From the advertisements we see for pills and drugs to the advice we get from most physicians and the examples we see in our friends and family, we live in a world that believes pain should be cured by magic bullets—a drug, a vitamin, dieting, exercise, or any single thing we imbue with the power to get us out of pain and discomfort. Before we know it, we too are going through life, unconsciously assuming that the answer to our ailments comes in the form of a magic bullet, and that when the pain is gone, the problem is gone as well. We do this in part because our culture sees pain as an irritating distraction from the regularly scheduled programming of our lives.
Another way to understand pain is as a signal that carries important information about the state of our health. Imagine you were awakened in the middle of the night by a terrible alarm going off somewhere in your house. The noise is so piercing that you knock the alarm off the wall as soon as you find it, silencing it before you go back to bed. On the one hand, you have the peace of mind of not having to deal with the irritating noise, but on the other hand, you have done nothing to locate what triggered the alarm. There may still be a fire burning in a hidden corner of your house.

For the most part, however, most of us—doctors and patients alike—do not see pain as a messenger of information that invites a deeper inquiry into its origin and purpose; pain is simply seen as bad, something to get rid of. This approach to treating pain and illness is known to many as the allopathic paradigm of medicine, and it is the go-to methodology that most U.S. physicians employ. It is also how many of us unconsciously assume healing works. The word “allopathy” comes from the Greek allos, meaning “other” or “different” and pathos, meaning “feeling” or “suffering.” The primary interest of allopathy is to treat the disease or symptom, not the individual; it is to have you feel something other than what you currently feel, which in some cases makes sense, but is rarely sufficient for true healing or for sustaining good health.

The science of allopathy depends on numbers and statistics. Massive hours of clinical research go into studying huge numbers of people with common symptoms in order to derive a common cause or relationship between their symptoms and what then gets categorized as an illness or disease. The disease receives a name and it formally enters the canon of western medicine. It then gets circulated in the consciousness of both physicians and patients alike, and we begin to think almost exclusively in terms of disease names, their symptoms, and our identity with those symptoms and diseases. “My asthma is flaring up today,” we say, or “my menstrual cramps incapacitate me for days.”

When we identify with the disease—usually after receiving a diagnosis—our focus often becomes mitigation of the symptoms that the disease presents. If we address the symptoms well enough, we think, the disease will go away. This orientation to disease management is very different from a commitment to optimal health. For the most part, physicians are taught to be satisfied by a change in the numbers—an adjustment in the lab results—as the measure of health improvement. If your symptoms go away, great! You must be cured! But intuitively we know this isn’t the case. We know that our migraines are not caused by an absence of Fiorinal...
and menstrual cramps are not caused by a deficiency in Motrin. But in the conventional approach to medicine, the “cure” is defined by whatever makes the symptoms go away.

If you have a deep commitment to healing, it is important to understand how conventional mainstream medicine—and most of us—assume healing works. It isn’t that allopathy is right or wrong; it’s simply a frame of reference from which most contemporary physicians do their work. And it is a worldview that has become ingrained in American culture; it has become de facto “normal.” Of course, allopathy has profoundly valuable techniques to offer in the service of improving human life, but as the dominant—and for many, the singular—medical paradigm in the United States, it leaves little room for a candid discussion on the true causes of illness and the processes that support optimal health and healing.

Physicians throughout history have used countless other paradigms and worldviews when treating their patients. In the Middle Ages, most physicians believed that the body was ruled by four humors, which were responsible for illness when they fell out of balance. Countless schools of thought and traditions have sought to understand and treat human disease using different frameworks. In Traditional Chinese Medicine (TCM)—which is still practiced today throughout the world in the form of acupuncture and herbal remedies—five elements and an intricate system of energy meridians inform both treatment and diagnosis. Ayurveda, homeopathy, naturopathy, osteopathy, chiropractic—these paradigms for health and healing have deep roots in human cultures and can offer profoundly useful techniques in helping you create a life of joy and longevity. Each paradigm has different strengths and no single paradigm is sufficient for treating every individual’s health.

Learning to trust the body’s capacity to heal is a journey of healing in and of itself, and when we undertake this process with commitment and integrity, what we receive is not simply improved physical health, but a renewed sense of connection, peace and contentment.
The Myth of the Magic Bullet: Understanding the Allopathic Paradigm of Medicine

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Sunday, 01 December 2013 00:00 - Last Updated Friday, 21 March 2014 09:41

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