Why integrative medicine?

At a recent ‘Integrative Medicine’ course I spoke on the topic ‘Why integrative medicine?’ Indeed why?

At a recent wonderful wedding in France, the civil wedding in Toulouse was followed by a ceremonial ceremony in the coastal town of Biarritz, which incorporated aspects from the Jewish and Christian religions and the concept of a universal and powerful unifying ‘spirit’. The man who officiated describes himself as a professional astrologer and a ‘sacred celebrant’ (he officiates at occasions such as births, weddings and deaths). His answer to my later enquiry whether he believed in reincarnation was that belief was insufficient; he knew that it was a reality. Before becoming too cynical we should be reminded that the majority of South Africans are affiliated to belief systems that profess the ability to communicate with ancestors and/or in a life hereafter. Healing practices the world over similarly encompass sets of belief systems.

The strength of ‘religious’ beliefs

Earlier in the year my wife and I were privileged to visit China for the first time. Our hosts, the Beijing Medical School, had invited the Executive Committee of the World Federation for Medical Education (WFME) to have the Annual Meeting there to coincide with their medical education conference. We stayed on afterwards to get a feel of the people, the geography and phenomenal Chinese economic and cultural developments. Chinese beliefs have been influenced by three main streams, namely Taoism, Confucianism and Buddhism. Despite attempts by the Communist regime to wipe out religion, these influences remain strong. To these one can also add Maoism as the communist party as defined by Chairman Mao is a very powerful belief system. The Communists in the Soviet Union too tried hard to destroy religious beliefs. The Orthodox Church, which was a product of fusing pagan and Christian beliefs, seemed an easy target. But 5 years after the Soviet Union crumbled – after decades of antibiblical parades, endless propaganda and cruel persecution – Russian Orthodoxy was reclaimed by almost 72% of the population, roughly similar to the proportion of religious believers in the USA where no persecution occurred.

Persistence of beliefs despite such apparent odds may be explained by an increasingly accepted view that they exist as a consequence of the evolutionary process.¹

Beliefs in health care systems

Beliefs of the kind described are not confined to religions and are strongly represented in our beliefs about health care systems. Take the ‘humoral theory’ of Hippocrates and the Greeks that held sway until the 19th century. According to this belief all disease could be accounted for by a disharmony of the four humours. Treatment followed logically: Bleed – to get rid of bad humours; starve – to prevent new ones from forming; or purge – to get rid of the rest, from above, below or from any other exit. To this day we still use words based on those early beliefs to describe personality traits: ‘sanguine’ (excess of blood), ‘phlegmatic’ (excess of phlegm), ‘choleric’ (excess of yellow bile), and ‘melancholic’ (excess of black bile).²

Beliefs in medication

Beliefs in the beneficial effects of medications despite all evidence to the contrary can be equally powerful. The rhino is in danger of extinction because of the belief by peoples in the East that the rhino horn has aphrodisiac properties. Since the rhino horn is a special variant of hide, chewing our nails and eating our hair would do equally well. Laetrile, a compound chemically related to amygdalin, and found naturally in the pits of apricots and various other fruits, gained notoriety as a focus of political activities intended to abolish the laws protecting Americans from quackery. Promoted by a failed scientist and backed by other shady characters, it was claimed to be beneficial in the treatment of cancer. When it was banned in the USA after being shown to have no beneficial effects and signs of cyanide poisoning developing in some patients, those who still clamoured to use it simply skipped over the border to Mexico to do so. Today it is still sold under the guise of ‘vitamin B-17’. South Africa is still reeling from the effects of the sorry saga of Olga Visser and her husband Zigi in persuading the Cabinet that they had found a powerful and unique African medicine to treat AIDS which they called Virodene. The Medicines Control Council (MCC) could not support its use as it was shown to be an organic solvent with no therapeutic effects, and toxic to the liver. As a result the MCC was politically purged, starting with the then Chairman Professor Peter Folb.

