

The Healing Effect. Complementary Medicine's Unifying Principle?

by David Hodges and Tony Scofield

Complementary medicine is now used increasingly by lay people and, to a lesser extent, by doctors. Although conventional medicine saves life in a crisis and keeps many of its clients active¹, there is a growing public unease about many of its techniques. Many people are turning towards the often simpler therapies offered by complementary practitioners, particularly for chronic, non-life threatening conditions.

In spite of this trend, complementary therapies are largely ignored by mainstream science and medicine because of the apparent lack of any common principle or theoretical basis by which their effects might be explained². To some extent, this is the fault of medicine which remains tied to the Cartesian/Newtonian mechanistic model of the world, despite new revelations in physics which suggest that Newtonian mechanics are only a partial view of reality. Complementary medicine, on the other hand, is grounded in the newly evolving scientific/medical paradigm which is based on subtle or spiritual energies³.

Complementary medicine is a rapidly-developing field. In 1987 it was reported that 160 therapies had been identified and new treatments seem to appear regularly. Thus there is a bewildering array of therapies available for the public to choose from with little guidance as to their efficacy or suitability. Although many therapies are organizing the training and regulation of their members so that they are seen to be developing a professional approach on a par with conventional medicine, the lack of a generally-acceptable theoretical framework (apart from such concepts as 'energy/vibrational medicine'⁴) suggests that complementary therapies could remain on the fringes of mainstream science and medicine.

Thus it is important that, at its present stage of evolution, complementary medicine should be seeking not only to develop research methods which demonstrate the effectiveness of the various therapies, but also to develop a theoretical basis which can begin to describe the mechanisms underlying the therapies and which can show what common ground there may be across the whole spectrum of complementary health care.

The complexity of the situation with regard to the complementary thera-

pies can be demonstrated with some examples. Acupuncture treatments are based on the theory that a series of narrow energy meridians pass over the body surface and that insertion of needles or manual pressure or electrical stimulation at specific points on these meridians rebalances body energies and reverses the disease process. Thus the body's organ systems are mapped out on the meridians and their integral acupuncture points. However, it appears that a similar body map can be found on the ear and an auriculotherapy needle treatment of points on the ear is used instead of the more complex whole-body system.

A similar but simpler model of the body's subtle energy systems can be found in polarity therapy and reflexology. Here the body's subtle energies are described as occurring in five zones running down each half of the body from the head to the toes, with branches running down the arms into the hands. The zones run through various structures and organs which are described as being reflected on different parts of the feet and hands. In reflexology, massage of the corresponding area on the foot is intended to positively influence the energy balance within the particular organ. Similar responses apparently result from working on the hands.

Thus here we have the body's subtle energy systems represented by two somewhat different models, influenced by different ways of stimulation so as to improve patient health. Similar complexity, and obscurity, can be found in other areas of complementary medicine. There is clearly a need for clarification of the models and theories underlying complementary therapies - if such a simplification is possible.

In what follows we will be using the terms healers and healing, terms which can be used in a general or specific sense. In the first sense, doctors and nurses are often described as belonging to the healing professions and to be acting as healers in seeking to alleviate disease in their patients. In the more specific sense, healing (usually known as spiritual, psychic or mental healing) refers to individuals and their activities who, normally by the simple laying-on-of-hands, seek to channel a healing energy which, interacting with the patient's own energy systems, helps to re-establish a balance and thus to reverse the disease process⁵. It is this second, more specific, sense which is used in this paper.

Our own healing research, contacts with a range of healers and complementary therapists and reading of the literature has led us to believe that there is a common underlying mechanism running through the whole spectrum of complementary health care. This mechanism may be able to unify complementary therapies within a single, straightforward theoretical ba-

sis and provide, also, a basis for much of the success of nursing and conventional medical practice.

