

Broadening Horizons In Medical Theroy And Practice: Alternative, Complementary, Or Integrative

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Summary

In this article, the meaning of alternative medicine, its characteristics are stressed. Moreover, the historical knowledge and the developments are also pointed out and some results are obtained on this topic.

Key Words: Alternative Medicine, Complementary Medicine, History of Medicine

I would like to begin this panel today by reminding us of some of the challenges that surround and impel what has been called "Complementary" or "Alternative" Medicine.

As was pointed out by Dr. Rashid Bhikha in his excellent introduction to this topic earlier this week, for the vast majority of the population of this planet, it is our standard, allopathic medicine that is "alternative" and many of the practices we consider "complementary" or "alternative" are the only medicine they have ever known.

But, what exactly are the practices characterized as "complementary" or "alternative"?

Different treatments of the subject have different lists, some of which we have seen at earlier sessions of this congress. (e.g. Rashid Bhikha, see also Bibliography] but perhaps the simplest definition is that quoted by Marc S Micozzi in his medical textbook entitled *Fundamentals of Complementary and Alternative Medicine*. (p.5)

"Workers at Harvard Medical School have provided a basis for a functional definition of the term:

Alternative medicine refers to those practices explicitly used for the purpose of medical intervention, health promotion or disease prevention which are not routinely taught at US medical schools nor routinely underwritten by

third-party payers within the existing US health care system."

In October 1998, the National Center of Complementary and Alternative Medicine (NCCAM) was established, by Congressional mandate, with a budget of \$19.5 million USD as part of the National Institute of Health in recognition of widespread use by the public of various forms of CAM. The Center's predecessor, the Office of Alternative Medicine, was established just 6 years earlier in 1992 with a budget of \$2 million USD. NCCAM's mission, backed by funding that has grown to \$104 million USD over 4 years, was to evaluate and promote scientific evidence of the efficacy of these practices in order to provide a base for education of consumers and health care practitioners.

But, what kind of scientific evidence is relevant to complementary and alternative medicine?

Shortly after the scientific revolution (1543) Francis Bacon defined the mission of modern science as the control and domination of nature. First, he posited scientists must acquire knowledge of what "controls" at organism's structure and function (behavior). Principles of Newtonian physics defined the experimental approach to this quest: the universe is a physical mechanism comprised of parts (matter); therefore, all that matters is matter. The way to understand how this mechanism works is to disassemble it and analyze all component parts. Through an analysis of the parts and how they interact, defective parts

in a malfunctioning organism can be identified and either repaired or replaced (using drugs, engineered genes, prosthetic devices, etc.). Knowledge of the body's mechanism would enable scientists to determine how an organism works and how to control the organism by altering its parts (adapted from Lipton, 1999, p.1) This is what Larry Dossey would characterize as Era I medicine.

Mike Denney, MD, writing in the *Ions Noetic Sciences Review*, June-August 2002, summarizes this point of view.

"In REINVENTING MEDICINE, Larry Dossey MD speaks of three eras in the history of healing. Era I is characterized by our conventional, causal, deterministic approach of statistical, empirical science as it has been applied to healing methods since the seventeenth century. Era II involves the inclusion of mind-body phenomena such as found in psychosomatic and various alternative medical techniques. This era postulates that the mind has causal powers of healing within individual human beings.... They try to explain mind-body healing in terms of body physiology, through such causal chains as psychoneuroimmunology, skin galvanometer readings, or endorphins and other proteins circulating in the bloodstream, then they subject psychosomatic healing to techniques of standard, double-blind, statistical, clinical studies. In other words, although acknowledgment of mind-body phenomena is an advance in the care of the sick, it does not constitute a true shift or either consciousness or paradigm.

Era III medicine attempts to include the strange discontinuities of quantum physics within healing methods. Proponents of Era III medicine focus upon the nonlocal, action-at-a-distance qualities of quantum particles as providing a rationale with which to support the theory that healing can occur between individuals at-a-distance, for example, by prayer." [Denney, p.20]

Denney goes on to suggest that NCCAM's stated goal is that nonconventional healing practices become evidence-based, but what should constitute that evidence?

"Is it time for us to begin "walking the talk" of quantum healing, to include the ideas of space-time discontinuities, quantum leaps, and nonlocal influences in our science, in method as well as theory? Is it time for a true shift in consciousness and paradigm in the healing arts?....some physicists postulate a nonlocal or noncontiguous causation involving some kind of unknown faster-than-light "energy." Yet, we may wonder whether physicists are using the right word when they say that one quantum particle INFLUENCES a correlated twin particle. We may conclude, rather, that all we can know is that the two parallel spin changes of separate particles are mysteriously simultaneous.... We may wonder, furthermore, whether the idea that praying for someone at a distance can cause healing that conforms to the nature of quantum nonlocality....As laudable as the current research might be, we begin to entertain the possibility that perhaps we cannot prove nonlinear, quantum questions by seeking cause-and-effect answers to linear, human-made questions." [pp.21-2]

And, Denney concludes that...

"in the subjective experience of human beings, mind-body medicine becomes soul-body medicine. And soul-body medicine does not speak in the language of linear, deterministic science. It speaks in images and poetry. It often expresses itself in metaphor and is perceived by intuition.

