

Vincent Di Stefano (2006): Holism and Complementary Medicine. Origins and Principles. Allen & Unwin, Sydney

INTRODUCTION

The making of a new medicine

Much of the effectiveness of medical people, and much of their acceptance in communities is a result, not of their scientific abilities, but of their commitment to caring, their perceived authority and wisdom, their identification as people privy to arcane knowledge, and perhaps above all, of their willingness to accept (however stressful and unpleasant this might be) responsibility for assuaging grief and offering care even when technological resources are exhausted. These are traditional medical skills, and are at the very heart of the healing project.

G. Allen German, 1987¹

Suffering is part of the human story. Every one of us has to deal with the reality of birth, sickness, and death. Every culture has given rise to those who take on the work of welcoming new life, of helping those who suffer from sickness and disability to regain their health and, at more subtle levels, of giving meaning to the experience of suffering and the limitations that it may bring.

The healing intention has taken many forms throughout history. It has been voiced in the prayers and invocations of countless generations of priests and shamans. It has been carried by the men and women who sought out the substances present in nature and those produced by human ingenuity that help to ease the pain of sickness and hasten the return of health. It continues to find expression in the skill and precision of those dedicated surgeons who daily exercise their art.

Contemporary scientific medicine, also referred to as biomedicine or Western medicine, represents a unique manifestation of the will to heal. It is practised throughout the world, is supported by numerous governments through the funding of educational programs and the provision of resources, and is served by immensely powerful technologies. Practitioners of Western medicine have largely severed ties with their own historic origins. Unlike their Eastern colleagues, Western doctors have by and large put aside both the philosophical understandings and the treatment methods of their forebears.

Both the teaching and the practice of medicine today have become highly standardised throughout the developed world. The curricula of medical programs in universities and medical schools are virtually identical. Every medical graduate emerges from their training with an encyclopedic knowledge of the body and its diseases. The apprenticeships served within urban hospital systems ensure that young doctors are intimately familiar with diagnostic technologies, understand the action and uses of pharmaceutical drugs, and are fully conversant with the surgical procedures commonly used in the treatment of trauma and disease. The practice of medicine in the Western world has, in consequence, become highly uniform. Any

given diagnosis will likely result in a similar prescription or procedure regardless of whether one visits a doctor in Sydney, London, New York or Brussels.

But it is now increasingly understood that scientific medicine represents only one approach to healing, albeit a powerful and unique one. Throughout its brief history, it has been practised alongside other ways of maintaining health and dealing with sickness, even though those ways may have been regarded as marginal and largely irrelevant to the dominant system of scientific medicine.

A surprising cultural development has unfolded in recent decades. Independent practitioners of approaches such as naturopathy, homoeopathy, chiropractic and acupuncture throughout the Western world have attracted the patronage of large numbers of people. Many practitioners of scientific medicine were taken by surprise to learn that their own patients were making use of complementary approaches to healing.

Two decades ago, medical anthropologist Arthur Kleinman laid the cards, as he saw them, on the table:

The current interest in holistic medicine and alternative healing systems seems best explained as an historically derived populist movement that is perhaps rightly viewed by the medical establishment as anti-professional. Whether this movement is the last bright flicker of a candle about to go out, or represents a major reorientation of how health care will be delivered in our society is a question that the history of the 1980s and 1990s will answer.²

In the short time since Kleinman offered his view, that flicker has become a strong flame that now illuminates the path of medicine into the new millennium.

Setting the scene

During the late nineteenth century and the early decades of the twentieth century, medical education underwent a profound transformation. The training of doctors was no longer based upon an apprenticeship system, but became firmly established in science-based programs taught in university environments. Both teachers and students thereby gained access to research facilities and teaching hospitals where patients were available in great numbers.³ The support of governments in the West was enlisted in this project, based as it was on the foundations of biological science and guided by a highly organised profession of medicine. Earlier traditions of medicine such as herbalism and hygienism, and more recent arrivals such as homoeopathy, Christian Science, and chiropractic progressively lost both favour and institutional support. They continued to be quietly practised, however, by a relatively small group of hardy souls who were prepared to weather the isolation of their non-professional and non-aligned status.

