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**WELL-BEING: A PARADIGMATIC
CONTRIBUTION TO COMMUNITY HEALTH
CARE WITH SPECIAL REFERENCE TO
HERBALISM**

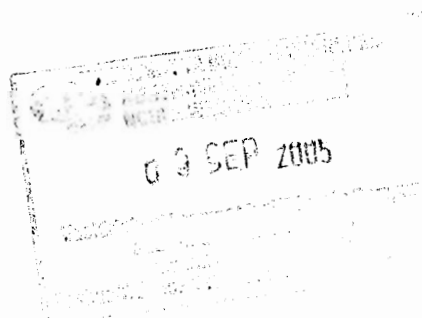
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SAMEVATTING

TITLE: Wellbeing: A paradigmatic contribution to community health care with specific reference to herbalism

SLEUTELWOORDE: Tradisionele gesondheid sorg , alternatiewe gesondheid sorg, natuurlike gesondheid sorg, paradigma, geneser, allopaties, bio-mediese model, primêre gesondheid sorg, welsyn, welsand, holisme narratief, postmodernisme, konsepsuele skemas, konstruksie van die werklikheid, kruie medisyne, gesondheid sorg modaliteite, gesondheid in sosiale konteks, kultuur en gesondheid, epistemologie, oop sisteme, self-organisasie, kompleksiteit/chaos.

Die doelstelling van hierdie navorsing is 'n poging om te bepaal hoe sosiale werklikheid die aard en omvang van natuurlike gesondheid sorg binne die primêre gesondheid sorg skema raak.

Sosiale instellings soos gesondheid sorg ondergaan tans geweldige verskuiwings binne die konteks van postmodernisme. Wetenskap, epistemologie en alternatiewe werklikheidsbeskouinge verryk mekaar om 'n konsepsuele skema daar te stel waarbinne nuwe benaderings tot gesondheid sorg geakkommodeer kan word. Dit lei waarskynlik tot die hernude belangstelling in natuurlike gesondheid sorg.

Soos wat natuurlike gesondheid sorg al hoe meer sosiaal aanvaarbaar word, lei dit verder tot mediese pluralisme waar alternatiewe gesondheid sorg saam met allopatiese medisyne die spektrum van gesondheid sorg uitmaak. In hierdie navorsing word sodanige verskuiwing verwelkom aangesien natuurlike gesondheid sorg met haar holistiese aanpak die bio-psigososiale aspekte van menswees verdiskonteer. Veral word in hierdie navorsing dan klem gelê op die sosiale verstaan van die liggaam aangesien die liggaam nie die passiewe anatomiese raamwerk van bio-medisyne is nie, maar die relasionele wese waar verhoudinge en emosies mee speel in die balans wat ons gesondheid noem.

Hierdie balans vind uitdrukking in die model van welstand waar 'n veelheid van modaliteite benodig word om die totale mens aan te spreek. Dit sluit in berading, kruie medisyne, kinesiologie, aromaterapie, energie heling, iridologie en refleksologie om maar net 'n paar te noem.

Postmodernisme self word as belyk met verwysing na die konsepsuele impetus wat dit bied om aspekte soos self-organisasie, kompleksiteit, kruie sinergisme, en holisme tot 'n nuwe model van natuurlike gesondheid sorg saam te snoer.

In plaas daarvan om 'n bepaalde tema breedvoerig te bespreek, het die outeur verkies om 'n verskeidenheid van hierdie temas telkens in die bespreking te verweef teneinde te kan aantoon hoe elkeen om die ander impakteer. Die leser sal dus elkeen van hierdie temas deurlopend vanuit 'n ander hoek in elke hoofstuk vind.

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CHAPTER 1

THE SOCIOLOGICAL CONTEXT OF HEALTH CARE

Keywords: Sociological discourses, social construction, the sociology of health, wellness, paradigms, bio-medical, traditional healing, postmodernism

1.1 Research objectives

The health-care system of a country comprises all the people, formal, and informal sectors that deliver, finance and regulate health care. The earliest history of health care in South Africa belongs to herbalist who have been in active in this field for aeons before the era of colonialism. Their extensive traditional knowledge of healing herbs and plants served their communities well before the western idea of health care was introduced into this country. The current health care system with its thousands of doctors and nurses, clinics and hospitals, pharmacies and medical universities is a fairly recent institution. It never fully supplanted the traditional system. The traditional system was marginalised and hence there was no formal interaction or mutual enrichment.

A closer study will reveal that the chasm between the two systems can be explained in terms of the different philosophical and epistemic frameworks in which they are embedded. The medical system is founded on the so-called bio-medical model with its roots in the Enlightenment whereas the traditional approach is true the indigenous folklore and practices. Unfortunately western medicine tends to attach high importance to the scientific method which informs it without a willingness to accept the content and successes of traditional approaches. Yet, pre-colonial South Africa, as we shall see later, boasted valuable insights of treatment and health care.

The perspective of this research is that the value of a health care system is not so much determined by its intrinsic nature as by the established and prevailing social discourses and paradigms that sustain it. Colonialism was driven by the idea that so-called western civilization was somehow superior and intended to replace traditional ideas and practices. The Christian zeal for missions lent further support to this by an endeavour to eradicate paganism with its “dangerous practices”. “Colonialism led to profound disruption of African societies and the systematic attempt to destroy, denigrate and deny the idea systems and the related rules, regulations and practices which organized social life. For instance, healers, physicians and priests were derided as ‘witchdoctors’ and their knowledge and practices were ridiculed and attacked” (Popenoe et al 1998:231).

During the past three centuries many political and ideological shifts have taken place to challenge the established health care system. Very shortly after the 1994 elections, when the ANC government took office, they embarked on a process of restructuring (RDP 1994). This is based on the Primary Health Care (PHC) policy and in line with the UNICEF/WHO philosophy adopted at the Alma Ata conference held in 1978. This policy is guided by a number of important assumptions. It emphasises prevention over cure and believes that the overcoming of ill-health is only possible if the people themselves have an active voice in the implementation and management of health care (Popenoe et al 1998:234). For the purpose of this study I would like to emphasise the principle of promotion of health that was adopted as part of the ANC health plan. It reads: “Attention must be given by health workers to the importance of health education, especially with regard to sexuality, child spacing, oral health, substance abuse, environmental health, occupational health and healthy lifestyles. Traditional healers and alternative health care practitioners must be integrated into the team of health workers” (Dennil et al 1999:43).

The contention of this author is that these assumptions provide a framework for the serious implementation of traditional healing. Many complaints that

people take to the doctor or clinic are trivial in the sense that they do not require the expertise and diagnostic skills of a highly trained physician (Popenoe et al 1998:234). The changing demographics have contributed in South Africa to a marked decline in the incidence of communicable and nutritional disorders. At the same time there has been a significant increase in the degenerative conditions, cardio-vascular diseases, emotional disorders and cancer in the population (Vlok 2001:16). This shift requires a new approach which is a more comprehensive approach to the situation. It requires "promotive, preventative and rehabilitative components as curative services alone will not improve the health status of a community" (Ibid.:16). It is the opinion of the author that natural health care fits this requirement extremely well since it answers to all the conditions. It is promotive in the sense that it provides guidelines to improve general wellness and health care counselling to enhance psych-socio status; it is preventative in that life style changes are encouraged; it is rehabilitative in terms of offering herbal remedies as long term support to the physical body to combat disease more effectively.

Traditional healers can thus play a crucial role in being deployed at health care clinics to provide health care for the masses. Traditional healing is also known as complementary, alternative, holistic or natural healing. In this script the term 'natural' healing is used to describe the underlying philosophy. The abbreviation CAM for Complementary and Alternative Medicine has become fairly established as reflected in the MediCAMS Index (Vol. 2 2003), a guide to complementary medicine under the editorship of Peter Smith.

These words are not without problems. The word 'complementary' qualifies it as something that adds to medical help. Natural healing may, however, also be required in instances where there is no medical help provided at all. The designation 'traditional' confines it to the type of approach that was followed in the past. On the contrary, natural healing is especially open to fresh insights gleaned from the vast field of research in this area. "Alternative' is also a

word that speaks of another option. We would not like to foster the idea that natural healing can substitute medical attention. Holistic health is a good description, but it is perhaps too ambitious to reserve this for natural healing since we believe that the bio-medical approach also known as allopathic medicine, can be part of a holistic approach. Natural medicine is preferable. It simply means tapping into the natural, the “on hands” aspects to enhance the health status of a person. Natural health care is aimed at enhancing health. It is wellness directed toward maintaining and improving existing health or wellness rather than focussing on disease and illness. It works with the assumption that human beings have a great capacity for self-healing and self-evolution. The focus shifts with this from the doctor held responsible for healing to each individual who is morally responsible to be well. The ‘natural healer’ is only a facilitator.

From the general consensus between leading natural health care practitioners, (Gottlieb 1995: 3-10; Pressman 1999: 3-20; Collins 1995: 3ff; Hoffman 1996: 11), one may deduce that the underlying assumptions of natural healing include some of the following:

- Wellness is total integration of human existence. It implies a state of harmony between the interdependency of the physical, mental, emotional, spiritual, social and environmental aspects.
- Illness signals disharmony between these aspects.
- Health is not simply the absence of disease, but rather a dynamic state on the continuum between the poles of wellness and death.
- The individual has, as open system, an innate organizing principle guiding it toward greater complexity and self-differentiation.
- Body and mind are intimately connected and hence a person's attitudes, beliefs, values and perceptions affect health in positive and negative ways.

Natural health makes use of a variety of healing modalities. The author is of the opinion that the emerging post-modern framework provides a conceptual scheme for the further development of traditional healing as part of the broader framework of complementary or natural health care comprising many related modalities. This interesting development promises to stimulate traditional healing to attain heights of sophistication and authenticity that will remove the stain of being an inferior medical approach. At the same time it must be realized that natural health care is not stratified as a middle-class profession such as the medical profession. Berger and Berger (1978: 171) pointed out that since doctors, psychiatrists, lawyers and welfare officials all occupy positions of middle-class status, these professions are more inclined towards prejudice when working with lower-class people. Consequently natural health care is better suited as health care for the masses.

The objective of this research is to exploit the possibilities of integrating traditional health care in the PHC approach in South Africa. This will entail the following research protocols: A. Look at the feasibility of traditional healing as a health care science in the broader framework of natural healing; B. Assess the sociological discourses that determine within the social construction of reality the acceptance and popularity of a given approach such as traditional healing.

1.2 The sociological context of health care

This research project is a reflection on health care within the relevant contexts that inform such a study. The broadest all encompassing context of human existence is the social matrix. It comprises in the widest sense all modalities that inform human existence. Such a study will have to include, as scope of social research, the demographics and cultural understanding of health and illness. It also reflects on the contribution and success of medical knowledge, an analysis of the interaction and relationship between patients and health care professionals, the social understanding of health and illness within different communities, and the social organization of informal and formal

health care approaches in society. The primary concern of this study is, however, to show that a global shift towards a more holistic understanding, poses a justifiable challenge to biomedicine with many practical implications. One such implication is an openness for and leaning towards natural healing, or complementary health care modalities, especially traditional health care with herbalism at its core.

The sociological approach to health issues is, in a more postmodern sense, no longer an alternative option amongst other academic approaches, but rather an acceptance of health care as an integrated aspect of the total spectrum of human existence. The domain of primary health care is an expression of social reality. In the words of Popenoe et al "Disease patterns and death rates are related to patterns of social inequality. They are not just biological facts, they are also social facts. Who gets ill, why they get ill, what they get ill from, when they get ill and whether they recover and die, are all closely related to people's social circumstances and the social conditions in which they live" (Popenoe et al et al 1998:222).

An important aspect that derives from this sociological insight, is that the treatment of disease is no longer exclusively reserved to the medical domain. A cure may indeed also imply a new life styles and altered social conditions. Although conventional medical science will certainly acknowledge this, the bio-medical model is perhaps too narrowly specialized to accommodate social and life style issues. Natural health care with its focus on total well-being seems to be much more adept to work with broader health care issues. In this broad sense that the term total well-being is catching on as a apt expression of the health status of the individual.

The term *total well-being* is a social construction. It stands for integrative health and wellness. It is now recognized that wellness is not simply the absence of disease, but the harmony and integration of emotional, mental, social and spiritual realms of existence. The body, as object of focus for well-being, is "not the passive anatomical frame that was the focus of

biomedicine, but the body that is capable of social action and its interpretation" (Nettleton 1996:22).

The concept health is as mysterious and vague as the meaning of life itself. At the onset the researcher may mistakenly maintain the presupposition that it is easy to define the meaning of health within the scope of health care. Closer scrutiny, however, proves this to be a mistake of confusing the construct health with the domain of health care. It is fairly easy to determine the boundaries of the domain of health care with the inclusion of medical doctors, nurses, hospitals, pharmacies and even alternative modalities of health care. In a philosophical sense the epistemics and heuristics of health care is, however, deeply ingrained in the very meaning of life as a phenomenon of carbon based organic existence. Finality eludes us and clarity flirts with us. This position is echoed in the words of Capra when he says: "Although everybody knows what it feels like to be healthy, it is impossible to give a precise definition; health is a subjective experience whose quality can be known intuitively but can never be exhaustively described or quantified....The concept of health...and the related concepts of illness, disease, and pathology, do not refer to well-defined entities but are integral parts of limited and approximate models that mirror a web of relationships among multiple aspects of the complex and fluid phenomenon of life" (Capra 1983:351-352).

It needs to be reiterated that health care is strongly and definitively influenced by the cultural context and the social matrix in which it is embedded. Aspects such as treatment procedures, therapeutic interventions, diagnostic tools, prescriptions of remedies and the way we communicate our health problems are all expressions of how society verbalizes it and how culture perceives it to be. Any meaningful discussion on health care should therefore take these social issues seriously in an endeavour to establish a common conceptual basis for practical purposes.

This brings us to the concept known as the sociology of health. The recognition that social, environmental and economic conditions do have a

profound impact upon disease patterns and mortality rates is probably one of the most profound ideas in health care today. Although much work needs to be done in this regard, it offers an interesting possibility in the exploration of health care issues.

This social determination is partially based on changing disease and mortality rates spread over historic periods. There is for instance a dramatic variation in death rates in England and Wales over the past 150 years where the death rates has virtually halved per annum (Fitzpatrick 1996:13).

Another factor that substantiates this is the variation in disease patterns in human society. Infectious diseases which were later to become major causes of illness and death were fairly uncommon in pre-agricultural times.

Agricultural societies are more prone to the following infectious diseases:

- Air-borne diseases such as tuberculosis
- Water-borne diseases such as cholera
- Food-borne diseases such as dysentery
- Vector-borne diseases such as malaria

In general acute diseases such as cholera, influenza and pneumonia which were the great killers have been displaced by chronic degenerative diseases. The changing disease patterns precipitated in modern times diseases such as arteriosclerosis, cancer, diabetes, arthritis, cirrhosis, Alzheimer's disease and Parkinson's disease. These chronic diseases have an early onset in life and progress with age. This may be ascribed to factors such as unmanaged stress, nutrition, pollution, radiation, and iatrogenic¹ causes. The triumph of biomedical science has, what has been termed, the 'conquest of epidemic disease'. Medical science has been less successful in the field of chronic metabolic disease. Willem Serfontein (2001:24) points out that in the United States 93 million people (almost half the population) suffer from some form of

¹Adverse drug reaction may result in death. The study of this phenomenon is known as iatrogenic medicine.

degenerative disease. He sums the situation up by writing: "One should not be misled by the general affluence in the economically advanced western world into thinking that progress and achievement are at the same level in the field of health. The rising incidence of degenerative disease in our society is fast becoming a serious concern".

In South Africa the social impact is summed up in the prologue to health care in the RDP programme (RDP 1994). It sketches a bleak health care scenario in post-apartheid South Africa. The summary is that : "The mental, physical and social health of South Africans has been severely damaged by apartheid policies and their consequences. The health care and social services that have developed are grossly inefficient and inadequate" (RDP 1994:42). This value judgement is substantiated when one look at the statistics which reveals that in Africa the infant mortality rate is 111 per 1000 compared to 9 per 1000 in industrialized countries; life expectancy is 51 compared to 76 in industrialized countries; and the safe water supply is 43% compared to nearly 100% in developed countries (Van Rensburg et al 1992: 104ff).

The 1985 initiative of the Ministers of Health of the African region of the World Health Organization was a shift of emphasis to community health care in an effort to improve the situation. This resulted in the Bamako initiative in 1987 with the objective strengthen and improve health services by implementing a delivery system, especially at district and local level. The underlying philosophy was one of providing "ownership of the health care services" to the people of the community (Dennil et al 1999: 30).

Soon after that, in 1991, the International Forum on health was held in Accra, Ghana where the focus was on the total social well-being as prerequisite for health care. The findings of the Accra initiative was that "Developed countries, however, are not exempt from health problems. Excessive lifestyles and overburdened environments produce vulnerable groups with health problems that must be addressed" (Dennil et al 1999: 30). This emphasises the fact that a country's development strategy ultimately determines the health status of the community.

It is accepted today by sociologists that “Disease patterns and death rates are related to patterns of social inequality. They are not just biological facts, they are also social facts” (Popenoe et al et al 1998:222). Biomedicine has neglected the impact of mental well-being and the impact of social conditions on our physical health. Can alternative health care which follows a more holistic approach rectify this situation?

Total well-being also involves alternative medicine or natural health care. These modalities are traditionally suspect because it is not part of conventional wisdom. Yet, history reveals that traditional healers already employed inoculation for smallpox and that Zulu healers had a pharmacopoeia of over 700 plant based remedies (Popenoe et al et al 1998:229). The positivistic epistemic stance of modern medicine based on technological innovation, empirical research and the analytic practice of symptom treatment traditionally sneers at traditional health practice. What is needed is the development of a new paradigm that can accommodate natural health care substantiated by sophisticated research methodologies. Can a more postmodern framework with its shift towards holism and body-mind medicine perhaps possibly provide such context?

1.3 Towards a complementary health care model

1.3.1 Health care models

Within a postmodern framework the following three factors should be taken into consideration in an endeavour to synchronize the meaning of health care with one another in the spectrum of health care modalities:

1. The first step is to acknowledge that health is a multidimensional phenomenon where physical, social, and psychological aspects interact in a very complex way.

2. Secondly, the gradual shift from the view of the human body as a machine to a systems view and holistic perspective must be taken into consideration.
3. In the third instance we should take cognisance of the multicultural nature of the South African society with its ensuing pluralistic and divergent perceptions about health care.

It ought to be clear, against our discussion so far, that no single model of health care can be forced on a community as the gospel about health issues. Health care is an expression of the cultural plurality, traditional customs and views, financial means, historical imbalances, social inequalities, and knowledge quotient of a given society. The most ambitious project can only be an invitation to reflect on critical health care issues anew in the light of changing paradigms and emerging modalities with the objective of staying relevant or ultimately to become more successful.

Much attention has been given in the past to the biological side of health care which resulted in an overemphasis on pathology, namely diagnosing and treating of diseases. The preventative aspect of health care brings health care into the domain of education, psychology, and sociology. The fields of public health and social medicine is today fairly well established and is based on the assumption that disease has another dimension - it is mediated and modified by social activity. Consequently the acceptance of any dominant model is deeply ingrained in the social matrix of that society and thus not easily altered or substituted.

The so-called biomedical model of health care is the dominant model in western society. It is the biological understanding of the body that gives it its impetus. This model is comprised of the following paradigmatic approaches (Gilbert et al 1996:5);

- That the nature and origin of disease can be traced to a specific aetiology such as pathogens;

- That the problem is limited to the body – for instance cancer is a malignant growth and not a symptom of negative emotions or disturbed relationships.
- That the body can be treated as passive entity. This object of this treatment is to 'fix' it, almost like a machine;
- That medical technology and medicine are sufficient tools for intervention.

We must concede that, in the area of trauma that requires drastic interventions such as surgery, anti-biotics and prostheses the bio-medical model is without comparison. The down side is the compromising factors which include the cost factor and the narrow aetiological focus of the bio-medical model. Intensive medical care with the aid of expensive drugs and sophisticated medical apparatus incurs soaring expenses. For a large sector of the South African population without medical aids this specialized care is not accessible. On the more humane level the aim of the medical model is to treat patients and not human beings.

The biomedical model of health care, based on the Cartesian mind-body distinction, is functionally dualistic and reductionistic. This results in the following assumptions as so aptly outlined by Sarah Nettleton (1996: 19):

- The mind and body can be treated separately;
- The body can be repaired like a machine;
- Thus medicine adopts a mechanical metaphor presuming that doctors can act like engineers to mend that which is dysfunctioning;
- Medicine needs to follow a technological imperative;
- Medicine needs to focus on biological changes with the neglect of social and psychological factors;
- Medicine is primarily based on the germ theory which stipulates that every disease is caused by a specific identifiable agent or 'disease entity'.

A new view, focused on whole-person care, is currently emerging. This is part of a new emerging paradigm. A paradigm is determined by "a collection of mutually accepted achievements (theories, exemplary solutions, predictions, laws, and so on). In this sense, a paradigm is primarily a model for conducting normal research (Mouton & Marais 1993:146). This concurs with the perspective of Thomas Kuhn (1970) who pointed out that a group of scientists commit themselves to a network of commitments which includes the ontological assumptions concerning the nature of research objects. It is thus not brute scientific facts that determine the acceptance and popularity of a paradigm that conditions research and practice. Sociological acceptance and ontological beliefs also contribute greatly to the dominant paradigm. A crises may arise when a dominant paradigm may no longer be able to handle anomalies that arise and periods of normal science is then followed by scientific revolutions where new paradigms emerge.

As part of the postmodern framework, natural health care is possibly part of such a new paradigm. Although most natural healing modalities have been around for a long time, they seem to make more sense in a conceptual framework constructed on holistically orientated strategies of health care. Of special importance is the idea of the sociology of health and illness where a sociology of the body is emerging. This poses a new challenge to the ontology of the body that ventures beyond the physicalness of the material body. It also involves "the study of people's interpretations of their bodily experiences and concerns the social aspects of the regulation of bodies" (Nettleton 1996:22).

This new approach necessitates that "in today's health care delivery services it is necessary to substitute 'skills for pills' as dramatic advances in medical knowledge and high technology medicine heighten the need to return to an approach which recognizes that people function as part of a system and that both patient and system should be treated accordingly" (Schlebusch 1990:4).

This new approach in health care involves the social dimension of health care where the community is encouraged to accept ownership of and the total

development strategy of primary health care. It also involves a holistic stance with a serious endeavour to integrate all aspects of human existence and to make provision for emotional and humane aspects of health care.

There is in the new approach a shift from curing to caring. Leah Gilbert *et al* (1996:3) point out that due to the incurableness of chronic degenerative diseases the task of health care professionals shift from curing to assisting the person in the 'management of the disease'. At the same time the theory of specific aetiology² has been replaced by a multi-causal or multi-factorial approach. These include the complex interrelatedness of social, environmental and psychological factors. This calls for comprehensive health care which may be able to integrate all these different factors in the process of care.

Health care is no longer the domain of highly trained physicians, but also a measure of human development. Consequently the overwhelming health care need begs for alternative measures to cope with the health care need of the community. This goes beyond prescription medicines and involve broad changes such as ecological, social and life style changes. A good example is that of stress that is strongly associated with modern life styles and work conditions. Stress is brought about by the social structure and the position of the individual in it and his/her reaction to it. In such a case the health care practitioner is bound to deal with both the emotional and social needs as they do with the physical ones (Leah Gilbert *et al* (1996:4).

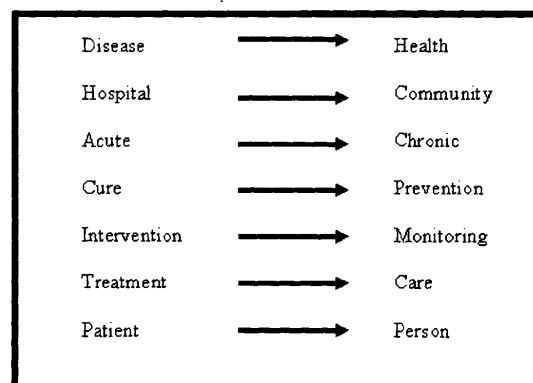
Preventative health care is also an important aspect of primary health care where complementary healers can play a major role. The emerging holistic understanding of the human person also results in a multidisciplinary team approach which makes room for more integration between conventional allopathic medicine and alternative remedies and complementary modalities.

² This is the monocausal model of disease stipulating that disease can be traced back to germ infections.

Many complaints that people take to the doctor or the sister in the clinic are trivial in the sense that they do not require the diagnostic skills and expertise of the highly trained physician. Primary health care workers and complementary health practitioners may be of important assistance in this instance. This could include complementary health care modalities such as traditional healing, nutritional medicine, homeopathy, naturopathy, herbalism, iridology, message techniques, aromatherapy and reflexology?

This shifts will only be possible where there is a shift away from the medicalization of life. The medicalization of life converts a personal problem often into a social problem where doctors take charge of disorders. Can the natural way and local administration of alternative health care counteract this medicalization so that people are once again encouraged to deal with stress, sorrow and hardship without reaching for high-tech medication?

Indeed the contemporary transformation in health and medicine is marked by a profound change. This transformation is significant for health care practice. Nettleton (1996:22) sums this up in the following diagram:



In natural health the focus is on health rather than disease. In practical terms this translates into a regimen whereby the body is strengthened by natural means to

combat the disease. In allopathic medicine disease is mainly attributed to the presence of pathogens such as bacteria, viruses, parasites and unicellular organisms. Natural medicine understands disease in a broader context as a disharmony of existence. Health is the total integration of all aspects of human interaction, i.e. environmental, economic, social, religious, physical and personal domains. Then this nexus of interactions falls into disequilibrium, dysfunction sets in which may include physical ailment.

Pathogens can only take hold once natural resistance is reduced to the extent that the immune system becomes impaired.

The strive for balance and harmony is akin to the Chinese concept of the Yin and the Yang. In this regard “the focus of healing is to support the inner propensity of Yin and Yang striving for balance” (Han *et al* 2003: 22). The basic premise here is that when there is harmony and balance disease cannot get a grip on the body. One can thus not separate the head from the body such as the legacy of Platonism. Han *et al* says that due to the separation of mind and body, Western medicine proceeded to develop a “headless” medicine (Han *et al* 2003:5). This ‘total’ approach also applies to African traditional medicine. This is echoed in the words of Susan Schuster Campbell when she points out that in general practice many patients that come to see the traditional healer do not need medicine, they need to talk (Campbell 1998:162). Western medicine also acknowledges the psycho-somatic aspect of healing as a principle, but not as a methodology. Indeed van Wyk *et al* (2000:10) are correct in stating, with reference to allopathic and African systems, that “each system of medicine is the art and science of diagnosing the cause of disease, treating diseases, and maintaining health in the broadest sense of physical, spiritual, social and psychological well-being” (Van Wyk *et al* 2000:10). The regimen of treatment does, however, not include any procedure aimed at restoring total balance or fostering harmony. The consultation simply culminates in the issuing of a prescription for drugs.

1.3.2 Natural approaches

The medical approach to health is deeply ingrained in western society and is by far the most dominant paradigm. The focus of the medical approach is, however, based on the bio-medical model with ‘its insistence on the individual as an organism composed of a group of interdependent parts and systems’ (Popenoe *et al* *et al* 1998:223). The consequence is an under-appreciation of the impact of mental, life style and social issues on general well-being. Current research begs for the consideration that health status is also a

measure of the success of social policies aimed at improving the human condition. The idea of health as a state of complete mental, physical and social well-being is a paradigmatic shift that frees health care from the narrow province of 'medicalism' to the domain where nutrition, exercise and stress management once again shift to the foreground of health care. Since this regimen does not make use of highly trained physicians and high-tech synthesised drugs it has become known as the natural approach to health care.

Natural approaches culminate in complementary health care. The denotation 'complementary' is preferable above 'alternative' since an integrative approach does not cite natural approaches as alternative to the biomedical approach. The use of natural medicine is in line with the emerging ecological awareness and the shift to the holistic context and total well-being (Hoffmann 1996:10; Collins 1995: 14; Van der Merwe 2002:7). The word 'natural' needs clarification. It indicates a strong natural approach in contrast to a strong technical approach. Herbal remedies are for instance not synthesized through a chemical processes followed in the preparation of high-tech drugs, but plants used in natural form as either dried plant material, alcohol based form, diffusion³ or decoction⁴ form. Natural remedies are therefore fairly easy to prepare. They are consequently also very affordable and easily attainable since they do not require prescriptions.

The natural approach differs from the technical approach. Complementary health care practitioners focus on health rather than disease. The objective is to keep the body healthy rather than to cure it. The principle of naturopathy, for instance, is to strengthen the body so that it can combat disease. The focus is thus not on disease or germs, but on the proper functioning of the human body with the aid of emotional support, nutritional help and life style adaptation. Since complementary health care lays strong emphasis on life style which entails the prevention of disease, the complementary health care worker works with persons rather than patients, monitoring, rather than

³ Herbal material dissolved in water.

⁴ Dissolved in alcohol.

intervention and care rather than treatment. This does not mean that natural health care is less 'scientific'. It could be less sophisticated, but natural healing has a sound scientific base. Current scientific research shows that herbal remedies are clinically effective (Null 1997).

The policy of the World Health Organization (WHO) makes provision for traditional healers for the following reasons:

- The greatest part of the world's population relies on traditional medicine which has the potential of playing an important role in primary health care;
- medicinal plants are important in the lives of individuals and communities (Dennil et al 1999: 183).

Traditional healers are trained by following an apprenticeship. They are initiated through a spiritual process in which the ancestral spirits are summoned to inspire them. This rather 'primitive training process' has the advantage of outcomes based benefits but still needs to be enhanced by more scientific knowledge of Phytotherapy⁵, diet & nutrition, anatomy & physiology as well as a study of medical pathology. But this needs to be qualified. The roots of traditional healing must be fully honoured since it provides a body of knowledge that has been delivered down from generation to generation.

