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Holistic Medicine in Family Practice

SUMMARY

During the twentieth century there have been great advances in medicine in the area of science and technology. At the same time, there has been a trend back to a more natural, humanistic approach to counteract patients' feelings of alienation. Holistic medicine approaches the physical, emotional, spiritual, and social aspects of a person as they relate to health and disease. It emphasizes prevention; concern for the environment and the food we eat; patient responsibility; using illness as a creative force to teach people to change; the 'physician, heal thyself' philosophy; and appropriate alternatives to orthodox medicine. Family medicine faces the challenge of integrating these humanistic concepts with science. (Can Fam Physician 1984; 30:101-106).

SOMMAIRE

La médecine du vingtième siècle a connu d'immenses développements dans les domaines technologiques et scientifiques. Parallèlement, s'est développée la tendance d'un retour vers une approche plus humaine et plus naturelle en vue de faire contrepoids aux sentiments d'aliénation vécus par les patients. Les approches suggérées par la médecine holistique englobent les dimensions physique, émotionnelle, spirituelle et sociale dans leurs relations à la santé et à la maladie. Elle met l'emphase sur la prévention; se préoccupe de l'environnement et de notre alimentation; de nos responsabilités envers le patient; met à profit la maladie comme force créatrice pour enseigner aux gens l'importance du changement dans les habitudes; revalorise la philosophie de "médecin, guéris-toi toi-même"; et ne rejette pas d'emblée les alternatives appropriées à la médecine orthodoxe. Le défi de la médecine familiale est d'intégrer ces concepts humanistes aux progrès de la science.

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DURING THE twentieth century there have been many changes in medicine which make it easier to heal mankind's ills. Antibiotics, modern surgical techniques, X-rays and immunization are just some of the advances which have relieved suffering and helped us to achieve the highest standard of health ever known. However, as a result of science, technology and specialization, many patients feel alienated, inhumanely treated, and 'chopped up into parts'.[1]

Some patients take their hearts to cardiologists, their minds to psychiatrists, their stomachs to gastroenterologists and their skin to dermatologists. Somewhere in the process, the whole person and the inter-relationship between all aspects of a person get lost. Sometimes, the focus on disease is so strong that the person behind the disease is not cared for. We fail to see the whole person when we look at our patients with 'tunnel vision'.

Patients' Concerns About Modern Medicine

As medicine has raced ahead with newer and more sophisticated machines, tests, drugs, and procedures, many patients have felt left behind. On a recent sabbatical, I interviewed traditional healers in Fiji, New Zealand, Indonesia, India and Kenya. I discovered that for some problems, people still chose to seek out traditional healers rather than physicians. The reasons were that traditional healers were more accessible, spoke the language the people could comprehend, and understood their customs, superstitions and belief systems. They felt medical doctors were more remote, held themselves aloof, spoke a complicated scientific language, had little time to spend with them, used machines and procedures which frightened them and drugs they didn't trust or understand. There are similar be-

liefs in our society. There has been an increasing interest in non-medical practitioners; chiropractors, massage therapists, psychotherapists, and stress management and fitness consultants are becoming more popular. People are expressing concerns with modern medicine that echo what I heard from the people of Fiji, Indonesia and Asia.

Furthermore, ways of looking at disease have changed. Before and during the Second World War, treating infectious diseases and acute trauma was a major challenge. With the discovery of antibiotics, the concept of a germ or organism which attacked the body externally and could be destroyed, became supreme. This mechanistic approach is quite simple. There is a one-dimensional cause, and if you eliminate the germ, all will be okay.

Tremendous improvements in the health of our society followed. However, at the same time there was further industrial and technological growth, and as a result, people became less physically active, changed their diets, and experienced increasing stress. There was also an increase in toxic wastes and pollution, and alterations in the nuclear family. In the major diseases of the 1980s, such as cancer, heart disease, depression, and degenerative arthritis, there appear to be multifactoral causes, and hence the simplistic germ theory does not seem to apply. It would be easy to think that cancer might be caused by a single factor, as streptococcus causes sore throats, or a virus causes polio. As the search continues, we sense that cancer has multifactoral causes and can be treated by looking at the total picture which includes diet, environmental toxins, smoking, emotional stress, and genetic predisposition.