Apart from an occasional attack launched by those more vigorous defenders of medical hegemony who periodically came to power in the larger medical associations, a state of relatively benign and peaceful coexistence was reached for much of the first half of the twentieth century. This peace was occasionally tested by some among the ranks of the dispossessed who spoke out too strongly or stridently against the

dominant profession. Those who practised outside the mainstream were referred to as quacks at worst, but more often as fringe, unorthodox or lay practitioners.

Things changed dramatically during the 1960s. The formerly inchoate and elusive network of healers and practitioners that had worked unobtrusively within their respective communities began to be identified as alternative healers and were increasingly sought out by more and more people. The term *holistic* was increasingly used to describe such healing approaches. The term itself was not new, but pointed towards an idea that had been first articulated some four decades earlier, and had been slowly configuring ever since.

Holism

Jan Christian Smuts coined the term holism in 1925. He used it to describe a philosophical position that was directed towards an understanding of whole systems, rather than particular events or phenomena.⁴ Within two years, this new term had made its appearance in the Encyclopaedia Britannica and was therein described as “a viewpoint additional and complementary to that of science”.⁵

Smuts himself was an enigmatic and contradictory character. Born in the British Cape Colony (later to become South Africa) in 1870, he studied law at Cambridge and then returned to his birthplace and a life in politics. He served during the Boer War and proved to be a powerful military strategist, attaining the rank of General. He held office as Prime Minister of South Africa on two separate occasions and was influential in the formation of both the League of Nations, and later, the United Nations. Shortly after the publication of his book *Holism and Evolution* in 1925, he was elected president of the South African Association for the Advancement of Science. In 1930, he accepted the role of president of the Royal College of Science in the United Kingdom.

Smuts repeatedly emphasised that the notion of freedom was integral to any understanding of holism.⁶ Yet he held strongly separatist and racist views regarding the rights of blacks in the governance of South Africa, at least during his early years in political office. Smuts also managed to cross swords with Mahatma Gandhi regarding the rights of Indian workers in South Africa.⁷

Although Smuts' early interests revolved around literature, the classics and philosophy, he was drawn strongly to the new vision of reality that began to emerge from the fields of physics and mathematics at the turn of the century. He sought to counter the mechanistic and deterministic view of life that had increasingly dominated the emerging scientific worldview by reaffirming the co-centrality of the role of mind and life in creation. For Smuts, the study of matter alone did not provide an adequate understanding of the world. The new physics had opened up a world where matter and energy were interchangeable, and where space and time were no longer separate entities. Through his exploration of ‘wholes’, Smuts offered a broader and more comprehensive perspective on the nature of reality than that provided by reductionist science.

Smuts' magnum opus, *Holism and Evolution* came and went largely unnoticed. But the term holism struck a powerful chord that has slowly risen to become a chorus in the intervening decades. Today, holism has come to signify a philosophical position that acknowledges the essential unity of creation. It carries the synergetic understanding that wholes are greater than the sum of their parts.

Holism also recognises that the parts of any given phenomenon may themselves represent whole systems. A molecule of DNA represents a whole system in itself, as does the individual cell that carries the DNA. The organs made up of numerous individual cells, are each integral systems. And the organism made up of various organ systems is itself a unified whole. Beyond this, the organism itself and the environment within which it is situated are themselves an interconnected unity.

The philosophy of holism can therefore be seen to be complementary to that of reductionism, which holds that phenomena can be understood by an analysis of their individual components. Holism offers a systemic view of reality that acknowledges both autonomy and interdependence, and accepts that matter, life and mind are implicate in and integral to the phenomenal world. It is in this sense that the term holism is used in *Holism and Complementary Medicine*.

On Language and labels

Another term that is used consistently throughout this text is *complementary medicine*. Unlike the term *biomedicine*, which keenly identifies the character of contemporary medicine through making explicit its foundational relationship with the biological sciences, the term complementary medicine can be interpreted more as a non-definition, in that it defines itself not by what it is, but by that which it is opposite to, or complements.⁸ For the present purposes, complementary medicine will be used as a generic term to describe a number of well-defined approaches to health care whose educational frameworks, underlying philosophies and styles of practice differ from those of biomedicine. Although there are many modalities of healing that may fall within this definition, the term will be used specifically throughout this text to describe the more formalised disciplines of acupuncture and traditional Chinese medicine, naturopathy, homoeopathy, Western herbal medicine and osteopathy, as these represent the particular modalities upon which this inquiry is based.