It must not be forgotten that the pre-colonial South Africa was, like the rest of Africa, boasted a wealth of health care regimens that were experientially obtained. Finch in his book titled *The African background to medical science*, 1990, pointed out that Zulu healers made use of over 700 plant-based remedies. The health care system made provision for rest, exercise, nutrition and many other procedures followed by modern day hospitals. The Khoikhoi people were skilled in surgical techniques, the opening of abscesses, removing of tumours and setting of limbs. They also understood the necessity

⁵ Plant therapy – a term derived from European use.

of germ-repellent herbs on wounds (van Rensburg et al 1992). These aspects demonstrate the sophistication of the pre-colonial health care system.

In a sense this traditional body of knowledge needs to be seriously taken into consideration in the compilation of study programmes in natural health care. It would be too easy to substitute the traditional system with a westernized system where scientific analysis, pharmacology and clinical test results replace traditional herbalism. In a personal interview with the secretary of the Interim Co-ordinating Committee for Traditional Medical Practitioners of South Africa (Gauteng Province), Dr. Spogter, he indicated to me that they would welcome training and upgrading of their knowledge provided it does not coerce them into a conventional medical tradition (31 August 1999). Admittedly there is room for an amount of integration between the two systems and, indeed, a degree of integration between the two systems has always occurred (MediCAMS 2003:6). The danger is, however that allopathic doctors may attempt to use some of the natural modalities out of context. Smith (MediCAMS 2003) is aware of this immanent danger when he says that "When presenting a therapeutic index such as the MediCAMS for use by healthcare workers, well intentioned as this initiative may be, there is a real danger in approaching Complementary and Alternative medicine (CAM) through a strictly biomedical, specifically pharmacological, paradigm. This may promote a purely reductionistic approach to the classification of natural medicines."

This author believes that it is only within the context of a more postmodern understanding that westerners have had the opportunity to access a conceptual scheme that affords a better understanding of the alternative way of thinking. This is also congruent with the African world view. Whereas traditional healers depend on so-called ancestral guidance, postmodernism views the universe in a much more personalized way which brings certain congruence between the two schemes. Traditional healing is also prone to ritualistic procedures in which the healer and the patient participate. This is also closer to the social understanding of the body in the sense where Sarah Nettleton says that health and illness involves the study of people's

interpretations of their bodily experiences and it concerns the social aspects of the regulation of bodies (1996: 22). The sick person is not simply a machine that needs reparations. The person that is capable of social action and its interpretation contributes to his/her own health. In a social context it would make a lot of sense to participate in ritualistic induced meanings.

Traditional healing, for instance, practices bone throwing. This is a ritual that is offensive to many westerners, especially Christians since it is construed as an occult practice. Healers indeed claim to be possessed in the sense that ancestral spirits take hold of them. The bone throwing serves the function of a diagnostic tool. The bones are actual bones of an animal eaten in the healers' initiation. Susan Campbell describes the bones of the healers as tools and the bone throwing as a way for the ancestors to speak to the healers (Campbell 1998:56). Westerners cannot hope to understand or evaluate this practice until we are able to get into their world. When we construe this practice, however, in a social constructionist way as a narrative means of constructing meaning, the bone throwing becomes much more acceptable and meaningful.

The meaning of ritual in the social construction of reality plays an important role in the context of narrative approaches. Huizinga (quoted by de Amoram and Cavalcante in McNamee and Gergen (Ed.) (1996: 153) says that in myth and ritual, the great instinctive forces of civilized life have their origin. We story our lives to provide it with meaning and much of the storying is acted out in ritual. Ritual, like play, is a creative alternative for extracting meaning beyond our everyday seriousness. Alta van Dyk points out that drama, singing, drumming and play are all powerful ways of expressing important information (2001:106). In a sense ritual as a way of expressing and releasing emotions are in itself also part of a therapeutic process of healing (Morgan 2000:114).

Bodibe (1992:152) concurs with this when he points out that 'ukuxhenstsa' – rhythmic, circular dance and singing function during healing ceremonies to give expression to pent-up feelings. He concludes: "The ukuxhenstsa ritual

has a cathartic effect on the client: the client experiences and emotional release.

In the context of narrative the performance of a story does happen when a person is immersed in the story and when he/she experiences the story as meaningful (Freedman & Combs 1994:88). This is the difference between telling a story and living a story, which will shape events and outcomes. This links with the postmodern concept of participation. Within the context of social construction theories we become co-creators of reality. Value free and pure objective knowledge is not an epistemological tenable position. The ideal of positivistic science to discover truth at a distance leads to an abstraction of reality. We live and exist in culture and the ideas and presuppositions that we have contribute to the co-construction of our social realities. The very things that we research and study are the things in which we participate. Our questions and subjective experiences form part of the equation. This also applies to the experience of our bodies. Peter Berger and Thomas Luckmann said it a long time ago that "the reality of everyday life is organized around the "here" of my body and the "now" of my present. This "here" and "now" is the focus of my attention to the reality of everyday life ... The reality of everyday life is not, however, exhausted by these immediate presences, but embraces phenomena that are not present "here and now" (Berger et al 1966:22). This means bone throwing could be construed as a ritual through which the healer extends his awareness to areas beyond the "here and now" of his immediate presences.

The sociology of knowledge brings us very close to the African idea of an anthropocentric world where human knowledge is dependent on human experience (Avis et al 2000:202). These authors quote Myers who points out that the self, in African perspective, is always an extended self, including the ancestors, nature, and the community. In this epistemology the subject and object are not separated like in positivistic western science. The African approach is much more holistic in the sense that there is a 'oneness of being' where the object is no longer an object, but becomes part of the subject (Ibid.:202). The object of study becomes subjective by losing its objectivity

in ceasing to be abstract. The object is endowed by the participation of the subject with subjective meaning, it becomes part of the individual's extended, inclusive self. This is only possible by participation in getting to know the other.

Knowledge is transmitted orally and symbolically so that the bone throwing makes sense as part of communication – saying things that cannot be objectively articulated. It also serves the purpose of creating a healing regimen as a cultural expression. This is in line with the social understanding of knowledge since many portions of the real world exist because we believe them to exist. I am thinking of economics, marriages, governments, properties, money and churches. These things only exist in terms of the socially conditioned cultural meanings we attribute to them. Their ontological status differ from brute facts such as the thorn tree in my back yard. John Searle (1995:2) calls these facts that require human institutions for their existence “institutionalised facts”.

Westerners should thus not be so arrogant as to criticize such practices as bone throwing in terms of their western frameworks. From a sociological point of view McGee (1975:112) points out that different societies solve similar problems in different ways. What “worked” in one cultural-historical situation may not have done so in another, or people simply attacked the problem differently and derived a different, although workable solution. “This the variety of human social institutions appears almost infinite and not all societies share the same ones by any means” (Ibid.:112).

The indigenous people most cleverly solved some of their health care problems through the ages by successfully making use of medicinal plants. Without laboratory equipment and sophisticated research protocols, the traditional healer was dependent on the oral tradition borne of experience over countless ages where observation, pragmatic experimentation, and intuition served to develop a pharmacopoeia of herb based remedies. This brings us to a consideration of the use of herbs in traditional healing today.

1.4 The value of herbalism in traditional healing

The aim of this dissertation is to show that natural health care is beneficial in the sense that it is:

- Effective, especially for chronic conditions
- Affordable,
- Easily available,
- Can often be self-administered,
- Safe to use,
- Without side-effects
- Congruent with life style changes within the context of well-being and ecological awareness

Against this background the researcher hopes to show that natural health care has a formal place for it is very affordable and makes health care available to communities of low financial means. It has a long and rich history of evolvement and application.

Natural approaches to health care are not new. Many natural health care modalities have been with us since ancient times.

Herbalism is part of wellbeing expressed as total wellness.

The scope of the research will also aim to develop a model of total well-being where natural health care has a legitimate place.

Wellness is an emerging concept within the postmodern framework that describes health care in terms of personal responsibility. Arien van der Merwe, a medical doctor (2002:7) defines wellness as “a proactive, dynamic process whereby individuals and groups become aware of their life choices and ‘response-ability’ and then decide to make the right choices towards attaining a life of quality and wellness.”

Within the context of wellness the following aspects become important:

- Treat the whole person
- The physician acts as a teacher
- Prevention is better than cure

The approach and expression followed by primary health care are the result of current epistemic and heuristic strategies rather than that of empirical based scientific research. This is echoed, with reference to the shift to natural medicine, by the words of Steven Bratman when he says: "The first and most famous principle inspiring alternative practitioners is the idea of *natural* medicine. Although it is hard to define precisely what the word natural means, its spirit is easy to recognize. The desire for natural treatment wells up from the same deep sources as the feelings that inspire the ecology movement" (1999: 9).

Consequently this research project will follow in its research methodology a qualitative approach. This will enable the researcher to penetrate to the essence of the natural health care phenomenon within a more current cultural context. In the words of Schlebusch "Concepts are culturally determined. They involve ideas which are important in providing social interaction and providing guidelines for understanding behaviour and thus prevailing attitudes in disease and health" (1990: 39).

Natural health care can only be properly understood once it is viewed within the cultural context that informs the concepts used with its meaning. Although herbalism as expressed in modalities such as Chinese medicine, naturopathy and Ayurvedic medicine is as old as civilization itself, it only recently started regaining popularity in the western world. This can be attributed mainly to a postmodern epistemology which provides for 'non conceptual ways of knowing' and a shift to 'holism'.

Non conceptual knowing. In non conceptual ways of knowing one can accept evidence on pragmatic level without subjecting it to the scrutiny of verification or falsification. This means that the acceptance of a model is based on the successfulness of that model to deliver positive results. This approach does not appeal to positivistic science, since the epistemic integrity of truth statements in such a framework, requires the correspondence with objective reality. This necessitates empirical research as methodology. Although this has the value of certainty based on the scrutiny of verification techniques, it also reduces the object of study to that which is empirically accessible. In dealing with complex issues such as health, life and death and the impact of culture it becomes very difficult to subject it to empirical experimentation or quantitative techniques.

Conventional natural modalities were never absorbed into mainstream western medicine since they operated with non-conceptual ways of knowing. We do find many examples of this in the philosophies under girding natural modalities. Chinese and Ayurvedic modalities, for instance, have termed the empirically inaccessible aspects of the human make-up in what appears to the western mind as rather esoteric categories. In Chinese medicine, or more specific Qigong and Tai Chi, we are introduced to *qi*⁶ which is the Chinese word for 'vital energy' or 'essence of life'. In Ayurvedic philosophy which is based on constitutional types we learn about the *doshas* that must be in equilibrium to ensure health. Like-wise African medicine is deeply rooted in ancestral guidance and energy medicine is central to homeopathy. To the western mind conditioned by modernistic epistemologies it may appear nonsensical, and even cultic suspect, to talk about things that cannot be microscopically observed or instrumentally detected.

I am of the opinion that it is the paradigmatic shift that comes with postmodernism that opened the minds of western people to a renewed interest in natural health care. In postmodernism alone one can begin to make sense of what Chopra (1990:17) calls the faculty of inner awareness

⁶ Pronounced 'chee'.

which assists in the healing mechanism. This is obviously not a reductionistic scheme where the end result can be traced to mere physiological processes. It culminates in the insight that the ill person becomes in fact the healer since herbs and the like only operate with our own innate healing power.

Holism. Holism on the other hand aids us in coming to grips with such phenomena as integrative medicine (which includes alternative medicine), multidisciplinary treatment, psychosomatic illness, and mind body relationships.

Natural health care follows an holistic approach. This is applicable on many levels. In the first instance it implies the healing of the whole self. In the words of David Hoffmann (1996:11) "We have often heard it said that 'we are what we eat.' But we are also what we breathe, what we think, what we say, what we see. It requires that the health care practitioner should take into consideration also the patterns of thought, behaviour, work, and culture that were the sources of 'disease' in the first place (Ibid. :10). The only way this can be done is to assist people to understand and help themselves. The health care practitioner must introduce people to self-care regimens, prevention of disease and promote a health life-style.

This shift from doctor-patient to self-care is also in line with postmodernism. Postmodernism favours a bottom-up approach rather than a top-down one. The authoritarian strategy where the Government was expected to assume responsibility for the community has been replaced with a democratised strategy advocating community participation (Dennil *et al* 1999:35).

The research will follow a qualitative approach. This allows for a more philosophical mode of operation (Mouton & Marais 1993:156). Qualitative research enables the researcher to trace deconstruction of discourses giving rise to these shifts which opens up the way for natural and alternative modalities which has appealing power to people at local level. It also provides a way for determining the underlying metaphysical and ontological structures that are fundamental to the alternative health care models.

A qualitative methodology is also better suited to probe the complexities where the intricate relationship between body, mind and psyche, and the impacts of social context, physical environment and genetic predisposition all contribute to the status of total wellness. The rich variety of human experience, emotions, and mental attitude is not scientifically quantifiable. Even the use of herbs as holistic remedy is not completely quantifiable since the synergism of 'whole plant organic chemistry' is a broad spectrum treatment that effects the faculties of mind, body and emotions.

Against this background it is now necessary to discuss the role and development of natural health care within the broader context of primary health care.

1.5 Conclusion

There is a need today to consider health care within a broader context. The global shift towards a more holistic understanding challenges the conventional ways of practicing health care. The escalating needs of a global community, the high frequency of chronic degenerative diseases and the international challenge to find new models and formulate policies to make health care more affordable and better available, all contribute to the urgency of this agenda.

Along with this shift, there is also a renewed interest in therapeutic nutrition and herbalism, the sociology of health care, and insights from the new science. It is believed that these aspects may all impact in a meaningful way on health care in order to deepen our understanding and find new and exciting methods and techniques for the practice of health care.

It is against this background that this research project is undertaken with the hope that it may contribute in a meaningful way to the current debate.

CHAPTER 2

NATURAL HEALTH CARE IN THE CONTEXT OF HEALTH

2.1 The health situation

Chronic degenerative diseases are currently escalating at an alarming rate. This includes inter alia adult onset diabetes, cardiovascular diseases, liver related ailments, digestive system problems such as irritable bowel syndrome, hypertension, Alzheimer's disease, cancer, eczema, arthritis and allergies.

In South Africa, and indeed also on a global scale, societies are currently experiencing disturbing changes in disease patterns. Statistics reveal an alarming deterioration in the general health status. Apart from genetic factors, many external factors or ecological related elements have been identified as being causative for this decline in health. They include factors such as overpopulation, bad habits such as excessive coffee drinking, smoking and alcoholism, and unprotected sex. Other factors include malnutrition, stressful life styles, and environmental pollution. Fortunately there is also a growing awareness of the influence of life style on general health status. Elsabé Brits (Beeld, Friday 12 March 2004) quotes the recent Gugulethu speech minister of health, Dr. Manto Tshabalala that refers to her plea to ban Coca-cola, chips and Kentucky because these fast foods contribute to diabetes and heart and kidney failure and this is much more complex to manage than HIV/AIDS. There is, according to the minister, and estimated 8000 diabetes sufferers in South Africa.

Health officials refer to the diseases that result from these external factors *lifestyle diseases*. Louis De Villiers (1998:31) points out that before 1929 deaths from heart attacks were so rare that it was not listed in the official *International List of Causes of Deaths*. Since 1929 to 1963 there was, in the USA, a phenomenal twelve-fold increase in coronary heart from 25.7 per 100

000 people to 307 per 100 000 people. Diabetics increased from 1.2 million in 1950 to 5 million in 1975 in the United States alone.

Common life style diseases today include AIDS, cancer, atherosclerotic heart disease (coronary heart disease or CHD), diabetes mellitus type II, eating disorder such as obesity, osteoporosis, sex organ and hormone disturbances, strokes and brain blood vessel lesions, chronic fatigue syndrome (ME), deep venous thrombosis, Alzheimer's disease, carbohydrate craving syndrome (hypoglycaemia), mitral valve prolapse, Tourette syndrome, acne, Parkinson's disease, tooth decay, and gout. Another factor is that of bacterial resistance to antibiotics. The frequency of these diseases are so high that they can rightly so be called a modern plaque.

Conventional treatment aims at alleviating the symptoms of these diseases. Natural medicine aims at the strengthening the human body in order to reduce the rate of degeneration. Traditional healing regimens are ideally suited to treat chronic diseases since the purpose is not to fight the disease, but to enhance the metabolic processes, detoxify the body, strengthen the immune system and increase the function of each organ. Since many of these diseases are also attributed to bad habits, people can be taught how to avoid many of these diseases by adopting life style changes. The purpose of health education is to help people change their lives for the better – people have to change their lifestyles and be aware of healthy eating habits and hygiene Ehlers (Ed. 1998:2). The traditional healer thus becomes a teacher, from the Latin *docere* for doctor, in the true sense of the word.

Of course the natural healer needs a thorough understanding of behavioural change theories in facilitating life style adaptation, otherwise it might fail since health behaviour change is a complicated process that is very difficult (McKenzie and Jurs 1993:69).

Teaching calls for responsibility on the part of the learner . Unfortunately the prevailing attitude is not one where the patient accepts responsibility for his or

her condition. People tend to believe that the professional doctor is responsible to keep them healthy or to cure them. The conventional approach is indeed not one of prevention, but of cure. Consequently most people unwisely persevere in their extended suicidal lifestyle with the hope that the medical doctor will cure them with a few tablets.

The new medicine has brought the general belief that the human body is designed to last 120 years (Kirban 2000:29). Around this expectation the science of longevity, the science of staying young, has been built. This science advances the idea that ageing can be slowed down or even halted in theory provided we follow better lifestyles (Keeton 1992: 56). It has even been advanced to the level where diets become adapted to blood type as the individualised diet solution to staying healthy and living longer (D'Adamo 2001).

Against this emerging new science, this dissertation advances the idea that:

(1) Most modern day diseases can be avoided by following a correct life style. A few examples to illustrate this are the following. Louis de Villiers refers to researchers who have listed metabolic diseases which are typical of the Western, civilized, industrial world. They include diseases linked to micronutrient shortages such as Omega-6 Essential fatty Acids; and diseases linked to refined carbohydrate foods and the use of Saccharine. The spectrum of these diseases range from arteriosclerosis, hypertension, cancers of various organs to leukaemia, asthma and rheumatoid arthritis. Norman Walker (1995) points out that neglect of the colon, as the body's sewer, is a major cause of sickness and even death. By teaching the fairly elementary principles of colon health to people, many diseases can be prevented.

(2) We need to shift from a remedial model of cure and medicine to a more integrated model of prevention. Such a model will be founded in a theory where holism plays a central role. According to one definition a theory is "an integrated set of propositions that serves as an explanation for a class of

phenomena. In general, theories are introduced into a science only after a class of phenomena has already revealed a systematic set of uniformities” (Chaplin & Crawiec 1979: 67). A model, on the other hand, is a subclass of a theory. It presents the underlying constructs and theories, but do not explain them. This is important since science cannot make progress without theories and models by which we attempt to explain phenomena in the world (Mouton 2001:177).

(3) Every person needs to resume responsibility for their own health in order to prolong life. This is only possible within the perspective that “The new medicine views optimal health as much more than the absence of sickness. Health is seen as a state of wellbeing in which the individual's body, mind, emotions and spirit are in harmony with and guided by an awareness of society, nature and the universe” (Elstein 2000 :xii).

In order to achieve this, we need a new definition of the term health that keeps reckoning with the fact that South Africa is at the same time first and third world, and that development relates to the achievement of increased participation (Alant 1990:131). In this regard Corne Alant puts it very sharply when he points out that people from all classes have become enslaved to the technological society which ‘produces’ them. He continues:

“I am here thinking of the myth of professionalism that predefines the attitudes and conduct of patients; they swallow pills unconditionally, or let themselves be cut up without questioning the decision of the surgeon, because health has become a technical matter – for experts only! This kind of elitism demotes health care to a mechanism of alienation whereby society loses its creative input. In Third World Countries, as in South Africa, this tendency has manifested itself in the manner in which the modern health care system has bypassed or rather opposed traditional health care, sometimes leading to an anomic nomansland in health care with disruptive effect on all concerned “

This sharp remark emphasises the importance to reconsider, and redefine, the concept health for practical purposes.

2.2 The meaning of the concept 'health'

The concepts of health and disease have undergone marked changes throughout the course of history. For the largest part of human history, disease was probably viewed as an affliction of evil spirits, while good health was seen as something which could be procured by appeasing the gods. Only during the last century or two did it become clear that disease and health are the result of natural processes, and that these processes may be comprehended by means of reason.

In the wake of this fundamental paradigm shift, many secrets about the functioning of the human body yielded to the advances of analytical thought, and great advancements were made in the combating of disease and the improvement of people's quality of life. In this manner, the biomedical conception of health has become so firmly entrenched in the minds of people that it threatens to assume the status of dogma - a truth which is complete, and to which nothing can be added.

Yet, in recent years, evidence has been mounting in several areas of research which indicates that *the prevailing conception of health is not totally sufficient* - that we may have lost some of the wisdom which our distant forefathers possessed, and that we may have to develop new theoretical frameworks to be able to fully understand health and efficiently combat disease.

2.2.1 Limitations of the biomedical model of health

It is perhaps useful to follow Smith (1983) who defines health models by characterization of the extremes of the health illness continuum. The

biological model, also known as the clinical model shows in the health extreme the absence of signs or symptoms of disease. In the illness extreme there is a conspicuous presence of disease symptoms.

A few of the limitations of the biomedical model of health that have come to light are:

- it tends to look for simple, singular causes for disease, thereby downplaying the importance of multiple causal factors;
- it fosters a reductionistic view of human nature, trying to explain most of human experience (including health and disease) in terms of a limited number of basic principles;
- it often resorts to an "authoritarian" relationship between patient and caregiver - a relationship in which the responsibility for health is removed from the former and handed over to the latter; and
- it seeks for the single "best" treatment for a disease instead of aiming interventions at a number of different system levels.

2.2.2 Different models of health

I will give preference to a **wellness definition of health** as an alternative to the traditional biomedical definition (more fully developed in chapter 4). In other words, it will demonstrate that health or disease can manifest *at different levels of the human ecosystem* (the biological, intrapsychic, behavioural or social), and that a comprehensive definition must take into account the *interaction* between these levels. This model is comprehensive in the sense that it goes beyond the traditional boundaries that separate the field of health from other related domains of existence. The health extreme of this model is that of exuberant wellbeing.

2.2.2.1 Health as a "normal" or "average" state

Another perspective is that health is a normal or average state. If one measures any attribute of a system (the rate of metabolism of a cell, for example, or the state of autonomic arousal in an organism), and if one repeats this measurement for a number of systems, the resulting set of values will almost always follow a bell-shaped or normal distribution: some cells will have a faster rate of metabolism, and others a slower rate, while some organisms will display a higher state of arousal than others. May "health" then be defined as *the mean or average value of the normal distribution* for a given population? At a first glance, this indeed appears to be the case, since the functioning of a cell is evidently impaired if its rate of metabolism is either *too fast* or *too slow*, while an organism will suffer if it is too highly or too little aroused.

Unfortunately, this conceptualisation of health has its limitations - firstly, because it does not fully account for the *complexity* of the phenomenon of health, and secondly, because it underplays the importance of *environmental factors* in determining health. An illustration of the first objection is the issue of infant mortality: can one say that a community is healthy if its infant mortality rate is neither above or below the global average rate? Surely a community can only be viewed as a healthy one if its infant mortality rate tends towards the *lower extreme* of the normal curve - not the mean! The second objection may be illustrated by considering, say the effect of modern dietary habits on the blood serum cholesterol levels of urbanised Western society. In such a case, it will also not do to define a "healthy" cholesterol level as one which lies on the mean, because the *entire population* has shifted towards the higher end of the scale.

2.2.2.2. Health as a subjective state

An alternative definition of "health" is that it is a subjective experience of well-being - either on a physical or on a psychological level. While this definition is phenomenologically sound, it *does not lend itself to empirical verification*, since the experience of another person is forever inaccessible to us except through indirect reports. Also, this definition is of limited use if one is trying to describe the health of a supra-individual system such as a community or society. For instance, does a family or tribe possess a "self" which is able to have subjective experiences of its own well-being? And if it does, how are such experiences to be made accessible to researchers?

2.2.2.3 Health as the absence of disease symptoms

The biomedical model of disease rests heavily on this definition - that health is the absence of demonstrable symptoms or signs of distress or malfunction (Edelman & Mandle 1998:10). This view is unacceptable for two reasons. Firstly, because it is likely to lead one into *circular logic*: if health is the absence of disease symptoms, how is one to understand disease symptoms? As anything which undermines the health of an organism? This brings us back to the need for a self-sufficient definition of health. Secondly, experience with health-related issues will support the argument that *there is a difference between being "well" and simply being "not sick"*. A person who smokes, lives on junk food and refrains from any form of exercise may not exhibit any disease symptoms, but any physician will attest to the fact that it is only a matter of time before something, somewhere goes wrong. This is because, though the person may not be "sick", he or she is definitely not "well".

2.2.2.4 The capacity to meet environmental demands

A more appropriate way of conceptualising health is to view it as the capacity of a system to meet the demands of the environment. This is also known as the adaptive model because it uses the criterion of the flexible adaptation of the person to the environment and interaction with it to the maximal advantage (Edelman & Mandle 1998:10). In some cases, it might be necessary for the system to retain its original state of functioning despite changes in its surroundings (a *homeostatic* function) while at other times it may be necessary for a system to *adapt* in response to these changes. In either case, the interaction between the system and the environment is influenced in some way so that the integrity of the system is maintained.

A healthy status provides a resource for resistance against illnesses. Such resources operate at different system levels in response to different kinds of environmental demands, and that optimal health may be viewed as the effective, integrated functioning of all these resources. The different system levels which will be discussed are the biological, intrapsychic, behavioural and social levels.

2.2.3 Health in different contexts

2.2.3.1 Health in the biological context

The prevalent view in modern, industrialised society is to view disease as a purely *biological* or *physiological* phenomenon. This viewpoint certainly has considerable merit, since it has led to great advances in the field of medicine. For instance, the discovery that many diseases are caused by microbiological organisms - and that the harmful effects of these organisms may be counteracted through proper sanitation and through the use of antibiotics -

has led to a great improvement in the quality of life of untold millions of people.

In the biological context, then, "disease" may be viewed as the *physiological impairment of the functioning an organism*, which may be caused by the invasion of micro-organisms or by other factors in the internal or external environment. In the same vein, "health" may be viewed as *the ability of an organism to counteract these influences on a physiological level*. The term host resistance is often used in this context to describe the role of the body's immune system in warding off microbial or viral infections.

2.2.3.2 Health in the intrapsychic context

The human person also exists in an intrapsychic context (Jordaan & Jordaan 1987: 298 ff) and consequently this context will also figure in our consideration of health care issues. While the biomedical model, (which views health and disease in purely biological terms) has proved to be of great value, recent research has uncovered a growing body of evidence which points towards the fact that *factors other than the purely biological play a role in health and disease*. This discovery has led, amongst other things, to the establishment of the discipline of psychoneuroimmunology. This discipline studies the effect of intrapsychic processes such as thoughts, feelings and moods on the body's immune system, and subsequently on the body's susceptibility to disease. It has been demonstrated, for example, that emotional distress such as grief resulting from the loss of a spouse is a significant risk factor in heart disease and cancer (Vanderhaeghe 2001: 21) .

At this time, little is known about the *mechanisms* through which psychological phenomena influence physical health. It may be that the pituitary gland in the brain plays a role in the production of hormones which influence the immune system, or that receptors for neurotransmitters which are found on the surface of white blood cells provide the link between the brain and the immune system. Whatever the precise nature of their relationship, however, it is clear

that *physical health is dependent, in part, upon mental health* (Peters (Ed.) 1999:9).

This brings us to another question: what, exactly, is mental health? Again, different models may be applied. If health is viewed as a "*normal*" or "*average*" state, then a psychologically healthy individual is one who achieves an average score on every scale of a personality inventory - just like a person with "normal" intelligence is one whose intelligence quotient approximates the mean of the population IQ. Alternatively, mental health may be viewed as a subjective experience of well-being or happiness, or as the absence of symptoms of "psychopathology".

A more profitable view of mental health is that it depends on a person's coping resources - on his or her rationality, flexibility, farsightedness and ego-identity. Central to a person's ability to cope with life's demands is his or her sense of coherence - the general conviction that one's external and internal environments are *predictable* and *comprehensible*, and that there is a high probability that *things will work out as well as can reasonably be expected*. The more extensive one's coping resources, the more psychological stress one will be able to withstand without suffering a breakdown - in other words, the more healthy one will be psychologically.

2.2.3.3 Health in the behavioural context

There are many examples of how behaviour may influence physical health: through smoking, excessive alcohol intake, irresponsible sexual behaviour and other lifestyle factors. In fact, statistics have shown that the risk factors associated with heart disease and cancer - the two major causes of death in modern industrialised societies - are *not infectious agents, but behaviours* (Serfontein 2001:100-269). The negative effects of such behaviours may be *direct* - through the damage which they wreak on the organs of the body - or *indirect*, by lowering the body's defence system and paving the way for other pathogens. In this light, healthy behaviour may be viewed as a habit - as

certain things which people do on a regular basis - things such as following a healthy diet, exercising, relaxing, et cetera. It may also be viewed as every person's moral responsibility in that the decisions we make and the things we do have an effect in combating disease and in preventing its onset.

Healthy behaviour may also be defined in terms of the different models discussed earlier. For example, behaviour may be viewed as healthy if it is "normal" or "average" - in other words, if it does not deviate appreciably from the social norm. Naturally, such a definition would be limited by the "health" of the norms that are prevalent in a particular society. Alternatively, behaviour could be viewed as healthy if it results in a subjective feeling of well-being in the doer, or if it does not lead to obvious distress or negative consequences.

Alternatively, healthy behaviour could be defined as adaptive behaviour: if a person is able to change his or her behaviour in appropriate ways in response to the changing demands of the environment, then that person's behaviour may be viewed as healthy.