Physicians' Reactions To Modern Medicine

Within the medical profession itself, there has been a definite reaction to the trend medicine has been taking. During the early 1970s, many medical practitioners identified themselves as more interested in the total person. There was an orientation towards a more humanistic, health-oriented, preventive approach, concentrating on factors such as diet, exercise, stress, attitudes, and the power of the mind.

Medical schools which had always placed an emphasis on treating the entire person began developing programs in behavioral science and the art of medicine to counter the trend towards dehumanization. There was also increased interest in developing programs for educating family physicians, who would lead the way in understanding the interrelationship between family and community in health and disease. The programs in family medicine would stress the psychosocial aspects of disease and not just the physical. They would prepare the family physician for dealing with psychosomatic disease.

Sometime in the mid 1970s, the old word 'holistic' re-emerged as a catch-all term to describe a variety of things. The word 'holistic' comes from the Greek word 'holos', meaning entirety or completeness of a thing. It refers to looking at the physical, emotional, spiritual, and social aspects of a person as they relate to his or her health and disease. The word 'holism' appears to have been used first in modern times by Jan Smuts, in his book, *Holism and Evolution.*[2] He describes how entities growing, developing, and evolving become at some point complete in their nature, so that their wholeness becomes greater than the mere sum of their parts. He goes on to say that the 'whole-making' tendency is a progressive series of 'wholes' from inorganic beginnings to the highest level of spiritual creation. He felt that wholeness, healing and holiness spring from the same root in language as in experience.

Dr. Hans Selye[3] expressed to me his concern that as you keep separating the whole person into smaller and smaller parts, you can lose sight of the quality of that person. Similarly, we are in trouble when we start focussing our attention on the diseased organ without seeing the person who possesses that organ.

What is 'Health'?

When the physical, emotional, spiritual, and social aspects of your being are in balance then you are healthy. You are in harmony with yourself and your environment. Health is not static but is an active, continuing process. Health is not just the absence of sickness but is a positive state of being. Even the sickest person has some degree of health, and there is a healthy part to each human being right up until death. It is important not to ignore the healthy part. Sometimes physicians concern themselves so much with patients' sickness that they don't notice the positive, healthy side. This healthy side can be used as an ally in healing. Family physicians understand this inter-relationship because we see it all the time.

When an external emotional, physical, spiritual or environmental factor affects patients, it upsets the healthy balance and 'dis-ease' results. This upset or stress can originate on a physical level and have far-reaching effects on the social or psychological level.

Take, for example, a 76-year-old spinster who was active up until the time she twisted and fractured her ankle on her front porch. She went to a hospital emergency department, her ankle was casted, and after three months the physical problem had mended. However, by the time I saw her the fracture had so upset her self-confidence, and the pain and lack of mobility were so debilitating that she was frightened to leave her house. Although the insult was physical, it so upset her emotionally and socially that she became withdrawn and depressed and stayed that way until her death a few years later.

We all know how an emotional trauma such as the loss of a loved one can upset the body so that patients have difficulty sleeping, lose interest in food and sex, and begin to develop aches and pains.

To carry this approach further, if there is a change in a patient's social environment, such as the loss of a job, or a divorce, this can have a dramatic effect on all other aspects of the person's being. A social imbalance can affect healthy homeostasis in the same way.

So, although the presenting problem can be physical, the cause may be emotional. Similarly, when prescribing treatment for a patient you can consider all aspects of a person's life to effect healing. For example, if the illness is predominantly emotional you can still utilize physical treatment such as exercise, to help a patient on the road to recovery.

The Emphasis On Prevention

Prevention is the philosophy of health care in the 1980s. The word

'prevent' comes from the roots 'prae' meaning 'before', and 'venire' meaning 'to come'. Something is done to keep disease from coming. 'A milligram of prevention is worth a kilogram of cure'.[1]

Immunization, cancer screening techniques such as Pap tests, stool for occult blood tests, breast and testes self-examination, changing work and home environments to prevent accidents, seat belt use, advice about diet, and screening of lipids, blood pressure, and eye pressure are just some preventive aspects of family practice.

