

Discussion on the Position of Alternative Medicine in the 21st Century

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Abstract

The article analyzes factors influencing the position of traditional, alternative and complementary medicine (T/CAM) in the 21st century. The author puts forward a hypothesis that the significance of T / CAM will be maintained, which will contribute to the negative health phenomena associated with the crisis of Western civilization, which conventional medicine cannot counteract. The author discusses in detail the mechanism of thanatosis postulated by him as the cause of negative health consequences.

Keywords: Alternative Medicine; Anthropological Perspective; Thanatosis; Crisis of Western Civilization

The aim of this article is to stimulate discussion on the place of traditional, alternative and complementary medicine (T/CAM) in the 21st century, including in particular its relationship with conventional medicine (CM) which is usual in Western countries.

At the outset, it is necessary to distinguish between the different socio-economic situation of affluent countries where the position CM is unassailable and poorer countries where T/CAM dominates. The factors which inhibit CM's expansion in less resourced countries are not only economic, but include a number of others which restrict its acceptance by the society. These include the potential loss of indigenous independence in covering the basic health needs of citizens, the deepening technological and economic dependence of the country and the destruction of natural resources for traditional medicine leading to a reduced number of practitioners. There is also a progressive stratification of the population which results in variable access to treatment and the promotion of Western cultural patterns. Such factors encourage the emigration of technological and economic experts which is detrimental to the country.

The contemporary direction of civilizational changes in the 21st century which include climate change, uncontrolled population growth and continuous political, economic and military tensions, will maintain the above-described situation. This will facilitate the continuity of the T/CAM model in large areas of our globe. Many indicators suggest that the two models discussed will co-exist in the 21st century and mutually penetrate as predicted (and favored) by the World Health Organization (WHO) [1]. However, the artificially sustained conflict between CM and T/CAM which operates at several levels may persist. Economic reasons are particularly significant, as the profits of the industry working on behalf of CM exceed those of other industries on a massive scale. But there are also ideological and cultural reasons for the persistence of this conflict. CM, in pirate fashion constantly penetrates the T/CAM landscape in its search for new drugs and treatment methods. It reluctantly tolerates the practice of Chinese and Indian medicine in its territory while at the same time more or less openly resisting the encroachment of T/CAM medicine.

There is an abundance of rigorous research and scientific opinion confirming the rational premise for T/CAM and its achievements over the centuries and the WHO unreservedly encourages academic medicine to creatively cooperate with T/CAM. However the false philosophy which is widely propagated suggests that only CM is based on scientific evidence and the use of T/CAM methods has no rational basis and indeed constitutes a threat to health. In summary T/CAM has no scientific underpinning according to the advocates of CM. To substantiate their claims, they quote literature in which the research

criteria and methodologies have been developed with the connivance and financial support of wealthy pharmaceutical and medical technology companies. The narratives which compare both therapeutic traditions, omit to state that CM uses complex research procedures and medicinal preparations in actual medical practice, which are beyond the research capacity and resources of T/CAM. The inflated costs of CM services, the high drug prices and the long waiting periods for an appointment with a specialist, mean that a significant number of patients resort to uncontrolled self-treatment and medicines are often used irrationally. This phenomenon which is profit-based, results in an increasing number of drugs used without medical supervision and numerous pharmacological preparations sold as "food products" in supermarkets. The outcome of such practices potentially threatens the individual and indeed the community's health.

A detailed list of scientific achievements regarding T/CAM includes methodologically correct meta-analyses [2-4]. As a general rule when reading research reports, the degree of independence and objectivity of researchers and their institutions should be critically examined. It should be recalled that financial backing for the medical sciences, originates in the main from sources directly or indirectly related to CM.

Financial gain determines that CM is the only form of medicine that is fully rational, scientifically based and documented appropriately. T/CAM on the other hand, differs in that there is less scientific documentation available which reflects low expenditure on research and much lower profits. The vast quantities of material on CM are derived mainly from research in the exact sciences and the linkage with clinical medicine is tenuous as medical practice for the most part is based on long term clinical observations. We rarely fully understand how drugs work [5], especially the interactions when many drugs are administered in parallel, which is a regular occurrence by CM. In reality, CM practice does not operate on the basis of causes but rather by signs and symptoms and it is noteworthy that many drugs and procedures used by CM doctors do not have the scientific documentation which they demand from T/CAM [6,7].

