

# **Healing A Holistic Approach**

**Healing: A Holistic Approach**  
(Essays)

**Dr. Paulos Mar Gregorios**

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Outstanding scholar, theologian, philosopher, polyglot and man of letters. Dr. Paulos Mar Gregorios sought to bring together in a holistic vision, several unrelated disciplines like philosophy, economics, political science, medicine, education, physics and theology.

Born in 1922 at Tripunithura, Kerala, the great scholar-bishop had his earlier stints in his homestate as a journalist and postal service employee. He proceeded to Ethiopia in 1947 accepting the job of a teacher there and in course of time became the Special Secretary to Emperor Haillie Sellasi. He had an exceptional educational career in Yale, Princeton and Oxford Universities. Returning to Kerala, he was ordained as a priest of the Orthodox Church. In 1967 Fr. Paul Verghese became the Principal of the Orthodox Theological Seminary. In 1975, he was elevated as a bishop. Metropolitan Paulos Mar Gregorios took charge of the Delhi Diocese of the Orthodox Church in July 1975.

Honours came unsought to Mar Gregorios. He had the good fortune to be the President of the World Council of Churches and the Indian Philosophical Congress. In 1988, he received the Soviet Land Nehru Award. His Grace travelled widely and showed an unusual intellectual courage to explore new paradigms in human thinking. He was visiting professor in several universities like the J. N. U. in New Delhi. The philosopher-bishop passed away on 24<sup>th</sup> November 1996 and his mortal remains lie entombed in the Orthodox Seminary Chapel, Kottayam.

Mar Gregorios has authored more than 50 books. *The Joy of Freedom, Freedom of Man, The Cosmic Man, The Human Presence, Enlightenment East and West, A Light Too Bright* and the spiritual autobiography *Love's Freedom: The Grand Mystery* are some of the most remarkable among these. Hundreds of his articles and lectures have been published in leading newspapers, and international magazines.

# FOREWORD

My detailed interest in systems of healing is at least thirty years old. I am convinced that the present hegemony of western medicine is not in the best interests of humanity. It seems incapable of meeting the needs of 6000 million people. At present it hardly reaches a fifth of the world's population.

A disproportionately large amount of public funds is now devoted to Western medical education and Western style medical institutions. While the Western system has much to its credit, recent developments have made it unaffordable for most people, unacceptable in terms of the damage it does, and undesirable in terms of its over-mechanisation and over-technologisation of both diagnosis and therapy. Only a radically reformed Western Medicine can hope to have a significantly large place in the future in the world-wide exercise of the healing ministry and health care.

Wholistic healing is more absent in western systems than in traditional systems. But the latter too are often tempted to imitate the practices of western medicine, losing thereby its traditional holistic concern.

The present work is a compilation of my occasional writings on this concern through the last thirty years. It is offered as a possible stimulus to further reflection and a plea for a new type of health care in which the traditional systems and Homoeopathy play a larger role in caring for the health of humanity. It is also an invitation to a new type of multi-system healing centres where Allopathy is only one of the therapies, along with revived traditional systems, to bring less harmful and more affordable healing to all people.

**Dr. Paulos Mar Gregorios**

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# The Whole Heals

The idea of wholeness can be grasped at various levels, e.g. in concepts like the whole orange, the whole school, the whole of humanity, the whole body, the whole created order, and so on. People understand the *whole* as distinct from the part.

Understood thus, wholistic healing may mean simply treating the whole body rather than just one malfunctioning organ. For others it may mean treating the body and the mind together as constituting a single whole. For yet others wholistic healing may mean taking the social relations of the patient into account, so that the human individual is understood in terms of a unit in a social system, relations within that system being decisive for health or sickness.

To many physicians and surgeons, wholistic healing means something vague, involving the new fads of community medicine and public health, health delivery and preventive medicine on the one hand, and on the other adding on to western Allopathic Medicine, a little of Yoga, Acupuncture, Ayurveda, Tibetan medicine and other therapies regarded as “unscientific.”

My purpose is to suggest a more holistic approach, not only to healing, but also to our understanding of the whole as such.

## 1. What is healing and health?

The Christian Medical Commission of the World Council of Churches, more than a decade ago recognized the fact that “the causes of ill health have a wide range which include a hostile environment, malnutrition, poverty, ignorance, social deprivation and overly large families.”<sup>1</sup>

The C.M.C. was set up in 1968, and had been preceded by the first Tuebingen Consultation of 1964 (held at Makerere University in Uganda); the World Council of Churches later published the report of that consultation: *The Healing Church*, 1965, ed. Frank Davey. The most important single insight of this consultation was that the medical team could not by itself heal; human relations in the community were equally an agent of health and healing: “we know

that the healing of bodies apart from life in this fellowship (i.e. the corporate life of the people of God) is as incomplete as launching ships in dry harbours, or sowing seed on stony soil.”<sup>2</sup>

It also hit upon the fact that Latin *salus* meant both salvation and healing. The decision was made to explore this connection in greater detail at the Second Tuebingen Consultation (September 1967), which in turn led to the constituting of the Christian Medical Commission. The main achievement of this Commission has been the shift of focus from the hospital to the community, and therefore the emergence of the concept of “comprehensive health care” for a community. The World Health Organisation also popularized this concept and it is now widely accepted but nowhere fully practised; simply because comprehensive health care demands a just, and peaceful society and an ecologically healthy environment; and these cannot be achieved overnight.

The Commission has also made an attempt to newly conceptualize health and healing, despite ‘Bishop David Jenkins’ warning, that:

“We cannot therefore separate our attitude to health from our attitude to life. This is why you cannot, and, indeed, must not define health. Like life it is an open and as yet undefinable, because as yet unfulfilled, possibility.”<sup>3</sup>

Bishop Jenkins himself, nevertheless, solemnly went on to define health: “Health is what we enjoy when we are on our way to that which God is preparing for us to enjoy and when we are collaborating with Him in that preparation.”

What then is healing and health if health is life itself? What is life? In dealing with that question, we enter into the very depths of the meaning of the whole and of our functioning as human beings within that whole. Both physics and biology have made such giant strides in our century, and we need to examine our conceptions of reality in the light of what these sciences reveal. For the newest insights about wholeness have come from these scientific developments, rather than from any abstract philosophical reasoning.



## 2. Reality in Modern Physics

The crisis within medical science is only one aspect of the crisis within modern science as a whole, especially in microphysics and microbiology and in the philosophy of science.

And the crisis of modern science rises from the methodology of that science, which was developed arbitrarily - within a framework on Newtonian Mechanics, with causality arbitrarily chosen as the sole principle of explanation, arbitrarily prohibiting teleological explanations (machines have only causal chains, but no purpose of their own, supposedly), and banking on repeatable public experience, or the publicly empirical as criterion of validation; true scientific knowledge was wrongly assumed to be unrelated to the mind of the individual observer, and universal-everlasting without any historical or social-cultural conditioning.

Even in Quantum Theory the attempt has been to explain reality in these mechanical terms. The Copenhagen interpretation modifies the classical mechanical conception of causality by introducing the concept of “statistical causality.” Niels Bohr recognized that light quanta cannot be regarded as particles which would act according to the laws of Newtonian mechanics, or laws of bodies moving in space; but he too could describe light only in mechanical terms as “transmission of energy between material bodies at a distance.”<sup>4</sup>

The impossibility of applying classical mechanical explanation to the state of a micro-system at a given moment (and to our knowledge of that state), was already recognized more than 60 years ago at the International Physical Congress (Como, Italy, September 1927). Niels Bohr himself advocated the principle of ‘complementarity’ (over against Heisenberg’s ‘indeterminacy’) as a way to explain quantum phenomena in classical mechanical terms. Einstein was not at Como in September 1927, but in October 1927, at the Fifth Solvay (Institut Internationale de Physique, Solvay, Brussels) Conference, he expressed anxiety that the causal-mechanical explanation was being abandoned by scientists.

But Einstein’s anxiety has not stemmed the tide of skepticism

about science's causal explanations and about its privileged access claim to knowledge. Neo-empiricists like Mary Hesse, Ian Hacking and Nancy Cartwright, are abandoning the old 'naive realism' (the "in science we know reality as it is" line) and opting for a problem-solving pragmatism which evades the ontological issues. Others would probably call themselves post-empiricists rather than neo-empiricists; among these we count Rorty, Bernstein, Putnam, Habermas and so on. They also do not seek to tackle the metaphysical problem, but would opt for a loose pragmatism.<sup>6</sup>

Nature does not fit classical physics; it does not fit ordinary rationality either. That is the verdict of modern physics. Our classical notions of space, time, matter, object, subject, cause, effect and even of rationality itself have suddenly become obsolete though we continue to work with these timeworn concepts.

Fritjof Capra, in his *The Turning Point*<sup>7</sup> suggests that the new world view of modern physics has moved away from mechanical to something more organic, holistic, and ecological - the universe "as one indivisible, dynamic whole whose parts are essentially inter-related and can be understood only as patterns of a cosmic process."<sup>8</sup>

There are no 'things' out there - only 'probability waves.' That is not so easy for us to grasp conceptually. There are no things - only relationships. Things do not exist; they happen. And every little event is influenced by and influences, the whole universe. Causality does not require contiguity. Non-local causality connects the whole universe - the whole time-space continuum.

That is maddening enough-to hear that there is "no out there", "no things", and no mechanical causality. The opposite is what we have been dogmatically taught in the name of science - that there is an objective world out there, that it is composed of "things" arranged in order in space, and that the whole thing is guided by eternal laws of motion, like a machine.

Bergson and Whitehead tried to give us an alternative picture - that the universe is not made up of things arranged in science, but is composed of a series of events in time, constituting a process. They were, as philosophers, more in touch with their contemporary scientific

developments - especially the Special Theory of Relativity, which makes space simply three co-ordinates or dimensions of reality as we experience it, but with an additional fourth dimension or co-ordinate called time. Space and time were thus seen to be no longer absolutes, but merely dimensions of our experience of reality - a reality related to the subjectivity of the observer. Relativity theory also taught us that mass is only another mode of energy; that matter as such is only a form of energy, something full of power and movement, not wholly inert or static. Matter and movement are not two separate realities, as Newton thought.

So far, the Special Theory of Relativity (STR) and Quantum Theory (QT) have not yet been satisfactorily reconciled into a General Theory of Relativity, which would give us a general equation for the whole. The Copenhagen interpretation, more popular among scientists, tries to reconcile the anomalies with the aid of notions like 'statistical causality', 'principle of indeterminacy' and 'complementarity' - in order to bring at least partial order into a bewildering experience of reality.

The other attempt is the "Boot-strap" or "S-matrix" hypothesis advanced by Geoffrey Chew in the 1960's. It is fascinating as an attempt to do the opposite of what the scientific enterprise has been all about. Modern science is founded on the idea that reality is regular, independent of the observer, causally determined and therefore knowable in terms of those regularities and of the principle of causality. The Copenhagen interpretation tries to conserve the foundations of modern science, by drawing limits to indeterminacy and unpredictability by the notion of 'statistical causality', with indeterminacy at the individual level and determinacy-predictability at the statistical level.

The S-Matrix theory on the other hand denies all fundamental constants, laws or equations. There is consistency and coherence within the whole system, but no part of it can have laws and equations which govern it, irrespective of its relation to other parts of the system. This makes the S-matrix hypothesis highly suspect in the view of ardent believers in modern science. Accepting it would mean the denial of traditionally believed notions like the 'laws of nature' on

which the enterprise of modern science is squarely based. But the S-Martix hypothesis does justice to the observed fact that the observer is inescapably part of what is observed, since every observation system includes the observer as an integral part of it.

No matter whether you are Copenhagenist or Boot-strapist, Physics, wherein once determinacy and strict causality were thought to be self-evident and provable, now reveals that neither determinacy nor causality operates at the strict level, and that the laws of Newtonian mechanics are not so universal or “written into nature.”

This has indeed very big implications for the so-called scientific medicine, and its claims to objectivity in diagnosis and therapy. Before we draw out these implications we should take a quick look at the current situation in Biology.

### **3. The Picture in Modern Biology**

There was a time when biology and even the social sciences used to emulate the mechanical-causal explanations of physics. The theory of evolution was such an effort to explain life in terms of mechanical causality. Darwin's effort in 1859 was to explain the process of biological evolution as a causal chain in which effect follows cause without a break. “Natural selection” based on “the struggle for survival” and on “the survival of the fittest” became the principle of causal explanation for the origin of the species.

Today biologists are generally reluctant to accept ‘natural selection’ as an adequate explanatory principle for the theory of evolution as such. For one thing we have more information on the genetic factor and the possibilities of genetic mutation, than Darwin and his generation had. The distinction between Creationism and Evolutionism lies in a basic belief that species are or are not mutable. For Darwin, species mutability was, an article of faith, not empirically demonstrable, and he had to argue rather than demonstrate his point in *The Origin of Species*. For whatever natural selection may be able to achieve in terms of survival of the fittest, if there is no possibility of mutation, the amoebum must remain an amoebum, a very fit amoebum, but nothing more than an amoebum. The possibility of mutation should

be the key to the evolution of species, if it has happened, not just natural selection. In fact biologists have begun to argue that ‘natural selection’ is not a necessary condition at all for speciation. A new species emerging by genetic-chromosomal mutation is easier to understand than the idea of natural selection leading to the emergence of a new species.<sup>9</sup> After a species has been formed, natural selection may play its role in the survival of fitter specimens within that species. Darwin did not explain what his title stated.

Population genetics and molecular genetics bring us closer to understanding the evolution of a new species; but we still look for a causal explanation for the individual events of genetic revolution which lead to the emergence of one species from another. Most biologists would regard a combination of selection, heredity and variation as a sufficient causal explanation for genetic revolution.<sup>10</sup> But the variation aspect needs further clarification of how genotype variation by natural selection and inheritance of acquired characteristics can lead to the emergence of a stable new phenotype or the emergence of one species from another.

Many biologists simply assume that trans-specific change is only the cumulative effect of many generations of intra-specific mutation which we can observe. Only since 1980 there has been a wide recognition of a new perspective - that of “punctuated equilibrium.” This view, of which Stevan J. Gould is the best known proponent, argues that evolution was marked by long periods of stasis interspersed or punctuated by sudden bursts of mutation leading to speciation.”<sup>11</sup>

Paul Thompson offers us the plausible hypothesis that the Theory of Evolution is not a single consistent theory, but a model which incorporates several theories, or rather “a family of inter-acting models.”<sup>12</sup>

The fact of the matter, however, is that the theory as it stands at present seems inadequate to explain a number of factors:

- (a) evolution from simpler towards more and more complex structures;
- (b) evolution of a new species out of an existing one.

(c) the deviation of fossil data from the theoretical picture.

(d) Why evolution stops with humanity and does not create other, superior, species.

In any case the theory of evolution, as we now have it, does not adequately account for the origin of life from non-life, for the special pattern that it has followed, for the emergence of a brain structure and consciousness such as the human, which human ingenuity cannot reproduce.

#### **4. What Heals?**

It is a dangerous assumption that we actually understand life in science, that keeps us from using other faculties given to us to understand life sufficiently to be able to deal with it creatively. The scientific understanding of life can help us to complete the picture, but its basic contour escapes the parameters of modern science as they now stand. It is out of a Christian tradition and general observation that I make the following affirmations about life. No claim is made in terms of scientific validity.

1. There is no such thing as ‘nature’; there is only one continuum which includes inorganic matter, life, and consciousness. What is evidently present at the higher levels is already present in an incipient manner or as potential at the lower levels.

2. Life exists in our world only in relation to and dependent upon the two poles of inorganic matter and consciousness i.e. to the whole of existence and never without these; it is an open system which has to draw energy from the inorganic as well as from consciousness.

3. If health is the name for life when it is flourishing, then the healing force is the same as the life-force, and comes from the whole - not from surgical or chemical intervention.

4. The paradigm case for healing is not to be sought in our hospitals and clinics; it is seen in those instances where faith, prayer, touch and word from a caring community have been the major factors in the healing process. Clinical healing is also using the same four factors, though credit may be given only to drugs or surgical intervention.

It is perhaps not wholly correct to say that life is the same as healing. Perhaps we should say that the force that promotes life is the same force which effects healing. In other words life-force and healing power are akin to each other and have the same source.

## **5. The Four Levels of Reality as We Perceive it**

This source is the same source from which the dynamic continuum of reality has its origin and contingent existence. In this continuum we can observe many levels - from our perspective, four levels with four different orders or behaving principles. At the lowest level (again from our perspective) we have what we call *inorganic matter-energy* - i.e. bundles and packets and waves of high potency energy showing itself off in a myriad forms - the rocks, the oceans, the hundred or more elements and their compounds - forces which we see as light and sound, heat and electricity, magnetism and gravity, and the strong and weak forces that hold matter together or make forms of matter-energy interact with each other, including nuclear power. We call this level inorganic. We once thought that the mechanistic Newtonian paradigm fits this level admirably. We are wiser today. We know that what we call inorganic matter behaves in ways past finding out, especially at the sub-atomic level - not as mass in motion as Newton thought.

Continuous with this inorganic level is the organic level or bio-level. We say continuous because the line of demarcation between a crystal or radioactive element on the one hand and a protein molecule or virus on the other is not so absolute or clear. In general terms, however, we know how to distinguish between organic and inorganic. We would posit the distinguishing feature of life as homeostasis or the capacity to maintain certain internal constants in the face of a wide range of external pressures, e.g. a constant temperature of the body despite a given range of fluctuations in the environmental temperature. The whole group of biological sciences deals with these phenomena we call life.

