicine.

Although osteopathic medicine is nominally grounded in an anatomical knowledge base which it shares with biomedicine, its application of that knowledge may push well beyond the limits acceptable to biomedicine, particularly in such recent manifestations as craniosacral osteopathy which describes a physiological rhythm associated with cerebro-spinal fluid, dura mater and fascia unknown to biomedicine.

The contemporary practice of western herbal medicine appears to occupy a schizoid space between the humoural systems of the Graeco-Arabic tradition, shared in a number of respects with the systems of Ayurvedic medicine and traditional Chinese medicine, and the emergent phytopharmacology of recent decades.

And naturopathy appears to represent a vast jousting-ground of Hippocratic and hygienist principles, naturalistic pharmacopoeias, and suggestions channelled through visionaries, pendulums and electronic circuits which lie far beyond the boundaries of the current paradigm which drives contemporary biomedicine.

The present study seeks to explore the phenomenon of natural medicine through informed discussion with a number of individuals who are educators/practitioners in the key modalities of naturopathy, homoeopathy, western herbal medicine, acupuncture and osteopathy, through the method of depth interview.

It has been suggested that qualitative research methodologies are best utilized "when studying individual and social situations that are unique, relatively unknown, or have become stereotyped"[1]. The natural medicines, and the meaning which they carry certainly fall within these criteria.

Analysis of the interview transcripts derived

from in-depth discussions with respondents representative of the five modalities outlined above has enabled the identification of a number of recurring major and minor themes.

The major themes centred around the related issues of the therapeutic relationship, therapeutic goals or intentions, and the influence of holism and reductionism in the clinical encounter.

The minor themes addressed the issues of the nature of underlying paradigms, therapeutic effectiveness and validation, professionalism and regulation, education in the natural therapies, and the cost of health care.

The nature of these themes will be discussed in the presentation.

Reference

(1) Shulamit R, Graham R. Qualitative Gerontology. Springer Publishing Co, 1988.

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REFERENCES

Angell, M., and Kassirer, J.P.: *Alternative Medicine: The Risks of Untested and Unregulated Remedies*, New England Journal of Medicine, 1998, v. 339, 839-841

Arney, W. R., and Bergen, B. J., (!984): *Medicine and the Management of Living: Taming the Last Great Beast*, University of Chicago Press, Chicago

Ballint, Michael (1964): *The Doctor, His Patient and the Illness* (2nd edition), Pitman Medical, London

Baum, Michael: *"Rationalism versus irrationalism in the care of the sick: Science versus the absurd"*, Medical Journal of Australia, 1989, v. 151, 607-608

Berg, Bruce (1989): *Qualitative Research Methods for the Social Sciences*, Allyn and Bacon, Massachusetts

Blumenthal, Mark: *Market Report: German Medicine Market with a High Share of Phytotherapeutics*, HerbalGram 1997, v. 39, 67-68

Boyers, R. and Orrill, R., (1972): *Laing and Anti-Psychiatry*, Penguin, Harmondsworth

Brown, E.R. (1979): *Rockefeller Medicine Men: Medicine and Capitalism in America*, University of California Press, Berkeley

Bulmer, Martin (1984): *The Chicago School of Sociology: Institutionalisation, Diversity, and the Rise of Sociological Research*, University of Chicago Press, Chicago

Capra, Fritjof (1982): *The Turning Point: Science, Society and the Rising Culture*, Fontana, London, 1982

Carlson, R.J. (1975): *The End of Medicine*, John Wiley and Sons, USA

Christianson, G., (1984): *In the Presence of the Creator: Isaac Newton and His Times*, Collier-McMillan, London

Corbin, Juliette & Strauss, Anselm (1988): *Shaping a New Health Care System*, Jossey-Bass Inc., California

Coward, Rosalind (1989): *The Whole Truth: The Myth of Alternative Health*, Faber and Faber, London

Dakin, H.S. (1975): *High Voltage Photography* (2nd ed.), H.S. Dakin, San Francisco

Davis, Peter (ed) (1992): *For Health or Profit: The Pharmaceutical Industry and the State in New Zealand*, Oxford University Press, Oxford

Dawson, W.R., (1929): *Magician and Leech: A Study in the Beginnings of Medicine with Special Reference to Ancient Egypt*, Methuen and Co., London, 1929.