The term osteopathy as used in this text is to be understood in its common usage in the Australian and British contexts, where, unlike in the United States, it refers to both a philosophy and method of treatment derived from the work of Andrew Taylor Still, who developed and promoted it as a comprehensive system of health care during the latter decades of the 1800s.

What was commonly known as alternative medicine during the 1960s and 1970s has since undergone progressive redefinitions on different continents. Much of the discourse relating to non-mainstream medicine during the 1970s and early 1980s centred on the term 'alternative medicine'. In the United Kingdom during the 1980s, however, the term complementary medicine gained increasing currency, possibly for political reasons, as *alternative* may have been perceived as being excessively polarised and as carrying exclusivist undertones in regard to biomedicine. In North

America, a peculiar compromise appears to have been settled upon through the use of the term *complementary and alternative medicine* (CAM). The use of the acronym CAM has resulted in a grouping together of what is in actuality a multitude of approaches to health care that differ from biomedicine. Such approaches range from indigenous systems of medicine including Native American medicine, traditional Chinese medicine and Ayurveda, to naturalistic systems such as naturopathy and chiropractic, and may also extend to vibrational medicine, massage and yogic medicine.

More recently, there has arisen from within biomedicine a movement that openly acknowledges the usefulness of many such approaches to healing and health care, and generally supports their incorporation into a broadened base of practice. In Australia and the United States, this development has become known as integrative medicine, while in the United Kingdom it is referred to as integrated medicine.⁹

In a remarkable social transformation that continues to unfold, what were formerly considered to be marginal and largely inconsequential approaches to health care have unexpectedly gained increasing cultural and legislative endorsement. This transformation has coincided with a noticeable broadening of the philosophical basis of biomedicine, and with a growing acceptance at all levels of other approaches to health care than that of biomedicine.

Changing perceptions

The relationship between biomedicine and its non-mainstream competitors has changed significantly in recent decades. During the 1970s, the rise of what was then referred to as alternative medicine was viewed with suspicion and hostility, and was frequently denounced in the editorials of the learned journals of medicine. During the 1980s, earlier criticisms appeared to gradually soften as an attitude of suspended judgement and cautious appraisal began to develop. During the 1990s, a noticeable shift occurred in the previously rigid boundaries as many within biomedicine took an increasing interest in the possible contribution of such approaches to the health of patients generally.¹⁰

The disciplines of naturopathy, chiropractic, osteopathy and traditional Chinese medicine have now been formally legitimised in many Western countries by government registration and licensing, and by entry into government-funded university programs. This reality invokes a number of questions. Why has the cultural authority that was painstakingly won by biomedicine over the twentieth century been somewhat eroded? Are there hidden problems within the practice of scientific medicine that the profession itself is blind to? Why do so many choose to make use of the so-called unproven methods of complementary medicine? At another level, one may ask whether there are common understandings within complementary medicine that differ significantly from those of biomedicine.

Complementary medicine clearly offers something very different from what is provided by scientific medicine. The nature of that difference, however, remains elusive. Certain elements have been tentatively identified in the literature. They include: a differing style of clinical encounter, characterised by longer consultations

and a less formal relationship between healer and patient; perspectives on the nature of health and disease that may be more in accord with patients' own views and understandings; an inclination towards health-based rather than disease-based approaches to treatment; a preference for non-pharmacological and non-technological approaches to health care; and an active encouragement and support for patient autonomy.¹¹

It has also been suggested that the recent interest in and patronage of practitioners of complementary medicine may simply reflect the exercise of free choice made available by the increased visibility of practitioners of complementary medicine, and a more pragmatic approach to health care based upon patients' experience of benefit from such treatments.¹²

Opening the doors

Holism and Complementary Medicine offers both a journey into the past, and a projection towards the future. But it is essentially grounded in the present time, when the profession of medicine is in the midst of a significant reorientation. This reorientation has been hastened, if not catalysed, by the growing popularity and influence of complementary medicine. This quiet revolution in the way medicine is practised in Western communities is also reflective of an altered world, where many of the certainties of the past have been called into question. The world has changed beyond imagination in recent decades. Many are becoming increasingly aware that the ways of our present civilisation have not necessarily been helpful for the planet or her peoples.