Modern CM technologies tend to reduce our natural defenses, making us increasingly dependent on the constant application of

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CM procedures. In Western culture we have already largely lost the freedom of an independent existence and we live seemingly attached by an umbilical cord to CM. The costs of this attachment are increasing exponentially and threaten to overwhelm the capacity of the richest countries. Our western civilization has created the type of individual who lives in a state of existential fear, drip fed with information about symptoms and gene-based threats of deadly diseases [8,9]. In a state approaching panic he is induced to undergo onerous and costly medical procedures, including prophylactic removal of vital organs and long term drug therapy. Lives are often dominated by an endless struggle to pay for medical expenses and are frequently crippled by the effort. The change from an organism adapted to independent existence and self-defense now mutates into one programmed for a specific specialized function, unable to live independently and constantly supported by CM. This is analogous to growing soil-free hydroponic plants or a space ship existence which operates at the expense of independence and individual freedom. Dependence on financial institutions is increased as the state generates huge inequalities in its implementation of the right to health and often forces poor people to struggle despairingly for health at the expense of a dignified and comfortable existence. Some critics of Western civilization from the so-called the third world use this as an example of the soft neo-colonialism which operates in the relations between poor and rich countries. In well-resourced countries an analogous relationship exists between the privileged and impoverished layers of the society. However such interpretations are not universally shared as many inhabitants of the underdeveloped world are still attracted by the lure of western countries and culture.

Because of the breadth of the topic, this article focuses on selected issues which determine the survival and development of T/CAM. It therefore takes an anthropological perspective examining the dynamics and direction of current civilizational changes [6-8]. In the medical sciences, the dominant trope is that of a sick individual requesting help to which the CM responds, but this "individual" is also a collective being and his health and treatment depends on the state of the social fabric of which he is an element [8-13].

The main health problems of the so-called developed world are those of "civilization" and derive from pathology within the social fabric, itself a signifier of Western civilization. The main health problems of the "West" are depression, anxiety disorders (and their psychosomatic consequences) circulatory system disorders and neoplastic diseases. The macro-social context of these conditions is unfortunately ignored, although it constitutes the crisis of our Western civilization which is on-going in spite of the accumulation of enormous wealth and material assets. A relative poverty, manifested by a weak spiritual dimension in life, exists within an exponentially growing population living in permanent existential anxiety and depression. This is confirmed by significant variation in the incidence of depression between regions representative of Western and Eastern civilizations. It ranges from 2.0 - 10.0% in the Far East, compared to 15 - 25% in the affluent Western culture countries [14,15]. The ongoing alienation of individuals and the breakdown of traditional collective integrating units such as family, local and tribal communities [16-18], triggers the mechanism of thanatosis [19,20], which is one of the main sources of the crisis within Western civilization [21]. The phenomenon of thanatosis is analogous to the cellular mechanism of apoptosis or auto-elimination of a cell and is a programmable death process activated by the individual. In undisturbed conditions, this mechanism was invoked originally to relieve the social organism of permanent inefficient individuals who had fulfilled their task within the social fabric. Thanatosis protected and aided a collective social organism consisting of human units,