There are at *least* three levels at which both conventional medical and complementary therapies can work. These are:

1. The physical/physiological/pharmacological level; the level of the physical body where medical science considers most treatments operate and where it is clear that many procedures such as surgery, drugs and herbal treatments can have an important effect. The value of the direct physical and/or chemical effects of therapies in any system *must always be recognised.*

2. The psychological/mental level. Medical science recognises that this level does play some part in health care, mainly through such mechanisms as the placebo effect, psychoneuroimmunology and similar psychosomatic processes. It is likely that good therapists are effective in eliciting the placebo response.

3. The higher mental/spiritual levels. Much of mainstream medicine has no place for these levels in its theoretical base - indeed it probably does not recognize their existence. However, levels 2 and 3 may well be the most important levels from the point of view of complementary therapies, and it is at level 3 that we believe many complementary therapies essentially operate.

We consider that there is a unifying principle - the healing effect - underlying the whole range of complementary therapies, even those generally perceived as having a direct physicochemical influence on the patient, which goes beyond the placebo and similar psychosomatic effects. We also consider that this principle similarly underlies the activities of conventional medicine. This principle can be stated as follows:

All therapies, whether they are included in the range of conventional approaches - medical, surgical or psychiatric - or whether they are complementary, essentially involve the process of healing. In this process the doctor/therapist utilizes the healing effect to a greater or lesser extent to balance the patient's energy systems and to activate the natural healing processes of the body to seek to overcome the health problem. All therapies, conventional or complementary, are only models of treatment through which the therapist manifests these healing processes, although the more obvious aspects of the therapy may also have a direct effect upon the physical body and the therapist may not be consciously aware of the involvement of the healing effect.

We suggest that all health care professionals utilize the healing effect as a primary aspect of their treatment of patients whether they are aware of it or not. In some therapies the healing effect operating at Level 3 of the patient may be more important than in others, and the balance between the healing effect operating at the higher level and the physical aspects of the therapy operating at Level 1 will vary widely depending on the individual therapy. Nevertheless, we consider that the transmission of a healing energy by the therapist to the patient and the use of this energy to stimulate the patient's innate healing power, the *vis medicatrix naturae*, may frequently be the most important, if often underlying, aspect of any health care treatment⁵. Here we use the term *healing energy* within a healing context; in other contexts the synonymous terms subtle or spiritual energies are often used.

Some practitioners harness the healing energy more effectively than others. Some people have this ability from birth; others develop it during their life, perhaps following an accident or illness -the wounded healer syndrome. Many people can also be trained to harness their innate healing ability, as with nurses who are taught to use Therapeutic Touch⁶. Also, if we are correct, most people working in the health care field are utilizing this energy effectively, although subconsciously. Doctors and surgeons, for example, come in all grades of ability but some seem to obtain consistently positive results beyond their general levels of knowledge and technical competence. Some surgeons have high success rates with low morbidity and more rapid patient recovery; the traditional good 'bed-side manner' was often reflected in a doctor's ability to help patients in the days before pharmaceutical medicine took over. Nursing in particular is a field where healing, although often done unconsciously, can play an important part in patient recovery⁷.

So how does the healing effect operate as a 'common denominator' across this wide spectrum of therapies and approaches? It seems likely that healing stimulates the body to heal itself. Health is 'an experience of well-being resulting from a dynamic balance that involves the physical and psychological aspects of the organism, as well as its interaction with its natural and social environment'⁸, and many practitioners believe that healing gives the stimulus for the body to optimize this balance. However, if the underlying causes which lead to the illness are not removed, and this is ultimately the responsibility of the patient, the balance may once again tilt towards dis-ease.

We would like to be able to say what this energy is that can be so use-

fully harnessed for the purposes of healing. But we cannot and this is not the place for such a discussion. Despite the fact that many therapists have their own personal views, there is little objective evidence to support them. There have been reports that healing energy can be measured; for example, a unit of para-electricity, a 'Worrall', named after the healer, has been proposed⁹. But the experiments that give rise to such suggestions rarely seem to have been repeated and their significance remains equivocal.