This book does not purport to offer a new or definitive theory regarding the meaning behind the rise of holistic models of healing today. That is a task better left for future commentators who can, with the wisdom of hindsight, better interpret complementary medicine's role in helping to broaden the ways that medicine is both taught and practised in Western communities. What it does offer, however, is an informed exploration of those elements within complementary medicine that have contributed to the movement of large numbers of people in the West towards more holistic approaches to health and healing.

The perspectives presented in *Holism and Complementary Medicine* have been derived from over two decades of personal commitment to the practice and teaching of different aspects of complementary medicine within the Australian context. More importantly, these perspectives have been deepened and refined through collaborative discussions with colleagues who have also served as educator-practitioners of complementary medicine.¹³ As such, this book offers a unique reflection of those signatory attributes of complementary medicine that differ from those of biomedicine. Those interviewed represent the disciplines of homoeopathy, naturopathy, osteopathy, traditional Chinese medicine and Western herbal medicine. Regardless of the modality practised, every respondent interviewed consistently identified the principle of holism as the underlying philosophical basis of his or her own approach. This principle forms the essential fulcrum around which each of the chapters in Part II turns.

In some ways, this work represents a recovery of lost ground, a re-affirmation of those enduring principles upon which the art and science of medicine have always rested. Those principles include the centrality of the relationship between physician and patient; the dimensions of the task to which the physician is called within that relationship; the philosophical bases of individual systems of healing; and the evolving nature of human consciousness and its influence in healing. Each of these elements will be explored in detail in the chapters of Part II.

We are, at present, poised at a major turning point in the way that medicine is practised in the Western world. The past century has seen immensely successful developments in new technologies and new methods of treatment. These have made available formerly inconceivable powers of diagnosis and intervention. Yet despite such prodigious achievements, there are some things that remain constant. Among them is the fact that the practice of medicine is essentially founded on the engagement between two human beings, the physician and the patient, and is not ultimately contingent upon technology or technicianship, although these clearly have had a huge impact on the way medicine is practised today.

The various modalities of complementary medicine are largely out of the loop in regard to their relationship with, or their dependence upon, the powerful technologies of medicine. But they have something very important to offer. They offer both differing perspectives and differing philosophies regarding the nature of life and the nature of health to those held by biomedicine.

Medicine has traditionally drawn as much from philosophy as it has from science. Philosophical issues cannot be put aside as mere abstractions or irrelevancies in matters of sickness and health. The work of the physician, in all its forms and guises, courts the very limits of our existence. It is implicate in the way we are birthed, the ways in which we deal with the suffering borne of sickness and disease, and the ways that we depart this world.

Our philosophies can help us to connect with each other, with the world in which we find ourselves, and with the many worlds that are available to our belief and imagination. Our lives and experiences cannot be laid open and dissected like cadavers. Although many aspects of life may appear to be predictable, manageable and straightforward, we also live within uncertainty, contradiction, complexity and mystery.

Biomedicine is founded upon an historical pragmatism that has enabled the separation of fact from fancy, of the tangible from the tenuous. Acute care in hospital casualty wards requires immediate and skilled interventions, and not a reflective querying regarding the hidden causes or subtle meanings of a traumatic event. The flow of blood must be staunched. Broken tissues must be tended. Vital signs must be monitored. This is good and necessary. But the art of the healer extends beyond the casualty ward. And it is in such domains that less pressing realities such as the meaning and consequence of sickness episodes, a knowledge of the hidden dimensions of life, and a sensitivity to the subtle influences that condition our health become important. And this is why philosophy is inseparable from medicine.

The three chapters of Part I offer a selective historical review of the progression of the mind of medicine over the past five thousand years of recorded history. The story of healing is, of course, inseparable from the story of humanity, and has been integral to our collective experience since time immemorial. But in the brief review that follows, we are necessarily limited to that which has been transmitted through living traditions and written records.

It has been said that one must know the old in order to understand the new. This will most certainly provide a firm foundation from which to reflect upon the meaning of contemporary medicine. A knowledge of that which has gone before may also provide insight into many of the ideas and philosophies that underlie the various approaches that form part of complementary medicine.