There has been a growing interest in nutrition as a preventive tool. Many physicians advocate the elimination or reduction of sugar, salt, alcohol, coffee and tea, additives, food coloring, preservatives, and processed foods. There has been an emphasis on high fiber, low fat, polyunsaturated diets, and a growing awareness of individual sensitivities to certain foods.

The Effect of The Environment on Health

Holistic medicine has taken a special interest in the environment. Environmental pollution is one of the most crucial medical issues facing doctors today. If the land, water and air are affected negatively, then people's health will suffer.

Air pollution, the man-made contamination of the outdoor or working atmosphere, either causes or aggravates diseases such as upper respiratory tract infections, chronic bronchitis, emphysema, and cancer. Lead, PCBs, asbestos and sulphur dioxide are just a few of the contaminants in the air which pose a serious threat to health.[4]

Depending on where a person lives, his water may contain mercury, pesticides, arsenic, radioactive wastes, and other chemical or waste products.[5] In addition, municipal water companies add many chemicals such as chlorine, calcium carbonate, alum, and ammonia—to name a few of the 40 or so possible—to destroy bacteria and other germs.[6] Industry is still dumping chemicals into our water system at an alarming rate.

The Threat Of Nuclear Power and War

Another serious health problem is the proliferation of nuclear weapons and nuclear power plants. Can power plants' radioactive wastes such as plutonium and scrontium 90 be safely disposed of, and do the risks of nuclear power for energy outweigh the advantages?

Even a 'limited' nuclear war would result in death, injury, and disease on a scale that has no precedent in human existence. Medical 'disaster planning' for a nuclear war is meaningless. There is no possible effective medical response. Most hospitals would be destroyed, most medical personnel dead or injured, most supplies contaminated. There can be no winners in a nuclear war. Worldwide fallout would contaminate much of the globe for generations, and atmospheric effects would severely damage all living things. Doctors should act together now before it is too late.[7]

A Shared Responsibility For Health

Another theme central to holistic medicine is that the patient and physician share the responsibility for healing. A great proportion of the illnesses that doctors see result from self-destructive behavior where people actually are responsible for harming themselves. Smoking, drug taking, over-working, and suicide are common examples of self-destructive practices.

Physicians have taken a very paternalistic role in the past. Patients drop their bodies off on the doctor's doorstep and expect him to do the rest. In the paternalistic role, the physician is totally responsible, sets the goals, makes all the decisions, and does all the work. The implication is 'I will heal you, don't worry'. When something goes wrong with the treatment, the doctor is to blame. Remarkably sophisticated and effective techniques have been developed in recent years. Some patients have come to expect miraculous cures. Some patients assume they can abuse themselves any way they like and that the doctor can always fix them. They are severely disappointed when we can't correct the effects of all the negative abuse. Sometimes their faith in medicine and surgery takes the place of their need to assume any personal responsibility for health maintenance.

If we assume total responsibility for someone else, we may feel it is our duty to support this person, to interfere with his or her life, to be omnipotent. Of course, there are situations in medicine where we do realistically assume total control and are totally responsible. When patients are under general anesthesia, on a respirator, or unconscious, it would be inappropriate for us to believe that they are as responsible as we are. In these situations and in many others, patients do not have the ability to respond for themselves.

But it would be inappropriate to walk for someone who has the ability to walk, to think for someone who has the ability to think, or to make all the decisions for someone who has the ability to share decisions about his future. When we support someone emotionally who has the ability to support himself we may rob him of the ability to live up to his maximum potential. In fact, we may diminish that person's ability to care for himself. We may contribute to his seemingly disabled state. There are times when support is appropriate and times when it is not.

In the holistic model, the doctor is a teacher. The word doctor comes from the Latin word 'docere'—to teach or draw forth from. A doctor can advise, but the patient can accept or reject the advice. There needs to be input by and self-awareness in the patient. It would be ideal if the patient could become an active participant and partner in the treatment.