We should not be too sanguine about the completeness of our present knowledge of this level. We have seen what difference a little discovery about genes and their structure can make in our over-

all perspective. Nor can we quite state the difference between a living being and a corpse. New discoveries are always in order in biology and physics; and we should be quite modest about how much we know.

The third level is where our knowledge is most inadequate - the level of consciousness. Again, there is no clean break between life and consciousness. In fact it seems possible to propose that consciousness exists at the inorganic level also. Otherwise it would be difficult to explain the behaviour of subatomic particles separated from each other and yet behaving in relation to what happens to the other.

In any case, let us say that life has a special kind of consciousness. By consciousness we mean an internal apprehension of external reality and the capacity to make choices in relation to that apprehension. Sickness, we now know, is malfunctioning at all three levels - the chemical or inorganic factors, the biological or organic factors, and the mental or consciousness factors. Medical and surgical therapy usually pays attention to the first and second levels. Today we are moving towards a higher aetiological role for the third level in diagnosis and a larger hiatric role for consciousness factors including psychological process and sociological or communitarian relations.

Consciousness is always so difficult to conceptualize or study 'objectively', since its very nature is subjective. The moment we objectify it, we need a subject other than the object to understand it - another consciousness than the one we are studying. We distort consciousness, which is always subject, when we make it an object. We do understand more about brain and neural processes than we did two decades ago. As in the case of genetics, some dramatic progress has been achieved in neurology also, for example in the function of cell membranes. In both genetics and neurology, however, there are huge gaps in our knowledge of the relation between physico-chemical events and psychic events.

There is a fourth level about which we know even less. We could call it the cosmic level or the transcendent level. This is the one least understood or even conceded by modern science - how the



configuration of the whole affects each part and each event. Attempts have been made to conceptualise this through pseudo-sciences like astrology. Carl Gustav Jung tried to speak about synchronicity as a scientific principle which shows how the micro reflects the macro at any given moment; the Chinese tradition of I-Ching gave him the lead. Karl Pribram and others have sought to make the Jungian concept more precise but have found very little approval from the scientific community as a whole.

Poetry and art are perhaps better able to cope with this level than science. Religion too deals with this level, through myths, symbols and rituals, and sometimes through concepts like *karma*, *punarjanma* (*rebirth*), *the last judgment*, creation, incarnation and redemption.

Looking at the whole, scientists observe certain directions in the developmental process, but modern science is still a prisoner of the dogma of its infancy - the ruling out of all teleology or goal-directedness. Today perceptive scientists speak of “stochastic processes” - i.e. processes in which randomness at one level goes with non-randomness at another, showing overall directedness. We cannot understand the process of the evolution of the life species, the evolution of humanity, or evolution of the human brain as strictly the consequences of chance or randomness.

## **6. Consciousness and Reality have same structure**

One of the most perceptive thinkers and scientists of our time, Gregory Bateson, puts it thus:

“In sum, I shall assume that evolutionary change and somatic change (including learning and thought) are fundamentally similar, that both are stochastic in nature, although surely the ideas (injunctions, descriptive propositions, and so on) on which each process works, are of totally different logical typing from the typing of ideas in the other process.”<sup>13</sup>

What Bateson tells us is that consciousness as process and the world or evolution as process are both stochastic - “two great stochastic systems that are partly in inter-action and partly isolated from each other ... The two fit together into an ongoing bio-sphere that could

not endure if either somatic or genetic change were fundamentally different from what it is. The *unity* of the combined system is *necessary*.”<sup>14</sup>

What exactly is the nature of this “unity of the combined system?” Bateson argues that the two systems jointly constituting it - evolutionary change and human bodily change (genetic or learning) are both mental processes. The cornerstone of his argument in the book is his brilliant listing and expounding of the six “Criteria of Mental Process.”<sup>15</sup> They are as follows:

1. *A Mind is an aggregate of interacting parts or components.*
2. *The inter-action between parts of mind is triggered by difference, and difference is a non-substantial phenomenon not located in space and time; difference is related to *negentropy* and *entropy* rather than to energy.*
3. *Mental process requires collateral energy.*
4. *Mental process requires circular (or more complex) chains of determination.*
5. *In mental process, the effects of difference are to be regarded as transforms (i.e. coded versions) of events which preceded them.* The rules of such transformation must be comparatively stable (i.e. more stable than the content) but are themselves subject to transformation.
6. The description and classification of these processes of transformation disclose a hierarchy of logical type immanent in the phenomena.”<sup>16</sup>

Bateson’s breath-taking argument is that human thought (consciousness), evolution (world-process), ecology (life-environment), life and learning are possible only in systems which satisfy these criteria and are therefore “mental.”

Greg Bateson is not proclaiming any triumph of idealism over materialism. He is arguing that mental processes are involved both in consciousness and the world, but consciousness and the world are two distinguishable but necessarily interacting systems which form a

necessary unity. This means also that ideas like ‘materialism’ and ‘idealism’ do not make sense, since either of these would pre-suppose the primal or primordial being of either matter or mind. In fact the two have never existed in isolation; the one seems to be systemically integral to the other.

“The unity of the combined system” is still a quasi-mechanical concept. We know what ‘system’ means - a whole in which the parts function in relation to each other and in relation to the whole. The most “objective” systems, the ones we know best, are of our own creation, like computers and other programmed electronic systems. Is there not the possibility that we are making the same mistake in positing the “system” as the paradigm for reality, as Newton did in positing the “machine” as the model for understanding and describing reality? You may answer that a “system” is the most complex, centered reality that we have objective knowledge of, and therefore we cannot but choose it as the best paradigm, since by the very structure of our minds we can understand only through paradigms and concepts.

This insistence that reality must by nature be conceptually graspable and propositionally storable has been a prevailing feature of the west for centuries. And western civilisation is still reluctant to acknowledge the evident fact that reality is not conceptually comprehensible, and that while concepts have an important role in helping us deal with reality, it can be only a partial role, to be supplemented by poetry and art, literature and music, dance and drama, ritual and liturgy, symbols and stories, parables and silence, feasts and fasting, myths and images, the look and the sigh, groans and gestures. With all that, however, we do not comprehend reality as a whole conceptually.

May I at this stage point to the case which is narrated by Dr. Larry Dossey in his *Space, Time and Medicine*?<sup>17</sup> This is the case of a wizened old patient at the Dallas Diagnostic Center, who was wasting away: a panoply of two week’s worth of diagnostic tests failed to reveal any organic or functional defect other than that of wasting away and fast approaching death. Fifty pound weight loss in six months and no clinical possibility of arresting the process. The

doctors confessed to the patient their inability to do anything clinically. The patient responded that he was dying because he had been “hexed.” The doctor, Jim, turned Shaman, and taking a little piece of the patient’s hair and burning it in the eerie blue flame of a lighted methenamine tablet on a metal ashtray in a dark hospital examination room, the patient watching, “de-hexed” him. The patient recovered and was well!

The account is anecdotal; but it is from an eyewitness and silent accomplice, himself a professional physician of high reputation, whom I know personally (i.e. Larry Dossey himself). I see no reason to disbelieve his account. The physician, “Jim”, who performed the ritual of de-hexing, did not believe in magic, nor had done anything of the kind before. Despite his lack of faith in his own magic, it worked.

The whole heals in ways we do not understand. We know from experience that faith, community, ritual, and word are essentials in the healing process.

### **Life, Consciousness and Healing**

Western Medicine is as old as you want to think it is. You can trace it back to Galen (130-200 A.D.) and even to Hippocrates (ca 460-377 B.C.); we have at least inherited writings attributed to them. Asklepius is more difficult to trace as a person,<sup>18</sup> but his institution, the Asklepium is known to history and his cult was introduced at Athens in 420 B.C. The serpent was sacred to Asklepius, and is still the symbol of the medical profession.

Current western medicine likes to think of itself as rooted in the Greek tradition. We have no idea of what all sources the Greeks borrowed from. The Egyptian, the Akkadian and the Sumerian civilisations are possible sources. According to Emperor Ashoka’s (ca 304-232 B.C.) Rock Edicts II and XIII, he sent fully equipped medical missions to five city states of Greece, “for relief of suffering of all creatures, man and beast” in the 3rd century B.C. Thus Greece inherited ancient Indian medicine in some form.

Indian and Chinese Systems of medicine are definitely older than the Greek. The Ayurveda system goes back to the Vedic period, and

we hear about Jivaka, the physician appointed by Emperor Bimbisara to take care of Gautama the Buddha (ca 560-480 B.C.).

In China the Nei-Ching, the classical system of medicine, was codified only in the reign of the Han dynasty (226 B.C. to 220 A.D.); systems which existed before, seem to have left no written remains.

Western medicine as we know it today does not bear much continuity with any of the ancient systems of healing. Healing was art, not science, practiced by a skilled wise man, a learned man in many things - not just in anatomy, pathology, pharmacology and kindred subjects.

Modern Western medicine has evolved from the following major factors, among others:

- (a) The Cartesian (Descartes, 1596-1650) vision of the body as a machine, largely independent of the mind;
- (b) William Harvey's description of the blood circulation system - largely mechanical;
- (c) Louis Pasteur's (1822-1895) discovery of bacteria or microbes as major cause of illness;
- (d) The development of anaesthesia and disinfection, making surgery more successful;
- (e) Development of new diagnostic techniques, e.g. the stethoscope, sphygmomanometer, and later much more sophisticated devices like X-ray, CAT-scanner, and new electronic devices;
- (f) development of molecular and cellular biology, endocrinology, and nutrition theory;
- (g) development of vaccination and other immunization technologies;
- (h) development of antibiotics;
- (i) development of hygiene and sanitation;

**The net result of these developments has been, among other things:**

- (a) concentration on the disease rather than on the patient;

- (b) focus on naming the ailment (diagnosis) and then on chemical or surgical intervention to counteract the ailment.
- (c) focus on the malfunction of the body as root of disease, without reference to the mind or the social and physical environment, without which the body cannot function.
- (d) shift from personal physician to clinic or hospital as primary healing agent, and the marginalisation of the role of human relations in healing;
- (e) the technologization of healing and the soaring cost of medical care;

Several factors have today combined to a widespread questioning of the very premises on which western medicine is based, in addition to the cost factor mentioned:

- (a) the high incidence of iatrogenic or hospital-induced illness, up to 20% in the U.S.A. of all hospital cases;<sup>19</sup>
- (b) the perception that most drugs while treating one set of symptoms, create dangerous side effects in other parts of the body;
- (c) the fact that antibiotics are deleterious to health, since they kill also beneficial bacteria, and besides lead to new strains of bacteria with increased immunity to antibiotics;
- (d) the perception that the present medical care system in many market economy countries helps more the medical practitioners, the manufacturers and traders of pharmaceuticals and the medical insurance companies than the patients;
- (e) The fact that western medicine is based on the mechanistic notions of modern science, notions which have been repudiated by science itself.

The mechanistic conception of the body, and the pathology-pharmacology based on it are quite outdated, though still fashionable. We are desperately in need of a new paradigm that helps to understand the body-mind as a single unit, a sub-system of a cosmic network system.

There is such a new paradigm emerging. Its contours are not yet clear. But an indication can be seen in a paper by Dr. Deepak Chopra of the American Association for Ayurvedic Medicine, Stoneham, Massachusetts, U.S.A. He represents the quasiscientific approach of Maharishi Mahesh Yogi and his “Vedic Science” or “Maharishi Ayurveda.”

Chopra tries to draw a parallel between quantum relations in the universe and mental phenomena - “that mental events are the subjective equivalent of quantum mechanical events.” He posits that each cell is intelligent and that human intelligence is not like a telephone system with its “exchange” in the brain, but more like a “field” which propagates its influence over a large and even unlimited expanse of space and time, and that the body itself is a web of such fields, rather than molecules organized in space. And every particle of living matter is in touch with every other, so that life as a whole is an intricate cosmic system of interacting fields. “The human body”, says Chopra, “is consciousness first and matter second.”<sup>20</sup>

However that be - and ordinary science has yet to accept the hypotheses of Maharishi science - modern science is coming to a similar conclusion about reality as a whole. David Bohm, the eminent physicist, has developed a “holographic” view of the universe. A hologram is a no-lens photographic product in which each part contains a reproduction of the whole. This technology invented by Dennis Gabor (Nobel Physicist) in the sixties has given us a new model to understand reality, David Bohm thinks, of course *mutatis mutandis*; except that (a) a hologram is produced by just two coherent light waves colliding, while the universe may be the product of several energy waves colliding and (b) a hologram is static, while reality is dynamic and has to be understood in the rheo-mode or flowing reality mode.

Dr. Chopra is right in proposing a parallelism between mental activity and quantum phenomena. Neurons have between them a synapse of 200 Angstroms; this seems to be experimentally verifiable; quantum phenomena within the atom also operate at jumps of about 200A°. If there are 15 to 20 billion neurons in our central cortex, and

they are firing at the rate of about 20 times a second across a 200 Å gap, this may create enough coherent waves in the brain to operate some kind of a holographic technique of recording and recall. Main stream biologists have yet to accept this theory of holographic recording and recall. But the parallels are indeed striking.

Quantum theory (it is a shame to call it mechanics, though our basic categories of understanding are causal-mechanical) does not support our notions of time, space, and causality. Two ‘particles’ totally separated from each other in our terms of space, can immediately influence each other by changing itself. And this without any known message or energy being transmitted from one particle to the other (according to our ordinary conceptions of space, locality and distance), and certainly faster than the speed of light ( $C$  or 300,000 km per second), and therefore without any time-lapse. This is called non-local causality.

David Bohm puts it this way: “It follows, then, that the explicate and manifest order of consciousness is not ultimately distinct from that of matter in general. Fundamentally these are essentially different aspects of the one over all order. This explains a basic fact that we have pointed out earlier - that the explicate order of matter in general is also in essence the sensuous explicate order that is presented in consciousness in ordinary experience.”<sup>21</sup>

Reality as a whole is a projection of several waves of energy of all kinds, both known and unknown - we call them gravitational, electromagnetic, weak, strong, sound, light etc. - producing our perception of reality, which is produced by the same projections in consciousness and in the external world.

How close this perception is to at least three of the traditional Asian religious understandings of reality!

Take, the Hindu notion of *maya*, particularly the post-Sankara philosophical elucidation of this concept. Briefly stated, the present perception and experience of reality or *samsara* as a flowing reality, is the joint product of a certain *vikshepa* or projection of power (*maya*) by Ultimate Reality (*Brahman*) and the veil of nescience or *avidya* brought to perception by the human mind.



In the Buddhist tradition, the conceptual formulation is even closer to modern physics' perception of reality. The concept of *pratitya-samudpada* or 'conditioned co-origination' holds that our perception of reality is the joint product of the conceptually indescribable reality and our own mental sensory equipment.

In the Chinese tradition also the *Ying-Yang* dialectic is in some ways parallel to the above. Even more clear are the concepts of tao or order and *te* or power which together constitute cosmic reality as well as the human reality.

In the Eastern Orthodox Christian tradition, this world of ours is a projection of God's *energeia*, which is the common ground of all nature including human nature. It is God's will (power), and wisdom, and word that keeps both the universe and humanity going. I have worked this out in my own study of Gregory of Nyssa.<sup>22</sup>

The human system is a sub-system of the whole universe, and is integrally related to it. Disturbances in that integral relation constitute disease. Restoration of that relation to the whole is healing, and the whole itself is the healing force - the whole is the energy source from which matter, life and consciousness all originate.

Matter, life and consciousness are the healing agents. Western medicine has concentrated too exclusively on matter, and when it does focus on life, it is only to destroy through antibiotics what is regarded as harmful life. We need a framework for modern medicine in which we see matter, life and consciousness as a single continuum in reality as a whole and in the body.

This means that while pharmacology is not to be abandoned, it is to be recognized as only one element in the healing process. Equally important are life and consciousness as well as the relations of the body-mind whole to the whole of reality. The role of a loving and caring community as a healing force needs very special consideration in the wholistic pattern of health and healing centres tomorrow. Consciousness, and its various levels, including the transcendent and the hypnotic, should also be engineered positively in the interest of healing. Faith healing needs specialized attention.

It is towards such a holistic healing ministry that both medical personnel and the public should now devote most of their interests. This would mean also restructuring society in order to make all social relations holistic and health-producing, and the human environment a livable and sustainable one.

#### NOTES

1. McGilvray, James C. *The Quest for Health and Wholeness*, Tübingen, The German Institute for Medical Mission, 1981 see p. 51.
2. *ibid.* p. 16.
3. *ibid.* Foreword p. XII.
4. Niels Bohr, *Atomic Physics and Human Knowledge*, New York, John Wiley and sons, 1958. p. 4.
5. See *Nature*: 121, 78 and 580 (1928).
6. For a not too profound discussion of some of these issues see, Joseph Rouse, *Knowledge and Power; Towards a Political Philosophy of Science*, Ithaca and London, Cornell University Press. 1987.
7. Fontana Paperback, London, 1983.
8. *Op. cit.* p.66.
9. This point has been convincingly argued in F. J. Ayala, "Beyond Darwinism? The Challenge of Macroevolution to the synthetic Theory of Evolution" in P.D: Asquith and T. Nickles (eds) *PSA* 1982 vol 2. East Lansing, Mich, 1983 (Philosophy of Science Association), pp 275-292.
10. See e.g. Paul Thompson, *The Structure of Biological Theories*, SUNY Press, Albany, N.Y. 1989, p.12.
11. See Steven J Gould and N. Eldredge, "Punctuated Equilibria: The Tempo and Mode of Evolution Reconsidered" in *Paleobiology* 3 (1977): 115-151.
12. Paul Thompson, *op cit* pp 95 ff.