It is important to understand that the ideas and approaches that are presented in this book do not necessarily reflect the way that complementary medicine is practised on the ground by individual practitioners. Every healer remains free, within reason, to interpret his or her craft in whatever way they choose, once suitably credentialed. This has ever been the case. There are many practitioners of complementary medicine who operate in a highly reductionistic manner. Patients are treated according to their presenting symptoms without consideration of cause or consequence. Similarly, there are many holistically inclined practitioners of biomedicine who, while making use of everything scientific medicine can offer, remain acutely sensitive to the more subtle determinants of their patient's health and sickness, and strive to become agents of change in the lives of their patients.

The modernist vision of universal redemption through rationality, scientific thought and technological progress has perhaps been overly optimistic. The growing community support for practitioners of complementary medicine is but one aspect of a widespread cultural response to the problems of modernity. Those problems include a widespread adherence to Cartesian dualism, where matter and mind are seen as separate realms; a masculinism that is reflected in a widespread obsession with control, predictability, and the use of forceful measures to bring about change; the valuation of rationality and intellection over more intuitive and empathic modes of being; and an excessive valuation of materiality over mind and spirit.¹⁴

This cultural development has led, among other things, to a deepening awareness of the complex of influences that condition our health, and a reconsideration of those sources of healing that are perennially available through simpler means than those offered by technological medicine.

Holism and Complementary Medicine offers a view from the inside of the nature of complementary medicine. It is written in the hope that it may stimulate further studies that explore the experiences of educators, practitioners, and patients in the various modalities of complementary medicine. In the longer term, such studies may prove to be far more useful than the myriad clinical and laboratory studies that will doubtless keep researchers busy for decades to come.



As many direct quotations from individual respondents inform much of the discussion in Part II, a brief sketch of the disciplines taught and practised by those interviewed follows in order to provide some clarification of their underlying philosophies and treatment approaches. These descriptions are not intended to be exhaustive, but will hopefully be sufficient to provide some insight into the essential character of each approach.

Naturopathy

Naturopathy is a generic term that covers a wide range of modalities including hygienism, nutrition, vitamin and mineral therapy, homoeopathy, herbal medicine, and massage and remedial therapy. Naturopaths therefore represent the general practitioners of natural medicine who are able to utilise a wide range of modalities according to their knowledge and training and the needs of their patients.

Naturopathic philosophy leans strongly towards a vitalist perspective of health and disease. Naturopathic treatment aims to enhance the life force or vitality of the patient through supportive medication and treatment, and through the activation of the body's detoxifying capacities. Most practitioners of naturopathy are comfortable with the notion that physical reality is conditioned by an energetic reality that can be utilised for the purposes of healing. The modalities of homoeopathy, acupuncture and vibrational medicine incorporate such energetic considerations.

Purist metaphors also figure prominently in the naturopathic understanding of health and disease. The hygienist tradition in particular emphasises this aspect through its encouragement of such practices as periodic fasting and the use of elimination diets. Culturally, however, there are very few who are either prepared to brave such ordeals or to keep a watchful eye on those who would undertake such programs. More commonly, the elimination of toxins is aided through the activation of liver-based detoxification mechanisms and through stimulation of the eliminative capacities of the kidneys, skin and lungs. Attention to such lifestyle issues as diet, physical activity, stress and mental and spiritual orientation are integral to this process.

Naturopathic approaches to health care are essentially educative and transformative in their intent. Patients are actively encouraged to become more informed in such matters as the role of diet and lifestyle upon health and sickness. Philosophically, the naturopathic approach is aligned to an holistic appreciation of our essential connection with nature and natural forces, and seeks through its various methods to enhance our self-healing capacities through the use of natural substances and lifestyle regulation.

Homoeopathy

Homoeopathy was developed in the nineteenth century by the German doctor Samuel Hahnemann. Like Andrew Taylor Still, Hahnemann became deeply disillusioned with the

medicine of his day. In his work as a translator of medical texts, he chanced upon the ancient principle of *similis similibus curentur*, or 'like cures like'. Through a series of early observations on the effects of differing doses of Jesuit bark or *Cinchona officinalis*, prepared according to the peculiar style of homoeopathy, on a group of malaria sufferers, Hahnemann developed a therapeutic epistemology that eventually gave rise to over two thousand homoeopathic remedies. Most of those remedies continue to be used in the homoeopathic materia medica today.

