

THE WELLSPRINGS OF HEALING On the Doctor as Artist

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For all its technological power, medicine is not a technological enterprise. The practice of medicine is a special kind of love.

*Rachel Naomi Remen, 1996*¹

One of the most important tools of medicine is the person of the physician himself. Medicine is concerned with the care of persons by persons, as simple as that.

*Eric Cassell, 1976*²

The experience of suffering is inseparable from our very humanity. Every one of us has to deal with the reality of birth, of sickness and of death. Throughout history, every cultural group has brought forth individuals who have taken on the task 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 death.

Healers of ancient times sought to actively support the forces that sustained health, rather than contending in often fruitless battles with diseases of which they knew little using medicines of which they knew less. In such times, effectiveness rested largely in the person of the healer, in their capacity to awaken hope in their patients, and in their ability to offer meaningful explanations of sickness that restored some order to their patients' worlds. Such attributes continue to remain useful in the lives of all who would take on the mantle of physicianship.

The doctor-priests of early Egypt understood the importance of preventive medicine. They made use of highly effective hygienic practices to preserve the health of their people. Throughout the time of the later dynasties, the people of the Nile delta regularly undertook a ritual cleansing of their bodies through the use of purgatives, enemas, and dietary restriction. At the very least, these methods enabled the population as a whole to better cope with the many waterborne diseases and parasites carried by the yearly flooding of their rivers and waterways. In addition, such practises conferred upon many the benefits of metabolic renewal brought about by short periods of fasting and cleansing. Paul Ghalioungui, an historian of Egyptian medicine reflects:

*Even the Greeks thought excessive the care that Egyptians took of their bodies. All their travellers talk with admiration of the Egyptian customs of washing the hands and the crockery, and of taking purgatives and emetics every month. These customs were certainly in large part due to the example and teaching of the priests, who practised an extremely fastidious ritual cleanliness and of whom Herodotus wrote that they must certainly have received many benefits to submit to these innumerable observances.*³

During the pre-Hippocratic period in Greece, Asklepiad physicians attended their patients both directly and within the precincts of the 300 healing temples that existed in Greece at that time. These places of healing were generally located away from busy towns and cities and provided a place of rest and renewal for those in need. Patients

would bathe in the waters of the springs alongside which many of the temples were situated; they were massaged daily with fragrant oils; and for the duration of their stay, they were fed simple foods. These early hospitals provided opportunities for ritual purification of both body and mind, and offered a supportive space for inner reflection and bodily recovery. The gently restorative treatments received by patients within the Asklepian hospital/temples of ancient Greece served to strengthen them during their time of recuperation.

In the present time, a number of traditional systems of medicine consciously incorporate treatment approaches that aim primarily to strengthen and restore the physical and mental reserves of patients. Such systems include naturopathy, Ayurvedic *rasayana* and traditional Chinese medicine. Such approaches provide both curative treatments and time-tested methods designed to actively increase the health and vital reserves of patients. They tend to focus more strongly on bodily regeneration and mental empowerment than on providing singular cures for specific diseases or disturbances.

The knowledge gained in earlier times and the knowledge carried by other cultures is of a very different kind to that which has emerged in the Western world since the time of the scientific and industrial revolutions. Yet it continues to provide meaningful explanations of the nature of health and disease for both practitioners and patients and has produced effective treatments for many conditions.

Biomedicine represents a unique, creative and unprecedented manifestation of the historic will to healing. It is practised throughout the world, is supported by many governments through the funding of educational programs and the provision of such resources as hospitals and community health centres, and is served by immensely powerful technologies. Unlike their Eastern colleagues, most practitioners of biomedicine have severed their ties with the historic origins of their own profession, and have by and large put aside both the philosophical understandings and the treatment methods of their forebears.

On Philosophy and Medicine

The practice of medicine has traditionally drawn as much from philosophy as it has from empiricism and the methods of science. This is because the work of the physician, in all its forms and guises, courts the very limits of our existence. It encompasses the ways in which we are birthed, the ways that we deal with the suffering borne of sickness and disease, and the ways that we depart from this world.

Our philosophical understandings help to connect us with each other, with the world in which we find ourselves, and with the many worlds that are available to our belief and imagination. Living experience, by its very nature, cannot be laid open, dissected and analysed in the way that a cadaver can. Even though certain aspects of our life may appear to be predictable, controllable and manageable, each of us also has to deal with uncertainty, contradiction, complexity and mystery.

Contemporary scientific medicine rests on 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 medicine extends beyond the casualty ward. And it is in such domains that the meaning and consequence of sickness episodes, and the cultivation of a sensitivity to the less obvious influences that condition our health become important. And this is why philosophy is inseparable from medicine.

Over the past two decades, the mind of medicine has increasingly acknowledged that reductionist and technological approaches, though mightily powerful and impressive, can neither fulfil completely the calling to physicianship, nor satisfy many of the deeper needs of those who seek healing. The recent development of programs in integrative medicine throughout the medical academies of the Western world reflects the softening of an earlier hubris that long sought to exclude other approaches based upon differing philosophies or differing methods.

No one system of medicine can have all the answers. Each has its own distinctive qualities and peculiar strengths. Both physicians and patients are now carefully reappraising those qualities and strengths. This development is reflected in the rise of integrative medicine and the widespread community utilization of the various modalities of complementary medicine. These disciplines offer a different approach to the highly standardised treatments based largely on the prescription of powerful drugs and the use of surgery that characterizes much of contemporary scientific medicine. In their more evolved expression, the modalities of complementary medicine acknowledge fully the revolutionary significance of scientific understandings of the body and its workings that have emerged in recent centuries. But they also acknowledge the profoundly mysterious nature of the healing process itself.