13. Gregory Bateson. *Mind and Nature - A Necessary Unity*, Toronto, New York, London, Bantam New Age Books, 1980, p.164.
14. *ibid.*
15. *op, cit* ch. IV pp. 99-142.
16. *op. cit* p. 102.
17. Larry Dossey, M.D. *Space, Time and Medicine*, New Science Library, Shambhala, Boston and London, 1985. See chapter one, on “Hexes and Molecules” - pp 1-6.
18. Homer refers to him as the “blameless physician, and names his sons Machaon and Podalirus, who were surgeons in the army. Legend had it that Asklepius (Latin Aesculapius) was himself the son of Apollo, and was instructed in medicine by Chiron, wisest of the Centaurs and son of Chronos. See E. J. and L. Edelstein, *Asclepius*, 1945.
19. Ilich, Ivan, *Medical Nemesis*, New York, Bantam 1977 p 23, cited by Fritjof Capra, *The Turning Point*, Fontana Paperback p 149.
20. In M. C. Bhandari, (ed) *Inner Realms of Mind*, Bharat Nirman, Delhi, 1989 p. 3.
21. D. Bohm, *Wholeness and The Implicate Order*, Ark Paperback, London et. al., 1980, p. 208.
22. P. Gregorios, *Cosmic Man*, Paragon, New York, 1988, 274 pps

# What is Wholeness?

There is a wholeness that is given, and a wholeness that is to be achieved or experienced. Our ordinary perception seems by nature fragmentary, unwhole. The knower stands over against the known, apart from it, and the knowledge gained is ‘objective’ a la Popper, something which can be stored in books and libraries. Knower, known and knowledge thus remain three disparate realities, and the whole cannot be in this situation.

But today we have access to two other levels of perception, thanks to modern physics and modern astronomy. If we term our ordinary sense-perception the macro-level, there is below it the sub-atomic or micro-level, and above it the cosmic or mega-level. The mega level of astrophysics is partly perceivable through our telescopes and partly through our mental processes. The micro-level is less perceptible to our senses. The electron microscope does not lead us to direct vision of the sub-atomic level.

At the level of elementary ‘particles’, our eyes, even with the best magnifying instruments at our disposal, do not directly encounter the reality. We need elaborate tracing and measuring mechanisms even to get a good guess about the way an electron or a neutron functions. But in order to trace or measure a sub-atomic particle, we need to add a quantum of energy to the particle, even to detect it. But a single photon particle from the measuring device colliding with the measured particle already deflects its course and transforms it. So our knowledge of the subatomic level remains conjectural and not directly sensate.

Nor do we perceive the universe as a whole with our senses. Telescopes can reveal cosmic phenomena in a region of the universe, and electronic computing can bring together infrared or other photographs from various regions on a single screen. But there is no way for our telescopes to gather data from all the galaxies and all the ‘regions’ of the universe. So we cannot “set eyes on” the universe, as our space travellers in recent times set eyes on the earth as spaceship. In fact, the universe is not even conceptualisable, or “image-

able” pictorially. We cannot stand outside the universe to see it ‘objectively.’

The whole that we want to understand must integrate what we perceive at all the three levels, the sub-atomic, the ordinary and the cosmic/universal. But our perception of our own selves uses a different mode from that which we use at the micro, macro and mega levels. Any notion of the whole must include the one in whom the notion functions, the ‘subjectivity’ of the perceiver or conceiver, which effects and shapes the perception at all four levels - micro, macro, mega and mind.

The net results of the above observations is that the whole is not available, either to conceptualisation or to descriptive symbolic or linguistic depiction. Neither concept nor language can grasp the whole. If this hard fact is not firmly grasped, we are likely to fall into new delusions about our knowledge and concepts.

It is my humble view that Fritjof Capra, in his ‘The Turning Point’ falls precisely into this trap. After having exposed the faults of a mechanistic model of reality, he opts finally for “the Systems View of life”, seeming life on the model of a “self organizing system.” Since he includes the environments as part of the dynamic system, he gives the impression that he is dealing with the whole.<sup>2</sup>

Wholeness reflects itself at various levels, but cannot be objectified in any situation. The whole is the Absolute Subject, in which all subjectivity and all objectivity ultimately *merge* and from which they (subjectivity and objectivity) constantly *emerge* at various levels. Even that statement must be qualified with the further statement that it is only a conceptual linguistic statement, and therefore does not ‘describe’ the whole.

Once conceptual image which the Physicist David Bohm<sup>3</sup> has popularized is the “Holoverse.” Conceptual images can sometimes help us to discern the defects of other conceptual images and Bohm’s concept of the whole as a Holoverse is eminently useful in this sense. The analogy for the whole is taken from the recent technology of holography,<sup>4</sup> a three dimensional photography technique using wave

properties of light rather than the straight line propagation of light used by conventional lens photography. The important feature of the hologram is not merely its three-dimensional perspective, but the fact that each part contains the whole in miniature. Since the holograph analogy for reality suggests a static condition, Bohm uses the expression 'holo-movement.' His conception of the whole is in terms of a multi-layered order which is dynamic. Life is one of the layers of such order, consciousness another layer of different complexity, and ordinary inorganic matter a third order within the system, which included many orders unknown to us as yet. Bohm is sanguine in his belief that the various layers of dynamic reality in the 'holoverse' is in principle knowable by us.

Brilliant as the Bohmian concept of the universe as a mutually related multi-layered web of structures and patterns of dynamic energies, it remains a *concept* and as such inadequate to depict reality. We humans, however, are conceptual - linguistic creatures, and by training we have become incapable of dealing with reality without concept and language.

We should at this point reflect also on the question of the adequacy of our two-dimensional logic of non-contradiction to cope with the whole; the rules for valid inference, if confined to such a two-dimensional or binary logic or a prepositional calculus using Boolean Algebra, can only lead to inescapable contradictions.

Scholars like Bohm and Capra, though aware of the fact that the binary logic and calculus have their roots in the mechanistic Newtonian perspective, sometimes proceed as if a conceptual mathematical representation of reality was possible. Bohm discusses the problem of language in his *Wholeness and the Implicate Order*<sup>5</sup> and comes out with some profound statements, e.g. that language itself is a human function which ought to be studied scientifically, and that language distorts when we take nouns (subject and object) more seriously than the verb (predicate). Language, the subject-verb-object mode, is one of the causes of the experience of fragmentation. Bohm offers us practically a new language called the rheo-mode, which emphasizes verbs, dynamic processes, rather than things or nouns conceived statically.

But this does not solve the language problem. Even in the rheo mode, there is the temptation to mistake the map for the country, the language for the truth. Of course, Bohm admits that Reality and Knowledge are processes, as has been held from Heraclitus to Whitehead. “All is flux”, including knowledge, thought, statement, and language. Becoming is being. Knowledge too is a flowing river, a dynamic field. Even this writing is part of that flow. Bohm clearly sees this. But for him, the key question is: “Can we be aware of the ever-changing and flowing reality of this actual process of knowledge?”<sup>6</sup> In other words, the best we can do is to be aware that awareness is a stream that keeps on flowing. Bohm has learned much from non-western cultures, but was still a westerner all the same in his sanguine confidence about conscious awareness of awareness as a flowing stream as the best we can do in knowing reality as a whole.

This certainly is not the view in an eastern way of dealing with Reality, such as Madhyamika Buddhism. This way begins by distinguishing between the “Two Truths” - one Truth of worldly convention and the other of ultimate meaning. According to Chandrakirti, the worldly convention (*samvrti*) can be true (*tathya-samvrti*) or false (*mithya-samvrti*), depending on the correctness or otherwise of the perception and the reasoning process. But even a “true” worldly convention or *samvrti* has only a “dependently co-originating” or *pratitya-samutpanna* reality. As Nagarjuna states it.

The reality of all beings  
 Neither arises nor passes away.....  
 Where there is quiescence of mental activity.  
 There the need for discourse ceases.<sup>7</sup>

David Bohm’s *rheo-mode* of linguistic expression is still within that *samvrti* which is the result of discursive mental activity. Only when that activity is quietened, and the “thundering silence” of the *Sunyata* mode is experienced, there can be perception of the ultimate truth, in which the knower and the known are experienced as one, the knowledge itself being that experience. Wholeness, when fully experienced, is an experience of liberating union, not of conceptual

awareness, however dynamic that awareness may be. The west now puts a premium on dynamic as opposed to static. But there is a possible cessation of awareness, in which such dichotomies as static and dynamic are themselves surpassed. It is, for the Buddhist, *nirvana*, the blowing out of the analytical consciousness, where awareness itself is transcended in the liberating experience of the whole.

Can Christians reconcile themselves with such a perception? Is this not *monism*, *advaita* and all that kind of heresy? I personally do not think so. I think the Christian perception of reality is both holistic and apophatic as in Buddhist philosophy. Especially in the Eastern Christian tradition we always conceive the Creator with the Creation as a single reality within which the created order subsists only by the wisdom, will and word of the Creator, who continually sustains and guides it. And the cosmos without the Creator is not a whole. The whole cannot be conceptually grasped. We can only realize our own dependence on the Creator and in that realisation find meaning and sustenance. We cannot know the whole, but the whole makes it possible for us to fit into it, and there to find bliss and peace.

### Notes

1. Fontana Paperbacks, London, 1983. Original Simon and Schuster, New York, 1982 and Wildwood House, London, 1982.

2. op cit. See especially chapter 9 on "The Systems View of life" - pp. 285-332, also p. 89. See also Ervin Laszlo, *Introduction to Systems Philosophy*, New York, Harper Torchbooks, 1972, and *The Systems View of the World*, Oxford, Blackwell, 1957, New York, Braziller, 1972.

3. David Bohm, *Wholeness and the Implicate Order*, London, Routledge and Kegan Paul, 1980.

4. The technique of holography was developed by the Engineer-Physicist Dennis Gabor in 1947, He won the Nobel Prize in 1971. In conventional photography using lenses, only the straight-line propagation of light is utilized. In holography, which is a no-lens technology, the wave functions of light are utilized - one phase of the wave being reflected by another 'reference wave', and the two



together being recorded on a photographic film negative. The holographic theories of David Bohm and Karl Pribram are discussed in detail in the special issue of *Drorneon*, Spring/ Summer 1980, and in the special issue of *Re-vision*, Summer/Fall, 1978. For a Soviet account, see Yu. I. Ostrovsky, *Holography and Its Application*, Mir Publishers, Moscow, 1977.

5. op. cit pp 28 - 64 p. 64

6. ibid. p. 64

7. A free translation of *Mulamadhymakarika* 18:7

For a fuller discussion see Gadjin Naga's *The Foundational Standpoint of Madhyamika Philosophy*, Eng. Tr. John P. Keenann, State University of N.Y. Press, Albany, 1989.

# Holistic Health and Healing

The word ‘holistic’ defies definition. Different people use it in different ways.

In the field of health and healing, some people think of holistic medicine primarily in terms of taking the body and the mind of a human person together as a single whole entity and not as two. This is legitimate, since modern western medicine, when it went scientific in the last century, set aside the ‘mind’ as a separate entity to be taken up later by specialists like psychologists and psychiatrists, leaving the body for the physician and the surgeon.

The new psycho-somatic approach, or mind-body medicine, which as a scientific trend developed approximately three decades ago, was however only a stage on the way to what we now regard as holistic health and healing.

There have been important developments since medical scientists began taking the mind-body problem seriously. One has seen the widespread use by therapists of practices like bio-feedback, meditation, relaxation, and even alternative systems of medicine like Ayurveda, Homeopathy, Chinese or Taoist systems including Acupuncture and Acupressure, Tibetan medicine, Herbal remedies and so on. Another has been the development of new “cross-disciplines” like psycho-neuro-immunology. There have been many clinical reports of strange wart cures and placebo effects which cannot be accounted for by ordinary medical science, It is now fairly well established that factors once regarded as ‘purely mental’, like perceptions, beliefs, emotions, thoughts and attitudes, have a definite role in the healing process.

It seems, however, that we need to go one step farther, in order to get at what we mean today by Holistic Health and Healing, not so much to define, as to depict some of its main characteristics.

## **I. Planet, Person and Paradigm Shift**

The first thing we have to note is that neither the human person, nor the planet earth on which the person is totally dependent, exists

or can subsist in isolation. Neither one can be understood except as part of larger systems of which it is only a subsystem.

The very word “person” is a relational term. Human persons, as far as we know, can be formed and developed only through interaction with other persons and social groups like family, relatives, peer groups, societies, religious groups, national populations etc. Even if we take the human species as a whole, that whole is in turn dependent on other wholes - like for instance the system of nature or the biosphere as such, which includes air and water, earth and sea, mountains and rivers, sun and moon, and so on.

Similarly the very word ‘planet’ indicates that our earth is a satellite unit of the solar system, existing only as its subsystem, dependent on it for its very sustenance and energy, interacting with other planets in the system as well as with its own moon, and never in isolation from the system. In holistic health and healing we need to pay constant attention to the system of relationships, which play a most significant role both in the causing of disease and in the healing of persons.

So far we are on fairly undisputed territory, though current medical science does not take all these factors into account. We need, however, to go even further in our envisioning of the whole of reality of which we are a subsystem.

There is, as of now, no single paradigm of the whole of reality on which scientists and other theoreticians agree. This is especially so if we can step outside the bounds of western civilisation and western scientific thought in envisioning the reality process.

Negatively, we can say that mechanical or static models of person, Planet or Reality as a whole will not do. But even dynamic models are usually conceived in time-space, subject-object categories and frameworks. In fact our human language seems hardly capable of going beyond these. Past, though the present, to future (time), and locality (space) seem unavoidable even in a dynamic paradigm. Extension in time and space is an aspect of the reality we inhabit and experience. Change (in time) and movement (in space) appear to be foundational for person, planet and universe alike. Paradigms can only be maps; they should not be mistaken for the territories they map.

## **II. Quanta and Consciousness**

But there are two interconnected aspects of our human experience where time and space take on unusual characteristics. In quantum reality and in the understanding of our own human consciousness, time and space behave extraordinarily. And these are quite important for any paradigm which should undergird the theory of a new medical science. I propose here about Holistic Health and Healing. But we shall refer in ordinary language to some of the unusual discoveries of modern physics which have relevance for medical science and healing therapies.

While mechanical causality may have helped us and can still help us understand many phenomena, there are other areas of experience where the cause-effect connection, within time and space, with the cause preceding in time and acting through space to produce the effect, cannot be established or even postulated.

In the area of health and healing too, not all healing can be causally understood or controlled. Or if causality is to be postulated, it has to be in terms of 'non-local causation', i.e. without any lapse of time between cause and effect, without the passing of any message through any observable medium from cause to effect.

Consciousness or mind cannot be spatially localized. The human neuro-biological system does not seem to have a centre either in the brain or anywhere else in the individual human body. It has a quality that transcends space and time; it is more corporate than individual, ultimately unitary, able to act at a distance, and to travel without lapse of time. The healing power of mind or consciousness has been clinically observed in all forms of healing by faith and prayer, in placebo effects, in some alternative systems of healing etc. The biological path by which the causal chain acts may not be directly traceable, but the healing effects are evident in too many cases to be dismissed as merely anecdotal. Any new revision of medical theory will have to take these factors into account.

Our growing acquaintance with reality in the quantal realm has not yet taken us to the point where we can describe that reality

satisfactorily in our time-and-space conceptual language. We now know that we do not know reality itself, but only know our perception of it. All our descriptions, measurements and mathematical formulae relate only to the perceptions. Quantum reality cannot be adequately described in the categories of Newtonian mechanics.

Some things however, we can affirm, as paradoxical indications of our quantum experience. Reality is interconnected everything seems, ultimately, in immediate touch with everything else. Human beings cannot stand outside reality and look at it from outside; they are on the inside as participants; they are part of the reality they observe, and partially shape that reality in the very act of observing. Our experience of time and space and causality at the macro level has no validity at other levels of our experience. In the healing process too some of the observed phenomena have more affinity with the quantal than the mechanical realm.

### **III. Insight as Healing Agent**

In psychiatry and psychoanalysis, the healing role of insight has long been recognized. The patient's self understanding is what the therapist works on, in order to induce new insights which give the capacity to solve problems and predicaments in a new way.

In ordinary healing, however, the role of insight is not as widely recognised. The whole Indian religious tradition is based on insight as the way to deliverance or moksha through self-realisation. Even the insights coming from ordinary knowledge and from scientific enquiry can lead to stress reduction and thus contribute to healing. The disciplined pursuit of science, philosophy, law or other academic disciplines, of arts such as sculpturing, painting, music and so on, and even of practical arts like weaving, cooking, interior decoration, pottery etc., so long as they provide for some sort of disciplined total involvement, can be helpful in the process of healing.

A new medical theory should take into account the role of insight as well as that of aesthetic experience of true beauty, as positive factors in therapy.

#### **IV. Relationship, Faith and Community**

Relationships are central in Holistic Healing, and that at many levels. People are today talking about Transpersonal Medicine, as they talked yesterday about Transpersonal Psychology.

First, there is the healer-healed relationship, or doctor-patient relationship. Love, empathy and compassion on the part of the healer towards the patient and some response from the patient to that love can generate strong healing energies which make the work of healing quicker. Doctors and nurses who genuinely care make all the difference in the healing process. This may be the opposite of the time honoured idea of scientific dispassion. But healing is more art than science.