Because of the shortcomings in much of the literature on healing our own work has been directed in the first instance simply at demonstrating the existence of healing by using a simple model of seeds stressed by salt exposure. By this means we demonstrated conclusively that a healer could affect a stressed organism and hence harness, by definition, a healing 'energy'¹⁰. Using this, and similar models, it may be possible to investigate those factors which inhibit and potentiate healing with the aim of not only improving the ability of healers but also as a means of investigating the nature of the healing energy and the healing interaction.

An important aspect of healing concerns the 'world-view' of the therapist. All therapies, including conventional medicine, exist within their own coherent world-view^{11,12}. These views have changed throughout history and the practice of medicine is merely a reflection of the prevailing world-view. Whereas conventional medicine is grounded in the Cartesian mechanistic view of the universe, many complementary therapies claim to look elsewhere for a rationale of their more 'holistic' approaches. However, instead of seeking an explanation within a spiritual context, ideas which they mainly espouse, complementary practitioners often attempt to fit their therapies into the world-view of conventional society, promoting explanations based on quasi-scientific ideas or poorly-understood principles gleaned from quantum physics. These explanations are sometimes based on the belief that therapies are practised according to 'the book'. For example, many homoeopaths use radionically-produced preparations, yet hypotheses regarding the mechanisms for homoeopathic action concentrate solely on changes in the structure of water induced by the process of succussion. Ultimately we have to go beyond these more superficial explanations to find the root of healing, but most of us are not at that stage; perhaps a true understanding can never be communicated.

Although we believe that the ultimate source of healing is spiritual in nature and not yet understood, it is still useful to propose a world-view which can encompass all healing phenomena, regardless of the validity of the current explanation of the underlying mechanism. Therapists and, to a

certain extent patients, ideally work within a shared world-view, in which they can all believe. The long training of many therapists, whether in conventional or complementary systems - and also shamanism, instills in the practitioners a belief in that particular discipline and enables them to operate successfully within it. It can also provide a rationale for why the failures of other systems of medicine may be successes within their own. Each system has its own characteristics which marks it out from others; homoeopathy uses dynamized preparations, acupuncture manipulates meridian lines, others use magnets, or crystals, or lasers.

Among the diagnostic/analytical techniques used by complementary therapists are dowsing, radionic devices, Kirlian cameras, radial artery pulse tension, Boyd's emanometer, Vegatest and similar devices. Many of the instruments are visually impressive and form part of the world-view of the therapy. We believe them to be an essential part of the ritual of healing, but we doubt whether many have a significant technological function. From talking to practitioners who use these devices, as well as consulting their writings¹³, we consider that many of these devices only provide a means for the therapist to enter the healing situation, to understand the problem within their own world-view, and to enact a ritual to harness the healing energy. This is not a new idea. Many other authors, for example Playfair and Green & Green^{13,14} believe that healing devices release the patient's healing potential and it is the patient rather than the properties of the remedies that should be examined to gain a better understanding of healing mechanisms.

The emotional investment of the therapist in a particular ritual is, we believe, crucial to its effectiveness and may explain why therapies come and go. Throughout history many therapies have had an ephemeral existence whilst others like homoeopathy enjoy a more lasting vogue. There is a famous saying attributed to many people including Sir William Osler, Troussseau and Sydenham: "... we should use new remedies quickly, while they are still efficacious." A new treatment is a novelty - it is exciting and tends to inspire hope where all else has failed. Therapies are often more successful in the hands of the founders than in those of the disciples¹². The founders generate the world-view in which the treatment operates and their authority within the system will arouse patients' hopes and expectations. Their belief in the system will be great and will undoubtedly make the harnessing of natural healing energies more effective. The emotional investment and belief of those who come after is likely to be less than that of the founders and may explain those cases where effectiveness dimin-

ishes with time.