2.2.3.4 Health in the social context

Recent research has shown that there is a significant correlation between the health of a person's social network and his or her longevity. People who are married, have frequent contact with close friends and relatives, or belong to church or other groups, have a significantly higher longevity than people who do not. A social network may therefore be described as a *resistance resource* in that it provides a person with social support which acts as a buffer against the negative affects of stress. The body is thus no longer the 'passive anatomical frame that was the focus of biomedicine, but the body that is capable of social action and interpretation' (Nettleton 1996:22).

An important aspect of the social dimension is the deconstruction of the old style of education. Coulson et al (1998: 54) point out that a 1992 report of the Medical Research Council study revealed that 94% of health promotion

practice was found to be focussed on the individual. The finding was that the old style education was singularly unsuccessful since it does not take the social influence duly into consideration.

Sickness may be defined in *normative* terms: it may be viewed as a social identity, status or role which is assumed by people who have been labelled as "sick" by society. This role implies that a sick person is exempt from certain normal social activities, that he or she is not responsible for the condition, that the condition is experienced as undesirable, and that professional, competent help must be sought. It stands to reason that the sick role identity can be present in a person even when actual physical illness is not.

If sickness can be defined in terms of a social identity, then a corresponding definition of health may be developed. For instance, "health" may be defined as *a state which is desirable and necessary for the fulfilment of certain strategic role obligations*. These role obligations may include work duties and the responsibility of taking care of one's family. In other words, to paraphrase Freud, health is "the ability to love and to work". This conception of health is referred to as a **salutogenic** conception.

It is important to realize that the social-role definition of health is, in part, *culturally determined*. This means that different cultures will have different ideas of what constitutes health and what constitutes sickness. A person who hears disembodied voices, for instance, may be diagnosed as a schizophrenic in the context of one culture, but revered as a shaman or a saint in another.

2.2.3.5 An holistic perspective on health

In sum, it may be stated that *health is a complex, dynamic interplay between physiological, psychological, behavioural and social factors*. It has already been demonstrated in the preceding paragraphs how intrapsychic processes and behavioural patterns may influence physical well-being. It is clear that this influence is *reciprocal* - that physical health, in turn, exerts an influence on a

person's thoughts, feelings and behaviour. It begs for the person to be treated and not the disease (Watson 1995: 187).

2.3 Aspects of health care

2.3.1 Introduction to health care

What is Health Care? Health care is part of the context of *primary health care*. This concept was developed in the 1940's and the 1950's "when the governments of several countries were urged to rationalise their highly technical approach to health care and to broaden their coverage by providing better basic services that impact positively on health."⁷ A few important aspects need to be noted, namely that there is a need for basic health care (prevention of disease) rather than high-tech medicine (cure) to benefit the large numbers of the population. How far we have progressed with this during the past 50 years is an open question.

Globally health care was in turmoil during the 1970's with a trend towards expensive high-tech treatment for the minority and no or meagre promotive basic health care for the majority. This initiated the urgent first International Conference of Primary Health Care at Alma-Ata (USSR) from 6-12 September 1978. It was sponsored jointly by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) and attended by representatives from 134 nations. A philosophy of primary health care was introduced at this conference and endorsed by the participating nations with enthusiasm. This definition still dominates the policy of health care globally and underlines the policies and programmes of the WHO ever since. The Alma-Ata definition of primary health care is:

"Primary health care is essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and family in the community through their full participation

⁷ From Kathleen Dennil in *Aspects of Primary health Care* (2nd Ed. Oxford Univ. Press)

and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care service.”⁸

Of the eight basic elements of primary health care, 4 are directly related to environmental factors, namely the promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation, immunisation against infectious diseases, and the prevention and control of locally endemic diseases. The other four elements include education about prevailing health problems, maternal and child care and family planning, appropriate treatment of common diseases and injuries, and the provision of essential drugs.

Primary health care is a national programme which includes medical care, involves the community to foster healthy life styles, and requires a multidisciplinary approach to cater for all the factors involved in primary health care.

Health care then is part of primary health care, but not equal to primary health care. Under the term health care we can get medical health care, natural health care, psychological health care, etc. All these approaches complement one another and we need not favour one above the other. Circumstances will dictate which kind of health care approach is needed in a specific situation.

⁸ WHO 1988

The different aspects of health was acknowledged by Alma-Ata. Health is defined by the declaration of Alma-Ata as '*a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.*' We can concur with this that health is a state of wellness which renders a person capable of performing all the physical, spiritual and mental functions intended for a particular person.⁹

2.3.2 Two systems of health care

Within the context of 'environment friendly' health care we need to distinguish between allopathic- and natural health care. The former, as indicated by the prefix, is based on medicine that goes against the disease, for instance 'anti-inflammatory.' The natural substances, on the other hand, is based on the principle of strengthening the body to overcome the disease.

Allopathic or conventional medicine can be typified as being disease orientated.¹⁰ Infections are approached from a curative point of view. Drugs, often with side-effects, are used for this purpose to kill the bacterium or fungus. Natural medicine is often referred to as alternative or complementary medicine. Complementary, however suggests that one modality is the 'main' and all the others are "supporting" the main one.¹¹ The word 'alternative' on the other hand is also confusing since it suggests exclusivity. Another suggestion is the use of the word "orthomolecular" which means medicine congruent with the body. I will use the designation 'ecological medicine' (em) to indicate a medical approach that answers to the following criteria:

- It enhances the human biological system to combat disease (efficacy)
- It has few or no side effects (safety)
- It is not only curative, but also preventative (holistic)

⁹ Adapted from Charl Durand in *Demonized Doctoring*, 1999. Rapture Publications.

¹⁰ John McKenna in *Alternatives to Antibiotics*, 1996. Oxford Univ. Press.

¹¹ Charl du Randt. Ibid. P. 19.

- It does not treat symptoms, but causes (immune-enhancing)
- It is not produced by intricate and sophisticated methods of synthesising (natural)

This 'natural medicine' fits into the perspective that health manifest itself on three interdependent levels.

2.3.3 Interdependent levels of health

Three interdependent levels of health are discerned – individual, social and ecological. The bio-medical model is very much limited to the individual level, whereas natural medicine also includes the other levels.

The word 'ecology' encompass the broadest framework for health. It designates the web of life in interaction with the environment. An ecological approach to health is consistent with the new physics and the systems view of living organisms. As a fresh approach to health care an ecological perspective will only become established if it is consistent with the wider metaphysical and cultural frameworks in which it subsist. Any health care system is the products of its historical development and the way it became socially structured. As the contexts keep constantly changes, the health care systems will be adapted to new situations. Such a change is currently being experienced on a global level where a chorus of voices (Epston and White 1990; Foucault 1980; Freedman and Combs 1994; Gergen, 1992; Genot 1996; Parry & Doan 1997) representing different disciplines are all becoming one voice. This one voice is a plea for an ecological understanding which spans the broadest framework for a coherence between the different subject disciplines. This is an important shift since it confirms the university as a 'university' and not a multiversity. In the past specialization and departmental differentiation have contributed largely to the fragmentation of knowledge. The new vision is a serious effort to restore the synthesis in order to present the bigger picture. Therefore the social, psychological, environmental and other dimensions can no longer be divorced from the somatic of bodily

aspects of human existence. They are acknowledged within the new approach as interdependent states of existence.

The ecological approach is postmodernism coming to fruition.

Postmodernism is not indicative of an era that follows modernism. It is rather characteristic of a discontinuous epistemic and metaphysical trend. It challenges the old way of thinking about the world as an objective reality 'out there'. According to the postmodern perspective knowledge is socially constructed and generative. The interdependency of the knower and knowledge presupposes that context, culture, experience, language and interpretation are interwoven in the fabric of socially constructed realities.

When this is applied to the patient in health care, disease is not limited to a condition of the human body, but is part of the self-narrative. Disease manifests itself as a symptom of the disequilibrium that marks the web of interrelated domains that constitute the ecology of human existence. Health is a multidimensional phenomenon and "these multiple dimensions of health will generally effect one another, and the strongest feeling of being healthy will occur when they are balanced and integrated" (Capra 1993:353). The self-narrative encompasses all these integrated areas and "the experience of illness... results from patterns of disorders that may become manifest at various levels of the organism, as well as in various interactions between the organism and the larger systems in which it is embedded (Ibid.:353).

The social level becomes evident when we consider the self-narrative which is the socially constructed self. According to the narrative approach narrative structures organize and give meaning to experience and constitute a dominant story. The storying of experience and the performance of these stories are powerful forces that shape lives and relationships (Epston & White 1990:12). The social experience of reality becomes embodied in the narratives (Sarbin 1986:176) that ultimately shape our realities, including our health. Disease is then the consequence of problem stories when we take the social level into consideration. Externalisation is simply, in the words of Gouws et al (1991:84) "Die na buite kering van iets wat binne is..." the patient

harbours the idea that the disease is part of him/her since it manifests in the body. This is, however only one level of the disease. The social and ecological levels place the disease also outside of the individual to enable the client to put distance between him/her and the problem. Consequently it makes sense to externalise disease by separating the self from the disease and this provides distance between the patient and the disease so that the patient can work with the disease. According to externalization theory (Epston & White 1990:1-37) the disease is the problem and not a diseased patient.

In a sense the naming of the disease is also a form of labelling where the person typically becomes a patient with a disease such as cancer, multiple sclerosis, hypertension or diabetes. Epston and White emphasise the externalization process as an objectification and personification of the problem that they experience as oppressive (1990:38). Consequently the problem is no longer regarded as inherent and fixed. In a health care situation this process will have to be interpreted in a broader sense since disease is in a sense more closer to the person as part of the physical body. Consequently the author can concur with Nell (2000:37) that sees externalization in a broader sense as “the separation of one or more aspects or issues from something else with which it has become identified.” This allows for the possibilities of separating disease from the self where people say: “I am sick”, or “I have cancer”. The self is more than the physical body since the self also forms part of the social and ecological levels as we have seen.

It also makes it possible for the person to see that the origin of the disease may lie outside of the human body. This becomes more clear when we consider the prevailing discourse that disease originates in the bio-physical body with a breakdown of the physiological mechanism.

The social level then opens the possibility to work with the sociology of the body which involves, beyond externalization, also deconstruction. According to Monk, Winslade, et al (1996:35) “A discourse is a set of more or less

coherent stories or statements about the way the world should be.” The explicit-making of these discourses allows for the deconstruction which involves an unmasking of these discourses to diminish their power.

The bio-medical model restricts disease to the somatic part of human existence. A typical example is the medical definition of cancer as “any malignant tumour, including carcinoma and sarcoma. It arises from the abnormal and uncontrolled division of cells that then invade and destroy the surrounding tissues (Oxford Medical Dictionary 1998). Established discourses prescribes that a person who grapples with cancer has cancer and is not well. The medical definition surely holds true for the level of the individual, but says nothing about the other levels concerned with health and disease. Indeed, “physical disease may be balanced by a positive mental attitude and social support, so that the overall state is one of well-being” (Capra 1993:353). The deconstruction of “I have contracted cancer, I am terminally sick and in need of chemotherapy” may be deconstructed to open up a new discourse which says: “I am at the moment fighting with malignant growth but I am sorting my relationships out which may impact positively on my bodily condition.”

The underlying assumptions of these discourses are quite far removed from one another. The bio-medical discourse is based on the assumption that disease is a breakdown in the mechanics of the body. It can normally, although difficult to determine, be traced back to some underlying course such as, in the case of cancer, radiation, virus intrusion or genetic impairment. In the social context illness is a lack of integration since living organisms is in synchronicity with themselves – physically and mentally - as well as the surrounding world (Capra 1993:355).

It appears that natural approaches to health care are far more open to the other levels of existence than the bio-medical approach. We will consider this next.

2.3.4 Natural approaches to health care

Many texts books on biology are still today based on the *mechanistic view of life*. This mechanistic view of life, as the name suggests, views the living organism as a *complex machine*. Admittedly there are indeed some structures of living organisms that can be described in terms of mechanistic metaphors. This is helpful. Yet, a mechanistic world view entails a much more profound perspective. When it is used as a paradigm to explain the phenomenon of life, it has serious implications as I shall explain.

The *mechanistic world view* is a complex philosophical system based on the following assumptions.

2.3.4.1 Causality

Causality is a system of where cause and effect are directly related. Causality describes a simple relationship between two events or state of affairs where the first brings about the second. This means that, based on such a system, a certain effect like an illness can directly traced to a specific cause. The assumption here is that a system is a simple linear system where cause and effect follows one another in a straight line, for instance $A \rightarrow B$. If B is influenza, then A is a virus causing influenza ($A \rightarrow B$).

Causality appeals to a commonsense view of the world. This same kind of argument was for instance used in theology as a proof for the existence of God. It goes like this: Due to the fact that the world is created, there must be a Creator. This theory is called 'the god of the gaps' theory which means that the idea of god is simply inserted where we have no scientific explanation. The German philosopher, Immanuel Kant, showed that it was the account of causality proposed by Hume that interrupted his dogmatic slumber. Kant argued that we

cannot conclude that there is a transcendent¹² God by starting with a material universe. The philosophical question remains: "Do all events have an antecedent cause and how, if at all, can one event necessitate the occurrence of another?" (A Dictionary of philosophy 1979). In quantum theory, that branch of physics that studies sub-atomic particles, events at atomic level do not always have causes (Hawking 1988).

The result of the argument of causation is that all "medical problems are reduced to molecular phenomena with the aim of finding a mechanism that is central to the problem".¹³ The agent responsible for the disease is known as the causal agent. The Oxford Medical Dictionary (1998) defines it as "a factor associated with the definitive onset of an illness (or response, including an accident). Examples are bacteria and trauma". Within this context the primary strategy of modern medicine is to render the cause ineffective, for instance killing bacteria by means of anti-biotic medicine. Often it is only the symptom that is treated without taking into consideration the complexity of the real situation.

During the past decade researchers have increasingly come to the realization that human organisms should be seen against the social and ecological systems of which they are part. With this emerges a new paradigm which Capra (1996:3) calls 'Deep Ecology'. This is a perspective of viewing the world as an integrated whole rather than a dissociated collection of parts. This means that when a patient walks into the consulting room of the doctor, the practitioner ought to realize that this patient sitting in front of him/her is part of an intricate web of organization that bears a profound influence on the medical condition of the patient. Consequently the implication is that a medical condition cannot simply be traced back to a singular influence or cause. To treat only one cause, for instance a parasite, would be

¹² God differs from the world because God is transcendent (other worldly).

¹³ Capra 1983:129 in The turning point.

similar to shooting only the soldiers on the battle front and forgetting about the captains, generals and politicians make up the invisible front behind the raging war.

Medical science, especially so-called alternative medicine, are beginning to wake up to the complexity of the situation which is often non-linear by nature. In a non-linear the simple one-to-one relationship between cause and effect breaks down. Health issues lie on the other side of the complexity barrier, a term used by Von Neumann in 1966, as an imaginary border separating simple systems from complex ones (Poundstone 1988: 194). In this regard William points out that, “in principle, any set of physical laws that permits complex systems allows an unlimited explosion of complexity.” This makes clear that causality is a very limited notion. Michael Talbot (1991: 40) quotes David Bohm in this regard who felt that an effect could have an infinite number of causes.

Against this background it makes no sense to zoom in on an alleged cause in the treatment of a person. The complexity of the situation requires a totally different onslaught that being offered by the bio-medical model. It is more feasible to talk about a pattern of causes leading to disequilibrium than to look for a single intruding agent. Treatment would then become a facilitation process where the person assumes responsibility to work with the facilitator to restore balance and harmony. This would take factors into consideration that falls outside the ambit of conventional medical science.

2.3.4.2 Linearity

A second assumption of the old bio-medical model is that of linearity. This is actually a counterpart of the theory of causation. The concept of linearity, derives from *linear*, pertains to a line or lines. It carries a connotation of length and involves measurement in only one direction, presented as $A \rightarrow B$. In science linearity is applied as a

mathematical concept. One of the properties of differential equation is that of linearity. An equation is linear if the sum of the two solutions is again a solution. Ian Stewart (1989:82) uses the example of a stone that you throw in a pond. It causes ripples. A second stone will also cause circular patterns that will superimpose on the first. In such a linear system the solution for a two-stone disturbance is just the sum of solutions for a one-stone disturbance, centred at appropriate points. This means that a linear equation is easy to solve. If you have one solution, you also have the solution for the other equations. The only flaw is that nature is not linear. On the contrary, in the words of Stewart "today science shows that nature is relentlessly *nonlinear*" (ibid.:82). This means that real systems are complex and difficult to solve. In the past nonlinear systems were often ignored due to their complexity. During the past decade or so a new science emerged, namely *chaoplexity*,¹⁴ which takes nonlinear equations seriously.

Nonlinear systems are known as dissipative structures¹⁵. The human body and many of its organs are such dissipative structures. This concept is made up of two seemingly contradictory tendencies. The word 'structure' is indicative of that which is orderly brought together, whilst the word 'dissipative' has the connotation of scattering or dispelling. The idea behind this is to describe that a living system is characterized by a continual flow and change in its metabolism, involving thousands of chemical reactions. The matter circulates all the time and the energy dissipates. This means that no living organism is in equilibrium, but is maintained a state far from equilibrium. Although the system is far from equilibrium (balance), a living system is nevertheless stable. The basic structure is maintained in spite of the constant flow of matter through the system. This stability is a dynamic stability that is maintained far from equilibrium. This stability may sometimes become disturbed, resulting in physical disease.

¹⁴ Also known as chaos theory or the science of complexity.

¹⁵ Ilya Prigogine first formulated a theory of dissipative structures.

When nonlinearity is applied to a living organism, which is an open system through which matter and energy flows, it becomes clear how complex organisms are. In this holistic view, disease is only one of several manifestations of the instability of an organism. By suppressing the symptoms of physical illness, the basic instability may manifest itself in other pathological modes like psychological or social deviations. One only needs to think of alcoholism, suicide, crime, schizophrenia, and neurosis.

This shifts the focus away from the single organism to the broader ecological system. In the words of Capra "The health of human beings is predominantly determined not by medical intervention but by their behavior, their food, and the nature of their environment" (1993:136). Consequently, what is needed to effectively cope with health issues is a new model that embraces 'Deep Ecology'. This necessitates a much more integrated approach to human health issues than the classical bio-medical model. It will call for experts from related fields to work together to uncover the complexities of human existence.

Natural healing makes use of a wide variety of modalities to cater for the complexity of the human person. Treatment for a single person may, for instance, include herbal remedies, energy healing, counselling, lymph drainage and acu-pressure as part of a synergistic approach. Due to the complexity of the situation the natural healer will often depend on intuition to guide him/her. This intuitive knowledge must be respected, as John McKenna (1997: 60) pleads. He continues to say that science has tried to diminish the importance of intuition and to substitute analysis for intuition. He comes to the conclusion that:

"Natural medicine is more an art than a science. Doctors, therapists and healers must have a well-developed sense of intuition to work in this area. The reverse is true of conventional medicine which has allowed itself to become

very scientific. A marriage of the two can result in harmony between art and science, between intuitive ability and scientific skills”

(McKenna 1997:60).

2.3.4.3 Reductionism

A third aspects of the bio-medical model is that of *reductionism*. This is part of the analytical mode of research traditionally followed by Western science and technology. It entails reducing a system to it's component parts as a principle of understanding. Barrow (1988:304-305) indicates three types of reductionism: Ontological reductionism where the material content of the world can ultimately be reduced to elementary particles and forces; methodological reductionism which holds that all explanations must be deterministic where explanations for complexity is derived from lower levels of complexity; and epistemological reductionism which claims that 'laws' formulated in one area of science can always be reduced to special cases of laws in other areas of science. Whereas Barrow can associate himself with ontological reductionism, that rules out an *élan vital*, he contends that the other attempts at reductionistic understanding is false.

As a construct in medical science, reductionism, it means that the human body is reduced to organs, to tissues, to cells, molecules and ultimately chemical compounds. This analytical methodology will necessarily result in a pharmacological approach where the properties of drugs and their effects on the body are studied. No doubt the medical approach yields great results cases dealing with acute problems and trauma.

Antibiotics have enjoyed increasing popularity since Alexander Flemming discovered penicillin in 1928. Countless lives were saved

with the aid of prescription medicine and surgical procedures. The point is not to dispute the value of current medical science that brought us heart transplants and antibiotics. The point is rather to ask what is it going to cost us in the long run and how effective is it in dealing with disease conditions that sprout from psycho-socio and other factors?

The limits of the bio-medical model, based on reductionism, are evident in many areas.

There is no antibiotic that does not have terrible side effects in the long run. Already physicians are warning that the over exposed human body is building up resistance against these wonder medicines (McKenna 1997: 31). This is one of the reasons why many people are turning to complementary medicines like homeopathy, naturopathy, reflexology, aromatherapy and osteopathy. These alternative approaches are characterized by a non-reductionist mode of practice. This is positively known as an holistic approach.

2.3.5 Natural healing as holism

The opposite methodological approach to reductionism is that of holism. Holism is indicative of an integrated approach to life. Holism acknowledges the interconnectedness of all things. According to this perspective health is a proper relationship between a human being and the macrocosm. Disease is the disruption of this relationship. Consequently these alternative health professions are taking a much softer approach to healing strategies. It shies away from surgical knives and drugs. It concentrates more on psychodynamics, relationships, nutrition, exercise, and other natural ways of healing. It seeks to establish a model of health care that is more preventative and integrative. Traditional health care grows from such a matrix.

A holistic understanding brings us the insight, in the words of Capra (1993:342) that “the healthy individual and the healthy society are integral parts of a great patterned order, and illness is disharmony at the individual or social level. It speaks for itself that perfect health is not the ultimate goal in such a system. The aim is to achieve the best possible adaptation to the individual’s total environment (Ibid.: 345).

Health is then better understood as a dynamic balance – where dynamic affirms that it is not static – but fluctuates constantly in the process of finding equilibrium between the physical, psychological, social and natural environment. Capra (1993:355) makes the important point that the natural balance of living organisms includes a balance between their self-assertive and integrative tendencies – this means that to be healthy, an organism has to preserve its individual autonomy, but at the same time it has to be able to integrate itself harmoniously into larger systems. This capacity for integration is closely related to the organism’s flexibility and to the concept of dynamic balance.

Due to the holistic nature of the system, integration at one systems level, will manifest itself at a larger level. From this it follows that a lack of integration at one systems level, will also result in imbalance and disharmony at a larger level with consequential illness.

Integration in this technical sense means the participation of the energy and matter of these systems by the living organism. Integration is only possible if the living organism is able to process matter and energy as it flows through the system. All free-living systems are nonequilibrium systems and a constant source of mass and energy is required to sustain such systems (Kauffman 1995:21). As complex systems, no laws predicting the behaviour of nonequilibrium systems are possible. All we have to depend on is the tendency for self-organization for such systems that live on the edge of chaos.

When we apply this theoretical insight to our understanding of health care, we come to the realization that all health regimens are ultimately aimed at

providing mass and energy to flow through the client as open systems so that healing as self-organization can take place. This provides somewhat of a more scientific understanding of the statements that sometimes sound like esoteric knowledge when we hear for example things such as “Healing of any kind or at any level is effected by the quality of the healer’s energy (Bartholomew 2003: 261). These out of the ordinary perceptions of health care only makes sense when we consider them in a postmodern context. This is the topic of the following chapter.

2.4 Conclusion

There are many contending models of health, yet, a more holistic understanding is congruent with the current context where there is a focus on the treatment of the whole person, an appeal to the client to accept responsibility for his/her own health, and to make use of more natural approaches with less side-effects.

Words that have been employed to give expression to this new approach is that of wellness, prevention, life style, ecological, and social. All these aspects need to converge in a new, more comprehensive model where the different contexts of health all converge in an integrated understanding.

The renewed interest in the social understanding of the body, social construction and narrative ways of operating, and new paradigms all provide impetus to the contemplation of new ways of thinking about health care.

This calls for a paradigmatic shift away from the mechanistic understanding which is part of our Cartesian/Newtonian cultural heritage. Such a shift is not easy. It can only take place in a crisis situation where previous paradigms are no longer sufficient to explain anomalies and transcend limitations. Health care is in such a state globally and it justifies and necessitates such a shift.

CHAPTER 3

THE MEANING OF HEALTH CARE IN A POSTMODERN CLIMATE

3.1 The influence of postmodernism

3.1.1 The context of the psycho-social-ecological model

Keywords. Paradigm, epistemology, social construction, subject/object scheme, self-organization, system, truth, meaning, intelligibility, participation, holism, coherence, integration, reality, metaphors, process, novelty, models.

We are currently experiencing disturbing changes in disease patterns. Statistics reveal an alarming deterioration in man's general health status. Apart from genetic factors, many external factors or ecological related elements have been identified as being causative for this decline in health. We think of overpopulation, habits like smoking and alcoholism, malnutrition, sexual misbehaviour, excessive stress, and pollution. The result of these external factors underlines the role of the environment in health issues. We call the diseases that result from these external factors *lifestyle diseases*. Before 1929 coronary heart disease was indeed very rare. Since 1929 to 1963 there was, in the USA, a phenomenal twelvefold increase in coronary heart from 25.7 per 100 000 people to 307 per 100 000 people. Diabetics increased from 1.2 million in 1950 to 5 million in 1975 in the United States alone. In South Africa the major causes of mortality for all racial groups include cardiovascular diseases, external causes (accidents, poison and assault), neoplasm (any abnormal growth) and respiratory disease. The white population are susceptible to diseases of the digestive system, the Asian and black population are vulnerable to contagious and sexually transmitted diseases (Van Rensburg et al 1992:139).

Life style diseases include HIV/AIDS, cancer, atherosclerotic heart disease (coronary heart disease or CHD), diabetes mellitus type II, obesity, osteoporosis, hormone disturbances, strokes and brain blood vessel lesions, chronic fatigue syndrome (ME), deep venous thrombosis, Alzheimer's disease, carbohydrate craving syndrome (hypoglycaemia), mitral valve prolapse, Tourette syndrome, acne, Parkinson's disease, tooth decay, and gout. Especially the chronic metabolic diseases are the real killers. The frequency of these diseases are so high that they can be branded as a modern plague. Consequently people can be taught how to avoid many of these diseases by a change of life style (Serfontein 2001:25).

Yet the bio-medical model does not really provide for a comprehensive approach that includes life style. This comprehensiveness that is required is part of a holistic point of departure which is informed by what has become known as a postmodern perspective.

The past decade has seen a gradual shift away from the *bio-medical model* to a *psycho-social-ecological* model. The bio-medical model largely work with health in a biological context whereas the new model places it in a social context. The former is a more microscopic approach where physiology and anatomy are central and the latter a more macroscopic undertaking. In a macroscopic framework elements such as the state of health of the community, the biological, cultural and social characteristics of the community and the environmental and material resources of the community also become important (Kark 1974:5).

The basic premises of natural health care are congruent with those of the psycho-socio-ecological model and entrenched in the emerging postmodern awakening. Natural health care is known for its holistic stance where the wider context is taken into consideration. It is the view of this author that one would only be able to fully appreciate the full implication of natural health care when it is understood within the conceptual framework of postmodernism.

Although complementary and alternative health care have been around for aeons, it is only now that the philosophical premises become better understood. My contention is natural health care could previously not come to fruition since no accommodating conceptual scheme, as that being offered by postmodernism today, was available. I presume that it would also make for an interesting study to trace the roots of postmodernism to the underground of alternative and complementary health care that sustained and upheld, though perhaps naively, some of the postmodern principles for ages.

Postmodernism is about a new paradigm. Such a new paradigm brings with it new values and new methodologies. Let us present it graphically based on the work of Capra (1983:333 ff.), and Barbour (1990: 219):

MODALITY	OLD PARADIGM	NEW PARADIGM
Method	Reductionistic, and	Integrative, holistic, historical and emergent, structure and openness.
Rationale	Rational and logical - dualistic	Intuitive – multileveled, holistic
Scope	Isolation and atomistic	Ecological, relational and interdependent
Mechanism	Quantity - measurable	Quality – complex patterns
Pattern	Linear and causal	Nonlinear and non-causal
Symbol	Machine	Community/organism

This summarises the new paradigm as integrative, intuitive, ecological, qualitative, and nonlinear – notions that will all be defined in the ensuing discussion.

Perhaps Ihab Hassan was the first to use the term *postmodernism* formally in 1971 in relation to literature (Oden 1990:71). Although the term has not found general acceptance, it is rapidly gaining popularity in different disciplines with a more or less fixed connotation that may be characterized as pluralist, pro-metaphor, relational, holistic, relativistic, indeterminate, evolutionary, post-critical, and participatory.

In this discussion the aim is not to defend postmodernism or to propagate it as a superior way of approaching the world. My aim is to show that natural healing could be at home in a postmodernism as a way of seeing the world. McHale (1987:4) makes an important point by saying that postmodernism is not “out there” in the world – It is rather a discursive construct. Umberto Eco (1984:66) maintains a similar note by labelling postmodernism as a *Kunstwollen*, a way of operating. In this vein natural health care represents a postmodern way of looking at health care. It forms a discursive space to develop ways of understanding the body that could contribute in a meaningful way to primary health care.

This new way of looking is characterised by certain patterns and principles that are useful constructs in understanding and dealing with the human person. As such my plea is that natural healing modalities should not be judged by the established criteria of allopathic medical science, but assessed in terms of how it employs postmodernism as heuristic device to execute its task.

It appears that natural medicine is closer to a psycho-social-ecological model which has also been hailed as a postmodern trend due to its holistic approach. It is true that the bio-medical model may also participate in holistic strategies, yet it is not its primary characteristic. Is it possible that the current escalating popularity of complementary and alternative health care can be attributed to the awareness of more postmodern ways of operating? Although postmodernism is not so much a trend to be chronologically defined, it has established itself as an ideal category or way of operating that provides a strategy for doing literature, practicing art and architecture and doing science in a new way. This is,

hopefully, not new in the sense of a fad, but new in the sense that it provides a successful way of performing without being restricted to the majority discourses.

