On Evidence and Understanding its Relevance to Evaluating the Therapeutic Relationship in Complementary & Alternative Medicine (CAM)

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The aim of this article is to answer the fundamental question: 'How can we as CAM therapists refine, develop and augment our understanding and skills in order to respond to our cognitive propensities for both analytical thinking and relational being for the benefit of our patients and ourselves.' To this end, Hugh examines the varied fields of history, philosophy, physics, psychology, and complementary medicine and their respective contribution to elucidating an appropriate answer.

The philosophical roots of enquiry

Beginning with the nature of enquiry itself, I will review the writings of Plato in his faithful account of the words of Socrates. Even as early as 500 years B.C., Socrates was concerned with understanding the essence of things beyond the world of mere appearances, e.g. in his description of the philosophical and scientific method, he states:

'It is some method of investigation which tries to ascertain, step by step, about everything, what each really is in itself..... the few which do take hold of the truth a little, we see are in a dreamland about real being, and to perceive with a waking vision is impossible to these arts so long as they leave untouched the hypotheses which they use and cannot give any account of them.' [1]

'You will lay down then, in the few, that they must adhere chiefly in the education which makes them able to question and answer most scientifically....then test them in the power of dialectic to discover which has the power to shake off sight, and the other senses and pass onwards to real being in very truth' (ibid. pp. 334-337).

This remarkable and original insight into reality and the need for 'scientific' and 'dialectical thinking' was echoed by the observations and words of Gautama Buddha (ca. 563-483 BCE) who spent his early ex-princely life exploring and practising the art of meditation as a means of understanding the nature of reality and the causes of human suffering. A leading Buddhist scholar, Alan Wallace [2], maintains that only through the cultivation of the mind as a refined instrument for reflection and introspection can we begin to discern the difference between 'Dukka' – delusion- and 'Suka' – truth (ibid. pp. 75-76).

Science, by contrast, has pursued the development and refinement of 'technological tools' as a means of enquiry, perception and measurement, rather than cultivating the human mind as a primary perceptual ability and instrument.

To quote Wallace:

> *Buddhist empiricism is qualitative rather than quantitative, and it is primarily concerned with understanding and transforming conscious experience rather than controlling the objective world that exits independently of it* (ibid. p. 76).

The perspective of consciousness

Both the above pioneers of 'conscious empiricism' began the debate that concerns our current preoccupation with 'consciousness' and 'consciousness studies'. SMN member, Chris Clarke [3] in the last 'Network Review', discusses the writings of Meister Eckhart and his notion of 'consciousness as isness, ' i.e. 'sharing aspects of oneself, or what it's like to be that other (empathy)' (ibid) To quote Clarke:

'It's not about what being is or does, it's the difference between 'communion' and 'analysis' (ibid. p. 16).

In other words, and as Iain McGilchrist [4] has written, we need to integrate our 'implicational-relational cognitive sub-system, right brain, with our 'propositional-analytical' cognitive left brain. This balancing of our left and right brain hemispheres encapsulates the challenge for Complementary and Alternative Medicine (CAM) therapists today, which is to embody the cognitive tools of science (observation, analysis, prediction), with the intuitional, listening, reflective and narrative skills of the 'healing arts.'

In a sense, this integrated way of being, perceiving and responding mirrors Socrates' notion of 'synoptic consciousness' (ibid. p. 337), i.e.

'The chief test of the dialectic nature and the reverse for the synoptic person (someone who brings all into connectedness), is a dialectic person' (ibid. p334)

Returning to Gautama Buddha's exploration of consciousness, we need to match 'introspective rigour' with 'extraspective rigour' in order for both approaches to be deemed truly empirical and wholly reflective of reality. However, as Wallace argues: *'Western philosophy and science have been largely dominated by the ideology of 'scientific materialism,'* which has resulted in the continuing post-Cartesian dichotomy of 'mind and matter' and 'subject and object.'

As Wallace comments:
'A good theory is one that provides a high degree of predictability and allows for the possibility of greater manipulation of and control over observed phenomena' (ibid. p. 82)

To emphasise this point, Wallace quotes William James:
'Any number of hypotheses may be considered by way of conceptual analysis, but the terminus of thought must be by direct perception…only then is the 'virtual' knowledge of conceptual analysis retroactively validated' (ibid. p. 85)

The problem of evidence in C.A.M.

