

The clergy have an important role to play in the healing of the whole person, perhaps more vital than many hospital chaplains and physicians fully realize. For healing is not an affair just of the physical body; rather, it is as much related to one's capacity to give and to receive love as it is to the ministrations of the physician. While physicians may rearrange tissues, balance chemicals and kill bacteria, the real healing of the body comes from within the person and is related to the soul-body interaction. As Sir William Osler so astutely observed, "there is no proportion or disproportion more productive of health and disease . . . than that between soul and body."¹²

The concept of the healing of the whole person, or holistic medicine, is not new—in fact, as has been shown, it is ancient. It entails approaching each patient as a physical body, a mental and emotional self, and a spiritual being (expressed by the biblical Greek word *holokleron*); it entails treating each patient as an integrated whole (expressed by the Greek *holoteles*), and it entails faith in relying on the healing from within to manifest itself. In many instances it may not be acceptable, practical or economical to implement fully the concept of healing of the whole person. Certainly experimentation, clinical experience and much understanding and cooperation will be needed in order that practical approaches to treating persons in their wholeness, such as a concept of hospice for the living, may become a reality.

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Holistic Medicine: From Pathology to Prevention

KENNETH R. PELLETIER, PhD

SINCE THE MIDDLE AGES humankind has been divided into separate aspects of body, mind and spirit. This split is still evidenced in the present structure of the healing professions. Physicians

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Dr. Pelletier is Director, Psychosomatic Medicine Clinic, Berkeley, California; and Assistant Clinical Professor of Psychiatry, School of Medicine, University of California, San Francisco.

Reprint requests to: Kenneth R. Pelletier, PhD, Psychosomatic Medicine Clinic, 2510 Webster Street, Berkeley, CA 94705.

are dedicated to the treatment of the body; psychologists and psychiatrists are concerned with treating the mind, and yet a third group, the clergy, is attendant to spiritual healing. Such fragmentation and specialization is a relatively recent phenomenon. More unified concepts of health and disease extend further back to the roots of medicine in the late Assyrian civilization, and in the Greek culture as exemplified in the writings of Hippocrates and Aristotle, who clearly

observed the effects of emotions on physical disease. Despite this early principle of a psychosomatic dimension inherent to medicine, Coulter's¹ three-volume work, *Divided Legacy*, has traced a progressive division between body, mind and environment characteristic of the rationalist school as contrasted to a more integrated or empirical approach. Within the healing professions today, there is a reemphasis on the empirical school characterized by such a holistic approach to each person. Holistic medicine addresses biological, psychosocial and environmental factors, emphasizing prevention of disease and maintenance of optimum health rather than solely the treatment of disease.

Throughout the history of medicine, practitioners have puzzled about the seemingly inexplicable recovery of mortally ill patients and the sudden morbidity of patients who should have fully recovered. Beginning as early as the 19th century, the French neurologist Charcot explored the psychosomatic causes of hysterical seizures. This research was followed by that of Freud, Jung, Sherrington, Dunbar, Pavlov, Cannon, Selye and others who began to define the precise neurophysiological mechanisms and biochemical mediators by which psychological states and environmental influences held profound sway over the body. Most recently, cardiologists Friedman and Rosenman² defined the type A personality predisposed toward cardiovascular disorders, and there has been a resurgence of research, as noted in *Science*, to study possible psychosomatic factors involved in cancer.³ Among the most striking research is a longitudinal, prospective study of 1,337 medical students by Thomas.⁴ Her research, spanning 1948 to 1964, focused on the prospective personality profiles which were to correlate later with suicide, mental illness, hypertension, coronary heart disease and malignant tumors. From the longitudinal data, the pathogenic personalities that emerged as most distinct were those of students in whom malignant tumors later developed. While issues of causality require further research, factors such as stress and psychosocial influences cannot be dismissed in any comprehensive inquiry. There is no inherent antagonism between purely biomedical approaches to health and disease and the consideration of psychosocial influences characteristic of holistic medicine. In a most concise article, Engel⁵ proposed such an integration as the basis for "a

new medical model" with responsibilities shared equally among diverse health professionals and patients.

In moving from basic research issues to institutional considerations, Knowles⁶ has described the present situation most succinctly:

I believe the idea of a "right" to health should be replaced by that of a moral obligation to preserve one's own health. The individual then has the "right" to expect help with information, accessible services of good quality, and minimal financial barriers. Meanwhile the people have been led to believe that national health insurance, more doctors, and greater use of high-cost, hospital-based technologies will improve health. Unfortunately, none of them will.

These beliefs have been reiterated by McNerney, Dubos, McKeown and Saward, and Ingelfinger⁷ who estimated the capacity of purely biomedical approaches to achieve health for the population as "marginally on the positive side of zero." Basic research, health practitioners and health care institutions have reached the limits of a purely biomedical, technological approach to health care and need to extend their efforts to include holistic medicine.

Complex issues cannot be adequately addressed here but it is possible to provide a brief list of the innovative areas characteristic of holistic medicine. Many items have been noted in the *Health of Canadians* issued by Lalonde⁸ when he served as the Minister of Health in Canada. Holistic medicine is characterized by the following: (1) Health is not a subspecialty of medicine but requires cooperative efforts of physicians, psychologists, environmentalists and other persons working together on an equal basis.^{9,10} (2) Preventive care with an emphasis on health maintenance can be shown to be cost effective.^{11,12} (3) Methods of maintaining health are the prerogative of each person and his or her life-style rather than of medicine per se, and the subsequent model is one of education rather than of diagnosis and treatment of disease.¹³ (4) Psychosocial and biochemical factors are weighted equally with an emphasis on etiology.^{14,15} (5) An awareness of one's bodily and mental states and the factors affecting them is critical in determining the balance between health and illness,¹⁶ and life and death.¹⁷ (6) Optimum health is based on the management of stress,^{18,19} as well as on dietary and nutritional factors,²⁰ regular physical activity²¹ and a sound physical^{22,23} and psychosocial environment. (7) Self-regulatory methods founded on empirical research indicate the capacity of persons to become

responsible participants in the healing process through clinical biofeedback,²⁴ autogenic training, Jacobson's system of progressive relaxation and meditation.²⁵ (8) Use of terms such as *placebo response*²⁶ (shown to elicit a biochemical response²⁷), *spontaneous remission* and *psychosomatic* tend to dismiss major factors in health care which need to be researched in greater depth. (9) With the elimination of all disease, human life expectancy would be increased by perhaps ten years, and further research needs to explore the biologic potential which is considerably longer.^{28,29} (10) Health is approximately 90 percent dependent on the above factors which are beyond the province of biomedical technology as noted by McKeown,³⁰ Illich,³¹ Palmer and many analysts. If the prevention of disease and the attainment of optimum health are the ultimate goals of the health professions, then holistic medicine requires the equal responsibility and cooperation of the public, health practitioners and institutions.

Many of these issues and references are explored more systematically in *Mind as Healer, Mind as Slayer*¹⁹ and in *Holistic Medicine*.³² At present, holistic medicine is more suggestive of a direction than an accomplished fact. Humanitarian concerns amidst the proliferation of biomedical technology and economic imperatives issued by the Federal Trade Commission³³ and Blue Cross have converged to create the necessity of a profound evolution in health care. For Hippocrates, Aristotle and Paracelsus *physis* represented an innate healing capacity to be elicited and sustained for optimum health. Holistic medicine is a relatively recent manifestation consistent with this fundamental quest of all humankind.

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