Homoeopathy is essentially a vitalistic system of therapeutics that makes use of medicines prepared through the methods of *succussion* or *trituration*. The system is based on Hahnemann's observation that minute quantities of substances derived from animal, vegetable and mineral sources, when prepared in a particular way, are capable of curing the pattern of symptoms produced when larger quantities of the same substances are administered.

Homoeopathic medicines are prepared by the serial dilution of plant, animal or mineral products. In real terms, this involves the 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. This produces what are known as either *decimal* or *centesimal* potencies. The process of succussion, or vigorous shaking, is used to *potentise* liquid mixtures, while the process of trituration, or repeated grinding, is used to potentise solids.

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 actual starting material. Many of the medicines used by homoeopaths have been so diluted as to contain no trace whatsoever of the original drug or substance used. These higher *potencies* are highly valued by specialist homoeopaths who often speak in glowing terms of their efficacy when used sensitively and appropriately.

Such a notion creates obvious difficulties for any system of medicine grounded in materiality and pharmacology. Not surprisingly, many within medicine consider homoeopathy to be a heretical system by many within biomedicine. This is readily understandable as there are no known conceptual models acceptable to biomedicine whereby the supposed action of homoeopathic remedies can be reconciled with the known laws of pharmacodynamics.

Homoeopaths believe that the potentising process itself releases an energetic template from the starting material. This template is said to be capable of interacting with our own vital energies and thereby exerting a restorative influence on the pattern of symptoms that occur in sickness. Traditional homoeopathic theory also describes a complex system of constitutional tendencies or *miasms* that are said to determine proneness to particular conditions. Again, such a notion finds no resonance in the biomedical paradigm, but is more akin to the qualitative or humoral descriptive systems of Greek, Arabic and Indian medicine.

In actual practice, homoeopathic consultations tend to be lengthy, detailed and very wide ranging. They may explore family history, mental and emotional tendencies, dietary and environmental preferences, and bodily sensitivities in addition to the actual presenting symptoms of the patient. The homoeopathic ideal is to select a specific remedy based upon the patient's symptom picture and constitutional type. When successfully matched,

such medicines are said to act in a near-magical way, producing rapid and significant improvement in the patient's condition.

The process whereby homoeopaths arrive at an appropriate remedy is the antithesis of reductionism. That process rests on an exploration of the patient's life-world in such detail as to gain a global view of their physical, mental and emotional attributes. The clinical interaction that characterises the homoeopathic approach is, by its very nature, holistic in character.

Western herbal medicine

Western herbal medicine represents a neglected and devalued repository of much of the knowledge developed over many thousands of years of medical experience in Europe, the Mediterranean, and the Americas. Several hundred plant drugs are available to contemporary practitioners of Western herbal medicine as their primary materia medica. Most of these drugs have a long history of traditional use but remain untested according to the current norms of biomedicine. In recent decades, however, increasing interest has been directed towards the nature and activity of a small number of these plant medicines by the medical and scientific community, with the result that their therapeutic usefulness has been validated through clinical trials and their mode of action determined by phytopharmacological investigations.

The philosophical basis of traditional Western herbal medicine is radically different to that of contemporary pharmaceutically-based systems of medicine. Like the indigenous systems of Ayurveda and Chinese herbal medicine, traditional European herbal medicine has, for much of its history, leaned heavily upon humoral systems of diagnosis (see Glossary) and treatment derived from the Graeco-Arabic tradition. Plants were thus described in terms of such qualities as heat, cold, dampness or dryness, and prescribed according to interpretations of the patient's symptoms in similar terms. More recently, medicinal plants began to be described according to their perceived actions on the body. Thus they were classified as emetic, soporific, expectorant, demulcent, vulnerary and so on. It is only since the development of the methods of chemistry in the past few centuries that plants have been understood according to the nature of their active chemical constituents.

The practice of Western herbal medicine today can take a number of forms, ranging from a reductionistic pharmaceutical-based approach, to more traditional and holistically-inclined approaches. The recent investigations that have validated the clinical effectiveness of such plants as *Echinacea* or *Astragalus* as immune system stimulants, *Hypericum* or St. John's wort for the treatment of depression, and *Ginkgo biloba* for the treatment of impaired cerebral circulation have led to their promotion and marketing as therapeutic agents for the treatment of specific conditions.