The above quote highlights a common problem with the lack of a robust evidence base for Complementary and Alternative Medicine (CAM), i.e. 'underdetermination.' This specifies that:

'for any given body of evidence multiple, incompatible theories can be devised to account for the imperceptible causal processes that produce that evidence' (ibid p. 85)

Wallace amplifies this point when he discusses the writings of other scientific pioneers:

'Werner Heisenberg, David Bohm and other pioneers in the field of Quantum Mechanics were insistent that one must not attribute existence to that which cannot be known 'even in principle.' (ibid. p 86)

In relation to CAM, I believe we can safely say that in order to maintain scientific rigour in our observational and analytical methodology, we need to recognise the importance of both epistemology (meaning/qualitative research) and pragmatism (measurement/ quantitative research) in order to properly capture the therapeutic effects of complex interventions found in, say, craniosacral therapy and homeopathy.

Pioneers of evidence-based C.A.M.

To support this contention I should like to cite pioneers in two fields of CAM, i.e. beginning with the origins of homeopathy and Professor Constantine Hering, who quotes the founder of this revolutionary system of therapeutics:

'Could Cinchona Bark produce altered states on myself, if I took it in health? This was the question which induced Dr Hahnemann to make his first proving in 1790. The answer was, he felt, a group of symptoms exactly such as he had when he was in Siebenburgen. Was he satisfied with his observation? Certainly not. He repeated his experiment several times with the same result. 'I stopped taking it, and got well', he says. This hypothesis, by which the science and art of homeopathy were born, gave rise to one of the chief principles of homeopathy, i.e. the 'Law of Similars' [5].

Interestingly, it was Hering who later observed and postulated the 'Laws of Cure' which he recorded in 1865 [6] and his findings have only recently been operationalised as a 'specific outcome measure' for classical homeopathy by Dr Sarah Brien, et al [7].

A more contemporary homeopathic physician and writer, H.A. Roberts, reinforces both the philosophical as well as the pragmatic aspects of homeopathy as a therapeutic discipline:

'The homeopathic concept of disease and cure is from the phenomenological viewpoint in that it considers the broad outline of the whole rather than some of the minute divisions composed by the microscopic vision, and at the same time embraces the meaning of which the microscopic vision demonstrates but a part' [8].

He continues:

'It is this balance between 'dynamical' (predictable) and 'statistical laws' (probabilistic) that we find our margins of error in the application of homeopathic principles to our patients. The 'Law of Least Action' is one of the dynamical laws upon which homeopathy was postulated and by which it has been affirmed (ibid. p. 261)

Turning to the field of osteopathic medicine, another medical pioneer, Garner Sutherland, had a similar revolutionary thought and hypothesis to that of Dr Samuel Hahnemann, viz.:

'The thought came to me, 'bevelled like the gills of a fish and indicating a primary respiratory mechanism', and not only struck me, it stayed with me. That is how I came to undertake a study intending to prove to myself that mobility between the cranial bones in an adult is impossible. I had to gain knowledge of many things in order to prove that motion between the cranial bones in the adult was impossible, and that included the Tide and something within that I call the 'Breath of Life', not the breath of air. I failed to prove that there is no mobility of the human cranium at the sutures in the adult' [9].

Dr Sutherland disproved his null hypothesis by systematic experiments on his own cranial system using a 'football helmet' and a 'butter bowl'. The extent to which medical pioneers will endure both risk and discomfort to themselves in the scientific endeavour is truly remarkable. Moreover, the common theme to all pioneers of science, medicine and many other fields of endeavour is the commitment to dialectical thinking, and 'non-entropic' observation and measurement.

Evidence from biophysics and craniosacral therapy

Mae-Wan Ho [10] describes this process very well:
'As active agents who can set up experiments to choose what to measure or observe, we can influence the generation of entropy as well, so we might say that entropy is also a measure of our inability to influence the system. This demonstrates that in a very real sense we participate in defining a process of measurement in partnership with nature, and it is out of this act that properties emerge which are neither those things in themselves nor pure mental constructs, but an inextricable entanglement of both' (Ibid. p. 221)

Nicola Brough [11], on the subject of the therapeutic process (the relational field), in a recent article accepted for publication by the *European Journal of Integrative Medicine*, concludes**:**

'The theory which emerged from this study, suggesting that the establishment of a therapeutic relationship and trust in the practitioner enables users to feel sufficiently safe and relaxed for the hands on element of CST to take them into new perceptual states, which in turn facilitate a new level of health awareness, is reminiscent of Upledger's idea of the 'therapeutic facilitator' (ibid. p. 9)