just as apoptosis does in the individual organism, which in essence is a community of cells. The mechanism of thanatosis fulfilled its role within primary, small (and larger), mobile human communities. This role refers to the mechanism by which close natural interaction between individuals, shaped by evolution over millions of years, is disturbed by the rapid change (within a very short period) in the functioning of the human collective. This pathology is especially evident in the trajectory of Western culture during which human individuals have undergone extensive specialization, with simultaneous progressive alienation and disruption of the traditional forms of collective existence. Individuals largely lose the ability to co-exist in a group, resulting in a cascade of incorrect signals which activate thanatosis. In the individual organism this initiates auto-elimination through inhibition of biological and psychological defense mechanisms. This occurs because of erroneous and premature signaling which indicate failure of the individual to fulfil his or her societal or community role, now downgraded to functional superfluity. There are many indications that the main health threats in Western societies (the so-called diseases of civilization, including chronic depressive syndromes) derive from activation of the thanatosis mechanism. CM is not only ineffective in combating this phenomenon but actually triggers it. In Western culture as part of its adaptation to the requirements of civilization, the individual from the moment of conception is subjected to a gradual psychophysical formative process which is exercised through CM and effectively overpowers his natural defenses. Life then is a sequence of continuous and fruitless CM interventions to combat the several crises disturbing the biological and mental functioning of the individual. The intense disturbances constraining the individual from fulfilling his or her community role or function as suggested above, activates thanatosis and is followed by frantic CM interventions to disable the mechanism. Conventional medicine, primarily as a result of industrialization, distances itself from the patient, who now is separated by machines and procedures. Contact with the patient which would facilitate diagnosis is effectively interrupted and contributory factors, informed by interaction and cooperation with the family are mostly unknown. The therapeutic role of family is absent which further lessens individual's faith in recovery and darkens his or her outlook on life.

T/CAM in contrast draws on the centuries-old traditions of older civilizations and is more effective in the treatment and prevention of health problems that are a consequence of social disorder [21]. Western civilization with its current social and political tensions is associated with negative health consequences and tries to counter these by conventional or "Western" medicine. For this reason, a substantive discussion about CM often becomes very difficult and changes factual analysis into an ideological struggle. An example of such a situation is the ideological offensive undertaken in recent years in Poland and several other European countries against homeopathy and against other forms of complementary and alternative medicine. The driving force behind this offensive is the Catholic Church which posits alternative medicine within the nexus of magic, occultism and unclean forces. The Church does not deny that it regards T/CAM as competition for its own agenda [22]. If T/CAM medicine effects an inexplicable cure, the Church claims evil supernatural powers are responsible and it alone has the right to invoke those supernatural powers which derive from God. Such a position is supported by Catholic academicians "The devil without cease, seeks to heal the body because he is interested in the soul of man" [23,24].

This idea can be further developed in exploring "alternative medicine" as so called natural forces and systems are not used and emphasis instead is placed on the role of the "spirit". The occult

impulse within homeopathy transfers to the patient and makes him subject (conscious or not) to the Evil one and frequently to an actual relationship with "Satan". The argument is made that the harmful effect of alternative medicine in such situations can be counteracted by the healing power of prayer and in extreme cases by the use of exorcism. This ritual should be conducted when the devil "possesses" the body and then only by trained exorcists under the authority of a Bishop. In Poland there are currently about 120 exorcists who have been educated in special Catholic postgraduate schools founded to counteract the current perceived influence of "Satan". During exorcisms the supposed victim of Satan must often be forcibly restrained by several men. The malign spirit roars with an otherworldly voice, inexplicably shakes the body violently and metal nails are often spat from the throat of the victim before exiting from his body. The Polish Church treats the threat of "Satan's offensive" very seriously due to growing interest in the T/CAM and to what it claims as the significant spiritual damage caused by the bio-energo therapist Clive Harris. This individual who acted for many years with the organizational support of the church and with the co-operation of the health services, subjected 3 to 9 million Polish citizens to his "healing" ceremonies in churches. They trusted that the ritual involved was merely the transference of "good energy" which they considered to be a gift from God. However it was discovered that many so-called "healings" by Harris who had gained access to the Church through misrepresentation and deceit were the work of Satan. The usually uncommunicative Clive Harris allegedly confessed to his translator Maria P. (a Catholic Community activist) that he works with the support of higher forces, which she interpreted as demons, and the church ceased their relationship with him forthwith and proceeded to the intensive training of many exorcist specialists. Simultaneously, prompt and radical action was taken by state and parastatal institutions to ban several forms of T/CAM. The state diktat was aimed at doctors practicing it and steps were taken to ban the distribution of homeopathic medicines in Poland, contrary to European law.

In summary, it should be said that T/CAM medicine will continue to play a significant role in the 21st century despite the ongoing efforts to severely limit, if not to outlaw its practice.

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