De Vries, M. W., Berg, R. L., and Lipkin, M., (1982): *The Use and Abuse of Medicine*, Praeger, N.Y

Di Stefano, Vincent: *Antibiotics*, Journal of the Australian Natural Therapists Association, 1984, v. 1, 2, 19-20

Di Stefano, Vincent: *"Towards Regeneration"*, Australian Journal of Medical Herbalism, 1990, v. 2, 3, 55-58

Di Stefano, Vincent: *"Paracelsus: Light of Europe (Part 3)"*, Australian Journal of Medical Herbalism, 1994, v. 6, 3, 57-60

Di Stefano, Vincent: *"The Medicine of Ancient Egypt: In the Shadow of Im-Hotep"*, International Journal of Alternative and Complementary Medicine, 1996, vol. 14, 7, 17-19

Di Stefano, Vincent: *"Of Spirochetes and Rain-forests: The Search for New Drugs"*, Journal of the Australian Traditional Medicine Association, 1996, v. 2, 4, 89-93

Dobbs, Betty (1975): *The Foundations of Newton's Alchemy: or, 'The Hunting of the Greene Lyon'*, Cambridge University Press, Cambridge

Dossey, Larry (1982): *Space, Time and Medicine*, Shambala, Boulder

Dossey, Larry (1993): *Healing Words: The Power of Prayer and the Practice of Medicine*, Harper Collins, San Francisco

Du Bos, Rene (1959): *Mirage of Health: Utopias, Progress and Biological Change*, Anchor Books, N.Y.

Ehrenreich, John (ed) (1978): *The Cultural Crisis of Modern Medicine*, Monthly Review Press, N.Y.

Eisenberg, D.M., Davis, R.B., Ettnor, S.L., Appel, S., Wilkey, S., Van Rompay, M. and Kessler, R.C.: *"Trends in Alternative Medicine Use in the United States, 1990 - 1997*, Journal of the American Medical Association, 1998, v. 280, 1569-1575

Feuerstein, Georg (1987): *Structures of Consciousness: The Genius of Jean Gebser: An Introduction and Critique*, Integral Publishing, USA

Frater Albertus (1974): "*The Alchemists Handbook: Manual for Practical Laboratory Alchemy*", Samuel Weiser, N.Y.

Garrison, Fielding H., (1929): *An Introduction to the History of Medicine*, W.B. Saunders Company, U.S.A.

Gawler, Ian (1984): *You Can Conquer Cancer*, Hill of Content, Melbourne

Gebser, Jean (1949): *The Ever-Present Origin*, (trans. Noel Barstad), Ohio University Press, Athens, Ohio

Gerson, Max (1958): *A Cancer Therapy: Results of Fifty Cases*, Totality Books, California

Gevitz, Norman (ed.) (1988): *Other Healers: Unorthodox Medicine in America*, Johns Hopkins University Press, Baltimore

Ghalioungui, P., (1963): *Magic and Medical Science in Ancient Egypt*, Hodder and Stoughton, U.K.

Glaser, B. and Strauss, A., (1967): *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Aldine, Chicago

Glaser, B. (1978): *Theoretical Sensitivity*, Sociology Press, California

Graham, Helen (1990): *Time, Energy and the Psychology of Healing*, Jessica Kingsley Publishers Ltd., London

Guba, Egon G., (1990): *The Paradigm Dialogue*, Sage Publications, USA

Hartmann, Franz (1973): *Paracelsus: Life and Prophecies*, Rudolph Steiner Publications, N.Y.