In this sense postmodernism is keeping alive the more humble approach that reality can never be fully and exhaustively known. Van Heerden (1997:19) quotes Ryan who puts it well by saying that "The subtle strength of postmodernism and its insistence on perpetual vigilance and its wish to prevent any discourse from grasping power by making truth-claims."

It appears that throughout history there has been eras characterised by dominant world views and particular strategies of operation. The past two millennia have roughly seen the premodern, modern and postmodern worlds,

During the eleventh and twelfth centuries there was, mainly due to scholastic theologians like Thomas Aquinas, a synthesis forged between Aristotelian (Greek) philosophy and Christian ideas. James Miller (1989:2) lists the main elements of the premodern world as a vertical metaphysical dualism, separating the heavenly from the earthly spheres; the use of organic metaphors to describe things; a reliance upon tradition as a source of knowledge; and a view of humanity being at the centre of the cosmos (geocentric world view).

The first break with premodernism came with Galileo Galilei (1564-1642), a brilliant Italian mathematician, astronomer and physicist. His telescopic observations cast doubt on the Ptolemaic geocentric theory of the universe which was, according to Roman Catholic interpretation, confirmed by Scripture. Another aggravation to the church was his *Letter on Sunspots* which suggested that the sun decayed. It conflicted with Aristotelian cosmology which held that the celestial bodies were eternal and perfect. In 1633 he was forced to recant and was placed under house arrest. His ideas, however, prevailed.

Two influential thinkers, the French philosopher René Descartes (1596-1650) and the German philosopher Immanuel Kant (1724-1804) were especially significant in the formation of the modern world view. Descartes, who is often hailed as the father of the modern era, founded a kind of "horizontal dualism"

(Miller 1989:3) by dividing the world into the domains of matter and mind (or spirit). In this sense he deviated from the Aristotelian idea that people are rational animals by positing an incorporeal mind housed in a mechanical body - the so-called ghost in a machine.

The critical idealism of Kant on the other hand opened the way for a critical rationality. Kant was mainly interested in the theory of knowledge or epistemology as it is also called. Epistemology concerns itself with the question: How do we know what we know? The critical philosophy of Kant finds its full expression in the critical epistemological attitude that empirical observation and the reason were the only sources of absolute knowledge. This laid a foundation for the enterprise of the natural sciences.

The Cartesian dualism which sustained the world as a vast machine opened the way for Newton to formulate his laws which applies for the falling apple as well as for the trajectories of the planet. According to modernism the celestial and terrestrial worlds no longer operated differently. Universal causality, the view of action and reaction, made scientific predictions possible. Certainty of knowledge became important to the positivist. This positivistic trend also becomes evident in neo-orthodox theologies of the modern world. The revelation of God, like in the theology of Karl Barth, were looked upon to provide absolute knowledge of God and his purpose for the world. It also becomes clear that the doctrine of Predestination (Calvin) fitted nicely into the Newtonian world view.

The most significant thing about modernism is the comprehensive dualism. The distinction that Descartes made between two substantial domains in terms of mind and matter, Kant made between the reality of the external world called *phenomena*, and the categories of the mind or product of the interaction of mind and world, called the *noumena*, (*thing-in-itself*). Because logical positivists accepted this dualism but then denied the reality of the non-empirical aspect, modern science became an impersonal objective search for facts. The existential philosophers and theologians on the other hand neglected the objective side of the dualism. They focused on mind and personhood rather than on the natural world. Existential spirituality is thus transcendental.

Now, at the turn of the century, we encounter a radical world-wide intellectual revolution that "is perhaps as great as that which marked off the modern world from the Middle ages" (Allen 1989:2-5). This is primarily spurred by some amazing discoveries in physics such as relativity theory and quantum theory. This spurred a radical shift whose accumulative affect amounts to postmodernism.

Wager (1968:25) sums the gist of this shift up with the words "the most important change brought about by its results consists in the dissolution of this rigid frame of concepts of the nineteenth century." Indeed, the nineteenth century was known for its belief in the fundamental concepts of classical physics, space, time, matter and causality. The concept of reality applied to the things or events that we could track by sensory observation or by means of the refined tools that technical science could provide. In such a rigid system concepts of mind, the human soul or life were rather foreign notions except as mirrors of the material world.

Diogenes Allen (1989:6) thinks that the breakdown of the modern mentality is evident in at least four areas. Firstly, whereas modernism has, in the intellectual world, seen the idea of God as superfluous, it can no longer be scientifically or philosophically maintained that we live in a self-contained world. Secondly, modernism has failed to provide a basis for morality and society. Thirdly, the optimism of scientific progress to save us from vulnerability to nature and social bondage has become tarnished. In the fourth place the assumption that scientific knowledge is inherently good and always beneficially applied has become suspect. The time is ripe to look to a new mentality popularly known as postmodernism.

Postmodern theology also struggles with the subject/object dilemma but from a different angle. Positivism, the epistemological approach of modernism with its ideal of objective knowledge, is making way for an approach with greater coherence between the objective and the subjective poles. Of course there are different varieties of postmodern theology as outlined by David Griffen (1989:3)

like **constructive** or revisionary (David Griffen, William Beardslee, Joe Holland); **deconstructive** or eliminative (Jacques Derida, Jean-Francois Lyotard, Richard Rorty, Mark Taylor); **restorationist** or conservative (William Rutler), and **liberationist** theology (Cornel West, Harvey Cox). Yet, those approaches which hold to both the objective and subjective poles seem to be more successful. For instance, the objective approach of deconstructionism to the facts of experience proves, paradoxically, that an objective approach is not possible (Griffen 1989:4).

To summarize, postmodernism is in general known by its disenchantment with the critical consciousness of modernism, the fragmentary perspective of reality, the world as a closed system, and reductionistic methodologies.

Postmodernism is a serious effort to restore the loss of meaning that is attributed to modernism that has resulted in a technocratic society. In this chapter I hope to outline some of the main features that derive from a postmodern way of thinking and show how they impact on sociology and community health care issues.

3.1.2 Postmodernism compared to Modernism

The meaning of postmodernism shines clearer through when we view it against the backdrop of modernism.

In a sense postmodernism is born out of a disillusionment with modernism. Modernism is an incomplete project (Habermas 1983: 3) since it could not deliver conclusive answers. Indeed we owe much gratitude to modernism which produced the scientific protocol with myriads of technical benefits. Yet, modernism is largely responsible for a lost of meaning since the larger picture was abandoned for the sake of empirical investigation, analytic methodology and logico-rational processing. Postmodernism is in a sense a reaction to modernism.

Postmodernism is a global trend that may very well influence the way we think in a very profound way. The term "postmodernism" suggests a distinct period "after modernism", yet, postmodernism is more than a time period. It indicates possible progress, a new way of doing science. Probably this movement warrants the term "post-modern" because it follows in many ways an opposite approach to that of what is distinctly categorized as modernism. Modernism founded the idea of critical consciousness largely on the philosophy of René Descartes. The Cartesian legacy includes basic doubt and the idea that truth has to do with that which the scientist can determine objectively. Within the method of science the values, perspectives and personal faith of the person are regarded to be as of trivial nature. Consequently modernism places a high premium on the certainty about reality funded by the natural sciences, the mode of living offered by a secular world view and the personal gratification to be guaranteed by autonomous freedom.

Postmodernists do not adhere to the empirical scientific method as the only recourse to reality. Empiricism with its conviction that truth is bound to objective information, caused an undesirable split between subject and object. The result is an external world distanced from the subject. This is known as the hermeneutical problem – how is it possible to know objective reality? Consequently the subject has to approach reality (the object) from a critical position of doubt and in doing so alienates itself from the world (reality). An overarching epistemic framework that includes human subjectivity as part of reality is lacking in modernism; presuppositions and aspirations are not taken to be just as real as external objects. Such an emotionally sterile and rather clinical framework is obviously not suitable for theological reflection that has to cater for religious needs that includes the so-called "fuzzy world" of dreams, hopes, beliefs, aspirations, and fears. Postmodernism is an effort to restore the value of human feelings and fears. It is an affirmation that neutral and value free knowledge is not tenable.

A further outcome of modernism is that of secularity which knows only a reality that is accessible via sensory perception. This resulted in a general loss of meaning because values and transcendent reality that help to constitute

meaning do not lend itself to the scientific criteria of verification. Secularity also involves a strong reliance on human endeavour and competence. The world and the future is seen to be in the hands of human decisions. This often causes a strong conflict with people who adhere to an external locus of control.

Science with its empirical experimentation and reductionistic methodology has contributed largely to the process of secularization. Although there are many definitions of 'secularization', one of the most frequently employed is perhaps that of Peter Berger which sees it as "the process by which sectors of society and culture are removed from the domination of religious institutions and symbols" (Berger 1969: 107).

Secularism is a marked outcrop of modernism. Secularism results by taking the doctrine of dualism to its full sociological consequence. Dualism is an inheritance from the Platonic philosophy which was a strong argument to lend philosophical credence to the immortality of the soul (Plato 1955:387). The ontological difference between matter and soul becomes expressed as a tension between world and religion. It produces a split in between religious institutions such as the church and other social institutions such as school, government, health care, for the church becomes partially differentiated from other institutional spheres (Martin 1978:2). Secular institutions do not accommodate transcendence; providence is exchanged for coincidence and humanism reigns.

Berger (1974:38) points out that modernization entails the imposition of rationality on ever increasing sectors of social life – a process that was named 'rationalization' by Max Weber. Rationalization also shapes and reshapes the meaning structures, the world view, of modern societies. Secularization, is a result of this process. It entails the progressive 'reality loss' by the religious interpretations of the world (Ibid: 38). This is probably the most important result of rationalization on the level of meaning.

Yet, science is not devoid of belief systems, values and world views. Not everything in science is rationally determined. Turner (1972: 234) directs our

attention to the fact that it is misleading to discuss secularization in terms of science versus religion. "It is the competing *plurality* of beliefs, explanations, values and world-views which is the distinctive mark of a secular society." It is thus not so much that other members of society disbelieve, but that they believe differently since secularism confirms that no one system of meaning has any general authority.

On a conceptual level, the major criticism levelled against secularization is that it lends support to the fragmentation of reality that expresses itself as a schizophrenic world characterized by the tension between spiritual and material reality. Postmodernism is a serious effort to heal this schism.

The sociological perspective, I believe, provides an important impetus to this movement. Social construction theories enable us to see that much of the realities that either science or theology works with, are socially constructed and culturally determined. Fundamental to all our academic enterprises is the worldview that we ascribe to. In the words of Albert Wolters (1985:8) "‘n Lewensbeskouing is a saak van die gedeelte alledaagse ervaring van die mensdom, ‘n onomkombare bestanddeel van alle menslike kennis, en as sodanig is dit uiteraard nie-wetenskaplik, of liewer (aangesien wetenskaplike kennis altyd afhanklik is van die intuïtiewe kennis van ons alledaagse ervaring) voorwetenskaplik. Dit hoort tot ‘n soort kennis wat veel meer basies is dan dié van wetenskap of teorie".

One could venture to say that postmodernism is based on an alternative world view. This makes postmodernism distinctly different from modernism.

3.2 The world view that informs postmodernism

3.2.1 World Views compared

There is an increased awareness that a dominating world view serve as broad filter for the way we perceive and think about things in the world. The modern

world view with its mechanistic understanding, also called the Newtonian (from Isaac Newton) paradigm, provided us with an atomistic understanding of reality, which means that reality was regarded as a substance that was comprised of a mosaic of solid building blocks. The modern world view "filtered" out non-mechanistic and fuzzy things. Order was regarded to be of a linear nature and consequently seen as something of a grid-like pattern with exact coordinates of Euclidian nature. The dominant metaphor was that of the cosmic machine that works with deterministic predictable precision.

Broadly speaking a world view signifies a comprehensive view of reality which serves as a framework in terms of which one interprets reality. General features of world views include a set of propositions that are influenced by the cognitive, conative and affective faculties and it tends to be influenced by, and to influence, the several aspects of the culture in which it exists (Macnamara 1980:17- 24).

In the new paradigm nature is regarded as much more organismic and people even talk about the new biology of machines (Kevin Kelly). Along these lines the science of cybernetics is gaining momentum. It involves a study of patterns and organization which lies on a more functional than substantial level; it is a definite shift from a study of things to that of pattern. This break with *substantiality* will result in a postmodern theology where the old dualism, caused by the division of limited entities, disappears. Heaven is for instance no longer being regarded as a place, but rather as something that indicates God's point of departure (or completion); the soul is not seen as an immortal entity, but a process or function of human disposition that transcends mere matter; religion and life are seen as being integrated; and postmodern theologians will not attempt to quantify aspects like faith, love and grace. Systems thinking requires a qualitative study, which means that the postmodern theologian would be more interested in for instance the kind of patterns produced by grace in society than attempting an abstract definition of grace.

According to the old paradigm even humans were sometimes regarded as intricate machines, and human value consequently measured in terms of production. This trend depersonalized humanity greatly. It obviously also

encouraged an analytical and critical methodology of study. Hence, the aim was previously to dissect, to reduce a system to its constitutive components. The functioning of a system was understood in a deterministic, periodic, linear and static way. This was based on the notion of cause and effect, action and reaction, with the hope of making exact quantitative predictions of the future status of the system. Change was seen as a simple rearrangement and the relationship between spirit and matter as a dualistic pair, i.e. two types of entities belonging to mutually exclusive kingdoms. According to this paradigm scientific knowledge is based on an objective and logical access to reality, known as a positivistic epistemology. The positivistic understanding of truth is that only a mirror image of reality, by means of empirical research, can offer valid information (data).

Postmodern epistemologists, scholars who study the theory of knowledge, on the other hand claim that knowledge is not neutral or value free. This means that truth in general cannot claim to be eternal and final knowledge. Truth is relative to the questions that we may ask and the needs that we hope to fulfil, it is influenced by the intellectual climate and cultural categories of every period. Postmodern science opts for an integrated understanding of reality that is holistic, ecological and systemic. Although analysis still offers a very viable and useful method to explain the way things work, it does not contribute much to the meaning of complex phenomena like life and to the overall coherence of the world. In accordance with the mechanistic paradigm the tendency is to understand things in terms of its composition. We call this approach reductionism because it reduces the meaning and functioning of a system to the way its parts work and fit together. According to a holistic approach the system is more than the sum of its parts because the interrelation brings about interaction in such a way that it adds something to the system (Jan Smuts 1987). The accent is on process, self-organisation and feedback. The essence of all this is non-linear interconnectedness which means a radical deviation from the cause and effect scheme. This makes the function of complex systems a phenomenon that appears on the edge of chaos. The contribution that the discovery of chaos makes to the emerging

world view is very profound. Chaos should not be associated here with the negative notions of degeneration, anarchy, formlessness and confusion. Chaos serves in a technical sense as an acknowledgement that most systems are unstable, a-periodic, nonlinear and dynamic in nature. Consequently this warrants a qualitative study where probability has a much greater propensity. According to this insight the world is a much more fuzzy reality where small changes and influences are of great importance (the notion of sensitive dependence on initial conditions). Nothing is negligible. There is even mention of fuzzy thinking, the so-called new science of fuzzy logic (Kosko 1993) which deviates from the world of absolutes on which western science has been based for so long. Associated with this is the growing realization of the importance of the internal flexibility of a system where the relationship between the parts are not rigidly determined; where, in a manner of speaking, the rules change as the game proceeds, where degrees are acknowledged between extremes and where determinism is challenged (Kellert 1993).

3.2.2 Closed and open systems

Modernism worked with the world-view as a closed system. As Prigogine & Stengers (1985: 131ff) pointed out, in thermodynamics scientists differentiate between three type of systems – isolated, closed or open. Isolated systems are quite stable since they exchange neither matter nor energy. This view is akin to Plato's view of eternal Forms that constitute the Idea world. They are unchangeable, immutable and static.

On the other hand there are closed systems which may exchange energy, but not matter. The machine with its gears and pulleys is an example of this – there is a transference and flow of energy, but no generation of energy. This type of system is predictable and linear. There is no room for spontaneity of novelty. The order of a mechanical device can be shuffled by re-arranging the gears, but cannot lead to novelty. Closed system can transmit and transfer, but not transform.

The third type of system is the open system. Open systems exchange both matter and energy. The one can be transformed into the other as expressed in the famous Einsteinian formula: $E = mc^2$, where E = energy, m = mass and c = velocity of light. In postmodernism the open system approach is central and leads to many other notions which sees reality as evolutionary, historical, emergent, open, relational, ecological, interdependent, complex systems and wholes, multi-levelled and as community (see Barbour 1990: 219). These constructs are all relevant to the development of a coherent theory of natural medicine.

When we summarise these constructs in a single term, it comes down to that of a *biological world-view* as opposed to a *mechanistic world view*. Doll concurs with this in stating that physics has been the canonical model for *all* science (Doll 1993: 63). Doll makes an important critical remark when he says that “the social sciences... in trying to “scientize” their disciplines have adopted a shallow and mistaken view of what constitutes science. Modernistic originates with Isaac Newton and Descartes and lead to a closes system view which was labelled as being mechanistic.

A closed system, as we have seen, does not make room for interaction and growth. The system can be re-shuffled but never evolves beyond the boundaries of its mechanistic confines. This has had devastating effects on all disciplines as it has become the fundamental premise that guides all scientific thinking. Cause and effect rules and reductionism is crowned king. The human body became regarded as a machine and this leads to a grave underestimation of important biological principles such as self-organization and regulation, consciousness, spontaneous generation and reproduction, emergent characteristic, formation, dynamic equilibrium and sensitive response. Indeed, as succinctly put by Doll, biology has its own characteristics not usually found in physics or chemistry (Ibid.: 65).

The gist of the biological world-view is that matter must be understood in such a way that it gives rise to living organisms. This idea became popularized

during the eighties as the anthropic principle – the properties of the universe is such that it gives rise to an ‘observer’ (Barrow 1988:362).

There is therefore no need to introduce an additional causal factor to explain living organisms as for instance in the doctrine of vitalism (Bergson, Driesch, Liebig). In a biological world-view matter is thus not fixed substance, but process where matter and energy converge into a dynamic interplay to produce life.

The biological world-view conjures a picture of a universe comprised of vibrating superstrings and unseen enfolded dimensions of reality. In such a universe it is more sensible to think about reality as a verbs rather than nouns. Substance derives from process, and not the other way round. As a useful model it provides further for distinctive human traits such as intuition, non-conceptual ways of knowing, value attachment, moral norms, consciousness, quality of existence and sensitive feelings. It also puts the soul back into existence. Soul is process, a function of human existence. There is such a deep hunger in the human heart to rediscover the soul. Not as unseen entity that guarantees immortality by surviving death, but as function of human existence that marks humans emergent beings.

Whether we view the soul as the ‘software’ of the body, the seat of subtle energy, or the holistic phenomenon that sprouts from the human configuration, the important point is that it becomes a viable construction in a biological world-view.

This new world-view is also more congruent with Eastern philosophies. In contrast with dualistic perspectives, the Hebrew based Bible takes a more monistic viewpoint with its approach that all tangible matter evolves from the unseen. This also explains why the physical and bodily resurrection is such a pivotal aspect of Biblical eschatology. The body is never regarded as being less noble than the soul or spirit. This is also in line with quantum mechanical weirdness that points to the fact that existence is at its most primary level

process, vibration and patterns rather than substance. Sub-atomic particles are no longer regarded as particles. It is better expressed in the poetical terms of Gary Zukav as “the dance without the dancers.” At this level of existence matter and consciousness merges into the quantum vacuum as different aspects of the same underlying reality. The “matter myth” that Paul Davies and John Gribbin (1991) talks about emphasises the intangibility of matter on subatomic level. Process is primary, and not substance. Davies and Gribbin follow the famous quantum physicist, Werner Heisenberg, who pointed out that in the experiments about atomic events we have to do with things and facts, with phenomena that are just as real as any phenomena in daily life. But atoms or elementary particles are not as real; they form a world of potentialities or possibilities rather than of things or facts (1991:21).

This has a very important bearing on our epistemology since reality is not about how the world is, but what we can say about the world. This is a radical break from the philosophical movement known as positivism who pursued the objective to root reality in what can actually be observed.

It is now becoming more viable to think of spatial dimensions beyond the ones we can see. This is an idea that was already pondered by Einstein, but that is now cast into a more believable theory known as string theory. Superstring theory was put forward in 1984 by Michael Green and John Schwarz. Superstring theory holds that our universe has more dimensions than meets the eye – dimensions tightly curled into the folded fabric of the cosmos. Green and Schwarz explain the meaning of superstrings rather poetically as that existence is simply notes plucked on a string (Tallack 2001:474). String theory explains elementary particles, not as particles, but as infinitesimally small one dimensional loops which inhabit a space with six extra dimensions. String theory provides a unified theory to explain electromagnetic and nuclear forces as different sides of some ‘super force’ or subtle energy.

Brian Greene (2004:18) says that if superstring theory is proven correct, “we will be forced to accept that the reality we have known is but a delicate chiffon draped over a thick and richly textured cosmic fabric”. The implication of this

is that there are forces at work in nature of which we are not obviously aware. Postmodern epistemology does not subject truth statements to verification and falsification techniques (Karl Popper 1965:37) , but give consideration to the successfulness of the model to explain certain phenomena. Truth is no longer viewed as a mirror image of reality (the correspondence theory), but as a tentative way to model reality (van Huyssteen 1986). The slogan “epistemology models ontology’ has become popular during the eighties. The successfulness of a model or theory demonstrates verisimilitude – i.e. that the model corresponds in a meaningful way with reality although not comprehensively. No model can exhaust the depth of reality fully since, to use the biblical idiom, ‘we know in part and see through a dark glass.”

One such model that is based on this metaphysical view is that of Rupert Sheldrake (1985) with his theory of morphogenesis. The latter concerns the development of form and structure of the body and its parts (Oxford Medical Dictionary 1998). The genetic theory of morphogenesis is part of a mechanistic theory. Sheldrake proposes a more organismic theory in which he proposes “that specific morphogenetic fields are responsible for the characteristic forms and organization of systems at all levels of complexity, not only in the realm of biology, but also in the realm of chemistry and physics” (Sheldrake 1985:18). The mechanisms by which it operates is that these fields order the systems with which they are associated by effecting events which, from an energetic point of view, appear indeterminate and probabilistic; they impose patterned restrictions on the energetically possible outcomes of physical processes (Ibid:18).

This model of Sheldrake is consistent with the role that subtle energy plays in natural medicine.

3.2.3 Self-organization

The postmodern approach to this important issue would probably be to appeal to the notion of self-organization. This concept points to an intrinsic quality of

all entities to generate order, to form patterns by means of the flow of energy through a system. Self-organization, and inter alia feedback, are aspects of the new science of complexity (Mitchell Feigenbaum, David Ruelle, John Casti, Stuart Kaufman, Brian Goodwin, Murray Gell-Mann, Ian Stewart, etc.). Self-organisation has received much prominence as a technical subject due to the work of Ilya Prigogine, winner of the Nobel Prize in 1977, for his work on the thermodynamics of systems far from equilibrium. The philosophical implications (Stephen Kellert) of the fact that order and chaos can serve as a source for self-organization, and an ensuing new order, has a far reaching influence. It has boldly challenged the concept of determinism to the extent that randomness and unpredictability have gained a positive meaning as a mechanism necessary to ensure creativity and novelty (Isabelle Stengers, David Bohm and F. David Peat). The philosophical implications of complexity provides a new insight into the dynamic and complex nature of reality. People are beginning to believe that we live on the edge of chaos, that the intrinsic dialectic of order and chaos are offering new insights into the meaning of freedom; that this also reflects on the meaning of human freedom and a dynamic understanding of action as a form of self-organization within the evolutionary progress of the world.

The will of God is thus not a predetermined decision that Christians need to discover in a passive mode of obedience. Christians, and for that matter all people, are afforded the right to some human input that co-determines the "plan" for their lives. Many bifurcations are possible but in the variety of options we are guided by God as creative participant of our lives. Humans need not plug in to a blueprint that renders their own efforts and creative potential sterile, but are co-creators.

These insights are important to theology. Instead of attributing a vertical (earth-heaven) meaning to apparent incidental events, postmodernism may now shift to a lateral approach by trying to trace patterns formed by the network of many apparent incidental events. Self-control, which is individually based, may then be forfeited for the alternative of pattern producing self-organization. A "fuzzy" approach to health care results in notions such as: Health is the dynamic

movement of the individual person on the continuum that spans the poles of wellness and illness. Health is not only a state, it is a approximation of the growth of coherent meaningful patterns; it is the function of bodily reality relevant to experience.

Moreover, patterns of self-organization invokes an awakening to community life in exchange for individual control. It bring an ecological awareness of our embeddedness in the context of our existence. Health of the individual requires a healthy context. The biomedical model adopted an individualistic approach – it is the individual that becomes sick. Natural healing is more disposed towards a collectivist approach where individual behaviour (and health) is viewed as the outcome of social forces (Gilbert *et al* 1996: 46).

3.2.4 Participation, wholeness and meaning

Postmodernism is in this sense a rediscovery of the value of human participation, a quest for wholeness and meaning, a perspective about the continuity between all levels of a multi-levelled reality. Postmodernism aspires to provide an alternative approach to reality in such a way that it could yield a significantly new and improved way of understanding the world. Postmodern theology, also sometimes referred to as postcritical or postliberal theology, aims to provide fresh insights, answer existing anomalies, and provide new meaning by moving beyond modernism. This cannot be accomplished by an escape to the inside of the self (existentialism) or even a denial of the valuable results offered by the more critical scientific method. Limited subjective input is combined with limited objective reference to result in a balance between both extremes. The word "limited" refers to the notion that the human mind cannot construct reality completely, neither can the human mind know reality fully.

3.2.5 An alternative Epistemology

An alternative epistemology is also part of the postmodern package. It is the very elusive nature of reality that also leads to an alternative epistemology. I already referred to the analytical method of the mechanistic paradigm. This

was in accordance with the positivistic epistemology that included a reliance upon sensory and objective/analytical access to reality, known as the empirical approach. The basic presupposition of this approach is that the universe is a cosmic machine, that matter is in essence ordered substance that lends itself to precise mathematical description. With the refinement of research techniques and instruments and the possibility to study matter on subatomic (quantum) level, this positivistic ideal becomes rather absurd. Scientists are beginning to talk about subatomic entities as processes rather than substance (the dance without the dancers - Gary Zukav); and the role of the researcher as both discovering and constructing reality at the same time. Postmodern epistemologists consequently prefer to talk about truth as modeling reality instead of truth being a mirror image of reality. An applicable slogan that has become very popular is that epistemology models ontology.

In some instances of postmodernism there is a shift in the philosophy of language from a referential or a representative account of meaning, to one based on use (Nancy Murphy, James McClendon, Ronald Thiemann, George Lindbeck). The latter leans towards limited pragmatism where concepts are useful in their reference to objective reality because they provide successful application.

3.3 The agenda of postmodernism

3.3.1 Philosophical tenets

Postmodern theology is thus strongly philosophically inclined. It is in a sense a reaction to modernism and consequently an endeavour to go beyond it. Postmodernism must therefore not be seen as an urge to return to a pre-modern philosophy. According to postmodernism the test for models is their successfulness in providing meaning in terms of how the world is experienced in relation to the Christian belief in a benevolent God. This can only be accomplished by the designing of a comprehensive metaphysical scheme where faith can be fitted into the framework of how we actually experience the world on many different levels. Factors like human experience, the dominant

metaphors of faith (especially those derived from the Bible), recent scientific insights about the complexity of material reality, and reality depicting, constructivist, or pragmatically useful epistemologies all blend into a coherent scheme to form the basis for postmodern theology.

The agenda for postmodern theology will have to be in line with the following or similar trends: Verisimilitude (Karl Popper) where the truth claim of models is limited to that of an increasing closeness to truth; the theory ladenness of theological statements that emphasises the importance of personal presuppositions, participation, and the social context of the theologian; contextuality, which means that the real life situation should also be taken into account; general coherence and complementarity which means that all things (spiritual and material) are related and constitute an all-encompassing systemic or organic wholeness (Jan Smuts, Von Bertalanffy); complexity, which refers to the openness, organismic nature and self-organization of systems; paradigm theory (Thomas Kuhn) which proposes that knowledge does not grow accumulative, but by switching from one intellectual framework to another in order to gain increased meaning and answer questions left unanswered by the previous paradigm.

In a sense postmodernism is radically new, in another sense it also includes aspects of modernism. It is radical in terms of the conviction that the whole is more than the sum total of the parts. In terms of a world view this means that Postmodernists see the world not simply as an unfolding of latent potential. Order is not a rearrangement. On the contrary, reality is increasing its sum by creating novelty, by becoming more than the sum of the parts of a system through following a process of evolutionary progress.

Postmodernism also extends modernism in the sense that it refuses to give up the reality of the external world (modern science) although it does deny the importance of the participation of the subject. Postmodernism hopes to heal the fragmentation of reality, often caused by analysis, systematization and compartmentalization. It builds on the assumption that the human mind is an integral part of the reality that it aspires to know. Truth is not something bound

to the object alone (naive realism, objectivism, positivism), neither constructed solely by human consciousness (subjectivism, instrumentalism). Truth is relational in the sense that it is objective and subjective at the same time (critical realism). Truth is critical in so far as it is different from reality; it is realism in so far as there is a reference to objective reality.

Postmodernism is technically about a new paradigm (Thomas Kuhn) or intellectual framework. Such a paradigm can only have a universal application if it is comprehensive and influential enough to suggest change on all levels of existence, i.e. to the theory of knowledge, the social dimension of language, the value system of society, and our understanding of reality, inclusive of our understanding of God. Postmodernism holds promise to be such a new paradigm. Contrary to modernism, it involves the particular rather than the universal, the local rather than the general, the timely rather than the timeless (Toulmin). This means that truth is no longer regarded as something with eternal, unchangeless, authoritative, and objective, absolute status. Truth is relative to the particular social context and personal presuppositions of the theologian. The importance of contextuality and the social determination of truth are given much thought in postmodern circles. It is instantly clear that such radical changes will in due course influence theology profoundly, and ultimately, the Christian understanding of God.

