It irks me to no end when conventional (allopathic) healthcare providers dismiss traditional therapies by attaching the moniker “alternative” to describe where they fit into the healthcare spectrum. Alternative to what? The word implies that conventional allopathic medicine is the gold standard and traditional therapies run second, third or last—the “OK we’ll let it slide because so many people use them but we don’t really believe they work” attitude. Traditional approaches to restoring and maintaining health predate allopathic medicine by thousands of years and have worked pretty damn well all of that time.

Here’s the truth of the matter:

Over 70 percent of adult Americans consumed complementary and alternative medicine services, spending $36 to $47 billion ($12.2 to $19.6 billion out-of-pocket) in 1997 alone. In 2002, 62 percent of adults used complementary and alternative therapies, nearly half of them utilizing prayer as a form of health therapy. The average person utilizes “alternative” therapies not because doctors are non-compassionate, uneducated or poorly trained in their discipline, but because allopathic medicine fails to meet their need for a holistic perspective of health.

Practiced in its current form, allopathic medicine remains in its infancy compared to more traditional approaches: It’s hundreds of years, rather than thousands of years, in the making. Its political power in the healthcare industry is therefore somewhat hard to understand, and yet its philosophy of practice (or lack thereof, as some believe) holds sway.
There are four main tenets of allopathic medicine: 1. There is only one cause of any disease (the Doctrine of Specific Etiology); 2. The body is a material entity, not unlike a machine with clockwork mechanisms; 3. The opposite cures; 4. Only methods found to be effective through rigorous scientific study are appropriate means to a cure.

This materialist mindset rests comfortably in the ubiquitous western idea that reality is matter. Taken to its logical conclusion in regard to health, the real body is therefore matter only, and should be treated as such by real, material remedies. Even the language used to describe body parts illustrates this idea: the heart as a pump; the lungs as a bellows; the nervous system, an elaborate communications network; the mind as a computer.

There are two major philosophical differences between allopathic medicine and “alternative” medicine:

1. Allopathic medicine constantly treats the disease, not the individual, whereas “alternative,” holistic approaches maintain the connectedness of the human being to its environment, both internal and external; and 2. Allopathic medicine believes in simple, one-cause disease states, whereas “alternative,” holistic medicine purports a multifactorial etiological model of disease. Simply put, stress causes disease, as do bad water, bad air, bad food, bad parenting and bad society.

Allopathic medicine relies heavily on research-based practice, or the practitioners say it does. Much has been written about the lack of evidence-based practice and iatrogenic causes of disease states. Proof of the effectiveness of any alternative to allopathic approaches comes in the form of clinical trials, wherein controversial techniques and methods are subjected to the “rigorous” scientific methods used by western scientists. The ability for any scientific experiment to render absolute results is, of course, questionable, as we learn more and more about the nature of physical reality. Modern physics has dashed any hope of ever disassociating scientific observation (the observing mind) from the observed (matter). How this nearly 100-year-old discovery will translate into the philosophy of allopathic medicine practice has yet to be seen.

The vitalist healing doctrine “man assists, but nature heals” permeates the philosophies of Hippocrates, Aristotle and most physicians and healers up to the rise of positivism and the scientific method. It hearkens from the notion that life exists as the result of an ineffable force that animates the otherwise inanimate material world. “There is some feature,” reports S. Blackburn in the Oxford History of Philosophy, “of living bodies that prevents their nature being
entirely explained in physical or chemical terms. This feature may be the presences of a further ‘thing’ (such as a soul), but it may also be simply the emergence of special relations or principles of organization arising from the complexity of the biological organism.”

Hippocrates’ discomfort with the prevailing belief of his day, that supernatural possession causes disease, made him an adamant proponent of the natural cause of disease states. He was most comfortable with the notion that within man resides an innate healing capacity. This he observed and endeavored to promote in his method and system of disease prevention and cure. Hippocrates is considered the father of western medicine; his view has informed the practices of physicians for over two millennia and still informs the philosophies of most healing systems of our day, with the exception of modern western medicine, the main driving force behind the allopathic model.

Fortunately, Hippocrates’ original philosophy is alive and well, in a more mature form, in the practice of naturopathic functional medicine. This healing discipline embraces the best that science has garnered from its pokings and proddings into the microscopic world of human anatomy and physiology while maintaining a larger view of the human as a living system.

To guide clinical practice, naturopathic physicians heavily rely on this holistic philosophy; weaving it into every aspect and domain of practice. The functional approach taken is based on a “patient-centered, selfcare, outcomes-based model.” At the foundation of the naturopathic philosophy and the functional model is the following set of seven principles: 1. Vis medicatrix naturae (the healing power of nature); 2. Primum non nocere (first do no harm); 3. Tolle causum (find the cause); 4. Treat the whole person (all disease states are multifactorial); 5. Prevention; 6. Wellness; and 7. Docere (doctor as teacher). Doesn’t that sound fabulous?

As a wellness strategy, allopathy has miserably failed and its purveyors have earned themselves a bad reputation as the enemy. As you sit and read this, I bet you are remembering a time when you had a negative experience at the hands of some doctor, nurse, insurance company or other member of the behemoth industrial complex we call the healthcare system. And you are not alone. Everywhere you go, someone will have something negative to say about his or her experience with the system.

To be fair, allopathic approaches shine at times, such as emergency treatment for accidents and injuries, or emergency treatment for illnesses that should have been prevented by healthier strategies like clean water, clean food, clean air and common sense. Here is how “alternative”
therapies shine: prevention of emergencies not due to accident or injury; restoration of health when the body is out of balance; actual cures where none have been found in allopathic circles. Just as in China, allopathy can serve as an adjunct to the traditional approaches when there is nothing else to do but a surgical procedure or set a broken bone. But nothing beats a traditional modality in returning a body to health and preventing future occurrences.

I vote for a revolution in thinking. We must put the allopathic model in its proper place as one modality along a continuum of modalities, removing it from its position as the one and only way to a cure. It should be subsumed into a model that is inclusive of all therapies. Then and only then will what we call “alternative” medicine once again take its rightful place in the pantheon of healthcare modalities that support health and render a true cure.
To purchase this issue, Order Here.