Much ill health is due to isolation and alienation - the loneliness of not knowing that others care. And our present civilisation which puts too much emphasis on each one doing his or her own thing, generates loneliness in havoc-wreaking measure. Bolstering the individual ego and enhancing the strength of the person can both be futile if these are not aspects of healthy and mutually self-giving social relationships, chronic loneliness, as distinct from cultivated and disciplined spiritual solitude, can be toxic and generate morbidity. If the healer, by his/her love, compassion and empathy, can bring the patient out of the morbid isolation of loneliness, the healing process would be remarkably accelerated.

The second area of relationships is the whole community around the patient. This includes the physicians, surgeons, nurses and the paramedical personnel in the hospital, the patient's relatives, visitors, and even those who without actual face to face contact with the patient and often even without the patient's knowledge, function as a community faithfully praying for the healing of the patient.

The attitudes of those in direct contact with the patient, even over phone or through other message, are very important, for these can generate healing energy. But the faith of a community and its fervent and sustained prayer can definitely exercise high therapeutic efficacy. The prayer of a single person, in direct contact with the patient or

without such contact, can also be immensely effective. There are secular substitutes for prayer available to agnostics: like positive imagining, or intensely desiring and willing the healing of the patient.

Even in these, a fundamental faith in the positive or beneficent aspect of reality is a precondition. The joint effort in prayer of more than two people has always a special effectiveness. This is the mystery of community.

## **V. Touch and Ritual**

The idea of the “healing touch” has recently come into vogue, especially in nursing literature. It can also be the “caring touch” that communicates to the patient as well as to members of the patient’s family the assurance of care and support. Medical practitioners and nurses have to break out of their self-image as technicians and become warm human beings, expending something of themselves in the act of caring. This cannot be mere mechanical touching, but the touch that communicates confidence, warmth, reassurance, support and understanding, as well as respects the personhood and dignity of the patient.

Touching is communication, a most intimate form of communication. Therefore it is important that the other person’s privacy and dignity is fully respected in the touch and that it does not become an intrusion. Nursing personnel have to be careful in keeping their professional dignity and yet being warmly humane, but the latter is an essential part of holistic healing.

Another very effective form of touch is “laying hands on by those who pray for the sick, and by faith healers. The hand becomes a medium through which healing forces transfer to the patient from the healer. Usually the right hand of the healer is placed on the forehead or crown of the patient and a prayer is said, silently or audibly. The patient, usually with closed eyes, with faith, and in a spirit of receptive meditation, receives the healing energies.

Ritual as a healing technique has for long been difficult to understand for the modern western rational mind. The European Enlightenment of the 18th century made western an rather anticlerical

and antiritual. But new anthropological studies have begun to show that ritual plays a very major role in the social communication of modern humanity. Dr. Jeanne Achterberg, a forceful advocate of holistic healing and especially of "Transpersonal Medicine" as a new system of healing has written a very perceptive article in a recent (winter 1992, Vol. 14, No. 3, pp. 158 ff) issue of *Revision* on "Ritual: The Foundation for Transpersonal Medicine."

Ritual is a participatory community act, in which words, actions and symbols combine to communicate to the participant meaning which cannot be expressed in words alone. Long before the human species acquired its language skill it has been using ritual as the mode of expressing meaning. In healing too, along with other forms of interpersonal relationships, ritual plays a significant role.

Jesus, the Great Healer, sometimes healed by the mere word, sometimes even without a word. At other times, he made mud with dust and saliva and applied it as salve in the eye of the man born blind, asking him to go and wash in the pool of Shiloam, or asked the paralytic to pick up his bedding and walk. The ancient churches developed special rituals for the healing of the sick. A modern surgeon in Medical City Dallas Hospital may light a blue sulphur flame in the operation theatre and recite an abracadabra to heal a patient whose disease could not be diagnosed or cured by all the complex techniques of modern medicine (See Larry Dossey, *Space, Time and Medicine*, 1982). The role of ritual in healing cannot be neglected in any new theory of healing and health.

## **VI. Alternative Techniques of Healing**

Many alternative techniques of healing have recently caught the attention of the general public, both within western culture and in other cultures. Clinically successful, these alternative techniques imply a theoretical framework which is not always clearly articulated, but which seems radically different from that of western medical science.

Dr. Irving Dardik of New Jersey has, for example, clinically demonstrated non invasive techniques for curing chronic hepatitis and other similar ailments. Dr. Dardik, well trained in western medicine



and surgery, explains his technique theoretically in terms of restoring certain basic stimulation-relaxation rhythms in the human system to be in harmony with the larger reality system, which he conceives as complexes of energy undulations.

Another example comes from the modern Prophet Mokichi Okada of Japan, who developed the healing art of Johrei, based on spiritual energy, as one aspect of a whole complex of holistic healing techniques, including exposure to beauty, organic farming, and abstaining from chemical drugs and fertilizers. His theoretical basis is the clear conviction that the sensible world is undergirded and directed by the spiritual universe. His system is now practised in many countries by his disciples.

The theoretical basis of the western system called Homeopathy is worth examining again, free from the bitterness and rancour of the earlier debate between Homeopathy and Allopathy. Similar examination of the theoretical basis of Chinese, Indian and Tibetan systems may reveal insights important for a holistic paradigm of health and healing.

## **VII. Towards the Making of a Theory**

All that has been stated above does not imply by any means that we should completely abandon all the ground so painstakingly covered by modern medicine in the scientific analysis of human anatomy, pathology, and therapy. However nearly all aspects of that analysis will have to be radically re-examined to see if they are based on mistaken assumptions about the nature of reality and the nature of the human, as well as about health and healing.

There are problems about current medical theory and practice which we can no longer afford to ignore. One could mention several:

- a. the increasingly exorbitant, and for many unaffordable cost of medical care;
- b. diseases and ill health induced by hospitals, doctors and Pharmaceuticals;
- c. the unholy alliance among the health insurance business, the

- medical profession and the pharmaceutical industry working against the interests of the patient;
- d. the arrogant exclusion of all alternate therapies and healing systems by a dominant medical ideology which claims that it alone is scientific;
  - e. the Cartesian, mechanistic, reductionistic, individualistic understanding of the human person on which medical science is still based;
  - f. the chemical-bacterial theory of disease and therapy;
  - g. the growing mechanisation and technologisation of diagnosis and therapy;
  - h. the increasingly poor quality of human relationships prevailing between healers and patients.

We will have to question our ideas and assumptions about nutrition and healthy nourishment of mind and body. We will have to ask whether our so-called scientific, mechanized, chemical-fertilizer-pesticide farming methods lead to important health problems for humanity and for the rest of the biosphere or life-community. We will have to ask questions about fossil fuel combustion, carbon dioxide and ozone production, toxic waste disposal, usage of radioactive compounds and so on.

We will also have to ask questions about the way we live together and deal with each other, for that is the most fundamental part of the human health. Justice, peace, and a life-enhancing environment are aspects of human health care. Economics and politics cannot be easily separated from health and health care.

Reducing holistic health to transpersonal medicine can hardly allow us to deal with all the problems and issues we have listed in this paper. Neither the mind-body approach nor transpersonal Medicine can be sufficiently comprehensive to deal with holistic health.

As we stated at the beginning there is as yet neither a satisfactory definition of the term “holistic healing”, nor an adequate paradigm of reality within which a new theory of health and healing can be built up.

Reflection reveals that wholes can be of various kinds:

- a. the original whole from which everything comes to be and on which everything is contingent, and without which no part can exist or subsist;
- b. an organic whole in which the component parts can function only in the framework of the whole and not apart from it, eg. the human or animal body and its organs;
- c. a systemic whole: an open system like the planet earth or the human person which exists only in a complex web of relationships with many other entities which together with it constitute a whole; the planet may or may not be aware of these relationships, but does respond to them. In the case of the person he/she may be not consciously aware of all these relationships; but the person's existence is significantly affected by them nevertheless.
- d. the whole of a particular entity: eg. the whole world, the whole country, the whole bottle, the whole leg, etc.

All four of these aspects of wholeness have their own significance for the healing process.

The English word 'whole' is etymologically related to health and healing. It has more of a qualitative than a quantitative sense. One English dictionary gives the meanings of the adjective 'whole' as: "sound; healthy; healed; intact; entire." The word 'wholesome' means promoting good health; to be made whole is to be healed.

The Holistic Approach is in principle opposed to all Reductionist understandings of the human person and of the human eco-socio-bio-physical endowment. The positive value of specialised training and study is recognized; at the same time the dangers in the fragmentation reduction on which all specialisation is based should also be understood and provided for. Modern Science itself is intrinsically reductionistic, since it can deal with only sensibles, measurables and with what is repeatedly experimentable. Reality always transcends the categories of modern science.

The Holistic Approach centres around human relations, harmonies, attitudes, meaning-perceptions, faith, hope and love, spiritual disciplines like prayer and meditation, environmental improvement, and community support as fundamental in the healing process. Unfortunately, Western Allopathic Medicine, when it decided in the last century to be strictly scientific, took over a reductionist paradigm of reality from the then prevailing science, which excluded these factors from the healing process. The 19th century scientific world view, which even people like Sigmund Freud blindly accepted as their theoretical basis, saw reality as composed exclusively of strictly measurable, mechanically structured, observable, matter and force, or *Kraft* und *Staff* as the Germans called it.

Medical Science has shown a great unwillingness to examine this its precariously dated reductionist theoretical foundation. Medical Education does not equip medical graduates to be capable of fundamental reflection and theoretical reconstruction. Such reflection and reconstruction of theory are urgently needed, as a radically new basis for a radically new type of health care and healing. The formulation of such an alternate paradigm of Reality and the articulation of a new healing praxis based on that paradigm are among the major objectives of the Holistic Health Movement.

We are far from having arrived at a consensus among those thinking enquirers within and without the medical profession about the basic nature of such an alternate paradigm. The formulation of such a new paradigm demands several qualifications on the part of those working on it. In addition to the awareness of the problems associated with current medical theory and practice, they have also to be aware of the discussion in recent western (English-speaking, German and French) Philosophy of Science which reveals the precarious truth status of modern science itself. They would also have to have some acquaintance with alternate medical systems and their theoretical foundations eg., Taoist, Tibetan, Native American, Homeopathic, Ayurvedic and other systems. Some knowledge of the healing methods of unconventional healers will also help.

The basic problems with all paradigms or models of reality is that

they are pictures: space-time, subject-object, human conceptions of some reality in our experience: David Bohm's Implicate order of Holographic Reality in the Rheomode with its *soma* and *signa* modes of matter and mood; Rupert Sheldrake's "Immanent Hierarchy of Conscious Selves" in nature causing morphogenesis, evolutionary progress and perhaps healing; Gregory Bateson's Universe and Person as analogously evolving through stochastic spurts, which is basically a Consciousness model of the Universe shared by Larry Dossey, Willis Harmon and many others; the Energy wave model of Irving Dardik; the Buddhist perception of the Universe as *Sunya-Pratitya-Samutpanna* or Void-conditionally-originate; Chinese Hua-Yen or Avatamsakasutra Buddhism's vision of reality as universal mutual interpenetration with non-local causality; the Vibration-Resonance model of Japanese prophet Mikichi Okada; the *Ousia-Energeia-Diastema* dynamic universe model of 4th century Christian Father Gregory of Nyssa; and perhaps many others that could be mentioned including the Dharmic and Sankhya models of Indian metaphysics. All of these are dynamic, holistic models; but they are models, paradigms, pictures drawn from human experience and human conceptualisation of Reality.

A paradigm is a paradigm - a working model that can be more or less helpful than others in dealing with reality. They are all maps, which we can easily mistake for reality itself. Reality escapes mapping or exact paradigm representation. The Holistic Paradigm can thus be only a working model, not a picture of Reality itself. It will also have to be revised in course of time, as our perceptions change and more and more anomalies between paradigm and reality come to light. Without a provisional New Paradigm for medical theory and practice we cannot proceed very far however. There is not much use in just going on tinkering with the old and familiar paradigm uncritically drawn from the obsolete world view of the science of the end of the last century. Knowing the limitations of any paradigm we must nevertheless strive for a new paradigm which will facilitate more humane, more just, less damaging and more holistic systems of health care.

Perhaps the building up of an adequate theory will have to wait,

until more significant advances are made in healing practice. In the meantime, some things can be done towards building up a theory:

- a. build up a network of competent and creative healers from all over the world and from all cultures and provide them with a framework of mutual contact;
- b. begin a multi-language journal, to begin with a quarterly, in English, French, Japanese, German, Arabic and Spanish at least, to publish high quality research papers on clinical experiences of holistic health and healing as well as of alternate systems of medicine;
- c. convoke regional conferences on holistic health in the regional languages, and make available their insights to the wider network;
- d. those involved in medical education explore ways (for example holding seminars and discussion sessions in medical schools) of how the medical training curriculum can be revised to bring it more in line with the insights of holistic health and healing;
- e. seek to use the resources of both the World Health Organisation and the Council for International Organisations of Medical Sciences (CIOMS) to deepen and promote the ideas of holistic health and healing, and to make the WHO itself move from the concept of Health Delivery to the concept of Holistic Healing;
- f. seek foundation grants to get a small but highly competent team of international experts to work on a research project for laying the foundations for a fresh theory of Holistic Health and Healing.
- g. Create and fund a project for professional education and training in holistic health and healing, centrally as well as regionally and nationally, exploring possibilities of beginning the pioneering with existing institutions of medical education.

# The Future of Health Care

Allopathy or Western Medicine seems bound to recede, in the not too distant future, from its present dominance and monopoly of healing. The signs are unmistakable, though very few doctors and surgeons seem to be able to read the signs the way I do. I personally attribute that unwillingness or inability to their training and mind set.

We have briefly stated some of the reasons in our consultation papers on MEDICAL ANTHROPOLOGY AND ALTERNATIVE SYSTEMS OF HEALING. But they bear restatement.

First, the cost of western medical care has generally become exorbitant, and often beyond the means of a majority of the world's people. The more technologized the methods of diagnosis and therapy, the higher the cost. Art Buchwald's humorous column appearing in the Hindu of Sunday, October 16, 1994, is not just humour, but a cutting social satire, which deserves to be heeded. The point is this: the patient or patient's relatives have, especially in the USA, little say in how much the diagnosis and therapy would *cost*; the doctor is held by the fear of being used against for not using all possible techniques of diagnosis and therapy; he therefore protects himself and prescribes expensive testing and treatment, and most people find that the\* health insurance is exhausted before the treatment leads to cure. People are going bankrupt, or have to sell property to pay their medical bills. The situation is not radically different in many West European countries, though the insurance racket is perhaps less complicated. In India too, hospital expenses are a heavy burden on most domestic budgets. This has to change.

Second, we have enough documentation about the menacing growth of doctor-induced or hospital-induced pathology in all countries. The statistics on hiatrogenic ailments and hospitalisation is frightening. One takes great risks today in going to an Allopathic doctor for treatment. He may meddle with your body by chemical or surgical intervention which results in unexpected new pathological disturbances. There is great risk in western medical treatment as many people in all countries, including the present writer, can easily

testify. The doctor or hospital may be careless, negligent or ignorant; sometimes even callous; it is the patient who suffers consequently.

Third, as Dr. Girija says in her article on “The Crisis of Health Care” in the same issue of the Hindu cited above, “The news from the Western Medical front is ominous. We who are so used to looking westward for all kinds of miracle cures are in for a shock. It has been recently reported that antibiotics have become increasingly ineffective. Many of the bacteria known to western doctors are said to have developed resistance to several widely used antibiotics. In the U.S. in 1992 alone 13,300 hospital patients died of infections that resisted every drug used. The crisis is serious enough for an American doctor to admit in a recent best-seller that western medicine’s purported triumph over infectious disease has become an illusion.”

The matter is more serious than what most people think. If the West is so scared of the Indian Plague outbreak, should we not be equally concerned about the West which should be declared an infected territory with many strains of disease-causing bacteria against which there seems to be no remedy? Tuberculosis, Meningitis, Malaria and Gonorrhoea can be caused by some of these resistant strains.

The whole antibiotic culture, despite its achievement in saving many lives and healing many diseases previously thought to be incurable, is certainly not an unmixed blessing, obviously. When we bragged some decades ago about our overcoming to certain infectious diseases, we hardly envisaged a scenario where our over-use of antibiotics leads to the generation of resistant strains of some of the deadly bacteria - a scenario in which human beings could be “overcome” by bacteria resistant to all antibiotics infection by these resistant strains should be viewed with as much alarm as the spread of AIDS. In both cases inescapable and proximate death seems to be the outcome.

It is time that the medical system abandoned the easy path of prescribing antibiotics for everything, including for viral infections! If we refuse to abandon this path catastrophe awaits us, globally.

Fourth, there is the over-chemicalisation of the earth and of human



bodies, as also of animal bodies. In the west, cattle are also often fed with chemicals and treated with antibiotics, which then get lodged in milk and meat. Without knowing it we may be consuming more than a fair share of antibiotics, through our normal food intake. I am told that milk is certified to be saleable in the USA even if it contains traces of up to 80 different antibiotics. Through chemical fertilisers and chemically processed farm feed, we pump in tremendous quantities of chemicals both into the earth and into the human body. Food preservatives stuff more chemicals into the human body, and even into the earth through the disposal system. Chemicals are changing not only the human body, but also the human mind. The current upsurge of mindless violence in our societies may be at least in part due to the over-chemicalisation of body and brain. The life environment is itself ruined by over-chemicalisation of land, air and water. Only a civilisational change, including radical transformation of the industrial-technological culture and of the agricultural, nutritional and medical systems, can rescue us from this sad predicament.