Reflections on Complementary Medicine

It may be helpful to briefly identify some of the elements that have contributed to the widespread acceptance of the modalities of complementary medicine in Western communities.

One of the most obvious differences between biomedicine and complementary medicine rests on the style of clinical engagement. Practitioners of biomedicine undertake their apprenticeships in biochemistry laboratories, dissecting rooms, and later, the wards and corridors of public hospitals. The first experiences of young doctors with living patients are gained in environments where they are continually confronted by the effects of severe diseases and the reality of dying patients. They are required to work long hours and are subjected to the stresses and traumas that are an inevitable part of attending casualty and emergency wards. Rachel Naomi Remen has said of her own experience: “In some ways, a medical training is like a disease. It would be years before I would fully recover from mine.”⁴

On the other hand, practitioners of complementary medicine are more typically inducted into their respective professions through humanistic rather than scientific portals. They are spared the arduous and intense task of rapidly acquiring the

immense amount of scientific and technical knowledge that are the base-line prerequisites of biomedicine. In their clinical practice, they will often pursue a more leisurely and holistic style of clinical inquiry and give over considerable time exploring such dimensions as diet, exercise patterns, psychological and affective tendencies, and work and environmental conditions.⁵

Another significant difference between practitioners of complementary medicine and biomedicine relates to their therapeutic focus. Most practitioners of complementary medicine operate according to a health-based rather than disease-based treatment paradigm. Treatments will therefore seek to address the causes of symptoms rather than providing symptomatic relief or control through medication. For example, a schoolteacher may present with smouldering symptoms including persistent coughing, sore throat, night sweats and mild headaches that have persisted through two courses of previously administered antibiotics. Blood tests may confirm the persistence of infection and another course of antibiotics may be prescribed. Yet a closer look at her circumstances will reveal a heavy workload that requires late-night and weekend corrections and much time spent at staff meetings in the company of fellow teachers, many of whom are experiencing similar symptoms. Regaining her health may require more than soldiering on with the help of antibiotics and painkillers. A practitioner of complementary medicine may work more directly on immune system strengthening through the use of such medications as *Echinacea* or *Astragalus*, and may suggest strategies to offset the pressures and stresses of her occupation.⁶

At yet another level, practitioners of complementary medicine may operate out of a differing understanding to that which underlies much of biomedicine. The practice of both acupuncture and homeopathy are prefaced on an acceptance of the reality of energies that are capable of influencing our physical natures, and their therapeutic strategies aim to enhance and stimulate such energies. Such understandings may be more in accord with their patient's own views than the often mystifying concepts and the occasionally intimidating methods of technological medicine.

A medicine that focuses exclusively on the physical body and its treatment is necessarily incomplete, although it can mean the difference between life and death, limitation and freedom. The task confronting medicine today is that of broadening even further its field of operation. Although knowledge of the body and its diseases has been largely mastered, there is yet much work to be done in similarly mastering a knowledge of the role of relationship in the healing encounter, and of the nature of mind and spirit and their influence upon the remarkable capacity of living systems for self-repair and regeneration. Eric Cassell reflects:

The job of the twenty-first century is the discovery of the person – finding the sources of illness and suffering within the person, and with that knowledge developing methods for their relief, while at the same time revealing the power within the person as the nineteenth and twentieth centuries have revealed the power of the body.⁷

Towards Renewal

One of Thomas Kuhn's more 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.⁸ The present form of biomedicine is itself a reflection of the

philosophies, epistemologies and technologies that 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 own fair share of problems and contradictions.

An integrated medicine must work not only with the needs of the body but also with those of the soul. Although our bodies may be viewed in machine-like terms, and treated accordingly, they are also vehicles of our human consciousness and an experiencing self. A more philosophical and artful medicine does not shy away from such issues. Nor does it divide the role of the practitioner into technical and non-technical compartments. In some ways, it calls for a re-awakening of the traditional ideal of the universal doctor, the priest-doctor, the shaman-healer who has assimilated a knowledge of both the physical and non-physical worlds, who is competent in ministering to the needs of the body, alert to subtle causative influences in the patient's life-world, and sensitive to the role of mind in the healing process.

The landscape of twenty-first century medicine has already been seeded. With careful nurturing, it will bring forth a restoration of the human dimension to the historical mission of medicine. It will see the creation of new health-based paradigms of healing. And it will further the integration of holistic principles into our understanding of what medicine is and should be.

ENDNOTES

1. Rachel Naomi Remen 1996, *Kitchen Table Wisdom: Stories that heal*, Pan McMillan, Australia, p. 164
2. Eric J. Cassell 1976, *The Healer's Art*, MIT Press, Cambridge, Massachusetts, p. 114
3. Paul Ghalioungui, 1963, *Magic and Medical Science in Ancient Egypt*, Stodder and Stoughton, London, p. 153
4. Rachel Naomi Remen 1996, *op. cit.*, p. 62
5. Vincent Di Stefano 2006, *Holism and Complementary Medicine. Origins and Principles*, Allen and Unwin, Sydney, pp. 75-95
6. *Ibid.*, pp. 96-113
7. Eric Cassell 1991, *The Nature of Suffering and the Goals of Medicine*, Oxford University Press, N.Y., p. x
8. Thomas Kuhn 1962, *The Structure of Scientific Revolutions*, University of Chicago Press, Chicago