Some people believe that what happens to us is fate, that we have no choices or control. We are just floating along. Similarly, they think illness is accidental; it just happens. External factors beyond our control input into our helpless bodies and we get sick. What's the use of doing anything about it? Many of you probably have patients who believe in this model. It is very difficult to motivate them to change self-destructive habits. It is difficult to get them to assume any responsibility for their health. They depend on us to 'do it' for them and to make them well. If we believe we can make a person change who is unwilling, then we might begin to feel helpless and frustrated when we fail.

On the other hand, many of us see patients who want to assume total responsibility for their care. They want to know exactly what's wrong, what their options are, how they can help,

what they can do to aid in the healing process and sometimes even say our approach is not right for them and seek alternative solutions. We know how positive it can be when someone becomes our ally in the healing process. They do what we ask and more; they do their own reading and come up with their own ideas, analyze the potential causes and diagnoses of their illness, and help us to find a solution. They realize healing comes from within and attempt to use their body's own healing power. They respect what we have to offer but don't see us as omnipotent.

There are some people who try to give up responsibility for taking care of themselves to doctors, government and society. They expect too much from the medical profession and not enough from themselves. Perhaps many doctors are dropping out of medicare schemes because they feel patients who are paying for their services directly are more apt to assume responsibility. When patients don't have to make an investment each time they visit their doctor there may be no need to be responsible.

I must add a word of caution; responsibility does not mean guilt. Some patients are made to feel responsible in such a negative, derogatory way that they begin to feel guilty for being sick. This can have far-reaching destructive effects.

Illness As A Creative Opportunity

Sometimes illness can be a creative opportunity for the patient to learn more about himself and the direction he is taking. Although they are unpleasant, confrontations with pain, disease and possible death, can be quite useful. Sometimes physical or emotional pain can inform a person that he must change his life and grow. It is certainly the physician's role to provide comfort and prevent suffering, but there is a tendency in medicine to hide pain, disease and death.[8]

I have rarely met anyone who consciously wanted to get sick. Generally speaking, being sick is unpleasant, self-destructive and hurtful. Getting sick is one of the poorest ways to accomplish one's goals. Almost everyone will be sick at some time or another. Doctors can take this opportunity to focus on the positive, understand the meaning, if any, behind the illness and encourage people to make changes in their lives so the sickness won't recur.

Illness may be a way in which patients can become irresponsible. There appears to be an attitude that if you are sick you are no longer responsible. It's all right to be helpless, stupid and grumpy. It may be a way to get out of doing things. For example, a headache may allow some people to avoid having sex with their mate. They use their headache as an excuse because they feel unable to say 'no' directly. Sickness may be an excuse for poor performance in a test, sporting event or at a social function.

Sickness can often be a way the body tells a person to slow down. Some patients lead such hectic lives that they literally work themselves into the ground. Sickness may be the only way they give themselves permission to relax. Sometimes illness can help a person make self-protective decisions about lifestyle. Taken to an extreme, 'Death may be nature's way of saying 'slow down' '.

Some patients unconsciously may use illness as a way of getting what seems to be love and attention. They have difficulty asking for love in other ways and they might receive attention by being sick. Other people, even doctors, may be forced to look after them, nurture them, and go out of their way for them.

Similarly, some patients use illness as a way to manipulate and gain control of others. They may use illness as a way of getting people to respond and give into their wishes. They can gain control of their bosses, spouses, children, parents, and even insurance companies.

Some people have difficulty expressing anger and resentment. Instead of expressing anger to others, they direct anger back at themselves and make themselves sick.

I have talked briefly about how illhealth may be a way to say 'no', to manipulate others, receive attention, express anger and be irresponsible. I am not implying people get sick intentionally or consciously. In fact, often illness is beyond our control. However, sometimes people have not developed other resources in order to cope with life's problems. Sickness can even become a lifestyle.

The challenge for us as physicians is to explore the positive consequences of people's disease—to help them find other ways and new behavior to fulfil their objectives and goals. Work with them to interpret what their body or sickness is trying to tell them about their diet; explore their work habits, their lifestyle, their self-destructive practices, their reaction to stress, and begin working to help them change. Use sickness as an ally and motivating factor to initiate change. Some people emerge from a sickness or a calamity with new life, new direction, and new purpose.