3.3.2 Consequences for sociology and health care

Subject disciplines such as physics, psychology and sociology are all products of the epistemic and cosmological influences of their time frame. As a matter of fact, the modernistic approach fuelled natural science very strongly and aspired much hope of providing final answers.

Mechanistic science hoped for a triumph of achieving certainty by following the exactness of experimentally determined facts. Many sociologists started to rely heavily on science and the scientific methodology. Singer (1979:186) points out in this regard that Max Weber (1864-1920) relied strongly on the

theory of evolution as a triumph of truth, yet, according to Singer, landed in the impasse that life has no meaning.

Fritjof Capra (1983: 166-193) in his book *The Turning Point*, also points out that modern times were characterized by "Newtonian Psychology," founded in the philosophy of Descartes. This holds also true for all social sciences, also sociology. The problem with this approach was that the role of the subjective aspects such as experience, value systems, quality of being, motives, feelings, the state of the conscious mind and role of spiritual influences were severely underestimated, so that only the sterile objectivity of the scientific method prevailed. This stance promoted physiology and neurology as means of understanding human behaviour. In such a system, people become easily labelled and limited according to quantifiable systems and measures.

Such a mechanistic approach cannot provide a conceptual framework that is just to the complexities of the sociological agenda. Sociology concerns itself with the way culture, society and individuals are related to each other. Emile Durkheim (1950), foremost French sociologist, already made us, more than five decades ago, aware of the uniqueness of society. For Durkheim sociology was a study of the way social facts impact on human behaviour, whether the individual was aware of them or not. Unfortunately the four major classical theorists, Marx, Weber, Durkheim and Simmel, all took these social influences as 'facts' in a very positivistic sense. They thought it possible to clearly indicate and define these influences. Karl Marx, for instance, saw the coercive influences upon individual behaviour primarily as the economic differences between large groups in society.

From an organismic perspective one could venture to criticize the Marxist approach as overly linear and mechanistic. George Zito (1975:3) is thus justified when he makes the important observation that the concepts *culture, society and individuals* are not on the same *level of abstraction*. The sociological enterprise should therefore take cognizance of the multi-dimensionality, complexity and non-linearity of reality as emphasised by the postmodern discussion.

It is useful to follow the structure of Mouton *et al* (1985:8,9) in giving consideration to the interplay of different dimensions in the pursuit of knowledge. These researchers point out that the researcher forms part of the *sociological* dimension. The research methodology is embedded in the *ontological* dimension; the research objective is linked to the *teleological* dimensions and the scientific ideal is part of the *epistemological* dimension. The profound influence of postmodernism becomes instantly clear when one realizes that the postmodern climate has a bearing on all dimensions of research and understanding.

In the evolution of sociological thought, one of the first steps toward a more postmodern understanding comes when culture, society and person became acknowledged as systems. By talking about a cultural system, social system, and personality system, a method was devised to place these concepts on the same level of abstraction. One of the more prominent sociologists in this regard was the American sociologist, Talcott Parson (1951). He uses the concept 'system' to indicate the ways in which social activity is structured.

Later Malinowski (1954) and others developed the idea of a cultural system, as a set of values shared by the community, further. The social system also became a useful concept to indicate a set of institutions.

This *systems paradigm* originated in principle as a way to counteract the fragmentation caused by analytical thought and specialization (Kotze 1992:29). Systems theory is part of a more holistic approach to our understanding of reality. The systems movement led to what is known as first order cybernetics.

Norman Wiener (1961) became one of the first exponents of cybernetics which he understood as the science of communication and control. This is based on the idea of feedback cycles in both humans and machines and describes the process of interaction within systems. Constructivism is part of first-order cybernetics.

Constructivism brings the insight that the scientific observer is never totally objective because any observations and interpretations are part of personal interests and experiences of the observer. Scientific knowledge is therefore not absolute and universally acceptable. Knowledge is a construction and therefore never final (Steynberg 2001: 8).

First order cybernetics is still part of the modernist paradigm. It brought us the importance of contextuality. Maturana & Verela taught that context determines meaning – if something is placed in a new contexts, it derives a new meaning (Steynberg 2001: 8).

The application of constructivism in sociology became known as social constructivism or second order cybernetics. It advances the notion that a system can never objectively studied from the outside, reality is thus a subjective construct . Systems science is thus an important transition to postmodernism as we shall see.

In systems science, every structure is seen as the manifestation of underlying processes. This shifts the focus to patterns and systems. It leaves room for a more dynamic approach. The human person can no longer be regarded as an immutable genetically fixed entity. The human person is better regarded as the social expression of dynamic relationships. In the post-modern view the individual personality is incomplete and constantly changing. The intermingling of reason, will and emotions constitutes a fluid network in the dynamics of being human. Moreover, the human person is a product of fluctuating ideological change and socially ingrained cultural discourses.

As such the human person is capable of intuitive sensitiveness in helping to maintain the social equilibrium that we know as a human person. Knowledge, therefore, serves the function of providing meaning. It is thus open to reflection of “intuitive, affective, mystical” ways of knowing (Capra et al 1992:xiii). The human person, as the product of all the impacting intercommunicative influences, is an open system. The energy that flows

through this system causes perturbations to which it must constantly adjust itself. The intuition functions as a filter to register these perturbations in order to act as mechanism for adaptation.

In his dialogue with David Steindl-Rast and Thomas Matus, Capra et al (1992: xiii) summarises the new way of thinking by calling it a shift from objective science to “epistemic science”. This implies that in the new paradigm, epistemology – the understanding of the process of knowledge – is to be included explicitly in the description of natural phenomena.

This brings us also the role of symbolic interaction where language becomes important. Truth can no longer be regarded as a mirror image of reality, it is rather the interpretation of reality. This places a fresh focus on hermeneutics as the art of science of interpretation.

Hermeneutics become important when we accept the postmodern stance that there are no objective facts, only interpretations. Hermeneutics is the process of understanding through interpretation. In the past hermeneutics played a major role in the interpretation of Scripture. Hermeneutics, traditionally known as the art or science of interpretation, received much prominence since the eminent theologian Friedrich Schleiermacher (1768-1834) presented lectures on the subject to his students. The word hermeneutics derives from the Greek noun *hermeneuein*, which is synonymous with the Latin verb for interpreting, namely *interpretari*. As a science hermeneutics is the theory behind interpretation especially with relation to literature. In postmodernism the use of hermeneutics can also be extended to our understanding of reality which is filtered through our interpretative methods. With reference to the stance of Nietzsche, van Rensburg (2000:12) reminds us that if the category of interpretation were rejected, knowledge would not be possible.

Wilhelm Dilthey (1833-1911) followed in the footsteps of Schleiermacher, but focused on literature and brought the deeper sense of understanding to light. The distinction was made that we *explain* nature, but we *understand* the life of

the soul. With this, hermeneutics was opened to epistemology, the theory of knowledge. This brings me to the subject/object division that is a helpful scheme to briefly trace the development of hermeneutics to the present time. Differences in epistemological trends are the results of different ways of relating the knowing subject with the knowable object.

Dilthey himself was more of an empiricist which explained his quest for objectivity. This is popularly known as the copy theory because truth is taken to be a copy of reality. The greater the correspondence, the more true the statement about reality. He considered historical objectifications as 'givens' that could be understood with the help of hermeneutical techniques.

The way we understand the subjective/objective relationship determines the hermeneutical scheme that we will follow. In postmodernism there is a recognition of the hermeneutical relevance of the subject. This means that the role of the subject as a heuristic medium of understanding does not so much discover the reality, but creates reality.

The clear shift that this represents can only be appreciated when, with the help of Heidegger (a German philosopher 1889-1976), we gain a better appreciation of the role that language plays in our constitution of social reality. Martin Heidegger also had a concern for understanding that superseded hermeneutics. This means that prior to interpretation there is already a quest for meaning that is bound to language. This is because the human being is a linguistic creature. It is very difficult to understand Heidegger, but it boils down to this: in his hermeneutical perspective he does not think that it is the author of a text that speaks, but language itself speaks in that it expresses something (being) that shows itself forth, that shines forth in the text. Existence objectifies itself in the language and therefore the language needs not to be objectified. This connection between language and being is expressed in Diogenes Allen (1989:274) when he points out that Heidegger succeeded in opening hermeneutics up to transcendent dimensions.

His analysis of human existence or *Dasein*¹⁶ can be viewed as part of his attack on the split between subject and object. His analysis is an attempt to present the world given *with Dasein*, prior to the split into subject and object, and prior to conceptualization.

This means that a human being on the deepest level experiences reality as existence. In the ensuing process of interpretation the focus is not on understanding, but rather on language (Robinson 1964:44). At this level subject and object is not distinguished because the subject matter addresses itself to human thought to which the human being answers. This is a response to being.

An important contribution to the fact that hermeneutics concerns all human enquiry was made by Hans Georg Gadamer, once a student of Heidegger. Gadamer calls this the universality of the hermeneutical problem¹⁷. According to Gadamer the natural sciences are not based on exact observational data for these facts answer to some questions based on presuppositions. The questions that determine answers are then hermeneutical questions. This brings Gadamer to the conclusion that understanding is bound to language. Therefore, "for Gadamer himself, the boundless intersubjectivity that characterizes all human language and communication constitutes the *'universal aspect of hermeneutics'*" (Thiselton 1992:323).

The question was whether textual meaning is only inter-textually derived, or whether inter-subjectivity, like social conditioning aspects, are also interacting in the process of understanding. To Ludwig Wittgenstein (1889-1951) and Habermas language is for instance essentially social.

Another important development en route to postmodernism was the switch from a hermeneutical paradigm of understanding to the literary paradigm of reading. This turn towards literary theory, Thiselton (1992:471) points out, is one of the most significant developments for biblical hermeneutics. This is a convergence of the text and the reader where the ideal is not to discover the eternal truth implicit in the text. The reader is thus seen as actively and participatively

¹⁶The German word Heidegger uses for human existence, for being there.

¹⁷This was the title of an essay written in 1966.

constructing the meaning of the text from the perspective of the social context of readers. Meaning ought to be qualified here as not one particular meaning, but rather a variety of meanings as the text discloses itself and transforms the audience.

This movement coincides with the renewed interest in literary theory that stresses reader involvement, interaction and response. This is sometimes referred to as narratology which means that the text is read as a narrative that involves the reader through identification with characters of the narrative. Closely linked with this is Ricoeur's use of metaphor that involves the creative imagination of the reader to constantly make new connections and to discover new possibilities of human action.

Another important aspect of literary theory is the aspect of semiotics¹⁸ in which codes become important. Semiotics is a study of the function, meaning and structure of signs. With this the context of the reader is largely extended to that of the whole world that may be used as semiotic apparatus. Roland Barthes and Jacques Derrida developed from semiotics a hermeneutics of deconstruction.

Deconstructionism is regarded to be the strongest philosophical context of postmodern hermeneutics. Deconstruction differs from structuralism in the sense that it does not view the text as an independent unit that influences the subject, but that subject and text both belong to an intertextual world. Intertextuality is a network that constitutes a new 'text' with a transformed meaning.

Thiselton (1992:117) explains that the deconstructionism of Roland Barthes and Derrida holds that we know reality only in language, but it is an "unreal reality" like a game that is played not against the background of a fixed, stable, reality. It is rather a field of free play and infinite substitutions.

¹⁸For example Ferdinand de Saussure.

3.3.3 The importance of language

The role of metaphor is of paramount importance in the construction of social reality since:

“Thinking metaphorically means spotting a threat of similarity between two dissimilar objects, events or whatever, the one of which is better known than the other, and using the better-known one as a way of speaking about the lesser known”
McFague (1982:15).

Van Huyssteen (1986:161) concurs with this when he points out that a metaphor provides a way to extend language in such a way that it can provide new insight. In postmodernism it is not objectivistic observation that provides truth, but the way language can be used to provide meaning and intelligibility. Objectivism looks for a firm foundation on which it can build, yet, the important thing is that our beliefs and statements are justified, not by being based on a firm foundation, but by inclusion in a global system of beliefs that is itself justified by meeting the criteria of consistency, coherence, comprehensiveness and congruity (Wolfe 1982:57). Lakoff and Johnson (1980:210) shows in this regard that metaphor reveals the limitations of what they call the myth of objectivism. The basic premise of objectivism is that the world is made up of distinct objects, with inherent properties and fixed relations among them at any given instant. Capra *et al* (1992: xiv) argue that in postmodernism there occurs a shift from the metaphor of building network – we perceive reality as a network of relationships. Lakoff and Johnson sum it up as viewing objects as entities relative to our interactions with the world and our projections on it; and, viewing properties as interactional rather than inherent.

Of course language, and metaphor, is of marginal interest in our account of the truth. Yet, Lakoff & Johnson (Ibid.: 211) say that metaphor is pervasive – it is not only in our language, but in our conceptual system. Metaphor can create new meaning, create similarities, and thereby define new reality.

To understand the importance of metaphor in discovering new meaning, one needs to know that this is a deviation from employing the exclusiveness of scientific jargon. In this regard Wager (1968:26) makes an important statement with regard to these new insights from physics when he says that “the concepts of natural language, vaguely defined as they are, seem to be more stable in the expansion of knowledge than the precise terms of scientific language, derived as idealizations from only limited groups of phenomena”. The reason for this being that the concepts of natural language are formed by the immediate connection with reality in the sense that they represent reality , whereas the scientific concepts are idealizations.

The meaning of language comes to full fruition in post-structuralism. Terry Eagleton (1996:129), in following Sausure and Derrida comes to the conclusion that “language is a much less stable affair than the classical structuralists had considered. Instead of being a well-defined, clearly demarcated structure containing symmetrical units of signifiers and signifieds, it now begins to look much more like a sprawling limitless web where there is a constant interchange and circulation of elements, where none of the elements is absolutely definable and where everything is caught up and traced through by everything else.”

The possibilities of metaphor and language bring us to the important aspect of what Henry Plotkin (2002:1) calls a natural science of culture – marrying the biological and social sciences. Plotkin (2002:7) follows John Searle as well as Berger and Luckmann in showing that, within the context of social construction theories, science itself is a project of culture.

It can be said that in the postmodern era science has become more aware of human input in its methodology because the experience of nature and culture cannot be disjoined (Rolston 1987:219). In this sense postmodern hermeneutics has gained a much broader definition than being merely a science that concerns the understanding of texts. It cannot be divorced from epistemological issues that undergird our understanding in terms of the poles of subjectivity and objectivity. Nor can interpretive symbol-systems be ignored that are cultural, historical and religious at their cores (Rolston 1989:219). This is why a

postmodernism approach that is more integrated in its approach will give birth to postmodern hermeneutics that will opt for greater coherence.

3.3.4 Paradigmatic significance

Since Thomas Kuhn's famous book *The structure of scientific revolutions* it has become fashionable to talk about paradigm shifts. Technically a paradigm is defined as a disciplinary matrix '...disciplinary because it refers to the common possession of the practitioners of a particular discipline; matrix because it is composed of ordered elements of various sorts' (Kuhn 1970:182). Simply put, a paradigm refers then to a framework of understanding, formed by a matrix, in which problem solving takes place. When anomalies increase they can only be solved by switching to a new paradigm, a revolution in that particular science, that is accompanied by a change in world view. Old problems are then seen in a new perspective because the epistemic contours have changed.

The systems approach also brought an awareness of wholeness. Ludwig von Bertalanffy, father of the systemic approach, says general systems theory is a general science of wholeness. This means that the system is always more than the sum of its parts. The integration of the system adds a novelty to the system in terms of allowing it to function in such a way that it supersedes the parts of the system. The total system has qualities not contained in any of its constituent parts. An example is an aeroplane that can fly, whereas none of the constituent parts, wings, fuselage or tail can get airborne.

----- We get closed systems and open systems. Closed systems are systems that do not allow for the flow of energy through them. Unfortunately closed systems move from a state of order to disorder. This is related to the law of thermodynamics (the way heat is dispersed) which holds that systems tend to move towards maximum entropy or disorder. Open systems, such as human beings, are, however, capable of self-organization in order to improve its' complexity. As such, open systems are seldom in harmony with the environment. Energy can flow in and out of an open system. Human beings take nutrients in, they absorb energy in the form of emotional currents, and

they absorb information through the medium of language. This flow of energy through an open system creates order as structure and organization. Nutrients are, for instance, assimilated to form tissues. Likewise, the emotional turmoil that we often experience, can be seen as social energy that flows through us to enable us to improve our social structure.

Self-organization is related to patterns. Capra defines patterns as a configuration of relationships characteristic of a particular system. The paradigm shift however demands that patterns are not related to permanent substance or structure, but to relations or form. It is as such functional and dynamic in nature. While substance has to do with quantities, patterns are related to the quality of order. The quality of patterns is related to the manner in which open systems conduct energy to increase internal order. Such a system can create organization that may lead to improved behaviour.

The functions of open systems are unpredictable and they regulate themselves by means of feedback loops. Ilya Prigogine won the Nobel prize for his research on open systems. He argues that the energy output in its flow through the system creates a source of order. The essence of his work proves that progressively complex order is a natural outcome of chaotic systems. Complex systems are unpredictable and minute changes may cause major disturbances. As a result, this novelty presents a possibility for change, which may include human behaviour.

Problems in certain areas contribute to symptoms of malfunctioning in other areas and healing on specific levels render holistic impact to whole existences. There is however no direct relationship to be detected between cause and event. The degree of system complexity demands the extent to which patterns, interpretations, linguistics and additional factors like family connections and community involvement are to be taken into consideration; also how readily they are to become exploited in a series of empathetic conversations and in the process of rendering active support - also which of these are preferably addressed by means of substitution and modelling on a sub-conscious level. Factors emotionally closer attached to problem areas

have invariably been identified as such. The complexity and vulnerability of the human psyche is evident as soul that expresses itself on human level.

The new science brings us closer to an *organismic* understanding of the universe. The word 'organismic' is used here in a technical sense to contrast it to 'mechanistic'. I use it in the sense of a biological understanding which boasts peculiar attributes such as self-organization, replication, consciousness and intuitive sensitivity, which are not associated with mechanical processes. The concept 'organismic' should not be confused with the word 'organic' which is associated with organs of, for instance, the human body (Van Rensburg 1996:125).

The mechanical world-view, for instance, ruled out the plausibility of spiritual forces. The emerging world view prompts us to think more in terms of complexity, process and wholeness. This opens up vistas of existence where quantum weirdness and the subjective consciousness become integrated in a seamless whole as different aspects of the same underlying, not so material, reality. This is a context where we can talk about soul and spirit in a scientifically justifiable way.

It is also a much humbler approach since truth, in this context, models reality. We need not be able to verify, or falsify a model. We are only required to indicate the usefulness and successfulness of the model. This is our contention, that soul is a useful model that expresses something about human existence that contributes to our understanding of what it means to be human. In the synthesis of soul and emotions, we find such a model that renders an explanation that contributes to our understanding of what it means to be human.

Postmodernism teaches that there is not a fixed body of truth available that needs to be communicated from generation to generation. The onus is rather on every generation to discover meaning for themselves by means of metaphoric reference. Yet, there seems to be such a mechanism that assures that bits of knowledge propagate themselves by leaping from brain to brain. An

interesting concept in this regard is that of cultural replicators or *memes* introduced by Richard Dawkins (1989: 192-201). Examples of memes are tunes, ideas, catch-phrases, clothes, fashions and the like. 'Mutations' can cause new self-copying memes to arise and contribute to a change in the meme pool leading to cultural evolution. Just as genes propagate themselves, memes, as cultural units, are conserved by replication and transmissions. They also compete with other memes by replicating better than others. This offers a theory to explain cultural evolution as a self contained system apart from biological evolution (Plotkin 2002: 151). If this holds true, then it could be construed that the tenets of postmodernism is not a fad, but a transition in the cultural evolution that holds much significance.

The existential threat that some Christians may, on the other hand, experience with postmodern theology is a certain loss of traditional certainty. The criterion for truth is no longer a correspondence with reality, but increased meaning, better intelligibility. The new metaphor for certainty is no longer the pillar with its solid foundation (foundationalism), but rather the constant revolving satellite suspended in dynamic equilibrium (explanatory success). In other words, postmodernism relies on an experiential adequacy, determined by the many metaphors which scores of believers have found meaningful throughout the ages rather than verified or critically justified certainty. In the words of Van Huyssteen (1986: 199): "Daar bestaan nie iets soos tydlose, objektiewe, onhistoriese of altyd geldende waarhede nie." The task of postmodern theology is to provide an account of faith in order to increase meaning. The method is one of making sense of our religious experience by imaging God in terms of relevant metaphors and metaphors with staying power eventually become models.

Postmodernism may prove that its models are explanatory more successful than that of previous paradigms, in which case postmodernism may become an established mode of theologising. Postmodernism may also be shown to be currently more congruent with contemporary world views and scientific insights than other traditional approaches. It should, however, be remembered that in terms of the postmodern paradigm itself, postmodernism only serves as a

tentative model until a better model can be found. Hence Postmodernism is in line with the conviction that we are progressively moving closer to the truth, not by an accumulation of propositional knowledge, but by the constant switching of paradigms as determined by the spirit of the time in order to remain relevant.

To summarise this cultural shift, the current emerging global paradigm shift towards a more process mode of understanding includes the social construction of reality, the role of language and metaphors, the self-organization of integrated networks, and the holistic embeddedness of human existence as markers in the endeavour to come to grips with human nature.

3.4 The outcomes of postmodernism for health care

In conclusion it is important to ask the questions: How will postmodernism influence the broad primary health care sector and how will natural health care benefit from postmodern insights?

An important general outcome of the postmodern approach is the reopening of an interdisciplinary dialogue between different subject disciplines. This is based on the conviction that reality is multi-layered and the different objects of study are but complementary aspects of one holistically integrated reality. In modernism the natural sciences were set aside from the social sciences due to particular methodologies and underlying epistemological departures. An extreme example was that of theology which did not meet the criteria of a scientific approach since theology did not dispose itself of an at hands object of study, neither could it boast empirical findings. Consequently, as a 'revelational' discipline, it could not enter into a meaningful dialogue with the natural sciences. In natural health care where energy healing is an acceptable practice, the same suspicion was aroused. How could the bio-medical scrutiny condone the 'esoterics' of chakras, the flow of qi, and the presence of acupuncture points along invisible meridians?

It is only with the shift towards an epistemology that is based on social construction theories that a common epistemic denominator can possibly link the natural sciences with natural health care. This possibility contributes towards medical *pluralism* – a system of health care that spans co-existing sectors such as complementary health care and medical health care.

Apart from this, the new science of complexity serves as a common denominator by reminding us that all disciplines are concerned with patterns and complex systems. This serves as a basis for the different sciences to work closer together under one umbrella, that of the university, in contrast to a 'multi-versity' which many universities unfortunately have become.

Postmodernism provides for a deconstruction of the bio-medical model as a limited model next to other possible models. For a long time the espousal of the scientific method has lent social prestige to those forms of medical knowledge built on the experimental and investigative methods. We have seen that in postmodernism the criteria of verification and falsification have been replaced by the successfulness of the model in determining it worth. Social construction theories have opened our eyes to understand that the so-called rational and clinical judgments of medical doctors are not devoid of moral and socially prejudiced influences.

Although complementary and alternative systems were not totally rendered illegitimate, the alliance between the state and biomedicine resulted in the marginalization of natural health care systems. Cant and Sharma (1996: 72) point out that the influence of Foucault permits a Foucauldian perspective where the medical power in the broader context could now be understood in terms of the exercise of 'bio-power' and medical practice in terms of modern forms of surveillance of populations, an emanation of governmentality. Bio-power is maintained by the medicalization of many areas of life as well as the 'voice of medicine'.

Medicalization means that many of life's problems are viewed in medical terms as forms of sickness that need medical attention. Postmodern perspectives

have made us aware of the possibility that many counselling problems result from weak integration of the different domains of existence. In the psycho-socio-ecological model the objective is to seek balance, foster integration, encourage harmony, stimulate the flow of energy, restore relationships and develop skills in order to empower.

We have also seen that the postmodern climate is conducive to the role of language of every-day use. We have pointed out that metaphors are especially powerful vectors in change. The postmodern approach does, therefore, not foster the use of what has been called the "voice of medicine". This voice is a way to control talk and interaction in order to sustain the bio-medical paradigm. According to Cant and Sharma, in following Mishler (1984). The "voice of medicine" marginalises the "voice of the life world" (1996: 72). In a postmodern climate there is room for the "voice of the life world" to be heard again, especially as it becomes expressed in natural healing.

We have also seen that the postmodern view is open to view the world in terms of such things as open systems, self-organization, and multi-levelled reality. I believe that each of these postmodern aspects may ultimately contribute in a significant way to the establishment of natural health care as a main stream sector.

CHAPTER 4

CLINICAL ASPECTS OF NATURAL HEALTH CARE

4.1 Introduction to health care modalities

Natural health care comprises many different and diverse modalities. Yet, the common denominator between them being a clinical focus on natural health care regimens. These modalities span the wide range from folk remedies to energy medicine, each complementing the other as an area of specialization. Together these modalities constitute natural health care. Consequently it behoves us to consider each of the main modalities respectively and then show how they contribute in a meaningful and justified way to an integrative understanding of natural health care.

In our consideration we will refrain from discussing those modalities that sort under the Allied Health Professions Council of South Africa since our focus in this script is on traditional health care. In her guideline for natural health practitioners Justine Hertz-McFarlane (2003:60) lists the modalities that are currently registered with them as:

- Ayurveda
- Chinese medicine and acupuncture
- Chiropractic
- Homeopathy
- Osteopathy
- Naturopathy
- Phytotherapy
- Therapeutic Aromatherapy
- Therapeutic Massage Therapy
- Therapeutic Reflexology

- Unani-Tibb

Other commonly used health care modalities that form part of internationally recognized natural health care practices include acupressure, flower remedy (also known as essence therapy), food or nutritional therapy, herbal therapy, hydrotherapy, guided imagery, juice therapy, relaxation and meditation, sound therapy, colour or chromo therapy, vitamin and mineral therapy or orthomolecular medicine, applied kinesiology, chelation therapy, detoxification therapy, hydrotherapy, magnetic field therapy, neural therapy, oxygen therapies, prolotherapy, hyperthermia, environmental medicine and life style diseases, cell therapy and yoga (Gottlieb (Ed.) 1995; Trivieri & Anderson :2002). Iridology and sclerology are also often used as diagnostic tools by many of these health care practitioners.

Of the many modalities that are gaining popularity, the ones of immediate concern to traditional healing from a historical perspective are probably:

- Herbal therapy
- Nutritional therapy
- Orthomolecular medicine
- Spiritual healing
- Iridology and sclerology

Since herbal therapy probably forms the essence of traditional healing, I will briefly discuss the clinical benefits of nutritional therapy, orthomolecular medicine, spiritual healing and iridology and devote the rest of this chapter to nutritional therapy and herbalism.

4.2 Nutritional therapy

4.2.1 Introduction

The use and benefits of proper nutrition is as old as the study of medicine itself. The so-called father of modern medicine, Hippocrates (400 B.C.), is believed to have abided by the adage: "Let food be your medicine and medicine be your food." Thomas Edison, inventor of the light bulb, is also often quoted as having said that the doctor of the future will give no medicines, but will interest his patients in the care of the human frame, in diet and the causes of disease.

Throughout the ages different populations seem to have paid much attention to food as treatment. Archaeological findings in Mesopotamia believed to be 5,000 years old showed that the ancient Sumerians, Assyrians, Acadians and Babylonians all used food, herbs and spices as medicine. Ancient Egyptians treated asthma with figs, grapes and even bear. According to Asian folk medicine celery was used 200 B.C. to lower blood pressure (Gottlieb 1995: 43).

In western culture the use of food to nourish the body, especially during bouts of illness, is common practice. We all grew up with the proverbial "an apple a day keeps the doctor away" and home chicken soup famous for its curative powers. Yet, nutrition as medicine is not commonly practiced by allopathic physicians. Antibiotics and other prescription drugs are frequently dispensed to the sick without due consideration to possible nutrient deficiencies that may be the root cause of an impaired immune system and organ and metabolic dysfunctions.

To be able to understand the need for nutritional regimens in health care, in spite of the fact that people may eat three meals per day, we need to take a look at the importance of a balanced diet. A few decades ago many of the population, especially in rural areas lived on small farms. Consequently they ate what they produced – fruits, vegetables and grains. These were "whole"

foods high in nutrients and low in fat. Gardens served as medicine chests and kitchens as pharmacies since doctors and medications were hard to come by. Today in South Africa, with 90% of whites and Asians and 80% of coloureds living in the metropolitan areas (Popenoe, Cunningham & Boulton : 1998:426), the situation has drastically changed. With the industrial revolution came supermarket foods and fast food outlets where staples consist mainly of canned foods, high fat and low fibre diets.

The concept “nutrient density” has become a useful concept to describe the quality of nutrition. Nutrient density is defined as the relative ratio of nutrients to calories (Goldberg 2002:393). Foods low in nutrient density are often termed “empty-calorie” or “junk” foods. Over consumption of low density foods lead to under nutrition and is today regarded as the major cause of escalating chronic-degenerative diseases such as diabetes, hypertension, stroke, allergies, cardio-vascular diseases, multiple sclerosis, arthritis, colitis, osteoporosis, cancer and Alzheimer’s disease.

Factors that effect proper nutrition need to be taken into consideration in order to ensure that consumers derive the maximum benefit from what they eat. On the one side there is the danger of deficiency and on the other hand what people eat. Today we have more food, but less nutrients. The criteria that the modern society use to buy food are taste, cost, availability, and culinary appearance. The result is the consumption of diets rich in refined sugars and fats and low in fibre. This situation has become a social issue rather than a medical one since it is factors such as demographic distribution, urbanization, mass food production, social interaction, cost factors and peer pressure that determine ultimately what we eat. It is, for instance, fashionable to eat cake at a party, or to consume wine at a dinner. Teenagers are cool when they chew gum and drink soda. It is “uncool” to drink water and eat spinach.