Healing occurs within the body and soul of a human being. Thus, by acknowledging another twentieth century development - depth psychology - we note that soul-body healing occurs as an unconscious function of the human psyche, and is expressed not in cognitive, problem-solving arguments but in irrational, imaginative, and poetic images that, like quantum particles, can be in more than one place at the same time, do not exist until they are observed, can be in one place and simultaneously emerge at another without traversing the intervening space, and can affect one another acausally, nonlocally, and at-a-distance. These quantum

leaps are expressed also in the healing relationships of one human to another through a process of transference and intersubjectivity, those interpersonal, sometimes at-a-distance, contiguous human energies which also function in quantum weirdness. That is the poetic nature of the so-called placebo response. And it is the bizarre nature of quantum healing. (p.22)

....Nowhere is the quantum nature of reality more applicable than in the healing arts. Sick human beings...stand at the uneasy interface of science and spirituality(p.23)

In December of 1999, the Head of NCCAM asked, along with other NIH Heads, to foresee the future, prognosticated that "by 2020, these interventions will have been incorporated into conventional medical education and practice, and the term "complementary and alternative medicine" will be superseded by the concept of "integrative medicine". [2020Vision, p.1)

The following year, in March of 2000, the White House Commission on Complementary and Alternative Medicine was established to evaluate progress and make recommendations for health care reform in the US. Among its Guiding Principles were the following:

1. A wholeness orientation in health care delivery. Health involves all aspects of life - mind, body, spirit, environment - and high-quality health care must support care of the whole person.
2. Evidence of safety and efficacy.
3. The healing capacity of the person. The person has a remarkable capacity for recovery and self-healing, and a major focus of health care is to support and promote this capacity.
4. Respect for individuality. Every person is unique and has the right to health care that is appropriately responsive to him or her, respecting preferences and preserving dignity.
5. The right to choose treatment.
6. An emphasis on health promotion and self-care.
7. Partnerships as essential for integrated health care.

8. Education as a fundamental health care service.

And, the year after that, in January of 2001, at a Meeting in London sponsored jointly by NCCAM and the Royal College of Surgeons, Adrian Furnham of the University College, London, presented hypotheses he has developed on how CAM consultations differ from conventional consultations:

CAM Consultations:

Take more time

Involve more touch

Take Affective and holistic history

Use language such as: healing, holistic, subjective, personal history, wellness

See the Patient's role as consumer

Use shared decision making

Cultivate a charismatic, empathetic bedside manner

Conventional Medical Consultations:

Take less time

Involve less touch

History is specific and behavioral

Language: cure, dualistic, objective, case history, illness

Patient's role is sick person

Decision making is by doctor in paternalistic role

Bedside manner is cool and professional

(NCCAM Meetings report, p.3)

And, who are users of CAM health care? In a study published in 1998, John A. Astin, Ph.D., an assistant professor at the University of Maryland School of Medicine in Baltimore, identified the following patterns among 1035 users of CAM.

"They tended to:

Be highly educated, with at least some college background

Have a holistic orientation, or a belief in the importance body, mind and spirit in health;

Have had a transformational life experience that causes them to see the world differently;
and

Be members of a “values subgroup” that he calls “cultural creatives”...who are committed to environmentalism, feminism, personal and psychological growth, and who are interested in esoteric spirituality and the foreign and exotic (24%of US population; 55%of those use CAM) (NCCAM 2001 Meetings report, pp.2-3).

In conclusion, I would like to propose that the challenge of complementary or alternative medical practices may be a part of a larger paradigm shift in the evolution of science. I quote Ervin Laszlo (MACROSHIFT, 2001, adapted in IONS Review, March-May2002, p.15):

“The remarkable fact is that science is evolving a holistic way of thinking about the world.... The basic sources for our worldview - the popular ideas of Newton, Darwin, and Freud - have been overtaken by new discoveries in physics, evolutionary biology, and systems science. In light of the emerging insights, the universe is no longer seen as a lifeless, soulless aggregate of inert chunks of matter; it resembles a living organism for than it does a dead rock. Life is not a random accident, and the basic drives of the human psyche include far more than the drive for ...self gratification.

In the emerging vision of science, matter, life, and mind are consistent elements within an overall

process of great complexity, yet of coherent and harmonious design. Space and time are united as the dynamic background of the observable universe; matter is vanishing as a fundamental feature of reality, and is retreating before energy; and continuous fields are replacing discrete particles as the basic elements of an energy-bathed universe. Nothing is independent of any other thing. Our bodies are part of the biosphere and they resonate with the web of life on this planet. Our mind is part of our body, and it is in touch with other minds as well as with the biosphere.”

REFERENCES

1. Bauer-Freitag, L. Healing: the emerging holistic paradigm. Canada: 1998.
2. Cassileth, Barrie R. The alternative medicine handbook. New York: W. W. Norton & Company, 1998.
3. Featherstone, Cornelia and Lori Forsyth. Medical marriage: the new partnership between orthodox and complementary medicine. Forres, Scotland: Findhorn Press, 1997.
4. Fugh-Berman, Adriane. Alternative medicine: what works. Baltimore: Williams & Wilkins, 1997.
5. Gerber, Richard. Vibrational medicine for the 21st century. New York: HarperCollins, 2000.
6. Micozzi, Marc S., (Ed.) Fundamentals of complementary and alternative medicine. 2nd ed. Philadelphia: Churchhill Livingstone, 2001.
7. Simpkinson, Anne A. and Charles H. Soul work: a field guide for spiritual seekers. New York: HarperCollins, 1998.
8. Spencer, John W. and Joseph J. Jacobs. Complementary/alternative medicine: an evidence-based approach. St. Louis: Mosby, 1999.