Fifth we see a depersonalisation of healing, happening in the western system, due to overreliance on technology. Some people even envisage a situation where we would no longer need, in most illness to consult medical doctors at all; a home computer can connect to a central information network, and by feeding in the symptoms can get both diagnosis and prescriptions from the central computer. That may be quite desirable in certain ailments; but certainly healing is largely a matter of life imparting life, not machines and chemicals dispensing health in do-it yourself packages. The human element of the healing community is central and vital to human health. We cannot afford to mechanise and technologise it, without disastrous consequences to the very structure of human personality. We have to arrest the over-technologisation of diagnosis and therapy, not merely because the technology is expensive; more because it is frighteningly dehumanising.

Sixth, we need to re-examine the near monopoly of the western medical system in the health care ministry. The Chinese are now waking up to this problem and the government is actively promoting Acupuncture, Acupressure, Herbal medicine, and other traditional

Chinese healing systems. In Japan there is a whole movement for activating traditional Chinese and Japanese ways of healing, and to make them more scientific and efficient. The traditional Chinese word for good health 'chi' and its Japanese equivalent 'ki' are being revived and applied to new techniques like acupuncture using laser beams instead of needles (High Genki) and so on. Our own Deepak Chopra in California has managed to hit the New York Times bestseller list with his *Ageless Body, Timeless Mind - A Practical Alternative to Growing Old* (New York, 1993), which not only proposes Yoga and Ayurveda as alternative healing systems, but also proposes a radically new perspective on the human reality and the process of aging and healing. Chopra, a journalist who later was trained as a physician, has quite convincingly argued that the very world-view and view of humanity that prevails in Western Civilisation is at fault for many of the defects of the Allopathic system. The US National Institutes of Health have now (in 1993) by Congressional action, set up a 25 member Advisory Panel and an Office of Alternative Medicine. It seems Deepak Chopra is on the Panel.

Our own central government is not totally inactive in the matter of alternative systems of medicine and healing. The Indian Council of Medical Research is currently examining 30 herbal based substances for possible treatment of AIDS. We have now the prestigious Dhanvantari Award instituted in 1973. In 1975 and 1984 the award went to two Ayurvedic physicians, Dr. Shiv Sharma and Dr. Haridutt Shastri; in 1979 and 1987 it went to two Homoeopaths, Dr. Diwan Harish Chand and Dr. B. N. Chakravarti, and finally to Naturopath J. M. Jussawalla in 1989. There are Yogic/Naturopathic institutes in Delhi, Mongher, Bombay, Poona and Bangalore as well as elsewhere. Even abroad, the University of Turino in Italy, for example, has started Ayurveda courses with Indian collaboration.

Our Vice-President Shri K. R. Narayanan in a speech in Delhi advocated greater priority to traditional medicine (Indian Express 7 August 17, 1994). Dr. Jasbir Singh Bajaj, Member, Planning Commission, recently urged the 450,000 Allopathic doctors registered with the Medical Council of India to join with the 550,000 other healers on the rolls of the Central Council for Indian Medicine. That would

make it a round one million of healers. The response so far from the MCI has been less than enthusiastic, because most western trained medical doctors hold to rather condescending and stereotyped generalisations about other healers.

The Indian Health Ministry has now a special cell for alternative systems of healing, as well as a separate department of Ayurveda with an initial investment of Rs. 26.5 crore. But all this is but a small beginning of the radical process of change required: mainly bringing up the standards in training and practice, and thereby raising the present low standing of alternative medicine; and then starting clinics in urban and rural centres where many systems of therapy are simultaneously available with high quality and low cost, to be chosen in each individual case between patient/patients' people and a diagnostic team functioning at the Clinic, changing the therapy when necessary.

Despite better training facilities for Ayurveda and Homoeopathy, the standards in these alternative systems remain pathetically uneven. Even Ayurveda, badly practised, can do harm, as the present writer has discovered to his hurt. Besides, practitioners of Ayurveda are too easily tempted to use their license to dabble amateurishly in western medicine. Government will have to be more rigorous in monitoring the practice of medicine in all systems. Our Medical education in Ayurveda, Homoeopathy, Acupuncture and Siddha Vaidya will soon have to be brought up to a higher standard in special joint (with western medicine) training centres for these systems; it is absolutely necessary to give some training in these alternative systems to students of Allopathic medicine as well. The latter may be one way of raising the standards everywhere.

Dr. Girija may be exaggerating the problem in her concluding paragraph in the Hindu article cited above:

The writing is on the wall. The current crisis in Western medicine ought to remind us that our blind and continued reliance on this alien system of medicine can only lead to inevitable catastrophe. The only way out of this morass is to beat a hasty retreat and take to our traditional and time-tested systems of health care and medicine which

have stood us in good stead for thousands of years. We can ignore this simple truth only at our own peril.

“Beating a hasty retreat” from Allopathy and “taking to our traditional systems” is not my solution to the problem which is very real. We will have to be more sophisticated than that.

### **Medical anthropology and theories of health and healing**

Seventh, there is the large and difficult question of the theoretical foundations of modern western medicine. Those foundations are difficult to identify, because so much is assumed and so little clearly expressed about it.

The western medical system as we know it, is the product of two centuries of development, the same two centuries when modern science and the present secular civilisation grew up. In fact western medical theory is inseparable from those two factors - first modern science, with its conviction that a proper integration of experience and reflection, using human critical rationality and technological skill, without the aid of Religion or Tradition, gives us full access not only to truth, but also to the manipulation of realities, including the body-mind of human beings, according to our desires and purposes; secondly a secular civilisation in which God has nothing to do with not only medicine and healing, but also with the educational system, with the media including communication, literature and information, and with the newly created institutions and theory of political economy, of statecraft and democratic representation of the people in decision-making as well as of power distribution and regulation.

There is a shared world-view, not based on science, but held by scientists and others, often without critical examination. Deepak Chopra calls it the assumptions which form the bed-rock of our shared world-view, and goes on to list these assumptions thus:

1. There is an objective world independent of the observer, and our bodies are an aspect of this objective world.
2. The body is composed of clumps of matter separated from one another in time and space.

3. Mind and body are separate and independent from each other.
4. Materialism is primary, consciousness is secondary. In other words humans are physical machines that have learned to think.
5. Human awareness can be completely explained as the product of biochemistry.
6. As individuals, we are disconnected, self-contained entities.
7. Our perception of the world is automatic and gives us an accurate picture of how things really are.
8. Our true nature is totally defined by the body, ego and personality. We are wisps of memories and desires enclosed in packages of flesh and bones.
9. Time exists as an absolute and we are captives of that Absolute. No one escapes the ravages of time.
10. Suffering is necessary - it is part of reality. We are inevitable victims of sickness aging and death.

*(Ageless, Body, Timeless Mind, op. cit. p. 4)*

Deepak Chopra goes on to offer us ten alternative assumptions for “a new paradigm.” These new assumptions of the new paradigm, Chopra admits 7 “are also just creations of the human mind, but they allow us much more freedom and power.” These are “the makings of a new reality, yet all are grounded in the discoveries of quantum physics made almost a hundred years ago.” The seeds of this new paradigm were thus planted by Einstein, Bohr, Heisenberg and other pioneers of quantum physics. In other words, the new paradigm which Chopra proposes to us is still a science-based world view; only difference is that it is not the obsolete world view of Newtonian Physics, but the current and modern one of Quantum Physics. I will present to you his ten new assumptions for what they are worth, and then offer my own brief commentary, based both on the new science and the ancient traditions of humanity. Here are the ten new assumptions in Chopra’s own words:

1. The physical world, including our bodies is a response of the

observer. We create our bodies as we create the experience of our world.

2. In their essential state, our bodies are composed of energy and information, not solid matter. This energy and information is an outcropping of infinite fields of energy and information spanning the universe.

3. The mind and body are inseparable one. The unity that is 'me' separates into two streams of experience. I experience the subjective stream as thoughts, feelings and desires. I experience the objective stream as my body. At a deeper level, however, the two streams meet at a single creative source. It is from this source that we are meant to live.

4. The biochemistry of the body is a product of awareness. Beliefs, thoughts and emotions create the chemical reactions that uphold life in every cell. An aging cell is the end product of awareness that has forgotten how to remain new.

5. Perception appears to be automatic, but in fact it is a learned phenomenon. The world you live in, including the experience of your body, is completely dictated by how you learned to perceive it. If you change your perception, you change the experience of your body and your world.

6. Impulses of intelligence create your body in new forms every second. What you are is the sum total of these impulses, and by changing their patterns, you will change.

7. Although each person seems separate and independent, all of us are connected patterns of intelligence that govern the whole cosmos. Our bodies are part of universal body, our minds an aspect of a universal mind.

8. Time does not exist as absolute, but only as eternity. Time is quantified eternity, timelessness chopped up into bits and pieces (second, hours, days, years) by us. What we call linear time is a reflection of how we perceive change. If we could perceive the changeless, time would cease to exist as we know it. We can learn to start metabolizing non-change, eternity, the absolute. By doing that,

we will be ready to create the physiology of immortality.

9. Each of us inhabits a reality living beyond all change. Deep inside us, unknown to the five senses, is an innermost core of being, a field of non-change that creates personality, ego and body. This being is our essential state - it is who we really are.

10. We are not victims of aging, sickness, and death. These are part of the scenery, not the seer, who is immune to any form of change. This seer is the spirit, the expression of eternal being.

(Op. cit. pp. 5-7)

Deepak Chopra claims that all of these statements are grounded in the discoveries of quantum physics made almost a hundred years ago. I have difficulty in accepting that claim, for I detect many elements brought in from the ancient tradition of Upanishadic or Vedantic thought. I am not yet ready to accept the agelessness of the body. Neither am I able to phantasize a world within history where no one gets old. At the moment I cannot hear Quantum Physics telling me that the experience of a nonchanging reality lying beyond all change would give me the ability to control change. The name for such claims is not science but speculation. Deepak's problem always seems to be the tendency to be carried away by a little scientific knowledge, into unbridled enthusiasm especially when playing to the American gallery. Hitting the New York Times Bestseller List is no guarantee of the truth of the contents of a book. It means largely that it is written to meet the requirements of an American Bestseller. But there is much in it with which one can enthusiastically agree: mind-body unity, the unity and interconnectedness of all reality, including knower, known and knowledge, that life is essentially a dance, the play of vibrations, the radical and basic unreliability of the five senses and sense-perception, that time-space is not absolute, that causality can be nonlocal or transcending time and space. Science does not prove these things to me. I recognise that presently available scientific data do not generally contradict these convictions.

### **The Immune System - Key to Healing and Health**

The human immune system is the key to the new understanding

of health and healing. But we seem to have inherited distorted perceptions of the function of this system. Our traditional paradigm for understanding the human immune system is that of a well equipped and massive army, armed with white corpuscles and antigens, standing ready to wage battle against any alien invasion in the human body. We conceive the function of the immune system to be basically defensive militantly so.

Our knowledge of the human immune system has grown dramatically in the last couple of decades: first because of the rise and development of a new composite discipline called Psycho-Neuro-Immunology or PNI; second because in the attempt to overcome the rejection by the body of alien organ transplants, medical science had to struggle hard to find ways of suppressing the immune system in order to enable the body to take the transplant. Today we are more ready to see the truth of Deepak Chopra's Vedantic Scientific statement that the subjective and the objective streams of our experience both stem from the common origin of both, the true inner core of our being, which is timeless and unchanging. However that be, it seems now evident that the core of our identity as a unique human being is the immune system, which as the guardian of our unique identity, rejects the "other", the alien transplant. I am indebted to Dr. Verma, former Director of NIMHANS in Bangalore, for that precious insight about the Immune System as the guardian of our unique identity.

But the immune system is more than merely the guard and defender of our unique identity. It is also the Master Healer within us. It is the most technically advanced healing centre in the Universe, equipped with all the tools needed for both diagnosis and therapy, if only we will listen to it and let it do its work. That is the principle on which whole systems like Homeopathy and Naturopathy are based letting the body-mind do its own healing, while we stand by and help in the process by boosting the immune system, by cleansing and detoxification of the body, by providing a wholesome environment for the organism to breathe and live in, and by stimulating and exercising various parts of the body. Everyone knows that the Homeopathic system is totally based on the natural immune system



doing the healing. The same is true to a large extent, of other alternative systems like Acupuncture/acupressure and Pranic Healing as well as Macrobiotics.

### **Healings as Rectifying Relationships**

The major defect of western medicine is its taking the human body in isolation both for diagnosis and therapy. The living human person is a subsystem within a large complex system of relationships. Some of the most obvious elements on which the human subsystem is ever dependent are earth, fire, air and water, trees and animals, rain-clouds, the sun and moon, food and drink, the family ambiance, work satisfaction and social acceptance. But western medicine hardly ever takes these into consideration for diagnosis or therapy.

Our inner core which we call the Self, is both a giver and a taker. Alas, too often it tries to take more than it gives. It is greedy and acquisitive, either exploitative or parasitic, either dominating or enslaved, and but seldom caring for others or nurturing the needy; it expects others to fit into one's own world, and when they do not, react violently and in anger or frustration. When relations are ruined, health goes to ruin as well. The greatest source of pathology in the human is the disoriented inner core, bent on making itself the centre of everything, seeking to dominate and exploit all, hating those who do not respond, and ruining relationships.

Healing follows restored and right relationships. The central defect of Deepak Chopra's work is the failure to take relationships as central, and its focussing too heavily on the individual and his/her overcoming aging and sickness, beating entropy and death. One's own inner core is important but it does not exist in isolation from other people's inner cores. True relationship is community, where the centre is not in the one or the other, but in the whole. Not only western medicine, but even Ayurveda and Homeopathy often fail to take this into account. The role of the Christian Confessional in healing was always restoring relationships with others as also with the Transcendent. Its modern secular substitute, Psychoanalysis/Psychotherapy does not always give due importance to restoring right relationships - with others or with the Transcendent.

Attitudes are fundamental for health and healing - attitudes towards oneself, towards Reality as such, towards one's own stress and suffering, but also attitudes to others to their woes and joys, to their ills and sorrows to their welfare and fulfilment.

### **Conclusion**

I am an Eastern Orthodox bishop. My people call me *Hasyo deelan*, which means "Our Healer." True spiritual ministry is the healing of people - body and soul. In our tradition, salvation means healing, giving life where death rules. To save means to make alive. That includes deliverance from not only Hell, but also from the power of death and of evil as well. But not just from a future Hell where the flame is never quenched and the worm dies not. Salvation means also delivering people, and that not just Christians, from present Hell, the hell of stress and anxiety, of guilt and fear of condemnation, of pain and torment in all forms, from disease and sickness, from evil and fear of death.

It is as part of that universal healing ministry that I am committed to the renewal of western medicine on a more genuinely wholistic and human basis, as well as to the revival and revitalisation of traditional systems of healing, so that all systems of healing can be at the service of all humanity, especially of the poor and the marginalised.

In this preliminary consultation, we should look at the whole scenario of diverse healing systems without bias or dogma. We shall be as unsparing in our critique of alternative systems, as of the dominant system. Our basic purpose is the revitalisation and reorientation of all healing systems, and their simultaneous and integrated availability to people, first in a few "Polytherapic Healing Centres" on an experimental basis, and later, everywhere in the world.

# Mental Factors in Health Care

1. Though mental health, peace and joy are by-products of religious faith, it does not follow that religion is merely a *means* of attaining mental peace. The purpose of religion is to find one's grounding in God, and to work out that faith-grounding through worship and work.

2. The most fundamental problems of human existence are anxiety about the future and a sense of guilt about the past and the present. The two are interconnected. The anxiety factor includes an element of fear of punishment for the sins one committed.

3. The sense of guilt seems also the root of a great deal of hypocrisy, dissimulation, pretension and falsehood. Precisely because I have an anxiety that others may not accept me as I am, I try, unconsciously, to pretend that I am something else, something bigger and better than what I really am. This falseness in its turn creates the anxiety that someone may discover one's true "self." Thus guilt, anxiety, and falseness reinforce each other in human existence.

4. The combination of guilt, anxiety and falseness, seems what lies under the heightened phenomenon of *stress*, (The classical discussion of Stress is in Hans Selye M.D., *The Stress of Life*, (1956), Revised edition, Mc-Graw Hill, 1976) or as it is technically called in medical literature "stress syndrome" or "General Adaptation Syndrome." Medically this relates to disease in which non-specific bodily or mental stress plays a decisive role.

5. The false distinction which medical science itself makes between "bodily" and "mental" in diagnosing the origin (aetiology) of diseases, belongs to the "total stress" of the civilisation which we have now adopted from the west. Its science and knowledge itself have been produced by the stress of a guilt-and-anxiety-laden culture - guilty about its colonial past, atrocities, exploitations, wars, concentration camps and holocausts. Mind and body cannot be thus distinguished. The mind is part, integral part, of a living body, and what affects the body affects the mind, and vice versa. We will not arrive at a healthy society until we overcome this false mind-body dualism, and the regarding of the body as inferior, which is an aspect of Indian culture.