Most contemporary practitioners of Western herbal medicine, however, tend to take a more systemic approach in their work with patients. A patient who presents primarily for treatment of high blood pressure may be prescribed a combination of plant extracts designed to improve the function of the circulatory, nervous, and urinary systems. Another suffering from a skin condition may find the focus of treatment 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, carriers of the tradition continue to prescribe plants more on the basis of their actions as nervines, astringents, tonics or demulcents, for example, than upon their chemistry. The treatment itself therefore tends to be directed more towards a restoration of the function of the whole body rather than providing symptomatic treatment for specific conditions.

Most practitioners of Western herbal medicine identify with a holistic philosophy that emphasises the essential unity of human nature and the natural world itself. Plants, as products of nature, are the quintessential medicines of the earth and partake of the same forces that enliven our own nature.

Osteopathy

Osteopathy is a form of structural and functional medicine that was developed in the mid-nineteenth century by the North American doctor Andrew Taylor Still. His confidence in the medicine of the time collapsed after three of his sons died within a short time of each other from meningitis, despite the ministrations of his most trusted and knowledgeable colleagues. Still abandoned his practice of medicine after the death of his sons and spent the next decade immersed in a deep study of human anatomy. He developed a powerful therapeutic system based upon the restoration of structural integrity, and the normalisation of nerve supply, blood supply and lymphatic flow throughout the body.

Traditional osteopathy as described by its originator is both mechanistic and vitalistic. It is mechanistic in the sense that a deep knowledge of anatomical relations informs successful diagnosis and treatment; and vitalistic in the sense that the body is understood to possess inherent healing capacities that are mediated through the blood and the nervous system. This capacity for self-healing may, according to osteopathic understanding, be diminished or disturbed by the presence of structural restrictions or *lesions*, and enhanced or restored through structural correction.

In its evolved practice, osteopathy represents far more than a simple mechanistic therapy useful for the treatment of bad backs and sore necks. The body itself is perceived as a holographic *integrum*, and dysfunction in any given part may subtly influence activity in other areas. The purpose of osteopathic examination and diagnosis is to enable the osteopath to identify structural problems that may be influencing joint movement, circulation of the blood, or nerve supply. Through corrective adjustment, the body's self-healing capacity is maximised and enabled to do its work without impediment.

Osteopathic medicine as practised in Australia and the United Kingdom is very different to that currently practised in North America. In Australia and the United Kingdom, osteopathic medicine remains ostensibly a form of manual treatment, whereas in North America osteopathic medicine has in some ways become a simpler, and less technologically-oriented, version of biomedicine.

Traditional Chinese medicine

Traditional Chinese medicine represents a well-established cultural system that has been utilised and refined in China over hundreds of generations. Traditional Chinese medicine builds upon a vitalistic and qualitative understanding of human nature and of the influences that sustain life and the phenomenal world itself.

Traditional acupuncture is said to influence the activity of a bipolar energy or *ch'i*, which circulates through a series of channels or *meridians* that interpenetrate our physical bodies. Each meridian is said to be related to a particular organ system or physiological activity. The state of the meridians is assessed by a careful observation of physical signs and by the sensitive reading of the quality of the pulse at a number of positions on the radial artery. The task of the practitioner is to assess the quality and attributes of the energy flowing through the meridians. Any imbalance or disharmony detected is to be corrected by the insertion and manipulation of fine stainless steel needles in selected acupuncture points.

Traditional Chinese medicine also makes use of a vast pharmacopoeia of medicinally active plants that have been used for many centuries. Chinese herbal medicine represents a highly evolved system of internal medicine which is based on a similar understanding to that which informs the practice of acupuncture. Health and disease are diagnosed in energetic terms and plants are selected and prescribed accordingly. This system of medicine has powerful resonances with the Graeco-Arabic medicine that dominated European medicine until the time of the Renaissance. The practice of Ayurvedic medicine, one of the indigenous systems of medicine in India, is similarly based on qualitative principles.

Traditional Chinese medicine rests strongly upon Taoist philosophy which is, by its very nature, holistic. Our human nature participates in the activity and cycles of the natural world. When we live in harmony with nature, we become open systems through which regenerative energies constantly flow. Sickness and disease may reflect disturbances in the free movement of those energies through our bodies. The task of the practitioner is to monitor and interpret the quality of energy flow through the meridian systems, and to correct any imbalance through the use of acupuncture or moxibustion, through the prescription of medicinal substances, through the use of such manual therapies as *tui na*, or through the prescription of such practices as *tai ch'i chuan* or *ch'i gung*.