Physician, Heal Thyself'

An important concept of holistic medicine is that of 'Physician, heal thyself'. The more complete we are in our own spiritual, psychological and physicial development, the easier it will be to help someone else on the path of positive growth.

There is no better way to motivate patients to change than to be a living example of health, balance and harmony. I believe that if physicians smoke they will have more difficulty getting patients to stop smoking. Similarly, if we obviously have poor lifestyle habits, I believe we will have more difficulty motivating patients to change their lifestyle. Patients follow what we do rather than what we say. Patients unconsciously acknowledge the self-destructive qualities which we portray. How can a physician tell his patients to eat properly if they see him skipping lunch and supper and drinking cups of coffee on the run? How can he tell people to slow down and relax if he is working 12 hours a day, six days a week, without any holidays? The great healers and teachers were first true to themselves. Buddha, Jesus, and Moses were living examples of what they taught. Their followers could identify with their journey and grow accordingly.

People sense when you are one with yourself and comfortable in your environment, and become more open to receiving what you have to offer. You can teach people to care for themselves by first caring about yourself. Then you demonstrate your love and appreciation for them. When the 'healer' becomes more whole, the 'healee' is drawn towards wholeness too.

Many illnesses a family doctor sees are so-called 'psychosomatic diseases'. I'd like to take this a step fur-

ther and describe them as 'psychospiritualsomatic' illnesses.

This can mean that a person's mind, emotions or spiritual attitude are involved in the origin of the disease process, or that they have a strong influence on the degree of illness and how well he responds to medical intervention. Migraines, peptic ulcers, asthma and sexual dysfunctions are examples of these kinds of problems.

Some physicians did not receive complete training in medical school on how to treat 'psychospiritualsomatic' diseases. Quite often drugs and surgery do not suffice. Hence the interest in alternatives. Holistic medicine sometimes has been associated with the use of alternatives to orthodox medicine. Many family doctors have been incorporating alternative approaches in their family practice settings. Acupuncture, hypnosis and biofeedback have a wealth of scientific literature supporting their use and have become an accepted part of modern medicine.[9-11] Other approaches such as manipulation, herbal medicines, homeopathy, therapeutic massage, and nutritional supplementation are beginning to be researched.[11]

Holistic Medicine In Family Practice

How can alternatives be applied in an everyday family practice setting? Let's take cephalgia as a model. Headaches are a common symptom we see all the time in daily practice. After we do a full history and general examination, blood workup, and X-rays to rule out conditions such as aneurysms, meningitis, brain tumors, metabolic problems, hypertension, and subdural hemorrhages, we find that perhaps 90% of chronic, recurring headaches have no organic component.[12] We might call it a functional disorder. Rather than giving drugs, we can approach the cause from a physical, emotional or social level and use alternative treatments. We may discover that certain foods or improper eating habits contribute to the headaches. We may find poor posture, temporal mandibular joint dysfunction, or muscular tension that can be relieved by structural approaches such as the Alexander Techniques, Feldenkrais, therapeutic massage, cervical neck manipulation, biofeedback, or acupuncture.

Sometimes the headache can be caused by emotional factors, and approaches such as Gestalt therapy, neurolinguistics, hypnosis, guided imagery and visualization, and transactional analysis can be useful.

Sometimes the cause can be environmental; people can be sensitive to cigaret smoke, gas fumes, or formaldehyde, and clinical ecological testing may help delineate these problems.

Social causes such as stress at work, marital difficulties, or family problems can be alleviated with alterations in lifestyle habits. Sometimes it is necessary to combine a number of these techniques. By using some of these approaches we can learn alternative safe ways to tackle problems which do not respond well to drugs and surgery.

However, there are many approaches which as yet have no scientific basis for their use. Sometimes a person identifies his work with the label 'holistic', but there is nothing that he does which in any way can be identified with taking an approach to the whole person. Holistic health care should never be an excuse for abandoning science.

Keeping an Open Mind

Medicine has always been a conservative profession. I believe this is extremely important and quite a positive thing. It often takes physicians years to accept something new, and for the most part, that which is accepted has to be thoroughly researched. Yet historically, we have sometimes rejected innovations without being open and rational about them.