6. The Stress Syndrome or the General Adaptation Syndrome, as described by Dr. Selye, affects the whole body and mind. When the Body-Mind confronts a general stress situation, the kidney has to work extra hard to maintain stability of blood pressure; there are changes in the walls of the arteries; it affects all connective tissues and can lead to inflammation; it affects also the lymphatic cells and eosinophil cells; it causes the pituitary, thyroid and adrenal gland tissues, the liver, the adrenaline medulla, and the whole nervous system, to produce chemical changes. The high incidence of stress and maladaptation of the body-mind system in coping with stress, accounts partially for increases in diseases like high blood pressure, diseases of the heart and blood vessels, diseases of the kidney, eclampsia in pregnant women, rheumatic and rheumatoid arthritis, inflammatory diseases of the skin and eyes, allergic and hypersensitivity diseases, sexual derangements, digestive diseases, cancer, and of course nervous and mental diseases. It increases general irritability in men and women and often wreck marriages. It can also create hyper-excitation as well as depression, both of which affect human relations and lead to various bodily and nervous diseases. Impulsive behaviour, emotional instability, inability to concentrate, loss of the joy of life, insomnia, predilection to fatigue, and hypermobility (inability to sit still, be silent, or relax), can all result from stress. And many patients who consult a physician, only to be told that they have no disease, experience even more stress. They feel that they have to prove that they are sick. And this only adds to the general stress syndrome, and could lead to increase in self-medication (pain killers and tranquillisers), increased smoking, loss of appetite, missed menstrual cycles in women, or increased pre-menstrual stress, migraine head-aches, and even alcohol and drug addiction. It makes people more self-hating and accident prone.

7. This brief and non-professional description of the General Adaptation Syndrome accounts for some 60% of the people coming to a hospital for treatment, sometimes with a localized and identifiable symptom but more often without. It is no use telling them that their disease is “psychological.” It has affected their physical body as well as their psychic equipment.

8. The modern doctor recognizes this as a case calling for administering some placebo or palliative, some pink tablet or red 'mixture', and in some cases it works, because the very falling sick and going to hospital help to win the sympathy of the family and to relieve some of the stress.

9. It is at this point that the renewal of the patient's religious faith can very effectively be used as a better cure than the placebo or palliative. It is therefore imperative that at least in all hospitals run under private auspices, and desirably in other hospitals as well, there should be more than just a chaplain or psychiatrist. We need in each major hospital a team of skilled, gifted and well-trained religious counsellors, who can help renew the patient's faith without any pressure to impose the categories of another religion on the patient. If it is a Hindu patient, there are enough resources in the Hindu tradition itself for a substantial evocation of the patient's faith within the categories of the Hindu tradition itself-using the Fita, the Vedas, Upanishads and Hindu rites and forms of worship. The same for a Muslim or a Christian patient. A Christian hospital should not impose a Christian religious categories on a Hindu or a Muslim patient. This is difficult to accept for Christians who have been brain-washed in one or other particular form of Christianity which emphasizes the "sacred duty" of converting everyone to Christianity.

10. I would like to see a Christian hospital taking the initiative in this area, by employing a team of three to five religious counsellors, perhaps starting with two Hindu and two Christians and a Muslim when a suitable person is available. These persons should have some elementary knowledge of the body including the nervous and glandular systems, of pathology, and of psychology, in addition to a good grounding in one's own religious tradition. The Mandiram Hospital and Mandiram Mental Health Centre should do some pioneer work at this point and set a pattern for the other hospitals. I would like to be involved in the earlier stages of pioneering if a decision can be made to proceed in this direction and some funds set aside for the preliminary work. We should look around for a Hindu Chaplain, preferably a young sanyasi with some training in counselling. If necessary appropriate persons should be advertised for, recruited, sent for training in counselling at

Vellore, and then given special training locally.

11. I shall conclude this paper by pointing to some of the beliefs and practices directly related to Christianity, but with parallels in other religions, which have direct relevance for mental and physical health. The “beliefs and practices” should not be understood as intellectual ideas or activist exercises. They belong to a corpus of life within a religions tradition, and therefore demand changes not only in individual minds, but in collective practice as well. Religion should not be reduced to therapy, though the therapeutic function of good religion can never be ignored. Perhaps we should also think about the pathogenic function of bad religion, and make sure that these do not create new problems in the hospital. The kind of religion which the Christian hospital promotes should be therapeutic, healing, wholesome, whether it is Hindu, Muslim or Christian. Some Christian elements are highlighted in the following paragraphs, as a starting point for further discussion.

12. Freedom from anxiety is perhaps the most important single element which must ensue from any healthy religious tradition. In the Christian faith, freedom from anxiety is a consequence of a complete trust in God through Jesus Christ. “Do not be anxious about your life, what you shall eat or what you shall drink” (Mt. 6:25, Lk 12:22). “Do not be anxious about how you are to speak” (Mt. 10:19, MK 13:11, LK 12:11). “Do not be anxious about tomorrow” (Mt. 6:34). These negative injunctions of our Lord have to be transformed into a positive experience for the patient, who has to be helped “to cast all your care on Him, for He cares” (1 Pet. 5:7). Like Martha we are all basically “anxious and troubled” (LK 10:41), and the passage from anxiety to trust is a great healing experience. It is the duty of a hospital to provide opportunities for the patient to find this basic trust, which will remove half of the stress involved.

There are similar sources in other religions. The Gita as a whole is set in the context of Arjuna’s anxiety on the field of battle, and the stress situation. And the Gita solution is in the peroration of Lord Krishna’s words in the 18th chapter of the Gita.

“With the Lord in thy heart take refuge with all thy being;  
by His Grace thou shalt attain to the supreme peace and

the eternal standing. .... Become Me-minded, devoted to Me, to Me do sacrifice and adoration. .... Put aside all laws of conduct. Seek refuge in me alone. I will release thee from all sin; do not be sad.”

I am sure that many similar texts can be found in all scriptures.

18:62        Tameva Saranam gachcha  
Sarvabhavena Charat  
Tad prasadatparam Santim  
Sthanam Prapyasi Sasvatam

65            Mannana Chava mad  
madhaji mam namaskuru  
mamecai shyasi satyam te  
pratijane priyo: si me

66            Sarvadarmani parityajaya  
mamekam Saran vraja  
mokshayisyasi aham tva Sarvapapesye  
ma sucha:

13. The Gita passage connects deliverance from anxiety with trust in God and at the same time the acceptance of forgiveness of all sins as a gift of grace from God’s hand. Along with anxiety guilt is the most powerful factor at the root of a great deal of general stress and disease. The heart of the Christian faith is in God’s grace and love which forgives sins and accepts the sinner as son or daughter. God gives forgiveness freely: but we find it difficult to accept that forgiveness; the hardest thing for me is to forgive myself, and to accept the grace of forgiveness. I fear that I will lose my independence if I accept forgiveness, for to acknowledge forgiveness is to recognize a permanent obligation to the forgiver. I would much rather be punished than forgiven; for if I am punished, then I have no further obligation to the one against whom I have sinned. Helping people to accept forgiveness is one of the hardest tasks in patient counselling, and in healing people. The toughest struggle is against sin and guilt. Many Christians who glibly and knowingly talk about sin and guilt and forgiveness in a naive way, (of saying some words of confession

and accepting some words of absolution) do not know either the power of guilt or the power of God's love which overcomes it.

Here both Christian teaching and Hindu doctrine need deepening. Hindu thought finds the source of papa in the lower nature - in the *tamo* and *rajo gunas*. These are the desire aspects of the soul - *kama* operating through thought and action at the level of the desire - soul, yielding to passions of the ego, swayed by the unstable plays of the gunas in the mind and the will. The purpose of Yoga then is to rise above the level of the desire-soul, to the higher atman, which knows itself as divine. Sri Aurobindo defines the Hindu conception of sin in the following words:

“Sin is the working of the lower nature for the crude satisfaction of its own ignorant, dull or violent rajasic and tamasic propensities in revolt against any high self-control and self-mastery of the nature by the spirit.”

(*Essays on the Gita*, Pondicherry, p. 267)

Sri Aurobindo goes on to say that the way “to get rid of this crude compulsion of the being by the lower *prakrti* in its inferior modes ‘is by’ recourse to the highest mode of that *Prakrti*, the Sattwik, which is seeking always for a harmonious light of knowledge and for a right rule of action” (ibid).

This is also Christian ascetic teaching - that the higher aspects of the human spirit, controlled by the divine Spirit, should in turn control the lower aspects of feeling, will and mind, passion and desire and error.

But in order to get going in such a discipline of overcoming the lower elements in me, I need the starting push of grace as forgiveness and the sustaining grace for perseverance. Here both the Christian teaching and the Gita teaching are extremely helpful and the tradition is full of profound insights about overcoming sin and guilt should be taught to the healing team, so that they are able to mediate the deepest mysteries of the tradition to the true seekers. Our usual theology, both Christian and Hindu, are quite superficial. There is a lot of work to be done here in relation to the deeper elements of the Tradition.



14. The third element we spoke about at the beginning is falsity of being, connected with and reinforced by anxiety and guilt. We have to be very brief here, precisely because even a cursory analysis of falsity in our being would take several pages. Healing comes from removal of falseness, not just in speech, but also in our very pretensions, illusions and attitudes. Here perhaps religion too often encourages falsity, in the form of hypocrisy, sanctimoniousness, and blind prejudices springing from utter selfishness. Only a deep experience of being accepted by God as I am, can release me from the need to pretend. So long as my estimate of myself is based on other people's ideas about me, I will be false. To accept forgiveness at a deep level, removes the need for pretension and hypocrisy. But this is a life-long process, and the skilled healer has to be able to assist the patient at a deep level.

15. One of the manifestations of anxiety, guilt and falsity, can be an acute sense of boredom. People try to overcome this boredom by overwork and drinking; but both are counter-productive, and the boredom becomes deeper and deeper at the subconscious level, and makes people frighteningly unhappy. This is happening to many successful businessmen, managers, and doctors among others. Much of the sickness comes from that terrible combination of non-specific stress and boredom interacting with work-a-holism or alcoholism and the extra stress on body and mind produced by either or both in combination.

Here no other healing is possible except through a deep faith and a comprehensive compassion for all people, especially the suffering and the victims of injustice. The human capacity for feeling, and the human will for doing, as well as the human mind thinking and knowing has to be disciplined together for a life of compassionate understanding of identification with, and curative action to heal, the suffering in own society. This includes socio-economic as well as political study and action. As part of the healing process, the healing team will have to help the patient to find his or her way to make full use of one's mind, will and feeling for the good of others. That is the way to overcome boredom and to find the way to joy.

16. The most important point to be taken into account by religious people concerned about healing cannot be treated here at any length. This has to do with the socio-economic structures which are at the root of much disease. We need to be concerned not only with the individual patient who comes to the hospital to be healed, but also with the social, economic and political structures which are the cause of such disease. One could also dwell at length on how corruptions in the religious institutions are themselves responsible for much ill health.

17. There is not enough time to speak about the practice of meditation which now has been proved to have tremendous healing powers. I am sure other religious leaders will speak at length about these. I only want to point out that almost any form of meditation, if it does not come out of anxiety and self-condemnation will have healing effects. Practices like Transcendental Meditation have proved to be capable of bringing tranquility to restless spirits and minds. Yoga is the combination of exercise and meditation. Stretching, twisting, reaching and bending are good for body and mind. In Christianity and Islam as well as in Hinduism this is achieved through the religious practice of prostrations (*Kumbidil, nisar, Sashtangapranam* and *Yogasanas*) as part of daily hours of prayer. Modern research teaches that two hours of standing every day is good for body and mind. Traditional religious practices have incorporated these elements.

But let me issue a warning here. No meditation technique can be developed into a complete religion. Meditation and Yoga are merely methods, instruments, leading to the realisation of truth in wisdom and love. Meditation is for concentration, for deliverance from the distraction of many ideas, many desires, many drives, in order to enable us to seek “the one good thing” which Mary chose, over against Martha who was busy with “many things” (LK 10:41). Meditation helps us to get out of our “thinking” which is the root of much ill-health. To stop thinking and start being still is a very curative technique. Good meditation decreases the restless alpha waves from the brain and increases the more quiet beta and these waves, and better synchronizes the waves from the two hemispheres of the brain.

In spite of all that, meditation cannot solve all problems. If you are

interested in a technical critique of the techniques of meditation, I would draw your attention to Chapter 7, entitled “Caveat Meditator” in Robert E. Ornstein, *The Mind Field A Personal Essay*, (Viking Press, New York, 1976.

“In the absence of anything more highly developed, such programmes impress their followers, and yield great benefits to their leaders.....

From one system, one can learn to relax; from a second, to relate; from a third, to respond.... (But) the primary function of the diverse techniques of meditation is to begin to answer the basic questions of life, such questions as .... What is the purpose of existence?.... (which) cannot be answered in the same rational, verbal manner as can questions about the nature of the physical, or even social environment, Meditation, then, is ‘a-logical’, intended to defeat the ordinary sequential and analytic approach to problem-solving in situations where this approach is not appropriate” (pp. 87-88).

Meditation is curative, because it helps to move away from the discursive, analytical conceptual frame of mind within which much of the anxiety functions. But religion itself cannot be reduced to any meditation technique. And if one thinks that only meditation techniques have value in healing, one is selling good religion very much short.

# The Healing Ministry of the Church

It was my privilege some years ago to dine at High Table in the Hall of Christ Church, Oxford. Sitting next to me was the Regius Professor of Medicine at Oxford. As conversation had to begin, I asked him: “What is the most significant and promising area of research in medicine today at Oxford?” The answer came without much hesitation: “The relation between body and mind in the cause and cure of disease.”

The Platonic and Stoic traditions are deeply entrenched in Christian thought. For the Stoics, the body was a microcosm reflecting the cosmos. In Alexander Pope’s words:

“All are but parts of one stupendous whole  
Whose body Nature is, and God the Soul.”

In the microcosm, the body, working according to a law which is written into it by the Logos or Reason, encloses the Soul. For the Platonists, the body was parallel to matter, and the soul to form. But body and mind, even to a Christian thinker like Augustine, were two separate entities, the former inferior to the latter. Mind is immortal, whereas body is mortal, according to Augustine. The mind has “a nature of its own” and is a “substance.” The soul is “prior” to the body and non-spatial (*On the Immortality of the Soul*, 17, 24).

The tendency to think thus of mind and body as two distinct, though inseparable, entities seems deep-rooted in the human tradition. One finds basically the same thought in Buddhist documents coming from an earlier period. The Surangama Sutra (Sanskrit, ca. 1st Century A.D.) after a very involved and sophisticated discussion, separates the body from the mind, placing the latter in the category of eternal essences and regarding the body as something merely spatio-temporal.

Both Western and Eastern cultures developed early a ‘scientific’ approach to medicine. In the beginning of our era, before the advent of Christianity, there were great physicians both in the East and the West. Hippocrates and Galen in the West were paralleled in India by Charaka and Susruta and later Vagbhata. The Indian treatise

Charakasamhita, coming from the early centuries of our era, deals in eight chapters with (i) major surgery, (ii) minor surgery, (iii) healing of internal diseases, (iv) casting out demons, (v) children's diseases, (vi) toxicology, (vii) elixirs, and (viii) aphrodisiacs. The Ashtanga-sangraha of Vagbhata is now being taught in Ayurvedic Colleges of Medicine in Mysore and elsewhere. China has a long and honourable history of medicine. Egypt developed a sophisticated medicine and surgery millennia before Christ. Mesopotamian medicine was highly developed in the time of Hammurabi. It is only on the basis of an unduly limited amount of information that one can say, as some modern writers do, that surgery was the result of dedivinization of the human body brought about by the Gospel.

In both scientific approaches, however, there was this tendency to take the body as a distinct organism with its own laws, not directly related to the mind. The mind was open to deception and demon-possession but not to disease. Nor were mental factors seriously taken into account in medical aetiology and pathology.

To put it bluntly, the temptation of the cultured or 'scientific' man is to regard disease as a biological fact alone, and therefore as something to be dealt with biologically. But the *bios*, of which biology is the science, is gradually becoming recognized to include not only the body, but also the *psyche* (the soul).

There is yet another separation which has been more characteristic of the West than of the East, namely that between thought and feeling. This has not always been so, even in the West. As Professor R. B. Onians points out in his *Origins of European Thought*,<sup>1</sup> in the Homeric literature, thought and feeling are themselves bodily actions, both intimately connected with the physical body.

For a detailed history of *Body and Mind in Western Thought*, the reader is invited to consult the rewarding summary by Dr. Joan Reeves in her Pelican book of that title (1958).

In the Eastern Patristic tradition, however, one finds an approach which is more directly incarnational, and while heavily influenced by the Greek classical tradition, yet shows a more comprehensive and fruitful line. Here is Gregory of Nyssa in *On the making of man*:

“The purpose of our argument was to show that the mind is not restricted to any part of the Body, but is equally in touch with the whole, producing its motion according to the nature of the part which is under its influence. There are cases, however, in which the mind even follows the bodily impulses, and becomes, as it were, their servant; for often the bodily nature takes the lead by introducing either the sense of that which gives pain or the desire for that which gives pleasure, so that it may be said to furnish the first beginnings...”

“Neither is there perception without material substance, nor does the act of perception take place without the intellectual faculty...”

“The mind is not confined to any one part of us, but is equally in all and through all, neither surrounding anything without, nor being enclosed within anything: for these phrases are properly applied to casks or other bodies that are placed one inside the other; but the union of the mental with the bodily presents a connection unspeakable and inconceivable - not being *within* it (for the incorporeal is not enclosed in a body), nor yet surrounding it without (for that which is incorporeal cannot enclose something within it), but the mind approaching our nature in some inexplicable and incomprehensible way, and coming into contact with it, is to be regarded as both in it and around it, neither implanted in it nor enfolded with it, but in a way which we cannot speak or think, except so far as this, that while the nature (*phusis*) prospers according to its own order, the mind is also operative; but if any misfortune befalls the former, the movement of the mind halts correspondingly.”<sup>2</sup>

Here two things are clearly noted, which seem to be not clearly recognized by Augustine, who was trained in the same classical tradition (though in its Latin version).