Health councils

To help make sense of our complex world, we humans are given to classifying, categorising, codifying, organising and regulating our experiences and activities. Let’s look at what we have made of health care in South Africa. Several health belief systems (by no means all) have regulatory Councils. The Health Professions Council of South Africa (HPCSA) (comprising 12 professional boards including the Medical and Dental Board), Nursing Council, Pharmacy Council and the Dental Technicians Council are considered ‘conventional’. The Allied Health Professions Council (AHPCS) includes homeopathy, chiropractic, naturopathy and 7 others. The Traditional Health Practitioners Council was recently given parliamentary blessing (more than 200 000 ‘traditional healers’ are estimated to be practising in South Africa).
Education and medicine
Returning to China again, it has been held up as an example of how traditional Chinese medicine and the training of ‘barefoot doctors’ were successfully integrated with conventional medicine in their teaching medical schools. But China as an emerging major global power recognised inter alia that their medical education was problematical and wanted to be world class. But no international standards existed. So they turned to the China Medical Board, established in 1914 with Rockefeller money, which provided funds to establish the International Institute of Medical Education (IIME) to assist with this request. The IIME assembled experts in medical education from all parts of the globe, including China, to develop Global Minimum Essential Requirements (GMER) in medical education.  The World Federation for Medical Education (WFME) at about the same time set about developing International Standards in Medical Education, covering the outcomes and process of medical education. These were accepted at an International Medical Conference and by the World Health Organization that has teamed up with the WFME to roll them out globally. Both groups defined their standards along broad principles and were not prescriptive about the detail of the curriculum or of outcomes. They emphasise the importance of a sound foundation in the basic and clinical sciences and the ability to solve problems, etc. The WFME and IIME Standards have been tried, tested and adopted by China, thus strengthening conventional medicine.

Medicine absorbs and discards
Medicine has a long history of integrating things that it finds beneficial and of discarding unhelpful remedies. It has swallowed whole disciplines like the ‘barber surgeons’ in England of the Middle Ages; entire beliefs such as the ‘humoral theory’ have been dumped; co-workers such as physiotherapists and occupational therapists have been spawned; chunks of science such as the use of different energy sources – X-rays, ultrasound, radioisotopes, magnetism – for the purposes of imaging and therapy have been adopted and developed; chemistry has revolutionised the understanding and treatment of diseases; remedies such as quinine, which was the first effective treatment for malaria, have been taken over from indigenous peoples; new discoveries such as the central role of Helicobacter pylori in causing peptic ulceration have replaced old beliefs, etc. Medicine has and always will have its faults. My pet concerns include the excessive use of antibiotics, which results in the development of resistant microbial strains, and the excesses of intensive care at the end of life, which denies people a natural and dignified death such as is supported by the Hospice movement.

Belief systems are deeply entrenched and are seated in different areas in the brain than our logical capacities. They are hard to dislodge, and those who challenge beliefs are perceived as threatening to those that hold them. Thus people can hold beliefs that conflict with proof to the contrary, a phenomenon known as cognitive dissonance. So how do we cope with so many beliefs in health care, and why is it not possible for them all to be lumped together? A useful quote states ‘The proper way to assess any theory is not simply to search out evidence for it, but to weigh its explanatory advantages against those of every extant rival.’ And characteristics that should raise suspicions include the following:1

- An assumption that intuitively held certitude is somehow more precious and profound than the hard-won gains of trial and error
- Forces in nature that are believed to be separate from and operate independently of any spiritual beings and also separate from those forces identified by science
- Power that is energised by a mystical power that exists in varying degrees in all things
- Symbols that are words, thoughts, things, or actions which not only represent other things or actions but can take on the qualities of the things they represent
- Undue deference to authority
- Hostility to dissenters
- Penchants for guruism
- Little regard for the basic lessons of reasoning, and
- Claims of ‘holism’ and ‘natural’.

Put crisply – there is only one medicine; and it works in close harmony with its ‘conventional’ colleagues. Medicine readily absorbs remedies shown to be helpful. The belief systems, other than the ‘conventional’, shore up their beliefs rather than challenging them. For example medicine cannot accept homeopathy, as its principles, including ‘the greater dilution the greater effect’, violate basic principles of physics; or, some manipulations taught by chiropractic are effective but its creed ‘that vertebral subluxation is the cause of all disease’ is arrant nonsense. Rather than ‘Why integrative medicine?’ a more appropriate question would therefore be ‘What should medicine integrate (or reject)?’

J P de V van Niekerk
Managing Editor

1.  www.skeptic.com
3.  www.iime.org
4.  www.wfme.org