Although the traditional practice of acupuncture is based on such principles, it can also be applied in a purely symptomatic manner. In the treatment of back pain, for example, the insertion of acupuncture needles into local points without reference to the quality of the pulses or to a general assessment of the quality of energy flow through the meridians often carries significant therapeutic benefits. Similarly, the use of electro-acupuncture for the purposes of surgical anaesthesia represents an independent development that can be interpreted more in neurophysiological than energetic terms.

Traditional Chinese medicine represents an evolved and internally coherent system of therapeutics that has emerged through several millennia of cultural experience. Its methods are based on a different logic to that which underlies Western notions of rationality. Despite this, its inherent efficacy has been acknowledged many times over, and it forms one of the major modalities of complementary medicine that gains increasing Western acceptance even though many aspects of its *modus operandi* remain uncharted.

ENDNOTES

1. G Allen German, "The Traditional and the Modern in the Practice of Medicine", in R Joske and W Segal (eds) 1987, *Ways of Healing*, (pp. 13-28).
2. Arthur Kleinman, "Indigenous Systems of Healing: Questions for professional, popular, and folk care", in JW Salmon (ed) 1984, *Alternative Medicines: Popular and policy perspectives*, p. 156
3. Paul Starr 1949, *The Social Transformation of American Medicine*, pp. 110-24; Margaret Stacey 1988, *The Sociology of Health and Sickness*, pp. 76-99
4. Jan Christian Smuts 1925, *Holism and Evolution*.
5. *Encyclopaedia Britannica* 1927, Holism and Science.
6. Jan Smuts 1925, *op. cit.*, pp 150-57, 311-39.
7. Shula Marks 2000, *Jan Smuts, Race and the South African War*, SADOCC, Vienna. Viewed at <http://www.sadocc.at/publ/marks.pdf>
8. Joe Pizzorno, "Forword" (p. x) in Terry Robson (ed) 2003, *An Introduction to Complementary Medicine*.
9. Victoria Maizes and Opher Caspi, "The principles and challenges of integrative medicine", *West. J. Med.*, 1999, vol. 171: pp. 148-9; Lesley Rees and Andrew Weil, "Integrated medicine", *BMJ*, 2001, vol. 322, pp. 119-120
10. Miriam Wetzel, David Eisenberg, Ted Kaptchuk, "Courses Involving Complementary and Alternative Medicine at US Medical Schools", *JAMA*, 1998, vol. 280, pp. 784-7; Marie Pirota, Marc Cohen, Vicki Kotsirilios, Stephen Farish, "Complementary therapies: Have they become accepted in general practice?", *MJA*, 2000, vol. 172, pp. 105-9; Brian Berman, "Complementary medicine and medical education: teaching complementary medicine offers a way of making teaching more holistic", *BMJ*, 2001, vol. 322, pp. 121-122
11. Keith Bakx, "The 'eclipse' of folk medicine in Western society", *Sociology of Health and Sickness*, 1991, vol. 13 (1), pp. 20-38; Charles Vincent and Adrian Furnham, "Why do patients turn to complementary medicine? An empirical study", *Br. J. Clin. Psychol.*, 1996, vol. 35, pp. 37-48; Bruce Barrett, Lucille Marchand et al., "What Complementary and Alternative Medicine Practitioners say About Health and Health Care", *Annals of Family Medicine*, 2004, vol. 2, pp. 253-259
12. Alan Bensoussan, "Complementary medicine: where lies its appeal?", *MJA*, 1999, vol. 170, pp. 247-8; Ian Coulter and Evan Willis, "The rise and rise of complementary and alternative medicine: a sociological perspective", *MJA*, 2004, vol. 180 (11), pp. 587-9
13. Vincent Di Stefano 1998, *The Meaning of Natural Medicine: An Interpretive Study*, M.H.Sc. thesis (unpublished).
14. Bernie Neville 1993, *Five Kinds of Empathy*. Paper presented to the third International Conference on Client-centred and Experiential Psychotherapy", Gmunden, Austria, September 1994. See also his *Educating Psyche*.