First, while Augustine also recognizes the inseparability of the body and soul, he is more inclined to regard the body as in some sense containing the soul, the soul being the captain of the ship of the body. The re-interpretation of the relation between body and mind is an important clue to the restoration of Christian healing in our tie, as much as to an authentic doctrine of Christian worship and obedience.

Second, and perhaps more important, Gregory recognises the essential mystery of the body-mind relationship, a problem to which many solutions have been offered in the centuries following, without finding wide acceptance. It is important for the Church's healing ministry to have a grasp of this central mystery of human existence, which comes up as a perennial problem in the history of Western thought.

Modern Western medicine is very young, a product of the Enlightenment, optimistic about its own capacity to understand, tempted to regard every mystery as ultimately reducible to a problem or a puzzle to be solved by the human mind, and mechanistic in its basic understanding of reality.

Bacteriology is hardly a hundred years old, and it is the key to modern medicine. Most of our knowledge of physico-chemical causes of diseases come from this century. University level medical training is a phenomenon that began to develop only after 1910 in the North American continent.

The Church must develop a more balanced and not over enthusiastic attitude towards the dominance of this young science in our understanding of human disease. Disease and healing cannot be understood apart from their physical causes, but to understand them in a purely physical sense is to misunderstand them dangerously.

The recognition of this integral relation between *soma* and *psyche* is the necessary preliminary step towards a proper perspective on the healing ministry of the Church. Otherwise we are in danger of thinking of medical missions as in some sense secondary to the proper task of evangelism. Healing of disease is neither a *praeparatio evangelica*, nor a work of charity which follows the preaching of the Gospel.

Such a view has at least the following eight consequences:

a) Medical missions cannot be construed as a *means* to draw people to the Church, so that they can later be addressed with the Gospel.

b) The healing ministry is no longer an *optional* element in the

total ministry of the Church. Salvation means healing of the totality of man.

c) The healing ministry of the Church is not adequately exercised when the Church runs hospitals which use the highly fruitful, though only partially adequate, *techniques* of modern medical science.

d) 'Faith healing', which has received scant attention and often contemptuous rejection at the hands of modern theology and modern medicine, should come in for a fresh appraisal. Healing services, prayers for the sick and anointing of the sick should receive fresh study.

e) If healing of the lame, the blind, the paralytic and the mentally ill had the function of a "sign of the Kingdom" in the New Testament, we need to rediscover the ways in which this can be the case in our time.

f) Certain special areas of medical mission which cater both to mental and physical health should receive priority in the work of the Church: e.g. psychiatric and medical social work, expert pastoral counselling engaged in by clergy and laity, mental and physical hygiene in rural and urban communities, diseases caused or intensified by anxiety, guilt, fear, loneliness, hatred and other 'mental' causes, etc.

g) Stimulus to medical research itself, by providing opportunities for qualified Christian and non-Christian medical practitioners to consider together the mental and social causes of illness, and to carry through social legislation and the establishment of programmes conducive to the prevention and cure of ill-health in society.

h) The organization of Medical Associations and nurses' associations, for constantly keeping the medical profession in dialogue with social, psychological and theological thinking, and for helping doctors and nurses as well as all Christians to be aware of their common responsibility for the health and well-being of society.

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"If you will diligently hearken to the voice of the Lord your God, and do that which is right in his eyes, and give heed to his



commandments and keep all his statutes, I will put none of the diseases upon you which I put upon the Egyptians; for I am the Lord, your healer” (Exodus 15:26).

The connection between sin and sickness needs more careful study. This is not to be treated in an individual framework, though the relation between the individual’s sickness and his sin should not be ignored. Obedience to the Lord God, or a dynamic righteousness in society, is the inescapable pre-condition for the health of man in society.

“When I shut up the heavens so that there is no rain, or command the locust to devour the land, or send pestilence among my people, if my people who are called by my name humble themselves, and pray and seek my face, and turn from their wicked ways, then will I hear from heaven and will forgive their sin, and heal their land” (II Chron. 7:14) said Yahweh to Solomon at the dedication of the Temple.

Repentance, and the consequent experience of God’s forgiving grace, in a corporate as well as an individual context, form parts of the healing ministry of the Church.

*Bless the Lord, O my soul,  
and forget not all his benefits,  
Who forgives all your iniquity,  
Who heals all your diseases.* (Ps. 103:2-3)

*Repent, O ye sons of wavering,  
I shall heal you from your wavering* (Jer. 3:22).

The leaves of the “tree of life” are for “the healing of the nations” (Rev. 22:22).

This close relation between repentance and healing has practical implications in our time. Corporate and personal repentance has to be provided for in the life and worship of the Church. The ‘sacrament’ of confession needs to be reinstated in a meaningful form in all the churches. The penitential prayers in our corporate worship have to be made more realistic and relevant. Deep-seated sin and guilt in our subliminal consciousness has to be brought up and dealt with. Nations themselves have to be made strong enough to confess their national sins, both internally and in relation to the other nations.

The Eucharist, the “medicine of immortality”, should become a true healing agent in the life of the congregations. This applies equally to Orthodox and non-Orthodox churches.

The Church should seek also to eliminate social and personal injustice in society, in order that the healing of the nations may become a reality. The congregation should promote mutual reconciliation and acceptance within itself, so that it may become a genuinely healing and forgiving community, not an association of morbid pietists or of escapist activists.

As for the institutional aspect of the medical ministry, a Christian hospital should be characterized (not necessarily through having a majority of baptized Christians on its staff) by:

- a) An atmosphere of warm affection, joy and personal concern.
- b) Pastoral care for the total well-being of the patients, but not through using the depressed situation of the patient as an opportunity for evangelism-medical social workers may have a role to play even in the hospital.
- c) Special care for the poor.
- d) High level of technical efficiency, equipment and competence.
- e) A central core community of Christian professionals, on the staff, dedicated to making it an authentically Christian institution, with a discipline of corporate worship, discussion and leadership.
- f) Close but informal connection with qualified and specially chosen and trained people in the congregations in the area (on an ecumenical pattern) who take an active interest in all the patients in the hospital, visit them and care for them.

1. Cambridge, 1951, p. 3ff.

2. LNPF, Series Two, Vol. V, p. 402ff.

# Reshaping Health Care

The International Consultation on Medical Anthropology and Alternative Systems of Healing brought together some 50 healers and thinkers from various countries including USA, Germany, Japan, New Zealand, Russia, India, Oman and Tibet, for a consultation at the Hotel Raj Hans, Surajkund, Haryana (near New Delhi), India, from February 20th to 27th, 1995. The Consultation had four major objectives:

a. to make a preliminary assessment of the views of reality and perceptions of what constitutes a human person as implied or expressed in various healing systems developed by different cultures of the world. This, rather than any particular academic discipline is what was meant by the term “medical anthropology”;

b. a cursory examination of the development of modern western medicine, and of the reasons why more and more people are turning away from the western medical system of Allopathy and resorting to traditional healing systems or to Homeopathy for their health care needs;

c. an assessment of the state of Traditional Healing Systems and Homeopathy; and exploring ways and means to make the immense wealth of these rich traditions more easily and effectively accessible to people;

d. to suggest changes in existing patterns of health care and to make other suggestions and recommendations to governments, private sector enterprises related to healing, to the healing profession, to voluntary organisations and to the general public.

We had the benefit of a rich input in the form of presentations, demonstrations and discussions. The free consultation clinics in Ayurveda, Unani, Homeopathy, the Japanese system of Jorei, Naturopathy, Yoga, Tibetan Medicine, Russian Traditional medicine, Pranic Healing, High Genki, Acupressure and Massage techniques were utilised by participants as well as by hundreds of visitors from Delhi and Haryana. Participants thus had an opportunity to observe

the actual practise of Traditional Systems of Healing and Homeopathy, in addition to hearing some highly informative presentations on the various systems of Healing. They also saw how widespread was the public interested in these Traditional Healing Systems and Homeopathy.

We were graciously received by the great Sikh Guru and Healer, Baba Virsa Singhji Maharaj, and the hour we spent in his presence at the Gobind Sadan, Mehrauli, New Delhi, was itself a healing experience for most of us. Among many other precious insights which he gave us in that hour, Babaji also told us:

“If we see clearly, we can see that humans are the most poisonous of all creatures. ... When we hate or when anger and bitterness burns within us, we emit poison into the world and pollute it. ... When our thoughts are poisoning us, how can medicine help? When we purify our thoughts, when loving compassionate service motivates us, when we meditate deeply, not only our own bodies and spirits, but also the whole world will be cleansed, and people will be more healthy... If anger and hatred leave us, we can save millions on armaments as well.”

In his erudite inaugural address, the Government of India’s Minister of State for Health and Family Welfare, Dr. C. Silvera said,

“As a system Allopathy has its own plus points. But it has certain obvious pitfalls as well. The cost factor, non-availability to a vast majority of the people, hospital-induced illness, over-use of chemicals in pharmacopeia and prescriptions, indiscriminate use of antibiotics, the over-technologisation of both diagnosis and therapy, and consequent impersonalization of healing are some of these.”

The Minister announced that “very soon a separate Department for Indian Systems of Medicine and Homeopathy will be created under the Ministry of Health and Family Welfare.” This new Department will seek among other things:

(a) the upgrading of colleges for training personnel for Indian Systems of Medicine.

(b) the setting up of four drug testing laboratories for Ayurveda, Unani, Siddha and Homeopathy.

(c) research revitalisation in these systems.

(d) exposing practitioners of these systems to the National Health Programme through three-week courses, and

(e) the setting up of at least one Specialised Hospital in each state, for the practice of these systems, on the lines of Allopathic hospitals.

The Minister continued to stress the drawbacks in the present situation, including the inadequate level of training administered in colleges for these systems, their insufficiently developed theoretical framework, practice by healers of substandard training, tonics and patent medicines not conforming to standard or even to the labels. He said:

“However, there is no gainsaying the fact that we need to enforce stricter standards than is presently the case. Let me assure you that this is an issue to which my Ministry will address itself with all seriousness.”

We were served a rich feast of knowledge and wisdom in the form of papers and presentations, including the Presidential address of the Co-Chairperson, Prof. R. M. Verma, former Director of the National Institute of Mental Health and Neurological Sciences, the incredibly rich keynote address by Prof. Srinath Reddy of the Department of Cardiology of The All India Institute of Medical Science, the thought-provoking addresses by Prof. Manmohan Singh of Southern Illinois University School of Medicine, the deep insights Prof. J. S. Neki, the leading Indian Guru of Psychiatry and Psychosomatic Medicine and many others. Leading intellectuals like Smt. Kapila Vatsyayan, Sri. Chaturvedi Badrinath, Prof. Anil Gupta and others enriched the discussion by their responses to the main addresses.

## **Reality-Perception or Conceptual Structure**

We saw that almost all traditional healing systems had their origin in a cultural milieu where religion had not been banished from the public arena to the margins of privatisation or individualism. In fact world view of most of these systems was deeply rooted in spiritual/religious perceptions of the universe and its transcendent origins; the human person was always an integral aspect of that cosmos, not a subject standing outside the world, trying to view it as an object.

The universal Aboriginal or Adivasi Culture in all continents, (Tribal, African, Native American, Siberian, Chinese or Indian) was one where humans felt close to earth and sky, to air and water to trees and animals - participating fully with them in the cosmic community. We of the urban-technological civilization would appear to have lost most of that sense of intimacy and community. In fact it is still there in our blood and in our genes, dormant, inactive, but not yet extinct; it needs only to be reawakened and rekindled. Appreciation and practice of Traditional Systems of Healing and Homeopathy will be easier in a culture which regains some of that Primal Vision of our ancestors, irrespective of where on the globe we live today.

When we come to the world's great religions, which have been the matrix of most of the traditional healing systems, we are struck by the fact that most of the world's religions, and therefore the traditional healing systems integral to them, are of Asian origin: East Asian, South Asian or West Asian: Taoism, Shintoism, Confucianism and Chinese Buddhism of East Asian provenance; Buddhism, Jainism, Hinduism and Sikhism of South Asian origin; and Zoroastrianism, Judaism, Christianity and Islam from West Asia, with a large contribution from Egypt in Africa and Greece in Europe.

All traditional healing systems, including the western traditional or Greek, operate within one more of these religions, sharing their world view, quite often transcending the limits of any one religion. Ayurveda in India for example predates the division of the Indian heritage into Jain, Buddhist and Hindu; it takes eclectically from many philosophical systems - Sankhya, Nyaya-Vaisesika, Jaina, Buddhist, according to need, but the relation to the Cosmos or the Transcendent is never

obscured. Even the western or Greek system was never totally secular: Pythagoreanism - Platonism, the Orphic-Apollonian-Dionysian cults and other Mystery Religions were in the background of Hippocrates and Galen, Asclepiades and Alcibiades (most of the Greeks were from Asia Minor), Herophilus and Erasistratus. The Unani system is a typical case of Jewish-Greek-Christian-Muslim, confluence.

When we come to modern western medicine, there is a fundamental change in this outlook. There is a crisis in our health care system centered in Allopathy. This crisis is, in fact, a crisis of culture. Allopathy is a product of a particular culture and bears its marks.

### **The Evolution of Western culture and Western Medicine**

Some understanding of the transition of Europe from the Medieval Christian (Roman Catholic) culture to the Modern Secular culture is necessary if we want to come to terms with what looks like an apparent conflict between Modern Western medicine on the one hand and Traditional Healing Systems and Homeopathy on the other.

Medieval Christendom (ca 800 to ca 1750) was, at least on the surface, a homogeneous religious culture, with the authority of the Church (after the Protestant Reformation of 1517 ff, of the Church and the Bible, but still of some form of western Christianity) ruling supreme at least in theory. Enormous socio-economic and anti-clerical conflicts simmered under the calm-looking surface of a society which had suddenly become affluent, through trade, piracy, colonialism and imperialism. The old structures of a feudal society were already coming apart at the seams, with the advance of the Industrial Revolution and the rise of the bourgeoisie as the newly dominant class replacing the feudal barons and nobles.

It was in this context that in 18th century Europe and later in America, a process called "Secularisation" spread, overthrowing the control of the Church over property, ideas and institutions, including medical and educational institutions run by monks and priests - the 13th century medical schools in Salerno and Montpellier, Paris and

Bologna, Padua and Leiden. Great theological-spiritual masters like the monk Roger Bacon and the Abbot Albertus Magnus (teacher of Thomas Aquinas) were also great physicians. Other great healers were attached to Popes and Kings. Secularisation took medicine away from the Church and the monks, and established the foundations of a medical system without conscious grounding in any religious world view.

The decisive event of this process was what we call the European Enlightenment, one of whose great symbols was the French Revolution in 1789 with its slogan of Liberty, Equality and Fraternity, directed against the church's domination, inequality and paternalism. The European Enlightenment of the 18th and 19th centuries boldly asserted the freedom and autonomy of the individual, against the unfreedom and theonomy or heteronomy of religion and tradition. In pre-18th century European Christendom, religious notions like the Kingdom of God provided the basic framework for unifying all experience. This religious authority and tradition is what Secularisation and the Enlightenment totally and completely repudiated as an affront to the freedom and autonomy of the human person.

The unifying principle of all experience was no longer to be supplied by religion or tradition; human reason was its own authority over which the Enlightenment would acknowledge no higher authority. Human rationality was capable of grasping reality and transforming it to serve humanity's interests. It was in this milieu that modern science and technology were born; modern western medicine, based on science and technology, was also born in this matrix of repudiating all authority outside of human rationality, rejecting practically all agency except human agency. Science, the major instrument of human rationality, and technology as tool for human control of the world, together became now the unifying principle of experience. What was not knowable by the methods of science was not knowledge in this view. Everything that needs to be done can somehow be accomplished by technological know-how. Man is the Supreme Healer, knowing and handling the human body like other objects, through modern science and the technology based on it.



This meant also the marginalisation of art, philosophy and religion as knowledge-gathering and communicating symbol systems. The new Positivist Philosophy, articulated by Auguste Comte, affirmed that all European knowledge, and therefore by extrapolation all human knowledge, has passed through three progressive stages of development: the theological-religious, the philosophical-metaphysical, and finally the scientific-positive. Only the last was true adult knowledge because it was not dependent on any external authority; the theological/religious belonged to the infancy of humanity; the philosophical/metaphysical belonged to humanity's adolescence. The adult, in order to affirm his/her own freedom and authority, must abandon what belonged to the child and the adolescent.

For western science, till recently, Traditional Systems of Healing belonged to that childhood or adolescence of humanity, and are to be assigned to the outer margins of civilised society, where people without modern education and scientific thinking, and therefore without the benefit of the European Enlightenment and its rationality, live-in non-western cultures, in the lower uneducated classes of western society, and so on. If anything in the Traditional Systems of Healing is to be accepted by adult, free human beings, they had to be tested on the anvil of scientific rationality and experimental validation.

We should acknowledge the fact that modern western medicine, even when based on the Cartesian-Mechanistic-Reductionist model, has enormous successes to its credit. It has liberated humanity, at least in some measure, from its fear of unknown and unknowable external or internal forces like superstition, fatalism, karma, and demonic agencies. It has overcome epidemics and contributed to longer life expectancy. Many diseases, previously thought incurable, have been brought under partial control.