Mae-Wan Ho [12] describes the broader implications that entanglement gives rise to as follows:

'It involves a consciousness that is de-localised and entangled with all of nature, when the awareness of self and other is simultaneously accessed. I believe that this is the essence

of aesthetic or mystical experience….We have come full circle to validating the participatory framework that is universal to all traditional indigenous knowledge systems the world over' (ibid. p. 231)

The nature of health and psychosomatic medicine

Returning to the insights and thinking of Plato and Socrates, we can see that even contemporary Greeks were interested in the transactions of 'doctor and patient' and it was clearly perceived that if the will and understanding of a patient were adversely affected, he/she would be less likely to heal, i.e. from the centre to the periphery of the human organism. This original insight, which could be termed loosely, the beginnings of psychosomatic medicine, was already clearly perceived by them. Plato maintained that the difference between a carpenter and a wealthy man who consult a physician is that a carpenter only consults a physician when his symptoms affect his daily work, whereas a wealthy man sees the physician because of his unbalanced and excessive diet and lifestyle:

'Then we must believe that Asclepius knew all this. So he provided for me, healthy in body by nature and habits, and who had some local disease inside themselves; for these and for this condition he revealed the art of healing, thus expelling the disease from them by drugs, or by cuttings and told them to go on living as usual that he might not hinder their duties in the city. But bodies which were diseased inwardly all through, he did not try to cure by diet or by other means. That only implants other diseases which naturally come from this treatment, so as to make life long and miserable for a man' (ibid. 40C- 408C, p. 207)

The unprejudiced observer and the art of case-taking

To encapsulate the core issues of perception, awareness and analysis in the therapeutic relationship, it is clear that on the one hand, the CAM health practitioner needs to be both an empathic and intuitive presence, and also an objective and analytical observer, on the other. Naturally, this is a complex and demanding set of skills which depends on both the skills and experience of the practitioner. In the field of homeopathic medicine, Dr Samuel Hahnemann not only specified the principles of the 'minimum dose' and 'the law of similars', but he also specified the prerequisites for the 'art of case-taking', perhaps for the first time. He wrote:

'The unprejudiced observer only perceives the deviations from the former healthy state of the now sick patient, which are (a) felt by the patient himself; (b) perceived by those around him, and (c) observed by the physician. All these perceptible signs represent the disease in its entire extent, that is, together they form the true and only conceivable gestalt of the disease' Paragraph 6 of '*The Organon of the Medical Art*'[13]

I shall provide an illustration of the 'art of case-taking' from a renowned Indian homeopath, Dr Rajan Sankaran [14]. The case concerned a three year-old child who suffered with allergic asthmatic bronchitis, and has a history of antibiotic and other allopathic prescriptions. His mother reports that during his attacks he becomes 'stubborn, violent and irritable' and the behaviour of the child throughout the consultation is very noisy and restless.

Sankaran writes:

'My case-taking technique is simple. I just wait and watch. The patient will say the real thing, the spontaneous thing. I look for the ideas. What is the situation, what are the symptoms'?

The mother says of her child: '*Everything is a fight. He is cranky, restless and irritable. He's afraid that I will go away. He hates having his hair cut so I cut it whilst he's asleep. He bites a lot. He clings to me during attacks, but if I pick him up he tells me to go away'* (ibid. p. 265)

Dr. Sankaran summarises the key *rubrics* of the patient's case, viz: *'Capriciousness; aversion to being touched or caressed; fear of being approached; irritability in children; restlessness; can't bear to be looked at; striking in children'* (Ibid. p. 266)

Logically, Sankaran summarises the totality of the patient's mental and physical symptoms as indicating the child's 'constitutional homeopathic medicine', which is *Artemesia Cina* (Wormseed). What is most interesting in this case is that on questioning the mother a little more, he discovers that this was the mother's state before and during the birth of her son. Thus, the child's homeopathic remedy (*Cina)* mirrors the mother's emotional and mental state at the time of his birth, i.e. there is an energetic resonance between the two of them. One can see from this brief exposition and example that Sankaran uses a 'situational analysis' (i.e. understanding what was going on for mother and child at the time of the pregnancy and birth), as well as the skills of an 'unprejudiced observer.'