Refined sugars and some starches contain empty calories and provide a cheap way to get an energy boost since they are rapidly metabolized by the body into glucose. This puts much stress on the pancreas which has to

provide excessive insulin to cope with the high blood sugar levels. It may result in diabetes, which is a chronic condition with high frequency world wide. Thirty minutes after consumption of sugar the immune system also becomes measurably suppressed, losing half of its capacity (Trivieri & Anderson 2002: 182). Sugar consumption is linked to a variety of health problems, such as mood swings, heart disease, colitis, overeating, ulcers, addictive behaviours such as alcoholism, and gallbladder disease. Sugar and too much refined carbohydrates are some of the main causes of obesity. People who are overweight are at a greater risk of disorders such as coronary heart disease, strokes, hypertension, adult type diabetes, gall stones and digestive disorders, back problems and arthritis of the knee and hip (King & Burgess 200: 284).

The Glycaemic Index (GI) is a useful tool to classify carbohydrates according to the rate at which it releases glucose into the blood stream. The GI of food is a numerical value, expressed as a percentage, of the rate at which blood sugar levels increase after ingesting a portion of food in comparison to glucose as reference food (Serfontein 2003: 88). Glucose will elevate the blood sugar level 100% after an hour while the same amount of spaghetti will elevate it only 41%. Since foods with a high GI value will cause blood sugar levels to rise more rapidly than those with a lower GI value, the latter is a better food from a health point of view. They will cause a slow, sustained, release of sugar into the blood stream. Simple sugars, such as honey, bread, bananas, and potato are quickly digested whereas complex carbohydrates such as spaghetti, oats, beans, lentils and peanuts have low GI values. Particle size is another factor since increased particle sizes are associated with low GI values. Refinement brings about the reduction of particle size such as finely ground cake flour. It is once again social issues that dictate a preference for refined foods that look better and taste smoother, and especially what is being purchased by other people. Consumerism provides what the market needs irrespective of health issues.

Trivieri and Anderson (2002:182) point out that in 1922 the U.S. consumption of sugar was five pounds per person per year. In 1990, that figure

skyrocketed to 135 pounds. This is a good example of how availability encourages consumption. It is part of a problem that goes far beyond that of targeting the individual for behaviour change. How can a father persuade his children to eat less sweets and all the other kids derive most of their kilojoules from candy? Indeed, as Coulson et al point out (1998: 52 & 53), "Many health workers identify health problems to be a direct outcome of the behaviours of their patients... The focus of most preventative health education with regard to diarrhoea has not encouraged communities to demand adequate water supply, but has repeatedly emphasised good hygiene practice." Coulson et al (1989:44) call this old style health education which does not seem very effective.

Health behaviour has to take cognizance of beliefs, attitudes, and values (Coulson et al 1998:55). This is especially of importance for the "rainbow nation" in South Africa where a diversity of cultures and cultural groupings are sensitive to a wide array of beliefs, attitudes and values which will in turn help shape behaviour. In such a heterogeneous society it may cause great headaches to health educators who rely on Western medicine to explain disease. Social and medical anthropology can contribute much insight into how particular health beliefs form part of the wider system of traditional medicine. This may prevent us from imposing a Western framework of health care on cultures that do not think in scientific terms. In the black community white bread and white sugar are in general, for instance, socially indicative of more affordable, and thus "better" food than brown bread and brown sugar. In the white community rich kids diet on candy while the sweet treat for poorer kids is bread with mixed fruit jam. Social issues like these often far outweigh the health issues.

On the one side the socially 'locked in' way of eating provides us with empty calories and on the other side with rather poisonous foods. The long term use of toxins in the food chain such as pesticides, herbicides, dyes, stabilizers and preservatives may ultimately prove to be fatal. Add to this list growth hormones and antibiotics as standard cattle and poultry feed and we may well have a good recipe for an ultimate health disaster. These chemical

substances that are detrimental to our health is known as anti-nutrients. Patrick Holford, world renowned nutritionist and founder of the Institute for Optimum Nutrition warns (1998: 21) that people in the UK consume every year a staggering quarter of a million tons of food chemicals. In the USA over 400 pesticides are licensed and over 2.5 billion pounds are annually dumped on croplands (Trivieri & Anderson 2002: 183).

The natural health care approach that is currently sweeping the globe is fortunately like a broad river with sociological dimensions. It is no longer restricted to the fashionable convictions of a few health fanatics, but a much broader paradigmatic shift that is taking place. Natural health care is carried by the epistemic matrix of a holistic or integrated approach to self understanding. Elements of self care, life style, proper nutrition and emotional well-being all form part of this regimen. Within this growing tide of interest in nutrition and health, Willem Serfontein (2001) ventures to talk about the 'New Nutrition'. With this term Serfontein (2001:37) takes us beyond suboptimal nutrition, that is common in nature, to a level where we are challenged to approach the optimum nutrition level where the organism becomes enabled to grow and perform with increasing vigour. The opposite is illustrated in clinical studies (Serfontein 2001: 38), where tissue culture experiments have shown that the nutritional deterioration of the medium is directly proportional to the deteriorating growth and vigour of cells. Insights, such as these, may constitute a very important contribution to the social input in primary health care since the availability of good nutrition is ultimately a social issue. Yet, the social dimension rarely figures in primary health care. Serfontein warns in another book, *Feel better, live longer*, (2003: 4) that enormous sums of money are spent every year in an attempt to curb chronic degenerative diseases by treating symptoms. Yet, the underlying factors which include proper nutrition, are often not addressed in this rather short sighted approach.

The social ramifications are clearly defined by Mahan and Arlan (1992:260) when they say that:

“The nutrition of the individual reflects to some extent the nutrition of the community. The nutrition and general health of the community are influenced by agricultural and economic systems, the safety and availability of food supply, the accessibility of health care, the provision of education, and the monitoring and regulatory influence of governments at the local, state, and federal levels.”

In South Africa of the people who are most at risk include the following families who may be malnourished (King and Burgess 2000: 353-354): poor families with low wages who do not produce enough food; weak families who lack one or both parents or have members who are not productive; and socially isolated families who may be cut off from family and friends who may be able to help them; and families who live in isolated places. These people may benefit largely by being introduced to plant cultivation in keeping small gardens (Ibid.:330).

Within a demographic context the nutritional metabolic pattern becomes important. According to Edelman and Mandle (1998: 176):

“This pattern identifies data relevant to a community’s consumption habits as reflected in the accessibility and availability of food stores and subsidized food programs for infants, children, and the elderly. Community well-being rests on adequate dietary habits, food intake, and supply of nutrients, all of which can be influenced by culture and the presence or absence of kitchen facilities and adequate plumbing.”

Data can simply be obtained by a drive or walk through the community and observing the kind of fast food outlets, grocery stores, ethnic shopping facilities and street corner vendors. The nutritional pattern of the community offers a fair indication of the statistical risk to contract chronic-diseases that may be linked to nutritional deficiencies. Since metabolic demands may vary

greatly from individual to individual, the nutritional-metabolic pattern can also be worked out for adolescence, family assessment, individual assessment, infancy, adulthood, pregnancy etc. As a measure of nutrient intake relative to metabolic need it provides a useful tool for assessment with the objective of health promotion.

The principle that must be adhered to is, in simple terms, the following:

“Water, carbohydrates, proteins, and fats are the basic building blocks of a good diet. By choosing the healthiest forms of each of these nutrients, and eating them in proper balance, you enable your body to function at its optimal level.” (Balch and Balch 1997:3).

Sub optimal metabolic rate can be detected by following specific clues such as, is the client overweight or underweight, appetite, tolerance in hot and cold weather, bony prominences, dentition, hair, mucous membranes, overly hydrated or dehydrated, experiencing difficulties in skin integrity such as delayed healing? Skin assessments also include colour, temperature, turgor¹⁹, description of skin lesions, areas of dry or scaly skin, rashes, pruritus²⁰, or oedema²¹. The nutritional intake include factors such as listing food and fluid consumption over a 24 hour period, listing diet restrictions, food allergies, supplements and caffeine and alcohol ingestion (Edelman & Mandle 1998:126).

The so-called elimination pattern is linked to the nutritional-metabolic pattern. This pattern is designed to describe the function of the bowel, bladder, and skin in the excretion of wastes. This is done by measuring the regularity, quality and quantity of stool and urine according to the client's subjective reporting (Edelman & Mandle 1998:127). The elimination pattern can form a cross-check for the nutritional-metabolic pattern.

¹⁹ A state of being swollen or distended (Oxford Medical Dictionary)

²⁰ Itching.

²¹ Excessive accumulation of fluid in the body tissues (Oxford Medical Dictionary)

4.2.2 Nutrient deficiencies

Apart from bodily impairment, the emotions and functioning of the mind are also effected by nutritional deficiency. The following table provides a picture of how mental conditions may be related to deficient nutrition.

Nutrient deficiency/overindulgence	Disorder
Vitamin B ₁₂	Chronic fatigue syndrome Alzheimer's disease ²² Depression, Irritability, Crankiness, Eccentricity, Mood swings, Memory loss, Rage attacks, Apathy, Insomnia
Low blood sugar (hypoglycaemia)	Irritability, Dizziness, Confusion, Blurry vision
Dietary nicotinic acid (B3) deficiency	Confusion, depression, psychosis
Decreased glycine levels	Schizophrenia
Raised blood cholesterol levels	Manic depression
Low magnesium	Disorientation, delirious
Iodine deficiency	Dullness, apathy
Dietary pantothenic acid deficiency	Depression
Cerebral (brain) allergies	Manic- depression

Based on (Holford 2003: 143-330)

Modern medicine is discovering that diet and nutrition have a profound effect on the human body. The health status of the body is a direct result of what we eat and drink or do not eat and drink. People still hold the doctor responsible to cure them, but in the first instance we are responsible for our own well-being. The doctor cannot control our diet. Most of the time we can prevent disease taking over our bodies by simply avoiding harmful chemicals such as preservatives and by eating a balanced diet.

²² The major manifestation of this disease is dementia. Dementia means that there is a slowing of the thought processes demonstrated by a decline in short term memory.

A simple cold is merely an expression of the body's effort to do some house cleaning. Each time a person suffers from a common cold and suppresses it with medication, these toxins will be reabsorbed back into the bloodstream, only to be stored somewhere else. After a period of time, accumulated toxins may impair the immune system with resultant bronchial infections and other serious diseases.

Degenerative diseases e.g. diabetes, heart disease, arthritis, etc. do not happen overnight. It is the result of long periods of abuse. For many years people can continue eating the wrong kind of foods and show no clinical signs of illness, but sooner or later, depending on constitution, inherited genes and the extent of body abuse through incorrect eating, latent degeneration turns into serious illness. Consequently one can dramatically improve physical health with the simplest of lifestyle changes (Marsden 1998: 279ff).

Day and night, each function and activity of the system, physical, mental and spiritual, is dependent on the attention clients give it. The message is simple, yet clear, that the type and quality of food put into the body is of vital importance to every phase of our existence. An important clinical aspect of long term nutritional deprivation is to recognize that deterioration goes through successive stages. The *precursor* stage has only subtle signs such as "increased fatigue, listlessness, and vague complaints of a reduced feeling of well-being or vitality" (Van der Merwe 2001:46). Next follows the *biochemical* stage where a reduction in enzyme activity and a change in metabolism sets in. This is followed by the *physiological* stage where enzyme and hormone activity is further reduced. The ensuing symptoms include loss of appetite, severe fatigue, depressions and disturbed sleep. Impaired immunity leads to repeated infections. This is followed by a *clinical* stage with aggravated non-specific symptoms and finally the terminal *anatomical* stage is reached where degeneration in tissue morphology sets in (ibid. :47).

In order to remain in good health, the human body must be nourished with food which has life-giving properties (Rad & Setchell 2003:15) point out that the body

needs raw vegetables and fruit in order to gain phytoestrogen protection. Phytoestrogens are oestrogen-like (hormone) substances that come from plants (Ibid:4). A diet of fresh fruits, raw vegetables, nuts, seeds, whole grains and legumes allows the body's own rejuvenating powers to work, often with surprising results. The body will never give up on us. Natural health care maintains that the human body is such an intelligent organism. The only way we are made aware of what is going on inside our body, is by the recurring, warning signals that we keep receiving, such as continual headaches, constipation, colds, infections, etc.

According to natural health care, disease is evidence of the body's attempt to purify, cleanse and repair itself and to restore bodily physical balance (homeostasis). Disease is due to one cause only - poisons (toxins) in the bloodstream. Disease will not occur if the client follows a healthy lifestyle with occasional fasting. The requirement for wellness is to continuously cleanse the body of its toxic waste and to prevent toxic waste to build up to an unacceptable level. People who follow an improper diet and lifestyle, will experience discomforts, and over time may develop serious diseases. Care should be taken not suppress symptoms with drugs (medication) on a continual basis, as this does not remove the poisonous overload from the bloodstream. It is necessary to remove the causes of disease to prevent more serious illnesses from developing.

The elimination of undigested food and other waste products is equally as important as the proper digestion and assimilation of food (Walker 1995:1). When people fail to effectively eliminate these waste products from the body, they ferment and putrefy in the colon. The neglected accumulation of such waste may cause serious pathological problems. Norman Walker (1995:46), a nutritionist, who successfully practiced colon irrigation²³ for many years documented case studies where an unexpected clear connection between putrefaction in the colon and throat problems was revealed. Studies also indicated that an infected or faeces coated colon may lead to various other

²³ A process whereby the colon is thoroughly washed with water by making use of a pumping machine that feeds water into the rectum and deeper into the ascending, transverse and descending colon.

problems such as reduced peristaltic waves, depressed spleen, reduced pancreatic activity and male and female sexual problems.

Medication may suppress the symptoms, but does not address the underlying cause of the disease. We do at times need the expertise of medical doctors, and traditional medical treatments can be life-saving in emergency situations, such as accidents, or in the case of broken limbs etc.

We have to start removing the obstacles in the way of healing and give the body the opportunity to use its innate capacity to heal.

The body functions best with an internal chemistry which is slightly alkaline. Nature's way of replenishing alkalinity in the body is by means of natural food.

All foods are either acid or alkaline based. These foods could either leave an acid or alkaline ash in the body. Foods typically consumed by the majority of people are predominantly acid forming. Foods with a high protein or fat content, and highly refined foods produce very high levels of acidity. The average South African diet consists of 20% alkaline-forming foods and 80% acid-forming foods.

Real foods (alkaline-forming foods) provided by nature, contain everything the body requires for their proper digestion. If any of these elements are lacking in a meal, the body must make an effort to supply the missing elements, and this exacts a price. The body now borrows the missing elements from its reserves e.g. organs, glands, muscles, bones etc.

This continual action of borrowing results in the body slowing down. We began to feel out of sorts. Our joints are always sore, we start losing calcium from our bones, we always feel tired and contract aching infections continually. Our cells become weaker and progressively diseased. These are all signs of acid build-up in the body.

You should not take extra calcium in the form of supplements because the body cannot utilise calcium in this form. Moreover, this may bear in serious

consequences. The excess is not just eliminated from the body. It is picked up by the blood and deposited in the soft tissues of blood vessels, skin, eyes, joints and internal organs. Excess calcium combines with fats and cholesterol in the blood vessels to cause hardening of the arteries.

- Calcium that ends up in the skin causes wrinkling;
- in the joints it crystallises and forms very painful arthritic deposits;
- in the eyes it takes the form of cataracts;
- in the kidneys it forms hard deposits known as kidney stones.

Eat more raw fruit, raw vegetables, raw nuts, seeds and avocado pears. These kinds of foods are our source of live, alkaline, healing foods. Eat less meat, fish, chicken, dairy products etc. Some foods which qualify as real foods eg brown rice, whole-wheat bread and legumes.

The answer to achieving a full life lies not only in proper nourishment, but also in non-nutritive factors, such as adequate rest, emotional well-being etc. This lifestyle is absolutely necessary for the maintenance of health and the prevention of disease. This is the plan of action to incorporate into your daily life.

Most of us are satisfied that we eat sufficient meals every day, but the sad fact is that the food that we purchase in the supermarkets does not contain sufficient nutrients. Many of us are actually slowly depriving our bodies of vital nutrients without realizing it. Many foods do not contain adequate amounts of nutrients due to many factors. Fertilizers, for instance, rob vegetables from vitamins and minerals. Fruit kept in refrigerators do not keep their vitamins for long. Processes and refined food are inferior in quality. Consequently we do not always get a sufficient intake of the necessary nutrients even if we do eat a so-called balanced meal every day. Often times we are forced to take additional supplements in the form of capsules and powders. This brings us to the topic of orthomolecular medicine.

4.3 Herbalism

4.3.1 Introduction

Plants do not only provide nutrition to sustain life, but rendered, throughout the ages, an important contribution to health care. Botany, or the systematic study of plants can be traced back to the fourth century B.C. The famous philosopher of the 4th century, Aristotle, was the son of a Greek herbal physician. He founded in Athens the first botanical garden of which there is any record (Stern 1994: 4). His pupil and assistant, Theophrastus, rendered great contributions in the form of important books on the history and causes of plants. This meaningful contribution granted him, as proposed by the famous eighteenth-century Swedish botanist Linnaeus, the title “Father of Botany”.

Pliny's *Historia Naturalis* that appeared in the second century A.D. included lists of medicinal plants. His work had a significant influence on early botanical studies. Dioscorides was another herbalist who made a significant contribution by including illustrations of plants in his book by the title of *Materia Medica*. Many of the common names used by Dioscorides are still in use today. Many scholars continued to make copies by hand of these books who became known as the **herbals**. These books contained knowledge of medicinal plants that was used as guidelines in treating sick people. Not much were added to these herbals for many years since the high esteem with which they were regarded lead to the notion that it would be a heresy to question their contents.

With the advent of the printing press during the fifteenth century herbals became so popular that the period from about 1500 to 1700 A.D. became known as the Age of Herbals (Stern 1994: 5). This, in turn lead to extensive botanical gardens in Europe where these herbs could be studied. It was

especially German botanists who rendered the most contributions. During 1470 and 1670 some Italian and English botanists also made their own contributions. One prevailing theory at this time was known as the Doctrine of Signatures. According to this view the form of the part of the plant determined the use of the plant. For example, the walnut which resembles a miniature brain, was used in treating brain diseases, and hepatica leaves, with lobes reminiscent of those of the liver, were used to treat the liver. The three volume herbal published by Otto Brunfel (1530) is regarded as a link between ancient and modern botany Stern 1994: 6. Modern botany provides knowledge of the pharmacological working of organic compounds which is important to the medical value and dosage of medicinal plants.

The interest in herbalism is currently escalating at a tremendous rate. In the words of van Wyk & Wink (2004:7): "Medicinal plants and plant-derived medicine are widely used in traditional cultures all over the world and they are becoming increasingly popular in modern society as natural alternatives to synthetic chemicals". According to a 1993 survey in the United States of Americans, 34% had used an alternative therapy in the preceding year. In 1997 the figure had gone up to 42% (Gottlieb 2000:xvi).

The use of herbal remedies in South Africa must be seen against the fact that for hundreds of years the majority of people were dependent on medicinal plants for healing. Although precise records were not always kept by people making use of herbs, folklore provides evidence of the wide use of 'boererate' and 'mutis' in the combating of all kinds of ailments. The history of herbs in South Africa goes back many hundred of years to the natives of South Africa who had a wide knowledge of the rich flora of South Africa. They include the Khoi San peoples, the Nguni and the Sotho speaking peoples. The informal oral tradition of these medicinal systems have been passed on through the years from one generation to the next.

Southern Africa has well over 30 000 species of higher plants, of which approximately 3 000 species are used as medicines. The most commonly used and traded medicinal plants amount to 350 species (Van Wyk, van

Oudshoorn and Gericke 2000:7). The estimated 200 000 indigenous traditional healers of South Africa keeps the tradition of herbal remedies alive as an adaptive and dynamic system. The impact of this tradition brings the authors of Medicinal plants of South Africa to the conclusion that “traditional medicine will survive well into the next century, strengthened by modern medicine, not subsumed by it” (Van Wyk, van Oudshoorn and Gericke 2000:10).

The earliest record of the use of medicinal plants dates from 1649 when fifteen sick sailors were placed in the care of the Khoi San people and healed from their boils within two weeks (Palmer 1985:17). Gunn and Codd (1981:33) in Botanical explorations of South Africa also tells the story of how herbalists since the time of Jan van Riebeeck (1652) cultivated and used herbal plants through the ages.

The use of the word ‘herb’ needs clarification since it is not employed as a botanical term. According to Atha (2001:8) the simplest definition of a herb is that it is a plant that has medicinal use for people separate from its existence as a plant growing in the garden or in the wild. These include a wide variety such as shrubs, flowers, and trees. The plant parts used for medicinal purposes (Van Wyk and Wink 2003:16) include the roots or **radix** such as *Urtica radix* (stinging nettle) and *Harpagophytum procumbens* (devil’s claw), the rhizome or woody stem such as *Zingiber officinale* (ginger), the bulb such as *Allium sativum* (garlic), the tuber or fleshy structure that is part stem and part root such as that of *Hypoxis tuber* (‘Afrika aartappel’), the bark or cortex such as that of *Warburgia salutaris* (pepperbark), wood or lignum that include *Santalum album* (sandalwood), the leaf of which there are numerous examples such as *Ginkgo biloba* (maidenhair tree), the herba or aerial parts of which *Hypericum perforatum* (St. Johns wort) is a good example, the flowers such as *Matricaria recutita* (chamomile) and hibiscus, fructus or fruit such as *pimpinella anisum* (anis) or *Silybum marianum* (milk thistle), seed or semen (such as *Ricinus communis* (castor oil) or *Trigonella foenum-graecum* (fenugreek), gummi or gum such as *Aloe vera*, resina or resins such as tolu

balsam, oleum or fatty oil such as castor oil, aetheroleum or essential oil such as peppermint oil (*Mentha x piperita*).

The active ingredients in these different parts of the plant are often quite different – one part may be very toxic and another beneficial for human use (Van Wyk, van Oudshoorn and Gericke 2000:12). Consequently the whole plant is rarely used in medicine. The harvesting of roots may be very destructive since the whole plant is often removed. In many instances the outer root bark is used rather than the inner woody part. Bark forms the outer protective part of the tree trunk and is made up of layers of living cells just above the wood itself. The frequent medicinal use of bark is attributed to the high concentrations of active ingredients in the bark. It is fortunately possible to harvest bark in a sustainable way without destroying the tree. Leaves and twigs are rarely separated for medicinal use. The vigorous growth in the form of young tips are preferred. Fruits and seeds are rarely used and there are only a few examples such as anise and fennel. Irrespective of the part of the plant used, it should preferably be used in conjunction with complementary plants in the vein of synergism.

4.3.2 Herbal theory

An important metatheoretical aspect of herbalism is founded in synergism. David Hoffmann (1996:10) states that:

“Herbal medicine recognizes that herbs can work on this whole being, not just on specific systems. It works ‘synergistically’. This means that the whole effect of a herbal remedy is vastly greater than the sum of its individual constituents. If we just looked at herbs as a source of valuable individual chemicals, we would limit their healing power, for beyond the physical level they can also work on the level of the ‘life-force’ that empowers us”.

This is an acknowledgement of the ecological solidarity of human beings with nature. Mind, body, spirit are all part of a greater whole where human beings belong to the universe. Humanity itself exists in the context of the entire planet. Herbalism demonstrates the intimate relationship between humanity and the biosphere. Indeed, when we identify only with the personal self, we ignore vast aspects of our total make-up. The different orders of the “self” include on micro scale the cells, tissues, organs and systems of the biological body, but it also, on macroscopic scale, include the family community, bioregion, the planet earth, and ultimately the solar system and whole universe. Herbalism constantly reminds us that even in even our noble mental enterprises, we never rise so high that we can forego the botanical matrix from where all life sprouts.

Many ailments such as allergies, asthma, cancer and heart disease seem to be connected with social and environmental problems. In the words of Hoffmann (1995:11), they “reflect our alienation from nature and ‘natural lifestyles’”. By using medicinal plants, we employ the very nutritional source that sustains life on earth. Plants form the interface between the sun and humanity by which solar energy is converted to carbohydrates in edible form. Together plants, animals and human beings make up the biosphere that grants the earth Gaia status.

Gaia is the living earth that acts as a gigantic complex organism. The interaction of symbiosis and flow of energy between plants, humans and animals constitute the intricate biochemistry of Gaia. This hypothesis was introduced by Lynn Margulis and James Lovelock to explain the way the biosphere regulates chemical composition of the atmosphere, temperature on the surface of the earth and many other planetary aspects that sustains life on earth. Their submission was that these phenomena can be understood only if the planet as a whole is regarded as a single living organism (Capra 1983:306).

Plants play indeed a major role in the bio-complexity of Gaia. As crucial part of the food chain, myriads of plants species cover the planet with a green

velvet of chlorophyll that demonstrates the abundance and biodiversity of life on earth. Herbalism can thus play a major role in bridging the separation that resulted from the alienation of modern man from nature. In the words of Hoffmann "With its reverence for life and the relationship it establishes between plants and people, herbalism is close to the heart of the greener vision that is slowly but surely changing our cultural worldview" (1995:11).

Traditional herbalism is also a strong symbol of the way the community cares for itself. Folklore medicine is out of the community for the community. It does not assume the authoritarian approach typical of scientific prestige and sophisticated techniques. It rather follows the innate wisdom of what is close at hand and abundantly provided for humankind by nature. Herbalist, in the past, were trained by following an apprenticeship. In African traditional medicine the healer is aware of a calling to heal. This is far removed from a professional career choice. This calling is irresistible. Susan Campbell says in this regard "there are many kinds of healers, but let me explain ...The first type (traditional healers) is "called" to the profession. This person receives a powerful spiritual calling from the ancestors that is not easy to resist... This is a deep, deep calling" (1998:79). It is believed that the ancestors, as the go-between God and ourselves mediate this calling. It is a way of the ancestors to care for the community by calling those endowed with a gift for healing to take care of the community. It remains a community thing. Western thinking, conditioned by modernism, may ridicule such perspectives. Yet, postmodernism, perhaps, may bring us somewhat closer to the relational, interdependent *modus operandi*.

In writing about the shift from medieval times, through the modern world to the emergent postmodern setting, Ian Barbour (1990:219) captures the common evolutionary and ecological perspective of our day very sharply. He shows that the modern view, which he calls the Newtonian worldview, was substantive in that the components were separate mental and material substances. Along with this, the interpretive categories were dualistic, with fundamental contrasts between immaterial spirit and transitory matter. In contrast with this, the postmodern worldview sees reality as relational,

ecological and interdependent. The world is no longer viewed as a machine with mechanically related parts, but as a community with interdependent parts that are embedded in systems and giving rise to organismic wholes. The herbalist approach only becomes clear when one succeeds in adopting such a world view where the closely knit domains of a multi-levelled reality comes into play.

This postmodern stance is clearly demonstrated in the philosophy of herbal healing where “The ‘whole’ individual – mind, body, spirit and emotions – in the wider social setting of life styles and behaviour is part of a greater whole, however. Humanity itself exists in the context of the entire planet. All these levels work in a dynamic, integrated system”. It will thus be a grave mistake to reduce herbal remedies to the active ingredients made up of chemical compounds that exert a physiological influence on the body. In herbalism the slogan holds true: *The herbalist does not treat an organ, but a person comprised by different orders of ‘self.* (Hoffmann 1995:12).

The new view of nature departs from the Newtonian conception. Nature is now understood to be evolutionary, dynamic, and emergent (Barbour 1990:220). This underlies the insight that there is no immutable order where change is merely a rearrangement of basic forms that stay the same. Basic forms have indeed changed radically and new types of phenomena have appeared at successive levels in matter, life, mind, and culture (Barbour 1990:220). There seems to be a continuous flow of matter that becomes expressed at different levels of a multi-levelled world to the n^{th} degree of complexity. In the words of Capra (1989: 216) “Modern physics ... pictures matter not at all as passive and inert, but as being in a continuous dancing and vibrating motion whose rhythmic patterns are determined by the molecular, atomic and nuclear structures. In this sense herbs (and plants as nutrition) bring “dancing and vibrating” energy into the system of the human body to invigorate and rejuvenate until the system can dance along.

The notion that is being explored here is that there is a level at which herbal remedies work that was previously unveiled. The Newtonian inclined mind

probably missed this 'life force' that empowers us, and that is targeted by herbal remedies, since it does not lend itself to be scrutinized by reductionistic methodologies. The word 'healing' has its roots in the Greek *holos* from which the concepts of whole is derived. The 'life force' to which we allude is a dynamism, a holistic phenomenon that is more than the sum total of the constituent parts. In the past it was argued that it is impossible to build life from inanimate atoms. The logical solution was to introduce an additional, non-material ingredient – a life-force – to explain the phenomenon of life. This was known as the doctrine of *vitalism*. This would qualify the life force as spiritual essence which derivates from God or some cosmic force. Indeed this can be substantiated from the Bible that declares that God gives life and that Jesus Christ sustains all things by the word of His power. Such a life force could not be proven (or disproved) by empirical research. On the level of science, as we have it today, life is due to the idea that a multi-component system may possess collective qualities that are absent, or meaningless for the individual components (Davies 1984:60-61). This added quality is the result of the pattern of association that is the result of information encoded within the molecular structures (Ibid: 61). What must be added to this explanation, is that this ordered organism is also embedded in many other orders that have a bearing on the information content of the organism. This leads to a dynamism that is closely related to structure and patterns. In the words of CW du Toit "In opposition to a mechanistic interpretation of the world, we can understand that all matter today not as being passive and inert, but as possessing and inner dynamism. This dynamism is closely related to structure and patterns, insofar as it deploys itself according to temporal patterns and its deployment produces spatial patterns that are the sources of new kinds of dynamism (Du Toit 2003: 17).