Allopathy acknowledges, at least in theory, its origins in Hippocratic thought and practice. It has, however come to neglect some of the main themes of Hippocratic medicine: e.g. health as a state of balance, the importance of environmental influences, body-mind interdependence, nature's inherent healing power. Instead it chose the Cartesian model, which is dualistic, reductionist and mechanistic.

It separated body and mind, assigning the body to physicians and surgeons, and the mind to psychiatrists and psychoanalysts. It saw the body on the analogy of a machine composed of different parts, and attributed disease to organ dysfunctions or invasions by bacteria which had to be exterminated. Diagnosis and therapy were based on simplistic single cause explanation, leading to treatment of that single cause. This single cause-effect understanding was reinforced by developments in laboratory medicine and medical technology. The cost of treatment arose enormously as medical technology advanced. There was failure to recognize fully the inter-dependence of body-mind-environment, and to understand the human person as subsisting only in relation to various other subsystems which affected illness and wellness.

The system was tardy in recognising and nurturing the inherent healing powers in nature and in the human body. Excessive use of antibiotics led to unexpected consequences, like reduced resistance to disease, enfeeblement of the immune system and the rise of strains of new bacteria resistant to all known antibiotics and hence as lethal as AIDS. The pace of increasing sophistication and complexity in diagnostic technology not only raises health care costs to exorbitantly high levels, but also progressively marginalises the physician-patient interaction, so essential to health and healing. The proliferation of often unnecessary chemical drugs, combined with the overuse of chemical fertilizers, pesticides, food preservatives and detergents, increases toxicity in the human body and lowers the general health level of people. We note that in certain countries, some pharmaceutical companies, insurance companies and some medical professionals together constitute a highly exploitative and unjust "health business." These are factors that urgently call for remedy and rectification in western medicine.

At the same time there have been many positive developments in the theory and practice of modern western medicine. The growth of epidemiology as a discipline and public health as a service have led to a better recognition of the multifactorial and interactive approach to illness and health, taking social, environmental and even cultural factors into account. The emphasis on preventive medicine, on

community health delivery, and the “health for the millions” approach have helped broaden out the perceptions of western medicine into nutritional practices and environmental factors. The new emphasis on “life-style related diseases” helped the understanding of heart diseases, cancer, diabetes, mental illness and other stress related disorders. The role of diet, exercise and relaxation techniques is now better recognised. Socio-economic deprivation as a major contributor to ill-health, links health care today with the wider aspects of the political economy. The recent emergence of evolutionary epidemiology draws attention to the factor of cultural change and the consequent erosion of the protective practices of the old cultures as a major cause of ill-health and epidemics.

Technology itself has helped in the unravelling of the complex interplay of myriad interdependent systems in the body and in the world, from cell to cosmos, which keep a person healthy. Psychosomatic medicine and Psychoneuro immunology emerging as new inter-disciplinary systems of knowledge and the emergence of bio-feedback technology, have revealed how the mind and will affect the body through neurohumoral influences and by mental states.

There is a growing recognition of the role of faith and spirituality in health and healing. The power of prayer to heal is now well documented.

All these combine to initiate some radical changes in modern western medicine, bringing it closer to the reality perceptions of the Traditional Systems of Healing. There is a new paradigm emerging—one that integrates the physical, mental, environmental, social, and spiritual domains. Its articulation is progressing very slowly; the conception itself is still in evolution. Medical Anthropology, or our understanding of how the human person functions in relation to the rest of the universe, calls for clearer formulation, incorporating the role, not only of science, but also of art, philosophy and religion, in health and healing.

As this paradigm shift grows to maturity, we can expect a creative regeneration in modern western medicine. This process will not take place independently of a better understanding of and co-operation

with Traditional Systems of Healing; it will also facilitate that necessary understanding and co-operation in the interests of the health and well-being of the whole of humanity.

### **The Present and Future of Traditional Systems of Healing**

It is by no means easy to produce an exhaustive list of the Traditional Systems of Healing. We want first to suggest that we abandon the use of the term “Alternative Systems of Healing”. It seems to imply that one system, namely Allopathy, is normative and the others are simply alternatives.

When we speak of “Traditional Systems of Healing” we mean the traditions of healing and health care of all cultures - of China and Japan, of India and Tibet, of the Arab World, of Europe and the Americas, of all of Africa, Asia, Australia and New Zealand. We should include Homeopathy, though it is rather modern in origin. We also include a plethora of newly emerging healing systems - e.g.; Pranic Healing, Jorei, High Genki, Reflexology, Magnetology, Chiropractic, Osteopathy, Cranio-Sacral Therapy and so on, all of which seem to have some roots in Ancient Traditions.

We note the growing recognition of TSH (Traditional Systems of Healing) by Allopathy, and the selective and partial incorporation of some of its techniques into Allopathic medicine as an adjunct to it. This is not what matters, however, from the perspective of the people’s health needs. We are convinced that the resuscitation and promotion of Traditional Systems in their own right is absolutely necessary for the welfare of humanity; we affirm that we cannot begin to meet the health needs of the whole of humanity without the aid of TSH.

The TSH have a claim for preferential treatment, because

- a. they are community based and have already a strong manpower base, which includes trained healers as well as local or tribal health practitioners;
- b. they rely primarily on local resources like flora, fauna and minerals;
- c. they are cost effective and within reach of ordinary people;

- d. the possibility for commercialisation and exploitation is much less in these systems compared to western medicine; though high vigilance is required to ensure that as the people's awareness of and demand for these systems go up, commercial establishment will certainly exploit them for profit;
- e. their side effects are much less, and properly controlled, they do less damage to humanity's health and well-being;
- f. they are well integrated with culture specific life styles, while generally being holistic in their approach to health care.

It is a fact however that TSH have been surviving for the past two hundred years on the margins of public life. The European Enlightenment and its secular civilizations banished them from the official public arena, along with all tradition and all religion. Allopathy which conformed to the standards of western science took over the centre of the public health care system.

No marginalised community can live and flourish normally; this is true for women, for Adivasis and Aborigines, for Blacks and Native Americans; it is true also for religion which has not done well in the past two hundred years as compared to earlier periods. Traditional Healing Systems were cast out, along with the religions which were their matrix.

Prolonged marginalisation distorts everything; TSH are no exception. The state gives primary attention to the Allopathic system, casting an occasional crumb from its sumptuous tables to the household pets of TSH. Their potential is not recognised or sufficiently utilised in primary health care or in hospitals and systems of training medical and paramedical personnel. With the waning of State recognition and support, some people lose confidence in their own healing traditions. Allopathic physicians and nurses, by virtue of their training school education, tend to look down on the practitioners of TSH. On the other hand there is a groundswell of new demand for these Traditional Systems on the part of people everywhere. Their respect for these systems is growing.

What should we do to bring these TSH back to life and help them

fulfil their true function? First, we need to do certain things both for TSH and also for Allopathy:

- a. confirm and reaffirm what is good and should in these systems;
- b. remove what is distorted in systems and restore them to their original authenticity;
- c. complete what remains incomplete in the light of experience and new knowledge, especially by learning from one another.

A major problem in relation to TSH was that of standards for training practitioners and their licensing or accreditation. The traditional method in these systems is apprenticeship or *guru-sishya-parampara*, or handing over the knowledge from teacher to disciple, in a system where theory and practice are never separated. This system is difficult to practise on a large scale, when there is need for thousands of practitioners to bring health care to people.

Training in TSH therefore can be best achieved in small scale participatory teacher-student patterns in the setting of local cultures. However, large scale colleges for Ayurveda, Homeopathy, Unani, Siddha, Naturopathy, Yoga therapy, Chinese Medicine and other systems are already in existence. These institutions now seek to imitate the pattern of Allopathic medical schools; sometimes even the subjects and text books of Allopathy are utilised. The end result is major distortions in the authenticity of the TSH.

One thing we notice is that each system remains in isolation. The practitioner of one system knows very little about other systems. This defect should be remedied at the training stage itself, by short courses for exposure to other systems, preferably in the latter's clinics and institutions. The curriculum of Allopathic medical schools should definitely include such exposure to TSH. But the same has to be done in the training programme of each Traditional System as well.

### **Multisystem Healing Centres**

We saw the need for culturally adapted multi-system healing centres in all countries and all regions of each country. Some of the existing clinics and hospitals could incorporate more systems into

their present structure. The multi-system centres could be designed in such a way that there is creative interaction between the various systems. A multi-system diagnostic team could screen each person coming for healing and assign a suitable programme of treatment in one or more systems, according to need and preference. It is desirable that large buildings are avoided, regimentation reduced to a minimum and convivial living conditions provided for all, preferably in open country, in sylvan settings where possible, plenty of gardens and open spaces provided, with flowing streams and winding lanes and clubs and cafes for creative interaction among patients and healers. Costs have to be kept as low as possible, so that ordinary people can benefit from them. State and private sector subsidies should be sought and utilised; especially to help the poor.

These centres can also play a central role in gathering information and establishing a data base about the efficacy, safety and cost of the various systems. They could besides serve as internship hospitals for trainees in various systems. In some cases these centres can also undertake or promote research in the various systems. They can also serve as referral centres for patients from other centres. Such centres can co-operate with other similar centres, so that each can learn from the other.

One question which seemed central is the extent to which the standards of modern science should be applied to the testing of Traditional Systems.

### **What Constitutes Valid Evidence for Efficacy and Safety of any System?**

It is clear that all healing systems should be tested for their efficacy and safety. This applies to the Allopathic system as well. We were told of the Weinberg study, according to which only 20% of the cures effected in allopathy can be attributed to the treatment applied, 30% is placebo effect, 25% due to some form of catharsis, and the remaining 25% due to what is called the X-Factor, which may include faith and prayer. Whatever be the validity of this report, it is clear that strict laboratory evidence cannot be obtained for all these factors involved in healing. In the case of all systems, whether Allopathy or

Traditional, the following principle can guide our thinking about efficacy and safety.

1. All systems should be evaluated and assessed, in ways appropriate to each system, for their efficacy and safety, before they can be licensed or used in the public health care system.
2. The causal connection between the treatment and its beneficial outcome may not always be traceable accurately. This may be due to limits in our theoretical understanding or in our investigational tools. Our inability to trace the causal chain should not however lead to rejection of healing methods of proven efficacy.
3. Any evaluation process should give more importance to patient-relevant outcomes like survival, well-being, functional state, and self-care possibilities than to physician-relevant outcomes like clinical or laboratory indicators. Pre-treatment and post-well being measurements of measurable aspects should also be gathered and studied wherever possible.
4. Documentation should include cases of success in treatment as well as of failure and fatalities.
5. Comparative clinical trials may in some cases be used to test the efficacy of various systems.
6. Comparative cost-effectiveness assessments should also be used in testing usability of various systems.
7. Careful documentation about experiences of groups of persons could also be studied to supplement the assessment of various systems.
8. The internal criteria of one system cannot be applied in the assessment of other systems.

### **Recommendations**

We address our modest suggestions and recommendations to governments, intergovernmental bodies, to voluntary agencies and international non-governmental agencies, to Corporations and



Insurance companies, to professional healers, to the general public to the communications media.

### **To National Governments**

1. Many governments recognize only a few selected Traditional Systems of Healing for support and promotion; we recommend that they should seek to be as inclusive as possible, and not to neglect the scores of systems now coming back to life, including traditional Chinese, Japanese, Tibetan, Native American and Indian systems, as well as the newly emerging systems like Craniosacral Therapy, Macrobiotics, Reflexology, Magnetology and so on. Governments directly or through other public bodies should evaluate and assess by appropriate methods the efficacy and safety of all systems, and take into consideration their easy availability to people as well as cost factors.

2. In setting up or supporting high quality training centres for the various systems, special attention should be given to the culture-specific ambiance of each system. Most traditional systems do better in small scale settings and rural conditions. Since their future participation in nation-wide health programmes is in view, the urban setting is often uncongenial.

3. Governments should promote or establish testing facilities and centres appropriate to each system for the continuing monitoring of quality and standards of pharmaceuticals and other medical products in traditional systems. No product should be sold in the market without certification of quality.

4. Governments should set up or promote high quality multisystem healing centres, where there is co-ordination and continuous interaction among the various systems. These new institutions should be centres of comparative study, of multi-system treatment, evaluation, standard-setting for accreditation, documentation and research, for Traditional Systems of Healing, Homeopathy and Emerging New Systems.

5. Governments should fund and promote research in Traditional Systems of Healing, using also the multi-system centres and testing

facilities. Research in TSH, when attached to Allopathy dominated institutions should not remain at the margins of the programme of such institutes, but should promote continuous interaction among TSH and Allopathy.

6. Governments should legislate for proper monitoring of TSH products and for the licensing and registration of TSH practitioners. Norms of training and qualification should be established and strictly implemented, suitably disciplining violators and malpractitioners. Governments should also pass and enforce appropriate legislation to regulate the large scale export of the herbal resources of the country.

### **To the World Health Organisation and Other UN Agencies**

1. WHO should initiate effective programmes for the comparative study and assessment of the world-wide use of Traditional Systems of Healing, Homeopathy and Emerging New Therapies, which are all already playing a major role in the health care of the people.

2. WHO should support the setting up of a World Association of Traditional Healers, on the patterns of the existing CIOMS which brings together national health associations. To this end the WHO should encourage member governments who have not already done so, to set up national associations of traditional healers in each country.

3. Other UN agencies like UNICEF, UNDP etc should take into account the role of Traditional Systems of Healing in supporting development programmes and projects, and especially in caring for the health of infants and mothers.

4. WHO should take initiatives to promote creative interaction between Allopathy and Traditional Healing Systems, as well as to promote the recognition and use of TSH in all countries in order to fulfil its own commitment to “Health for the Millions by the Year 2000” (Alma Ata Declaration, 1978).

### **To the General Public, and Especially to Voluntary Agencies and Non government Organisations**

1. High Priority should be given to awareness building among the general public, first about the basic factors contributing to human

health and well-being (Health Awareness Programmes), and secondly about the existence, efficacy and availability at low cost of Traditional Systems of Healing.

2. Every effort should be made for maximising the use of TSH in primary health care and in urban and rural health delivery systems.

3. Support should be given for the starting of multi-system healing centres in urban and rural areas.

4. A meeting of all voluntary organisations and NGOs working in the field of health should be convoked to consider ways and means of promoting TSH.

5. Take initiatives for setting up international and national non-governmental bodies to promote TSH, and for the networking of practitioners.

6. There is urgent need for a manual of Traditional Systems of Healing, homeopathy and Emerging New Systems, with brief introductions to some 20 of the most important systems (about 20-25 pages for each discipline) among these, choosing those with proven efficacy, easy availability and low cost. The essays must be competently written by experts in each field, with a view to being used as a text book in all institutions of medical training, allopathic, traditional or new. Perhaps a two volume edition, affordable, should be made available also to the general public.

### **To Corporations, Insurance Companies and others**

1. We recognised the fact that economic power to effect some of these measures was not primarily in the hands of governmental bodies. We saw the positive role that private sector corporations could play in promoting universal health care, making maximum use of Traditional Systems of Healing, Homeopathy, and the Newly Emerging Systems of Healing. Their economic power and organizational resources should be optimally used to promote TSH. This is particularly so, in the context of increasing privatisation of medicine and healing and the entry of corporations into large scale manufacturing and marketing of pharmaceuticals for TSH.

2. We felt the need for the corporations, in consultation with public interest bodies and persons, formulating a code of conduct to be observed by all private sector enterprises in the field of health and healing. Such a code should give priority to the interests of the public and only secondarily to the conventional private sector interest of profit and power. The corporations should pledge themselves not to engage in the manufacture or marketing of any product or service harmful to the health and well being of the people, or beyond the means of ordinary people.

3. The corporations should jointly or individually set up endowments, funds and foundations for promoting Traditional Systems of Healing, Homeopathy and Emerging New Therapies and for maximising their use in the health care of the common people. This would be in the interest of Health Insurance companies in all lands as the use of TSH will substantially reduce morbidity and mortality. They should set aside and wisely use funds for setting up multisystem centres of healing research and documentation.

4. The corporations should take special care to see that the natural herbal resources of countries are not depleted or destroyed by over-exploitation. They should make it a point to ensure that for every herbal plant plucked up two are immediately planted, as is done in afforestation programmes.

### **To the Media - Print, Electronic and Other**

1. Health for all is just as important as Food and Clothing for All, or as part of the movement for a Sustainable Life Environment, and for Peace, Justice, Freedom and Dignity for All. A workable programme for ensuring Health for All must necessarily include the renewal and full utilisation of Traditional Systems of Healing, Homeopathy and the Newly Emerging Therapies. We appeal to all media to intensify their efforts to promote public awareness of these systems and to disseminate accurate information about them. We make a special appeal to local languages media to highlight these systems and their capacity to prevent illness and promote health.

2. We appeal especially to teachers, doctors, literary writers, actors,

poets, painters, musicians, dancers and other artists to help in the dissemination of knowledge about the basic principle of health, and to fulfil the potential role of all media in creating greater awareness about the possibilities and advantages of TSH.

3. We welcome projects to start global media channels and networks which specialize, on a non-profit, non-commercial basis, in promoting information on Transcultural Health Care, projecting particularly some of the essential sub-cultural aspects of TSH, and drawing special attention also to the spiritual aspects of health and healing.

4. The Media should promote debate and discussion to bring about better mutual understanding between western medicine and TSH, and to dispel prevailing ignorance and wrong notions.

5. As multi-system healing centres develop all over the world, the media should promote awareness about these centres as a significant move in advance towards Health for All.