Take for example Semmelweis, who in 1848 introduced the washing of hands and antiseptic procedures in gynecological wards. He reduced the mortality from puerperal fever by a factor of 15. Yet he was ostracized by his colleagues who were offended at the idea that physicians could be carriers of death.[13]

We must not drop our scientific ways of dealing with new propositions, but at the same time we must be open to new ideas.

What do we do when we are faced with patients who present with a shopping bag full of vitamins and a lay healer's list of diagnoses, including 'weak adrenals', 'toxic livers', 'congested lymph systems', and 'malaligned spines'?

Of course we could dismiss these patients as 'kooks' but neither we nor they would benefit. On the other hand, we could suspend judgment, listen and attempt to learn, or read about the various non-medical alternative approaches and talk in a professional way about our concerns. Sometimes we might feel threatened or 'put down' when a patient goes to a lay therapist for help. It might be time to re-evaluate our own approach to see what caused a patient to go elsewhere. If we dismiss patients' questions without proper explanations, and don't take the time to answer with sound facts, they may believe we are uncaring or close-minded.

Chiropractors, therapeutic masseurs, osteopaths, naturopaths and physiotherapists are drugless practitioners who are licensed to practice in many provinces. Many of these therapists can be helpful for certain problems. How can we scientifically study their therapies and adopt those which can be supported by scientific evaluation? Even if we don't agree with some non-medical approaches, it is helpful when we can at least talk intelligently with a patient about them.

Six years ago, holistic medicine represented to me a dream which described a direction health care was going. It was a dream towards achieving what medicine has always acknowledged—that physicians deal with human beings, and the more we know about and understand their lives and who they are, the better we can help them to become healthy. The more tools we have for dealing with the many problems that do not respond to drugs and surgery, the better medicine will be able to confront the challenges of the next century.

Family medicine has always been concerned with this direction, and changes demonstrate how we are growing and responding to the demands of the future. Medical schools are devoting more time to psychosocial issues, dealing with stress, environmental concerns, and nutrition. Many medical schools in the United States and some in Canada are incorporating into their curricula information and training on acupuncture, hypnosis, biofeedback and alternative psychotherapies. There is a growing emphasis on prevention and wellness. Physicians are confronting our provincial governments about medicare payment schemes which encourage physicians to deal with many patients in a short period of time. We are attempt-

ing to get medicare plans to compensate physicians adequately for counselling, psychotherapy, and discussing preventive health care issues with patients.

Conclusion

We are practicing in an exciting time. Medicine is racing ahead with test tube babies, organ transplantation, computerized tomography, and diagnostic machines, as well as newer, more sophisticated drugs and surgical techniques. At the same time, there is a trend back to a more natural, humanistic, and holistic approach. As always, the challenge is to synthesize and integrate the scientific and the humanistic approaches to medicine. ◉

References

1. Borins M: An Apple a Day—A Holistic Health Primer. Downsview, ON., Wholistic Press, 1980.
2. Smuts J: Holism and Evolution. London. MacMillan & Co., 1926.
3. Selye H: Personal communication, Montreal, PQ., July 1978.
4. Pollution Primer. New York, National Tuberculosis and Respiratory Disease Association, 1969.
5. Water Management. Toronto, Ontario Ministry of the Environment, November 1978.
6. Dougherty E: You Have a Right to Know. Lincoln, NE., Kane Associates, 1977.
7. Caldicott H: Nuclear Madness. Brookline, MA., Autumn Press, 1978.
8. Illich I: Limits to Medicine, Medical Nemesis: The Expropriation of Health. New York, Penguin Books, 1976.
9. Pelletier K: Mind as Healer, Mind as Slayer. New York, Dell Publishing Co., 1977.
10. Chu L, Yeh S, Wood D: Acupuncture Manual—A Western Approach. New York, Marcel Decker Inc., 1979.
11. Hartland J: Medical and Dental Hypnosis. Baltimore, Williams and Wilkins Co., 1971.
12. Taylor R (ed): Family Medicine, Principles and Practice. New York, Springer-Verlag, 1978.
13. Thompson M: The Cry and the Covenant. New York, Doubleday, 1949.