The diversity of techniques of complementary medicine and the different explanations of how they may rebalance energies and stimulate the *vis medicatrix naturae*, may be a source of difficulty when any therapy is proposed for acceptance by government regulatory bodies. A particular problem is likely to be the diversity of equipment that often accompanies therapies. Although this equipment is probably only part of the ritual which is necessary to focus the therapist's consciousness on the task and in the belief system in order to harness healing energy, because it is often physical in nature, and may involve the giving of pills or tinctures or physical manipulations of various kinds, the therapist is left more vulnerable to legislative sanction. The problems are compounded by the inadequacies of most of the explanations given for their effect. We believe that if most complementary therapists were to recognize that they primarily harnessed 'healing energy' and that the techniques and instruments they used were largely part of the ritual for achieving this, then complementary medicine would be in a much stronger position to defend itself from criticisms by conventionally-trained scientists.

Although there is a significant body of research work already published in support of spiritual healing¹⁵, experiments designed to look for statistically significant effects from this and other complementary therapies are urgently needed, and may well support our contention that the ritual itself is but a means to harness the same, if mysterious, energy of healing. In putting forward these ideas we are not seeking to denigrate the whole range of complementary therapies which are available.

The fact that we are proposing a simple healing model as the primary mechanism underlying these and conventional therapies does not mean that we are seeking to devalue them in any way. On the contrary, as we have already stated, the confidence imparted by a belief in some of the more complex therapies may enable the therapist to harness the underlying mechanism more effectively and thus become a more powerful therapeutic agent.

This article is, of necessity, brief and only a summary of the ideas put forward. It is intended purely as an outline of these ideas and is published in order to generate initial discussion and comment. As such it cannot include the detail and background information which backs up our ideas and fills some of the present gaps in the argument.

References

1. Chaitow, L. (1994). *Journal of Alternative and Complementary Medicine* **12**(2):3.
2. B.M.A. (1993). *Complementary Medicine. New Approaches to Good Practice*. London; British Medical Association.
3. Dossey, L. (1993). *Resurgence* No. 161,21-25.
4. Gerber, R. (1988). *Vibrational Medicine*. Santa Fe; Bear & Co.
5. Hodges, R.D., Scofield, A.M. (1995) *Journal of the Royal Society of Medicine* **88**:203- 207.
6. Krieger, D. (1986). *The Therapeutic Touch*. New York; Prentice-Hall.
7. Dossey, B.M. et al. (1988). *Holistic Nursing*. Tunbridge Wells; Aspen Publ. Co.
8. Capra, F. (1986). *Holistic Medicine* 1:145-159
9. Rindge, J.P. (1977). In: *Healers and the Healing Process*, Meek, G.W. ed., pp. 130 -146. Wheaton Ill.; Theosophical Publ. House.
10. Scofield, A.M., Hodges, R.D. (1991). *Journal of the Society of Psychical Research* **57**:321-343.
11. Akerknecht, E.H. (1942). *Bulletin of the History of Medicine* **11**, 503-521.
- Frank, J.D. (1963). *Persuasion and Healing*. New York; Schocken Books.
- Hillier, S., Jewel, T. (1987). *Holistic Medicine* **2**:15-26.
12. Torrey, E.F. (1972). *The Mind Game. Witchdoctors and Psychiatrists*. New York; Emerson Hall Publishers.
13. Scofield, A.M. (1989). *Journal of the British Society of Dowsers* **33**:423-438. (Also *Radionic Journal* Winter 1996/97:24-43).
14. Green, E., Green, A. (1977). *Beyond Feedback*. New York; Delacorte Press.
- Playfair, G.L. (1985). *If This be Magic*. London; Jonathan Cape.
15. Benor, D.J. (1993). *Healing Research. Holistic Energy Medicine and Spirituality*. Vol. 1. Deddington, Oxon.; Helix Editions.

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