Harvard Working Group on New and Resurgent Diseases: *"New and Resurgent Diseases: The Failure of Attempted Eradication"*, The Ecologist, 1995, Vol. 25, No. 1, 21-26

Horrobin, David F., (1977): *Medical Hubris: A Reply to Ivan Illich*, Churchill Livingstone

Illich, Ivan (1976): *Limits to Medicine. Medical Nemesis: the Expropriation of Health*, Marion Boyers, London

Jacka, Judy (1989): *Frontiers of Natural Therapies: A Bridge Between Ancient Wisdom and New Edges of Science*, Lothian Publishing, Melbourne

Jensen, Bernard (1979): *Nature Has A Remedy*, Jensen, Escondido

Jensen, Bernard (1981): *Tissue Cleansing Through Bowel Management*, Jensen, Escondido

Johnson, Kendall (1975): *The Living Aura: Radiation Field Photography and the Kirlian Effect*, Hawthorn Books, N.Y

Joske, R., and Segal, W., (Eds.): *Ways of Healing*, Penguin, Australia, 1987.

Jung, Carl (1958): *The Undiscovered Self*, Routledge and Kegan Paul, London

Jung, Carl (1963): *Memories, Dreams and Reflections*, Collins and Routledge and Kegan Paul, London

Karagulla, Shafica (1967): *Breakthrough to Creativity*, De Vorss and Co., California

Knipschild, P: *"Searching For Alternatives: Loser Pays"*, The Lancet, 1993, 341: 1135-1136

Krieger, Dolores (1979): *The Therapeutic Touch: How to Use Your Hands to Help and Heal*, Englewood Cliffs, New Jersey: Prentice Hall

Kuhn, Thomas (1962): *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago

Laing, R.D., (1960): *The Divided Self*, Tavistock, London

Laing R.D., (1961): *Self and Others*, Tavistock, London

Laing, R.D. and Esterton, A., (1964): *Sanity, Madness and the Family*, Tavistock, London

Lane, Earle (1975): *Electrophotography*, And/Or Press, San Francisco

Lewith, George and Aldridge, David (eds), (1991): *Complementary Medicine and the European Community*, C.W. Daniel Co., Saffron, Waldon,

Lifton, Robert Jay (1986): *The Nazi Doctors: A Study in the Psychology of Evil*, Macmillan, London, 1986

McKenna, T. and McKenna, D., (1975): *The Invisible Landscape*, Harper, San Francisco

McKenna, T. (1992): *Food of the Gods: The Search for the Original Tree of Knowledge*, Rider, London

McKeown, Thomas (1976): *The Role of Medicine: Dream, Mirage, or Nemesis?*, Nuffield Provincial Hospitals Trust, UK

Miles, B. and Huberman, A.M., (1994): *Qualitative Data Analysis* (2nd ed.), Sage Publications, California,

Minichiello, V., Aronie, R., Timewell, E. and Alexander, L., (1990): *In-Depth Interviewing: Researching People*, Longman Cheshire, Melbourne

Mishler, Elliott G. (1991): *Research Interviewing: Context and Narrative*, Harvard University Press, USA

More, Thomas (1992): *Care of the Soul: How to Add Depth and Meaning to Your Everyday Life*, Piatkus, London

Morse, Janet (ed) (1994): *Critical Issues in Qualitative Research Methods*, Sage Publications, London

Mowrey, Daniel (1986): *The Scientific Validation of Herbal Medicine*, Keats Publishing, Conn.,

Murray, Michael and Pizzorno, Joseph (1990): *Encyclopaedia of Natural Medicine*, Optima, U.K.

National Health and Medical Research Council of Australia (1974): *Acupuncture: A Report to the National Health and Medical Research Council*, Australian Government Publishing Service, Canberra

Pappworth, M.H. (1967): *Human Guinea Pigs. Experimentation on Man*, Routledge and Kegan Paul, London

Pelletier, Ken (1994): *Sound Mind, Sound Body: A New Model for Lifelong Health*, Simon and Schuster, N.Y.