The relational field

In his discussion of the 'art of case-taking', Sankaran highlights the important distinction between 'conditional' and 'unconditional' responses to the patient by the practitioner. By this he means that the mental state of the practitioner at the time of the consultation is fundamental to how she/he 'takes the case'. For example, if the practitioner's own mental state is 'not okay', he may have expectations that the patient should react in certain ways to make him 'feel okay'. And, in contrast, an 'unconditional response' by the practitioner is when he behaves in a balanced and objective manner towards the patient, i.e. like an 'unprejudiced observer', as Dr Hahnemann expressed it. Sankaran further details the need for practitioners to be aware of the need for an 'empathic response' to patients as well an 'instinctive' response, for example when they are listening to the patient's narrative.

Sankaran summarises the 'art of case-taking' thus:

'When the physician observes his own instinctive response to the patient and correlates it with his empathic feeling, he will be able to get a more direct and better understanding of the patient' (ibid. p. 271)

One can observe, from the above discussion of Dr Sankaran's case-taking methodology, the similarity with Meister Eckhart and his notion of 'consciousness as isness, ' i.e. 'sharing aspects of oneself, or what it's like to be that other (empathy). Thus, the awareness, presence and empathy of the practitioner – the Relational Field - are a fundamental pre-requisite for understanding the patient as well as the totality of 'what needs to be healed.'

Summary and conclusion

To summarise my argument thus far, we began with Greek philosophy and medicine and discovered the importance of 'dialectical thinking' in the process of observation, evidence-gathering and hypothesis-formation, an approach exemplified by the Greek physician Asclepius. We then traversed the territory of Gautama Buddha who pioneered the notion of 'conscious empiricism' through meditation, and demonstrated in his teachings and life the importance of self-awareness, and introspective consciousness. This pioneering approach has partly led to the scientifically productive field of 'consciousness studies' in addition to 'mindfulness practice' in the healing arts today.

We then discussed other pioneers of the medical and scientific art, including Drs Samuel Hahnemann, and Garner Sutherland who through systematic experimentation, observation and analysis on themselves and their patients formulated revolutionary systems of medicine and healing which thrive today in the forms of homeopathy and craniosacral therapy. Dr H A Roberts affirmed the distinction between the 'dynamical (predictable) laws' as well as the 'statistical (probabilistic) laws' of homeopathy which need to be balanced in the search for the patient's healing *similimum*.

The concept of the Relational Field and 'entanglement' between the CAM practitioner and patient was outlined in the writings of the biophysicist Mae Wan Ho as well as the original research into craniosacral therapy (CST) conducted by Nicola Brough. Finally, we explored the notion of the 'unprejudiced observer' as discussed by Dr Hahnemann, and demonstrated in the homeopathic case-taking of a child taken by Dr Sankaran where the need for a judicious and skilled balance of observation, intuition and empathy are pre-requisites for thorough analysis and diagnosis of 'what needs to be healed' in the patient.

To conclude, it seems, that in addition to exemplifying sound epistemology (how we know) and pragmatism (how we observe and measure), C.A.M. practitioners and researchers need to foster not only the development of rigorous introspective and 'extraspective' skills, they must also embody in all their enquiries a comprehensive understanding of the 'relational field' (entanglement) and how it impacts upon patient and therapist alike.

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References

1. *The Republic* Part VII 532-534A pp. 332-333
2. Wallace, B. A. (2007) *Contemplative Science*, Columbia University Press, N.Y.
3. Clarke, C. (2014) *Network Review* Winter, 2014
4. McGilchrist, I. (2009) *The Master and His Emissary*, Yale.
5. Hering, C. (2005) *The Guiding Symptoms of Our Materia Medica*. B Jain Publishers, 2005
6. Hering, C. (1865) *Hahnemannian Monthly* 1865; 1: 5-12
7. Brien, S., et al in '*Homeopathy*' (2012) 101, 28-37
8. Roberts, H.A. in *The Principles and Art of Homeopathy*. Indian Books & Periodicals Syndicate, 1936
9. Sutherland, G. (1990) 'Teachings in the Science of Osteopathy', Rudra Press.
10. Ho, M-W (1998) *The Rainbow and the Worm: The Physics of Organisms*. World Scientific.
11. Brough, N. et al; '*Perspectives on the effects and mechanisms of craniosacral therapy: A qualitative study of users' views'*; http:dx.doi.org/10.1016/j.eujim.2014.10.003
12. Ho, M-W, ibid.
13. Hahnemann, S. ibid.
14. Sankaran, R., *The Substance of Homeopathy*. Homeopathic Medical Publishers, Bombay, 1994.