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Remembering the Holistic View

We have not heard much of the word holism of late. To some extent it has been eclipsed by a new word for therapeutic inclusiveness, namely integration. However the two are entirely different. Integration is used to describe the combined use of therapies. Holism is not about therapies. It is a view of reality, and in the practice of medicine, a way of healing, whatever type of therapies are employed. Holism is still a great word for a great concept, even though the word itself has arrived in today's culture rather worn and abused. It is a great word because it uniquely represents a view that is all too easily forgotten. This perspective sees the whole that is greater than its parts, the wider, more inclusive, multidimensional and multidisciplinary view. When applied to the healing arts it gives space to a deeper and broader dialogue between the therapist and client, which may encompass a range of aspects of the client's life that can be related to the client’s health status. It may include patterns of signs and symptoms such as pain, swelling, mucous: patterns of function such as fitness, mobility, digestive rhythms; patterns of physiology such as glucose utilization, or blood HDL/LDL; the psychological picture such as irritability, joy, sleep, self-image, anxiety; life habits such as diet, work, exercise, addictions; social aspects such as family life, loneliness; constitutional tendencies and history, such as vulnerabilities, body type, health biography; patterns in the environment such as use of chemicals and toxins, living conditions, sensitivities; even the spiritual life of the client- the degree of meaning and depth to their life. The holistic approach requires the therapist to inquire and look deeply into the overall situation of the client, digging below the obvious symptoms. The holistic approach is simply good medicine, and it cuts across all modalities and techniques, whether alternative or conventional. For example, the naturopath who treats a hypertensive patient with supplements alone is as unholistic as the doctor who prescribes antihypertensive drugs alone. A family physician who understands and knows the patient, his vulnerabilities, his history, his work, his environment, his diet and life is a holistic practitioner within the confines of his therapeutic modality.

Holism is an aspiration, a direction. It is not easy to achieve. It requires a degree of attention, awareness, skill and humanity on the part of the physician or therapist that is hard to find and harder to teach. The great physicians or therapists of the present and past are always holistic. They are the kind of therapists who read the patient like a book or like music, who think both logically and impressionistically, who can pinpoint possible causes among the host of factors, and treat by helping to shift the patient towards a less pathological life direction. The therapist needs to think holistically in order to treat holistically, and today, to do so within a current environment both of medicine, culture and science that is decidedly reductionist and therefore heading in the opposite direction. This is why it needs to be constantly remembered, and it is constantly forgotten. Holistic medicine is good medicine. Good medicine is holistic medicine.

There is a temptation to assume that if you embrace the alternatives you have already entered the holistic camp. From the above discussion it is clear that this is not so. However it is worth pointing out that a good example of this is the use of science to demonstrate effectiveness of alternative medicine, as in the papers of this journal. It is easy to forget that by its nature, science is reductionist and Aristotelian, exploring reality by slicing it into understandable pieces. An extreme example of this in medicine is the genome project, a physicalist Holy Grail, in which it is assumed that if we could know the sequence of information in the genome we would be able to cure complex diseases, which is a bit like saying that if we could had a precise record of the decibels in a concert we would be able to duplicate Mozart. If science would be allowed to underpin much of therapy it would force therapists into reductionist behaviors. For example collections of articles demonstrating that

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topical remedies containing specific herbs can produce relief of psoriasis would tend to crystallize a mind-set among both therapists and patients that these herbs are needed for these patients. The relief will be brief and the results will be disappointing compared to a holistic therapeutic view that understands why this individual patient repeatedly suffers from psoriasis, and works with that vulnerability. Science has to be used rather carefully, almost tenderly. Scientific evidence is a support, an encouragement, an exploration and a warning when results prove negative. We should be a little humble and not use scientific evidence as a filter nor as a doorway to acceptable treatment, otherwise we will be like trying to squeeze an elephant through the doorway. Only little bits will get through and the real thing will be left out in the cold.

So what can lead practice? Where are the sources of our holistic knowledge? There are basically two – one in the present and one in the past. In the present, is the fundamental knowledge employed by a good holistic therapist - a familiarity with the way an individual responds to the array of influences and relationships with characteristic patterns of signs, behaviors and responses. This is learned by deep attention and observation. It is learned by intimacy with the flow of relationships in human life. It is observation-based not evidence-based. And all therapists and indeed all human beings need to keep relearning, keep watching, if they are to be healthy and to heal others. Especially in the relatively toxic physical and psychological environment in which we live today. The second source is the past. The traditional accumulation of such experience over the ages. This is the value of traditional and ancient systems of medicine such as Ayurveda, Chinese medicine, Arabic/Unani medicine, African medicine and so on. They are a wellspring of holistic wisdom that is rooted in cultural as well as therapeutic behaviors. I remember being completely amazed in 1975, when I spent a year in India, at the skill with which an Indian village woman designed the daily menus for her family (and myself) according to the various health vulnerabilities in the family, according to the season, according to the mind-body type ('vata/pitta/kapha') of each person, the weather, the region, and what was fresh and good in the market. This is a demanding knowledge and cannot be invented from scratch. Nor can it be learnt just from books. It is a living cultural knowledge that needs to be preserved, supported and employed.

As readers and contributors to the Journal, we should keep remembering what it is like to live the holistic view.