Consequently life, and health, cannot be reduced to the atomistic make up of the biochemical matrix or the implied anatomic and morphological structure. Wellbeing and the regaining of health involve the whole of being. The self is constituted by many orders of being such as energy, atoms, cells, tissues, organs and systems. The self is in turn imbedded in the family, community, nation, humanity, bioregion, Gaia, the solar system and the universe. Each

order is enfolded into the next and contains information of all the other orders of the self. Health is as such a positive state of wellbeing and not an absence of disease. The herbal remedy, or any other healing regimen followed, should foster the state of wellbeing and not primarily combat disease. This qualifies herbal remedies as a modality that goes hand in hand with individuality and responsibility. It acknowledges the uniqueness of the individual and aims at mobilizing the person's own capacity for self-healing by integrating and restoring to harmony the different orders of the self.

Health and the dynamics of healing, in this context, is the maintenance of harmony to sustain the innate order of the organism by making use of information as expressed by the information of the that particular dynamism. This is due to the self organizing ability of complex systems. Self-organization is an important cornerstone in this new understanding of biology as phrased by Stuart Kauffman (1995 – preface) in the preface of his book about the search for laws of complexity: “Thirty years of research have convinced me that [the] dominant view of biology is incomplete. As I will argue in this book, natural selection is important, but it has not labored alone to craft the fine architectures of the biosphere, from cell to organism to ecosystem. Another source- self organization – is the root source of order”.

Possibly, future research in phytotherapy will have to include a study of the way the complexity of active ingredients in herbs contribute to self organization as the innate possibility of the human body to restore health. From a systems perspective nutrition is the energy that flows through a system to create order. In the words of Davies & Gribbin, “the underlying physical principle that seems to be involved in self-organization and complexity, up to and including biological complexity, is simply the requirement of an open system through which energy and entropy flow”. This insight is based on the work of Ilya Prigogine, Nobel prize winner for his work on dissipative systems. Prigogine's novel idea is his insistence that order and organization can actually arise “spontaneously” out of disorder or chaos through a process of “self-organization”. The notion of dissipative or ‘waste’ structures emphasises the close association between structure and order on

the one side and dissipation or waste on the other within the context of thermodynamics. “The interaction of a system with the outside world, its embedding in nonequilibrium conditions, may become in this way the starting point for the formation of new dynamic states in matter-dissipative structures. Dissipative structures actually correspond to a form of supramolecular organization” (Prigogine & Stengers 1985:143). Order is thus spontaneously formed in open systems through which energy flows at the cost of increasing the overall entropy by persistently dissipating matter and energy in order to maintain their structures. The human body thrives on a state far from equilibrium. Living systems are open thermodynamic systems persistently displaced from chemical equilibrium. By eating and excreting we allow energy and matter to flow through us, “building up the complex molecules that are tokens in the game of life” (Kauffman 1996:52).

According to Chinese medicine energy also plays a vital role in the healing process. This is known as Qi and it is viewed as the basic substance (mass or matter), as well as energy necessary to create the physical world, which includes all living things (Han, Miller & De Ville 2003:16). In terms of the Chinese understanding Qi is not only the common bond between all living things but also the commonality shared by all existence. Qi cannot be created or destroyed, it can only be transformed from one form to another. This understanding of Qi is akin to the Western concept of reality according to quantum understanding. In quantum mechanics the world is also entangled in a strange way as worded by Brian Greene (2004:122): “We used to think that a basic property of space is that it separates and distinguishes one object from another. But we now see that quantum mechanics radically challenges this view. *Two things can be separated by an enormous amount of space and yet not have a fully independent existence*”. This is known as the *nonlocality* of the quantum world. The quantum vacuum underlies all things and is alive with activity. The meaning of the quantum vacuum brings us to the strange notion that everything is made of everything else (Barrow 1988:175, 178).

Chinese medicine teaches that Qi is inter alia acquired internally through the body's functional activities, such as converting nutrients from food sources via

digestion (Han, Miller & De Ville 2003:17). The prescription of herbal remedies is thus at a deeper level the application of Qi that serves various functions in the body. Qi powers the circulation of energy, regulates energy movement, nourishes the body, protects the body, maintains organs and energizes the body (Ibid: 18). Herbs provide Gu Qi to help unblock the flow of energy and nourish and balance the body to restore health (Shealy 1998:49).

It is an interesting notion that, according to Chinese medicine, the same energy that is necessary to create the physical world and all living things, is also the same energy that provides the actual building blocks that make up the human body, sustains the body's life functions such as breathing, metabolism, thoughts and feelings, but is also the life function itself. Life, wellness and existence are thus expressions of the same deep ground known as Qi. Wholeness and entanglement are the concepts that figure here.

This 'deeper level explanation' is also emerging in Western thinking that is based on new perspectives in biology and physics. We are starting to hear things such as "Each organ in the body could, therefore, be thought of as a member of a highly complex ecosystem that relies on the correct functioning of the whole" (Peat 1987: 61). Peat explains:

From the perspective of the body, the mutual coordination of functions, the organization of flows, and the harmonization of structures appear almost as the synchronicities of living organisms for they involve *meaningful coincidences* in which the *meaning* lies within the context of the body's ordered functioning and in terms of the *coincidence* involves the precise synchronization (or coincidence) of events occurring in remote parts of the body. While at one level it is possible to analyze these organic synchronicities in terms of the release of hormones, blood sugars, neurotransmitters, and so on, at another level these

patterns are the function of the body as a whole and an expression of its meaning (Peat 1987:61).

In such a complex process of coordination, the notion of Qi can be a helpful model to explain the way the body maintains the complex orchestration of events that Peat calls *internal meaning*. Peat (1987:62) uses the immune system as illustration of the way a complex pattern-recognizing system is distributed over the entire body and has to coordinate myriads of lymphocytes and antibodies that can be compared to the brain in its degree of subtlety. He comes to the conclusion that the immune system's failure to fight off disease during periods of excessive stress, may be due to the whole organism's internal lack, or confusion of meaning.

Western thinkers such as Peat and Chinese medicine dare to go beyond mere causality, bio-chemistry and reductionism to venture into areas that necessitate new descriptions. This does not mean that reductionism is abandoned. Indeed, the human body is composed of cells, organs and systems that depend on the whole organism for proper functioning. At this level the body needs to be explained in terms of its constituents. Yet, at another level these constituents parts must also be defined and understood in terms of the functioning, maintenance and meaning of the whole organism. At this level of organization and complexity new structures and processes manifest themselves which necessitates new levels of description. It is in this context that herbalism is at home since, as we have already discussed, the idea of herbal healing is not simply to prescribe herbs in order to target an organ with its active ingredients. Herbal medicine is much more subtle and complex as reflected in the philosophy of herbal medicine.

4.3.3 Clinical aspects of herbalism

Herbal medicine works with the human person as a *whole* and a *totality*. The connotation of the word 'whole' is that all aspects of the person's make-up are integrated to form a nexus where each part in a way effects all other parts. This is applicable on cellular as well as organ level. The word *total* carries the meaning of taking the so-called energy bodies, surrounding the physical body, also into consideration as an extended field of the person.

These distinctions are important aspects in the treatment of the patient who is not limited to the observable or physical body, but seen as a field of energy. This field of energy extends into the social matrix in which the person is embedded, and also beyond that into the biosphere and the cosmic dimensions of existence. This field characterises the human person as a human energy field that is part of the universal energy field which is the source of matter in the universe (Batie 2003:4,5).

In Chinese medicine this is based on the idea that the body is wired by Qi, so every part is related to some other part (Han, Miller & De Ville 2003:124). In Western understanding other explanations may be offered such as that of *synchronicity* suggested by Peat, but they all boil down to the same thing: *Do not treat the organ, treat the person!* Within a herbal regimen herbs can be applied to a whole complex of interrelated problems. An example is the following: "The medical herbalist will treat a stubborn dermatological problem using 'alternatives' specific to the skin problem, and then apply circulatory stimulants to aid in the removal of toxins from the area, with remedies to reinforce other organs of elimination, such as the liver and kidneys" (Herbal remedies and homeopathy 2001:7). In such a way a broad spectrum is covered that helps the person feel confident and relaxed again.

An holistic approach provides for a total approach in which the relation between different organs can be traced. This is provided

for in the Eastern perspective as related by Jacques Caluwé (2001:40) that says that to the western trained physician it is a foreign concept to accept that the spleen is the seat of the mind. Consequently a frequent worrier will overtax the spleen and suffer from tendon problems. Likewise buzzing ears may relate to the kidneys and voice loss may be related to the adrenals and so on. The physician who, therefore, only treats the affected organ, will miss the mark since it is the complex of problems that needs to be addressed.

Herbals work well with emotions and emotions are acknowledged as an important aspect of herbal healing. Holistic medicine deals with “the body as a whole and integrated system, not a collection of isolated parts...it...acknowledges that people have feelings, minds, and spirits as well as bodies” (Hoffman 1996:10).

Herbal medicine does not make distinctions between the mind and the body. Chinese medicine revolves around the philosophy that mind and body are intimately entwined and interactive (Ibid. :125). Internal causes, such as out of control emotions, may influence the body's energetic system with the result of imbalance (illness). According to Chinese medicine certain emotions are bottled up in specific organs. Emotional connections with the kidney include fear/courage; with the lung sorrow, grief and chronic worry, with the spleen is pensiveness and profound or obsessive thoughts, and the liver connections are anger and sadness (Han, Miller & De Ville 2003:27). In her famous booklet, *heal your body*, on the role of emotions in health Louise Hay (1984:10-72) provides a long list of emotions as probable causes for a whole array of common ailments. They show a direct bearing between emotions, for instance fear, self-rejection, guilt and anger and pathological conditions such as Addison's disease, amenorrhea, pruritis ani and Otitis.

Brandon Bays (1999:166) is also a significant author who warns that emotions that people may hold on to can get stored in the body and lead to certain disease conditions. This does not mean that emotions are not normal. Feeling is, as Hays states, wholesome and a natural part of being human. What is not natural, is allowing emotions to effect one in a negative way. John Bell (2003:125) says that we are meant to have a rich emotional life – to feel in depth. The only negative emotion, he says, is the one that is suppressed. Emotions such as fear, resentment and hatred are thus not in themselves negative if we allow our emotions to flow freely by expressing them.

Herbal medicine takes the uniqueness of the person into account in prescribing healing regimens. Hoffman (1996:11) says in this regard that “In all holistic medicine individuality and responsibility are crucial factors. There is an emphasis on the uniqueness of the individual and the importance of tailoring treatment to meet each person’s very different needs and circumstances.” This is positively evaluated by Peter Smith in The Medicams Index for pharmacist. Smith (2003:2) states that one of the great gifts that the systems of complementary medicine have to offer is that of assessing and treating a patient in terms of their own unique biological individuality and constitution. “The constitution may be described as a subtle array of biological and energetic systems and factors which interact in a unique fashion in the individual. This personal configuration helps to define the person. They play an important role in determining the personality as well as the predisposition to both illnesses and health”.

Individual assessment form part of a diagnostic framework that assists the practitioner in understanding a particular patient and his/her illness better. Various methods are employed by different modalities such as constitutional types based on iris appearance used by iridologists; psychological profiles used by Bach Flower

Remedies and Unani-Tibb; the so called doshas or personality types used in Ayurveda or patterns of disharmony in the patient's energy field employed by Chinese doctors.

The objective of herbal medicine is not to combat disease. Rather, it is to assist the innate healing ability of the body to restore balance and enhance total wellness. In this regard herbal medicine is not in competition with allopathic medicine, but complementary to it. There are definite instances where bio-medical intervention is immediately needed, as indicated by Phyllis Balch (2002:4). They include serious conditions such as:

- A lump that appears anywhere
- Chest pains/heart palpitations/pain that radiates down the left arm
- Coughing with green or yellow mucus
- Difficulty swallowing
- Fever over 39°C
- Known or suspected bone fracture
- Known or suspected poisoning
- Known or suspected stroke
- Loss of consciousness
- Severe allergic reactions
- Severe burns
- Severe hypertension
- Severe infection
- Severe persistent pain
- Uncontrolled bleeding
- Uncontrolled diarrhoea
- Uncontrolled vomiting

Herbal medicine is part of preventative medicine. Apart from the therapeutic use of herbals, herbs are a rich resource for anyone

interested in prevention. In this regard, “the key is not so much in specific remedies but in an understanding of the role of herbal actions in maintaining health and correct physiological activity” (Hoffman 1996:12). Herbs used for these functions are known as tonics. They are gentle remedies that have a mild, yet profound effect upon the body. Tonics are used to strengthen and enliven either a specific organ or system, or the whole body. Hoffman (1996:12) provides a useful list.

Tonics

- Infection – Garlic & Echinacea
- Cardiovascular – Garlic & Hawthorn
- Respiratory – Mullein, Elecampane & Coltsfoot
- Digestive – gentian, Agrimony, & Dandelion
- The liver – Milk Thistle
- Urinary – Buchu, Bearberry & Cornsilk
- Reproductive system – Female: Raspberry Male: Saw Palmetto, Damiana, sarsaparilla
- Nervous system – Oats, Skullcap, St John’s Wort, Vervain & Mugwort
- Musculo/skeletal system – Celery seed, Bogbean, Nettles, Comfrey & Horsetail
- The skin – Cleavers, nettles, red Clover

These tonics contribute to proper metabolic functioning and thus ensuring that individuals are at their own particular peak of health and vitality – expressed as an improvement in the general experience of life. Tonics are especially effective to strengthen patients who display certain constitutional/genetic weaknesses.

Detoxification plays also an important role in maintaining a healthy status. It is based on the perception that the human body is a self-healing homeostatic system. In order for this process to work normally the therapist needs to support the organism by encouraging the body through herbal application to

rid itself of poison and waste products that hamper its normal functioning. The herbal approach to detoxification includes:

- Support for the elimination process of the body in general
- Specific support for eliminatory organs such as the lungs, liver, skin, intestines and kidneys
- Alleviation of symptoms and support for the body in pathologies that may be present

Herbal medicine is strongly socially contextualized. Although Western thinking is conditioned by the idea of professionalism where only the trained doctor is eligible to treat patients, herbalism can, in primary health care, also be administered by so-called laity in using so called kitchen-herbs. This includes well known herbs such as thyme, turmeric, parsley, garlic, and rosemary. For many ages these herbs have been grown in kitchen gardens and used in food preparation – not only for their medicinal properties, but especially for culinary delight. Herbs such as mint can also be used to prepare cold drinks, or even salads. What is less known is so-called edible weeds that grow in gardens such as nettle (Afr. Brandnetel, *urtica* sp.), blackjack (Afr. Knapsekêrel, *Bidens* sp.), pigweed of 'misbredie' (*Amaranthus hybridus*), dandelion of 'perdeblom' (*taraxacum officinale*), and sorrel or 'suring' (*Oxalis* sp.) to name but a few. The black people of Africa benefit by using the leafs and stems of these parts as 'sisheba' or vegetables.

In folklore both the Black and White communities of South Africa have been making extensively use of herbs and herbal remedies in the past. Things such as Tea Tree Oil – fungus remedy and topical skin remedy, Rescue Remedy – for stress and irritability, Peppermint oil – for stomach ache and Calendula tincture – for wound cleaning are well known home remedies. For many years, especially in rural areas, herbal remedies were the only available medicines for common ailments such as abscesses, skin aggravations, upset stomach, and coughs. They have been sustaining life for aeons and many of us would probably never have been born if our ancestors did not have recourse to many of these life saving agents. We owe a great debt to herbs

so lusciously provided for in nature's bounty. Even up to this day herbs serve households well as affordable health care. In a fairly recently published book by a team of medical practitioners advice is given for the relieving of more than 230 physical and emotional concerns. They range from flu, obesity and hot flashes to gastrointestinal problems, painful periods, and infertility problems (Faeldon (ed.) 1997:1-55). This demonstrates that most minor problems can be attended to by lay people. It is a common statistically known fact that most patients who visit a doctor today are suffering mainly from stress related physical conditions such as fatigue, headaches, backaches, stomach upsets, and eating disorders. Unfortunately many people miss out on the benefits offered by such home remedies since the prevailing perception is that the medical doctor is responsible for our health.

Although most herbs work mildly and many form part of our diet, some medicinal plants also contain potent chemicals that may classify them as medicines. Examples include the cardiac chemical, digitalis derived from Foxglove that may be fatal in high dosage. It is possible to overdose in cases such as comfrey or saffron that include known carcinogens. "Among the serious side effects that have been linked to herbal remedies are high blood pressure, life threatening allergic reactions, heart rhythm abnormalities, mania, kidney failure and liver damage" (Brody, et al. 2001:62). Consequently, when herbs are used on a therapeutic level where high dosage are prescribed over fairly long periods, it becomes specialized and the intervention of a duly qualified herbal practitioner is needed. It was thus inevitable that sooner or later legislation had to be instituted to regulate the enterprise of Natural Medicine.

4.3.4 Herbalism in the context of natural medicine

In South Africa the Allied Health Council is a body that responsible for the keeping of a registration of homeopaths and naturopaths who make use of herbal or phytotherapy. Recently the Bill for Traditional Health Practitioners was passed to make provision for statutory control of alternative healers who

also specialize in herbal remedies. Much clinical research is currently underway to establish dosage and safety of herbal remedies and the possibility is being considered to regulate alternative medicines.

Natural medicine places much emphasis on the mind-body relationship and has a deep understanding of body energetics (Smith 2003:5). As such natural medicine "is not a single type or class of medicine. The term encompasses a number of different system of medicine and therapeutic modalities (Ibid:5). They offer a range of treatment modalities and include medicinal herbs, bodywork, detoxification, counselling.

Smith (2003 :6) makes use of a useful threefold classification in distinguishing between the different systems. The first of these is the so-called *complete* systems. The "complete systems" are well integrated, multi-therapeutic systems underpinned by a specific therapeutic philosophy. He lists **Shamanism**, the **Indian** systems of medicine: Ayurveda, Siddha, Yoga; **The Traditional Chinese medicine**; **Naturopathy**; **Unani-Tibb**; and **Anthroposophical** medicine.

The second group comprises the *other therapeutic modalities* which are available as treatment that is part of a wider health care service. These modalities include **bodywork** such as Chiropractic, Osteopathy, Massage, Reflexology; and Yoga; **Phytotherapy** in various forms such as herbalism; **Metabolic, nutritional and supplemental** aspects such as detoxification, nutrition and supplements, colonic irrigation and chelation therapy; **Minute-dose medicines**: Homeopathy, Homotoxicology and Tissue salts; **Energy therapies** such as Reiki and **Mind-healing** and Neuro-linguistic Programming.

The third group is known as *diagnostic techniques* and they include **iridology, facial and tongue diagnosis, pulse diagnosis, applied kinesiology, and electrodermal screening systems**. Some of them have derived from Chinese medicine such as pulse and tongue diagnosis, others have developed from alternative Western medicine such as iridology and

kinesiology, and the electrodermal systems is an integration of traditional knowledge such as acupuncture with modern science such as electrodermal screening.

It is then clear that herbalism is embedded in a vast array of modalities which make up natural medicine. It is not easy to arrive at a definition of the medicinal substances used in natural medicine since different modalities use different substances. Smith (2003: 7) quotes a draft definition proposed for inclusion into the amendment of Act 101 of 1965, which describes a Complementary Medicine as:

“Any substance or mixture of substances which

- Originates from a plant, mineral or animal, and which may be, but is not limited to, being classified as herbal, homeopathic, ayurvedic or nutritional; and
- is used for complementing the healing power of a human or animal body in the treatment, modification, alleviation or prevention of disease, abnormal physical or mental state or the symptoms thereof in a human being or animal; and
- is used in, but not limited to, the categories of Anthroposophy, Aromatherapy, Ayurveda, Energy Substances, Homeopathy, Nutritional, Chinese medicine, Western Herbal, Unani-Tibb, Siddha and Sowa Rigpa (Tibetan medicine).

Phytotherapy is regulated by the Professional Board for Homeopathy, Naturopathy and Phytotherapy. This Board is regulated by the Allied Health Professions Council of South Africa (AHPC), which, in turn, falls under the Department of Health which includes the Medicines Control Council, The Medicinal Research Council and the Medical Schemes Council. *Phytotherapy* is synonymous with herbalism. Phytotherapy derives from the Greek *phton*, meaning ‘plant’ and *therapela*, for therapy. Phytotherapist maintain that it is not the isolated plant substances that provide a cure, rather it is “the totality of all the plant’s ingredients working together that generate

the desired therapeutic effect (www.bioforce.co.za/Phytotherapy.htm 9 November 2004). Herbs are used for strengthening the body, enhancing the metabolic functions, stimulating the healing capabilities of the body, cleansing of the body, elimination, and detoxification. The principles on which herbalism or phytotherapy is based are: To use the whole plant as a synergetic working of all the active substances, to treat the whole body, not just the symptom, to use minimal dosages without side effects, to stimulate the body to heal itself. Any additional modalities that can possibly complement these objectives, are also employed.

Herbalists divide the action of different herbal remedies according to the way it stimulates and strengthens the body (Guide to Naturopathy 1999:163). Herbs can be divided according to the herb action into:

Alterative – a substance that speeds the renewal of tissue so that they can carry out their functions more effectively, for example Burdock, Echinacea and Yellow Dock.

Anodyne – a drug that eases and soothes pain, for example St John's Wort, Passion Flower and Lady's Slipper.

Anthelmintic – a herbal substance that kills and expels parasitic worms, for example Aloe, Garlic and Wormwood.

Antiperiodic – prevents the return of recurring diseases, e.g. malaria

Antiscorbutic – herbs that prevent scurvy and contains the necessary vitamin C

Antiseptic – herbs that prevent the growth of disease-causing micro organisms, e.g. bacteria, without causing damage to the living tissue. It is applied to wound for prevention of infection, for example Clove, Wormwood, Wild Indigo, and Echinacea.

Antispasmodic – a herb that can diminish muscle spasms, for example Black Haw, Lobelia and Motherwort.

Aperient (laxative) – a herb that stimulates bowel movement, for example Barberry, Senna, and Dandelion.

Aphrodisiac – a herb that excites sexual organs

- Aromatic** – a herb that contains volatile oils with organic substance that stimulates healing, for example Angelica, Balm, Aniseed, and Chamomille.
- Astringent** – a herb that causes contraction by removing proteins, used in bleeding conditions, for example Agrimony, bayberry and Beth Root.
- Balsamic** – a herb that contains resins and benzoic acid and is used to alleviate colds and abrasions,.
- Bitter** – appetite stimulating herbs that taste bitter, for example Barberry, Tansy and Hops.
- Cardiac tonic** – heart stimulating drugs, for example Hawthorn, Motherwort and Cereus.
- Carminative** – herb used for relive of flatulence and griping, for example Angelica, Aniseed, Caraway, Dill and Peppermint.
- Cathartic** – a herb that causes evacuation of the bowels.
- Cholagogue** – a herb used for the stimulation of bile from the gall bladder, for example Balmony, barber, Black Root and Wild Yam.
- Cooling** – a temperature reducing substance.
- Demulcent** – herbs that soothes and protects the alimentary canal, for example Irish Moss, Marshmallow and Slippery Elm.
- Deobstruent** – a compound that clears obstructions and opens the natural passages of the body
- Detergent** – a herb with a cleansing action, either internally or of the skin
- Diaphoretic** – a herb that promotes perspiration, for example Cayenne, Elder, Garlic, Ginger, peppermint, and Yarrow.
- Diuretics** – a substance that stimulates the kidney and increase urine and solute productions, for example Bearberry, Boneset, Broom, Cleavers, Wild Carrot and Yarrow.
- Emetic** – a herb that induces vomiting, for example Lobelia and Squill.
- Emmenagogue** – a herb that excites menstrual discharge, for example Black Cohosh, Chamomille, and Vervain.
- Emollient** – a substance that softens of soothes the skin, for example chickweed, fenugreek, Flax Seed, Marshmallow, and Slippery Elm.

Expectorant – herbs that help to remove excessive mucus discharge from the lungs, bronchi and trachea, for example Aniseed, Coltsfoot, Licorice, and Mullein.

Febrifuge (anti-pyretic) – herbs that reduce fever, for example Angelica, Boneset, and Peppermint.

Galactagogue – an agent that stimulates the production of breast milk and increases milk flow, for example Aniseed, Fennel and Vervain.

Haemostatic – a substance used to control bleeding.

Hepatic – a herb that acts upon the liver, for example Balmony, Barberry, Black Root, Centaury, Dandelion, Golden Seal, and Wild Yam.

Hydrogogue - a substance that has the property of removing accumulations of water of serum.

Hypnotic – a drug that induces sleep, for instance Californian Poppy, Hops, Passion Flower and Valerian.

Nervine – herbs used as nerve tonics, for example Chamomille, Ginseng, Hops, Rosemary, Lavender, and Peppermint.

Nephritic – herbs used to treat the kidneys.

Nutritive – herbs for nourishing the body.

Parasiticide – herbs that destroy external and internal parasites.

Pectoral – for the treatment of chest and lung complaints, for instance Coltsfoot, Golden Seal, Mullein, and Licorice.

Purgative – herbs used to cause evacuation of the bowels, usually more severe than aperients and laxatives

Refrigerant – herbs that relieve thirst and produce feelings of coolness, for instance peppermint.

Resolvent – herbs applied to swellings to reduce them in size

Rubefacient – a compound that causes the skin to redden and peel off

Sedative – herbs that soothe over-excitement of the nervous system and lessens tension and anxiety. Examples include Cayenne, Ginger, and Horseradish.

Sternutatory – herbs that irritate the mucous membranes and produce sneezing

Stimulant – herbs that increase the activity of an organ

Stomachic – herbs used for the treatment of stomach disorders

Styptic – applications that check bleeding by blood vessel contraction or by causing rapid blot-clotting

Sudorific – herbs that produce copious perspiration

Taeniicide – herbs used to expel tape worms from the body

Tonic – herbs that give strength and vigour to the body and produce feelings of wellbeing

Vermifuge – herbs that kills or expels worms from the intestines

Vesicant - similar to a rubefacient that causes blistering when applied to the skin

Vulnerary – herbs used for healing wounds, for example Aloe, Comfrey, Golden Seal, Marigold, Mullein, St John's Wort and Slippery Elm.

This classification according to the pharmacological working of herbs demonstrates the broad spectrum of herbal uses. It shows that herbs are good for the treatment of all ailments providing the correct combination and dosage are used. A great deal of pharmaceutical research has gone into the research to determine the active compounds of herbs. Plants contain a vast range of organic compounds that include plant acids, alcohols, volatile oils, carbohydrates, phenolic compounds, alkaloids, saponins, flavones, bitters and glycosides. Most knowledge about medicinal plants has been derived, however, from traditional uses in folk remedies. This underscores the social matrix out of which herbalism sprouted. Indeed, "From a broad perspective, it can be said that herbalism is the study and practices of the interaction between plants and humanity" (www.spiritualworld.co.za/HealingA-Z/Herbalism.htm 9/11/2004).

With the revival of plant based remedies that comes with a renewed interest in complementary and alternative systems, it has become necessary to compile pharmacopoeia in order to list medicinal plants that are safe for human use. The long held sway of allopathy seems to have been broken. During the last century a high premium was placed on conventional medicine due to the apparent success, especially in the areas of surgery and antibiotics. Natural medicine seemed inferior to the allopathic system since it offers no comprehensive surgical or anaesthetic specialities. The sometimes

unavailability for herbal remedies due to climatic or transport difficulties, rendered their use obsolete in many respects. Allopathy boasted with sophisticated pharmaceutical research whereas herbals were branded as folk medicine. This was further worsened by the spreading of misinformation and news flashes of multi-killings by sangoma's. Herbalism could not keep up with the need of society to provide cheap, reliable drugs to treat an overcrowded population.

Currently the scenario has changed radically. Many reputable producers of herbal remedies have been established which ensures better quality control and availability of herbal remedies in pill and capsule form. This has also brought the need for regulatory measures such as that recently instituted by The World Health Organization (WHO). The safety regulations are intended for national regulatory bodies. According to the Cape Times (12/02/2004) there is an increase in the number of reported cases of damage to health due to the following causes: The incorrect identification of plants. In the US in 1997 people suffered serious heart problems after digitalis was accidentally substituted for plantain in dietary supplements. Other problems include the use of poor quality plants, poor collection practices and the adding of other medications – such as steroids – to herbal remedies.

People are no longer required to make their own herbal teas or to prepare their own decoctions and infusions. People have in general lost confidence in allopathic medicine due to the relatively high incidence of iatrogenic casualties due to adverse drug reactions. In 1994 over 100 000 deaths in the USA were attributed to prescription medications (Smith 2003: 9). Herbal remedies are regarded to be safer since they are part of natural foodstuffs and focussed on the promotion of optimum health and wellness.

Westerners are also increasingly open to the traditional medicines of other cultures such as Ayurveda, Unani-Tibb and Chinese herbal medicine. The religious bias against these systems is disappearing due to the convincing success rate of practitioners. Perhaps most appealing to the western mind is the accumulation of scientific evidence that herbal remedies are clinically

proven to be successful in treating various diseases. Slowly the superstitions and strange practices that traditionally accompanied African herbalism are superseded by sound scientific protocols without losing the peculiar philosophical basis of natural medicine. In the Sunday Sun of 18 April 2004, there appeared for instance an article by pastor Abraham Sibiya under the title *Amadlozi, badimo not our ancestors*. The pastor warns that ancestral worship can expose the *izangoma* or *izinyanga* or witchdoctors who consult the ancestors to demonic forces. The amadlozi of badimo are, according to Sibiya, actually demons disguised as ancestors.

Africa has a difficult task. It has to rid itself from the cloak of superstition and still remain true to the philosophy of natural healing modalities. Even Christians are wary of alternative and unconventional methods of healing that might have mystical overtones. In the Christian Counselling Today (1997: 9), an article under the title: Where will the road to healing lead us?, warns that it is not only natural healing that is being promoted but ancient mysteries in the new garments of esoteric spirituality. The author then qualifies himself by stating that "The movement of alternative medicine cannot be seen as entirely negative. I have talked to many patients who report positive effects" (Ibid.:37). The author points to the scientific evidence as an important criteria for discernment. Fortunately, though natural healing finds itself embedded in a more post-modern frame of understanding, scientific evidence is still the watermark of its authenticity.