Rabinow, Paul and Sullivan, William (1979): *Interpretive Social Science*, University of California Press, California

Reinharz, S. and Knowles, G., (1988): *Qualitative Gerontology*, Springer Publishing, N.Y

Riddle, John M., (1985): *Dioscorides on Pharmacy and Medicine*, University of Texas Press, USA

Rock, Paul (1979): *The Making of Symbolic Interactionism*, MacMillan, London

Sabatino, F. *Mind and body medicine: A new paradigm?*, Hospitals (USA), 67, (4), 1993, 66-72

Sheldrake, Rupert (1988): *The Presence of the Past: Morphic Resonance and the Habits of Nature*, Collins, London

Siegal, B.S., (1986): *Love, Medicine and Miracles*, Rider, London

Simonton, O.C., Matthews-Simonton, S. and Creighton, J.L., (1978): *Getting Well Again*, Jeremy Tarcher, L.A.

Smith, D., (1988): *The Chicago School* (McMillan, London)

Sobel, David (1979): *Ways of Health: Approaches to Ancient and Contemporary Medicine*, Harcourt, Brace, Jovanovich, N.Y.

Spicker, Stuart F., and Engelhart, H. Tristram Jr., (eds) (1975): *Evaluation and Explanation in the Biomedical Sciences*, D. Reidel Publ. Co., Boston

Starr, Paul (1949): *The Social Transformation of American Medicine*, Basic Books, N.Y.

Stacey, Margaret (1988): *The Sociology of Health and Healing*, Unwin Hyman Ltd., London.

Stein, Howard (1985): *The Psychodynamics of Medical Practice: Unconscious factors in patient care*, University of California Press, Berkeley

Strauss, A. and Corbin, J. (1988): *Shaping a New Health Care System*, Jossey-Bass Inc. California

Strauss, A. and Corbin, J., (1990): *Basics of Qualititative Research: Grounded Theory Procedure and Techniques*, Sage Publications, California

Sutherland, L.R.: *"Alternative Medicine: What Are Our Patients Telling Us?"*, Am. J. Gasatroenterology, 1988, 83, 10: 1154-1157

Szasz, Thomas (1974): *The Myth of Mental Illness*, (revised edition), Harper and Row, N.Y.

Taylor, Richard (1979): *Medicine Out of Control: the Anatomy of a Malignant Technology*, Sun Books, Melbourne

Upledger, John, and Vredevoogd, Jon (1983): *Cranio-Sacral Therapy*, Eastland Press, Chicago

Valle, Ronald and Halling, Steen (eds) (1989): *Existential-Phenomenological Perspectives in Psychology: Exploring the Breadth of Human Experience*, Plenum, N.Y.

Vogel, Morris D., and Rosenberg, Charles E., (1979): *The Therapeutic Revolution*, University of Pennsylvania Press, U.S.A.

Walker, Robert (1985): *Applied Qualitative Research*, Gower Publishing, UK

Watson, Kerry: *The Philosophical Basis of Traditional Chinese Medicine and the Implications for its Clinical Evaluation*, J. of Chinese Medicine (UK), 1991, 36, 11-14

Weatherall, D.J., Ledingham J.G., and Warrell, D.A., (eds) (1984): *Oxford Textbook of Medicine*, Oxford University Press, Oxford

Wiesner, Diane: *"Similarities and differences unassailed by time: A comparison of beliefs, practices and orientation in natural forms of medicine"*, Journal of the Australian Natural Therapists Association, 1984, v. 1, 4, 6-9

Wiesner, Diane (1989): *Alternative Medicine: Australia's Systems of Alternative and Natural Medicine. A Guide for Patients and Health Professionals*, Kangaroo Press, Kenhurst

Withington, Edward (1894): *Medical History from the Early Times*, repr. The Holland Press, London, 1964