One such authority on clinical studies is that of Gary Null who claims to be the "first scientific guide to the treatment benefits of herbs and supplements" (Null 1997: Cover page). Important herbs that are dubbed by Null as herbal superstars include Aloe, Astragalus, Bee Propolis, garlic and onion, Ginkgo Biloba, Ginseng, Green tea, Mistletoe, turmeric and yohimbine (Null 1997: 366-440). Due to the broad range of active ingredients in many of these herbs each one may be effective in treating a wide spectrum of ailments. Null cites, for instance, the clinical results that Aloe is effective in the treatment of inflammation, arthritis, cancer, cardiovascular and coronary heart disease,

constipation, contraception diabetes, frostbite, gastric lesions, skins damage, and wound healing (Ibid. 366- 370).

The Clinician's Handbook of Natural Healing is the result of ten years of careful examination of scientific analysis and literature published by qualified researchers at prestigious institutions. It covers more than 1.3 million studies to determine the pharmacological benefits of herbal remedies in the treatment of various disease conditions. It provides a valuable contribution to the scientific knowledge of herbalism.

In their official documents, The British Herbal Medical Association (www.ex.ac.uk/phytonet/bhma.html 9/11/2004) states that it has long realized the need for accurate scientific information on botanical drugs and has published the British herbal Pharmacopoeia for over twenty years. The 1996 edition provides monographs of quality standards for 169 herbs commonly used in the United Kingdom for the preparation of botanical drugs. Currently some 85 monographs are in the process of being added to produce a fully revised and updated volume. A companion volume, the British Herbal Compendium – Volume 1, was designed to provide a wealth of scientific information on the same range of plant drugs. Each monograph provides authoritative summaries on constituents and therapeutics together with chemical structure diagrams, extensive references to worldwide scientific literature and excerpts from available regulatory guidelines of European countries. This is a valuable guideline available to manufacturers, suppliers and controlling authorities, as well as practitioners and students of herbalism.

The American Herbalist Guild also includes herbalism as a major subject in their educational guidelines (www.americanherbalist.com/edguide.htm 14/02/2004). This is divided into botany and plant identification, *materia*

medica and therapeutic herbalism, pharmacy, pharmacognosy and dispensing

In Africa, as reported by the International Conference on Medicinal Plants and Traditional Medicine (www.para55.org/caretreat/trad_med_mine.asp 24/02/2004), “the high cost and scarcity of many essential drugs, including anti-retro-viral drugs, means that most people with HIV/AIDS use traditional herbal treatments for HIV-related conditions including opportunistic infections. It has been estimated that in Uganda, there is one traditional health practitioner for every 200-400 people, whereas the availability of trained medical personnel is typically one per 20 000 people. In the light of these statistics, there is an urgent need for more research into the efficacy and safety of the medicines being used by the majority, and how they can be improved and developed.”

African medicinal plants may play a major role in meeting these needs. Glenn Ashton says that “Africa is slowly awakening to her potential. After centuries of exploitation we are at least claiming our place in the sun. Few fields of endeavour offer the potential of African herbs, medicines and plants” (The SA Journal of Natural Medicine Issue 11, 2003:34). In the Sun News of 1/02/2004 it was reported under the heading, *Sangoma goes mod with new hospital*, how acclaimed Limpopo sangoma Hlathikulu Ngobeneni is probably the first traditional healer to own a hospital which provides both traditional healing and western medical services. The hospital sees about 500 to 600 patients per day.

The upsurge in African traditional medicines has also focussed the world on the botanical wealth of the African continent, not without incidences of plundering. Anthony Rees, member of the Traditional Healers Organization For Africa, launched a serious warning of what he called bio piracy on the website www.mamiwata.com/rights1.html 04/05 1999. He says that “The blatant plunder of indigenous knowledge and genetic resources in South Africa continues unhindered and without State monitoring. Since 1997 we have been monitoring private and public enterprises (or their intermediaries)

who are actively collecting, sampling and acquiring traditional knowledge for the development of pharmaceutical products. What concerns us is that international organizations are entering South Africa to carry out this research.” It has become imperative to lay claim to the indigenous field of knowledge and to document the uses of South African herbal medicines.

In this regard the MediCAMS Index, volume 2, 2003 (Smith 2003) is also an important milestone for herbalism in South Africa. It is a guide to complementary medicine edited by Dr. Peter R. Smith. With it the authors, as stated by themselves, confirm that Complementary Alternative Medicine (CAM) remains an important and integral part of both the formal, and especially the informal, healthcare sectors in South Africa (MediCAMS :3). It promises to become a crucial document that could serve as guideline in the use as prescription of herbal products.

Various organizations and associations have come into existence to deliver research and training outputs with regards to herbalism. One such research foundation is the Herbology & Optimal Nutrition Education & Research Institute (H.O.N.E.R.I) (www.honeri.org/index.html 9/11/2004). They state their purpose as “to actively promote natural health substances and health restorative protocols. Our main focus as to facilitate up-to-date, scientific, evidence based training for persons who wish to pursue a vocation as a Traditional Western Herbalist or Optimum Nutrition Advisor.”

Mensana (www.mensanahealth.com 9/11/2004) is another training institution that provides training in herbalism and related modalities. They offer a training programme that comprises subjects such as herbalism, holistic wellness, iridology, anatomy & physiology, health care counselling, clinical skills and energy healing. Herbalism is a major subject in all training programmes of different institutions. This is in line with the bill on the practice of traditional health. In the Traditional Health Practitioners Bill, Government Gazette, Vol. 454, traditional medicine means an object of substance used in traditional medicine for the purpose of:

- a. The diagnosis, treatment or prevention of a physical or mental illness;

- b. For any curative or therapeutic purpose, including the maintenance of mental health or wellbeing;
- c. In human beings, but does not include a substance used for the satisfaction of cravings for the substance used.

Herbal medicine currently enjoys optimistic expectations, but without the proper standardisation, it might slip back to the status of mere folk medicine. In an article on Traditional medicine in HIV/AIDS and malaria, it is stated that "Many research institutions and independent investigators in Africa have reported positive clinical outcomes in the use of traditional medical remedies for the treatment of HIV/AIDS and malaria. The results of these investigations, however, have not contributed in any significant manner to either the drug development efforts or treatment of these diseases. This is due to lack of technical support in the design and execution of these studies, especially in having access to validated protocols, the biochemical analysis and standardization of the herbal remedies and phytomedicines" (Report of the International Conference on traditional medicine in HIV/AIDS and malaria: 2000: 4). This underscores the importance of thorough research protocols to expand the value of herbal treatment in the ongoing process of clinical application. Professional associations can play a major role in the research enterprise.

To regulate the practice of complementary therapies and provide quality assurance of standards, various professional bodies have been instituted. One such organization is that of Cochasa, a confederation of complementary health associations of South Africa that was established in November 1992 with the chief objective to encourage and promote new complementary health therapies (www.cochasa.org.za 01/03/2004). The Natural Healers Association (NHA) is another body with the aim of promoting traditional, indigenous, spiritual and energy healing methods (www.traditionalhealing.co.za 04/03/2003). They make provision for the interim registration of Traditional Herbalists. They differ from the Allied Health

Professions Council with legal jurisdiction over phytotherapy as Western Medical Herbalism which is distinct from African Herbalism.

In terms of the legislation regulating Traditional Healing, a statutory council is due to be established to make provision for the registration of traditional healers. In terms of the Health Professions Act, 1974 (Act 56 of 1974 as recently amended), only a person who is registered as a practitioner (with one of the statutory health councils) or as a medical intern (with the Health Professions Council) may:

- Perform physical or mental examinations of persons;
- Offer diagnosis, treatment or prevention of physical or mental defects, illnesses or deficiencies in man;
- Give advice in regards to such defects, illnesses or deficiencies; or
- Prescribe or provide medicine in connection with such defects, illnesses or deficiencies.

The 5 Statutory Councils at present are:

1. SA Nursing Council for Nurses
2. Pharmacy Council, for Pharmacist
3. Allied Health Professions Council
4. Health Professions Council – For Doctors, Dentists, etc.
5. Dental Technicians Council

And the next council to be instituted will be

6. The Traditional Healers Interim Council (THC) to provide for International/African Traditional, Indigenous, Spiritual, Energy and Natural Healing Methods.

The institution of such a council will be a tremendous boost for natural healing modalities, and especially traditional herbalism. According to the labour law committee of the Law Society of South Africa (LSSA), traditional healers, or “health practitioners” as they will be known in terms of the new Bill, will also be able to issue medical certificates for sick leave (Citizen 30/10/2003).

Traditional; healers are, on ground level, in an excellent position to attend to the HIV/AIDS pandemic. This is already being realized by the Government

and example of this is the presentation of an HIV/AIDS workshop early in 2003 in KwaZulu-Natal where the Minister of Health awarded certificates to 170 healers who attended the conference (Daily News 25/07/2003:3). The Star reported the then Minister of Health, Manto Tshabalala-Msimang as having urged the use of traditional medicines (Star 16/02/2004: 5). She stresses that it will not be integrated into western medicine, as it was a science in its own right. She further suggested that the use of African traditional medicines may eventually replace anti-retrovirals. Such viewpoints are also echoed by other professionals. A Pretoria gynaecologist, Professor Kalala Cleophas, has been reported to urge government and funding bodies to support traditional herbal medicine as a mainline treatment for HIV/AIDS patients. The professor related an incident to specialists at the 28th Congress of the SA Society of Obstetricians and Gynaecologists of how a severely ill Aids patient was restored to health after a course of herbal remedies (Independent News Network 6 June 2004).

Some typical South African plants are currently in the spotlight as superstars. An example of such a plant, that has been called the most profound and multi-purpose of local medicinal plants in southern Africa, is *Sutherlandia*. In The Lifestyle of Tuesday 18 November 2003, an article under the heading *Local 'Cheeky Weed' can Heal* on page 11, the healing properties of a typical South African plant, *Sutherlandia*, were hailed. *Sutherlandia frutescens* is inter alia an immune booster, anti-carcinogenic and used for many ailments including flu, asthma, bronchitis, heartburn, diabetes, anxiety, depression and stress. *Sutherlandia* is a well known Cape remedy known in Afrikaans as 'Wilde Gansies' or 'Kankerbossie'. According to the anecdotal evidence it improves the general wellbeing of HIV/AIDS patients. Phyto Nova is a pharmaceutical company that has been researching the plant. They explain the chemistry and pharmacology of *Sutherlandia* as follows:

"Highly bioactive compounds have been found in ...*Sutherlandia*. L-canavanine is a non-protein amino acid with documented antiviral, anti-bacterial and anticancer activities. It is also a selective inhibitor of inducible nitric

oxide synthase. Pinitol has clinical application in treating the wasting syndrome. GABA is a natural neurotransmitter that gives profound sense of well-being” (Phyto Nova information paper p.2).

Other reputable indigenous medicinal plants are African Ginger (*Siphonochilus aethiopicus* used for headache, influenza, sinusitis and sore throat and Warburgia salutaris, the pepperbark used for candidiasis syndrome, oral and oesophageal thrush, natural antimicrobial, particularly for chest infections, and bronchitis (Phyto Nova information paper p. 3).

Devil's Claw (*Harpagophytum procumbens*) has long been used by the Hottentots, Bushmen and Europeans for its purgative action, digestive disturbances, febrile illnesses, allergic reactions and migraines. It is also used as an external ointment for boils, cutaneous lesions and ulcers (SA Journal of Natural Medicine 2002: 52). So called because of the long branching spines and claw-like hooks, the plant has been shown in clinical studies to be effective in the treatment of osteoarthritis and degenerative painful rheumatism.

The harvesting of these and other plants holds the real threat of extinction. Warburgia is stripped of its bark and left to die; the African potato, hypoxis, is also at threat being over harvested. Fortunately organizations such as the National Reference Centre for African Traditional Medicines was set up late in 2003 to safeguard traditional herbs (City Press 15.02/2004). The Department of Agriculture, especially in Kwa-zulu Natal, is also involved at an advanced stage in the cultivation, cataloguing, classifying and collecting of traditional herbs.

4.3.5 Summary

Against this background, I think it is safe to predict that herbalism will be with us for a long time to come. It is the next big wave in natural healing modalities and an integrated part of the total picture.

Although still steeped in many superstitious and esoteric belief systems, traditional medicine is in the process of establishing itself as a worthy complementary modality. There seems to be an increased awareness of the beneficial effects of herbal remedies as cure for a very wide range of ailments.

As a modality that emerged out of folk medicine, it is well adapted for self-medication in primary health care contexts. It offers affordable and effective remedies for minor illnesses. In the area of specialization it is also making great strides as contender of western allopathic medicines in the treatment of chronic-degenerative diseases and pandemics such as HIV/AIDS.

The current legislation to provide for traditional healers is a strong impetus in advancing the knowledge of African medicinal plants. This movement can stamp out the malpractices and bio piracy that poses a threat to indigenous plants. It also presents a great challenge to train traditional healers in acceptable and standardized practices to take their rightful place in the arena of primary health care.

Herbalism offers a great challenge in advancing new medicines to combat the life threatening diseases of our time. The organic complexities of active ingredients along with the synergistic working of plant compounds might be the secret to find an elixir for escalating debilitating diseases such as cancer, diabetes, hypertension and HIV/AIDS in order to ensure a better tomorrow. This could only be achieved within the context of total wellness where each and every member of society accepts responsibility for his/her health care. This will be the focus of the following chapter.

CHAPTER 5

TOWARDS TOTAL WELLNESS – A MODEL FOR HEALTH CARE

5.1 Wellness

5.1.1 Introduction

Wellness is an emerging concept within the postmodern framework that describes health care in terms of personal responsibility. A medical doctor, Arien van der Merwe (2002: 7) defines wellness as “a proactive, dynamic process whereby individuals and groups become aware of their life choices and ‘response-ability’ and then decide to make the right choices towards attaining a life of quality and wellness.” A few important constructs underlying such an approach immediately become apparent in our reflection on the meaning of wellness. They are:

Responsibility. The essence of responsibility includes anthropological, social, ethical and psychological dimensions. Responsibility is, after all, not an end in itself. Responsibility feeds on values. The responsible subject can and will only act responsible to preserve values that are held dear in order to maintain that which is precious. Applied to health care it means that the subject must act in such a way that the process that we call life is maintained. The arrow of time favours entropy and, unless deliberately counteracted, the subject will succumb to premature degeneration and ultimately physical annihilation. This begs for a decision of willpower which is a typical anthropological trait. Homo sapiens is endowed with this ability to choose “to be or not to be...”. It makes it so much easier when this decision ‘for life’ is in vogue with social trends. Fortunately westerners find themselves in a society where there is an increasing awareness of the lucrativeness of healthy diets and body workouts. This is aptly illustrated in the recent challenge which fitness consultant Bill Phillips (1999: 2ff) posed to the general public to win a blood-red Lamborghini Diablo as incentive for the best self-improvement feat

within a period of twelve weeks. More than fifty thousand people from all walks of life signed up to participate. To his amazement Bill Phillips got feedback that when these people were getting fit, they were also succeeding in getting their lives back in shape. Phillips comments that the participants “described off-the-chart leaps in self-confidence, self-respect and empowerment.”

Pro-activity. With wellness the focus shifts from remedial to preventative programme of action. The adage that prevention is better than cure holds true here. It is very costly and difficult to reverse adverse physical conditions accumulatively contracted over a long period of bodily neglect. The responsible person can avoid many life style illnesses by following a balanced diet and a simple exercise programme. This necessitates empowerment of the individual or group with the aid of primary health care training programmes. This need is sadly illustrated by the observation that most people know more about their cars than the biology of their own bodies (Van der Merwe 2002:7).

Continuous process and life style. The hustle and bustle of Western society demands quick fixes to keep the show on the road. Wellness contradicts this inclination by definition of its very essence. Wellness is a life style of maintenance, control, feed back, and discipline. It remains a constant challenge to choose wellness (Van der Merwe 2001: 32-39).

Integration. The interwovenness of the different domains of life is illustrated in the findings of Bill Phillips (1999: 3,4) when he discovered that by following the case studies of 50 000 people who participated in a fitness programme that “they discovered that taking control of their bodies broke down barriers all around them. People were more attracted to them. They got better jobs. They made greater amounts of money. Their relationship with colleagues, family, and friends improved. Their marriages got better. Their sex lives became more satisfying. Old habits that seemed impossible to break suddenly became easy to drop.”

Integration is based on the idea of wholeness which is technically known as the concept of holism. It calls for a strategy of integration and assimilation “into a complete functional wholeness... we become integrated into all we can be” (Van der Merwe 2002:7).

Wellness then is a barometer for the achieved amount of integration of the physical, mental, emotional, spiritual social, environmental and occupational aspects of our existence. Integration means to bring together and relate in a meaningful coherence. It spells out the ‘orderedness’ of our lives. It requires a process where ‘integrate’ explains the nature of the process – “to combine and assimilate into a complete functional wholeness” (Van der Merwe 2002:7).

People are often misled by the presence of things that create the impression that they are in a position to enjoy the benefits of those things. A person may say: “ I have a family, a wife and kids, I have a good job and a few friends, yet I am not fulfilled.” Presence does not constitute effectiveness. It is the way we relate to things, make them our own and give them significant position in our lives that count. It is a way to constitute ourselves as part of the socialization process. Hence, integration requires a prosocial attitude.

Prosocial behaviour is characterized by positive social interaction in contrast with antisocial behaviour (De Witt & Booyesen (Ed.) 1995: 14). Socialization in this regard does not only refer to other people such as family relations or friends, but also to the things that constitute our social environment.

The social role of the human body is something that is receiving increased focus and shifting the sociology of health and illness to the leading edge of contemporary sociological theory (Nettleton 1996: 19). This approach opens the subject discipline to consider the social aspects of the regulation of the body, something that is well attended to in natural health care as epitomized by Hoffmann (1996:11) when he says that “The whole individual – mind, body spirit and emotions – in the wider social setting of lifestyles and behaviour is

part of the greater whole, however, humanity itself exists in the context of the entire planet. All these levels work together in a dynamic integrated system.” Health, connectedness, happiness and peace are aspects of a quality life style. These aspects respectively indicate different sides of our human make-up. We can picture it in a column like this:

Health	- the status of a good functioning body
Connectedness	- the aspiration of the human spirit
Happiness	- the condition of healthy emotions
Peace	- the mode of a mind at ease

Health is normally associated with the body which implies physical health. We have defined the aspiration of the human spirit as connectedness. By this we mean the urge of the human person to belong and to be touched by a higher power. We can only live a quality life if we have found meaning, if we become connected. Connection means that we know that we derive our existence from God and we are not the coincidental product of blind chance. Connectedness also means that we have a relationship with God. Christians believe that they can talk to God and that they can experience the guiding of His Spirit.

Peace is descriptive of a mind at ease. A sound mind is part of total well-being since dementia, confusion, irritability, anger, resentment, hatred, suspicion, jealousy and like emotions seriously erode our well-being.

Happiness is the ideal state for emotions to be in. It shows that there is no fear, anxiety or depression. Happiness of course make us feel good. We can work effectively and exist optimally when we are in a happy state. Happiness can be expressed as humour, laughter, joy, zest, ambition, etc.

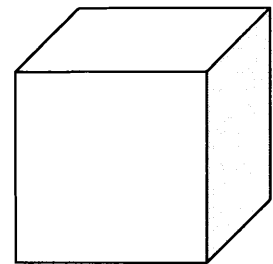
If we lack any of these qualities, we will be unable to experience total well-being – a quality that makes life worth living. When we talk about health, we realize that it stands not on its own. It is an aspect of other interrelated

aspects. These four belong together since in their integration they constitute the total human being.

If we have to present the human make-up graphically, we can portray in graphically as four equal quadrants.

Body	Mind
Spirit	Emotions

This does not mean that the human person consists of four parts. It is best not to view the human being as a composite entity that can be reduced to basic constituents. It must rather be construed as four sides of the total human person. Thus a more realistic or three dimensional way would be to model it as a cube with four sides to it.



The cube has of course six sides to it. We can, for the sake of presenting it graphically, ignore two sides and accept that any four sides respectively represent the emotions, mind, spirit and body. If erosion of any side takes place, the cube will be deformed which means that total well-being is disturbed. In the picture of the cube we are only able to see three sides at any given time. The fourth side is invisible just as we cannot easily picture the human spirit. We intuitively know it is there for we need it a fourth side (and a 5th and 6th) side to complete the cube.

This graphical portrayal helps us to visualize the truth that the four aspects that we have referred to are intricately interwoven with one another. If we grasp this profound truth, then we understand the idea behind total wellness.

To develop the idea further, we need to realize that it is possible to talk about one side at a time. We can, for instance, focus on issues of health or make a study of human emotion such as anxiety, stress, fear, depression, etc. Yet,

since these 'sides' are but expressions of the whole cube, we need to remember that any side is constantly being influence by all other sides. The practical consequence is that if someone is physically ill, we need to realize that there will also be deficiencies in other aspects of the human make-up. This principle caused scientists to talk about psychosomatic illnesses – physical symptoms that are related to negative thoughts and emotions. It therefore makes sense to talk about total well-being so that we may be able to detect the interrelatedness of all aspects within the total picture. Against this background we may now venture to define well-being:

Total well-being is a delicate balance between happy emotions, a peaceful mind, a connected spirit, and a fully functional body.

Note that even a person with happy emotions may sometimes experience down feelings and bouts of illness. No person is immune to spells of loneliness and setbacks of confusion. We are, however not concerned with sporadic attacks of dysfunction. Acute problems come and go, often without any lasting effects. It is prolonged situations of chronic attacks that disturb the balance and result in serious damage.

5.1. 2 The influence of holism

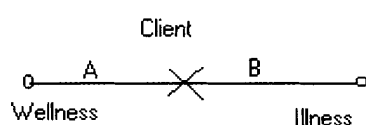
The underlying philosophy of holism is a powerful concept that structures natural health care. It leads us to the idea of wellness as a word descriptive of wholeness. Wellness is not the same as health. It is a model that explains the interrelatedness and dependence on all those aspects that contribute toward quality of life. Health is included in the broader framework of wellness and brings the insight to natural health care that treatment is not directed at curing disease so much, but rather has the scope of fostering integration. The use of any remedies such as herbs should be seen within this context as a contribution within the total spectrum of wellness to strengthen the innate healing ability of the body. It should be emphatically stated that herbs cannot heal, it can only stimulate the healing mechanisms of the body to heal itself.

Hoffmann (1996:11) says in this regard that “Holistic medicine also majors on therapeutic approaches that are aimed at mobilizing a person’s own capacity for healing. The person who is ‘ill’ is in fact the healer.”

This is a radical shift from where the medical doctor was regarded as the healer, to the client who has to assume responsibility for his/her own condition. The role of the professional in the context of wellness is to facilitate in the healing process. This explains why the wellness process was indicated above as requiring responsibility, life style changes, integration and pro-activity on the part of the client.

The medical approach can thus be characterized as a ‘hardware’ approach where the surgeons knife and prescription drugs form the tools. Although we do not deny the place that this may have in the total health care system, we do object to the fact that this approach becomes exalted to the prestigious level where it marginalizes all other health care attempts. The postmodern awaking will no longer tolerate the perpetuation of the belief that symptoms are best categorized into specific, discrete conditions or diseases that have one cause and one cure (Collins 1995: xi). This still smacks of the logico-positivistic epistemology that strived to objectify external reality. Not only does this reduce the human person to an objective anatomical frame, but it also transform the health “care systems” into fragmented “disease care” systems” (Ibid.:xi). What is needed is a more total and humane approach as that proposed by the wellness model.

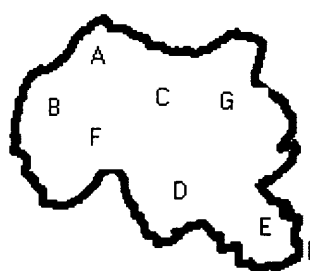
According to the wellness model the person is part of a dynamic process that takes place between the poles of wellness and illness. It can be graphically portrayed as follows:



The graph shows the continuum of wellness and illness. A indicates a relatively good state of integration. A is a position towards the pole of wellness where the client will “feel more

healthy". B indicates low integration. B is the illness quadrant where vague feelings of tiredness, irritability, sleeplessness, bad appetite, weak memory and low sex drive may set in. A person who lingers too long in this quadrant is more likely to develop a disease.

According to this model disease is a symptom of lingering illness. It can also be concluded from this model that a person may experience wellness although diseased. Disease is a strongly bodily associated condition since it is manifested as tissue degeneration, cell necrosis, or metabolic dysfunction. Illness on the other hand is related to the wide spectrum of things that impact on our general feeling of wellness such as emotional problems, general stress, career failure, marriage problems, and poor life style. Since the body constitutes only one aspect of the totality of the human being, the diseased person may still experience wellness. Wellness provides a context for healing since the dynamics of wholeness reveals that all these aspects are interdependent and related. It can graphically be portrayed as follows: The person is seen as a field comprised of many different aspects such as A – social aspect; B – economic aspect; D – psychological aspects such as mental and emotional; E – spiritual aspect; F – ecological aspect; G – bodily aspect, etc. I is on the outside of the field and indicates the possibility of transpersonal aspects such as cosmic forces.



The person is a field

Discussion. This field as the irregular appearance of a cloud which indicates that it is not a configuration that is formed in a precise Euclidian fashion. The human person as open system is a non-linear system where the interplay of different forces converge to form the person as a dynamic entity.

According to the postmodern understanding this person is constantly adapting and thus not a fixed, neatly demarcated entity. As we have discussed previously, the person is more than the sum total of all the constituent parts which emphasises the fact that there are no neat, solid or clear boundaries. These boundaries fluctuate with the ebb and flow of the domains in which the individual person participate.

The bio-medical model has placed a little box proverbially around the bodily aspect and made it into the object of medical study. Natural health care pleads for a broader perspective since health, like the phenomenon of life itself, is the one area where holism manifest itself the strongest. I can concede that medical science needs to limit their scope to the body for the sake of their scientific methodology, yet the very fact of the medicalization of life spells out that this has been exalted to the plane of the absolute. Wellness, as a model that seeks to reflect the person as a field, is then an honest endeavour to return to the whole as a more authentic way to present the reality of the person.

Science is often an abstraction for the purpose of experimentation and research. Empirical work always, however, involves taking on a theoretical position (Nettleton 1996:22) since our assumptions requires it. Medical science itself cannot divorce itself from the theoretical position where the very study of medicine also confirms the disciplines of medicine and sociology themselves. The study of sociology confirms that health and sickness is a social phenomenon in terms of the aspects of demographics and culture that impact on the health status of communities and individuals. "Extensive inequalities in health status by population group, urban/rural area and province have been observed" (Bradshaw et al 1996: 115). This means that the medical practitioner ought to understand that the social milieu is the broad context in which he/she practices medicine. To refuse cognizance of the way this context impacts health and disease of the doctors' patients is to practice quackery.

The question that now begs us is, how will a system look like that has to accommodate the broad spectrum of human existence. We have, in this discussion, paid much attention to the pivotal role of holism as a fundamental philosophy for natural health care. It may now become necessary to endeavour to extend the wellness model to the more clinical aspects of natural health care. In doing so I have tried to wed the bodily aspects of anatomy and physiology with the other aspects within the spectrum of

wellness. The result is a 'wellness anatomy and physiology' where anatomy and physiology is used in the broadest sense of the word as will hopefully become apparent from the ensuing discussion.

5.2 Wellness 'anatomy and physiology'

5.2.1 Background

Anatomy and physiology are the cornerstones on which medical science is constructed. Since the first publication of Henry Gray's classic book on the human anatomy in 1885 (Gray's anatomy 2002) the study of these disciplines have become unbearable to medical students all over the world. Anatomy is understood as the study of the structure of living organisms. In medicine it refers to the study of the form and gross structure of the various parts of the human body. It's complementary subject, physiology, is the science of the functioning of living organisms and of their component parts (Oxford Medical Dictionary 1998).

These disciplines are so ingrained in the curricula of medical training that it may almost sound non-sensical to ask the philosophical question: To what scientific genre does this approach belong? Yet, this daring question has never been more relevant than today since we currently experience the awakening to a more holistic understanding of the human person. Anatomy is indeed part of a very atomistic and mechanistic approach to the human body that has become critically challenged within a more postmodern context. In the Oxford definition of physiology cited above, physiology was defined as the science of the functioning of the component parts of the human body. The very word 'component' reveals an analytic stance that seeks to understand the system in terms of its composing parts. This may seem feasible to the modern mind trained in a reductionistic paradigm, yet is not without serious problems on a more meta-theoretical level.

Life, and the quality of life, namely health, are not atomistic based phenomena. Life cannot be reduced to any complex configuration of organs or cellular organization. Neither can life, consciousness and health be defined in terms of organic chemistry or quantum physics. This is not to deny the crucial role of the way matter becomes organized in living organisms and the role cells, hormones, enzymes and organs indeed play in the maintenance of metabolism in aid of sustaining life and health. One can venture to say that, in the metaphor of information technology, that organelles, cells tissues and organs form the *hardware*, but that life and health are programmed by the *software* of which we still have a very poor understanding. It will consequently be futile to restrict ourselves to a study of the hardware whilst being ignorant of the software that keeps the system up and running. This is unfortunately exactly what we have been doing in study of medical science. The latter can indeed, today, successfully manipulate the hardware by prescribing potent drugs and applying sophisticated surgery. When it comes to the role that emotions or mental processes for instance play in good health maintenance, a clear grasp eludes us.

As a lecturer of natural health care, I have always felt uneasy about the teaching of conventional anatomy and physiology in the context of alternative health care modalities. Although I was aware of the basic premise of holism, it remained extremely difficult to find a feasible alternative since no such system, as far as I know, exists. This research is an endeavour to lay the groundwork for a system that may be more congruent with the sentiments of natural healing. It is imperative to derive at an understanding of the working of the human body without having to sacrifice the ideal of a holistic understanding. Such an approach will have to integrate the emotional, social and ecological aspects of human existence into a system that can serve the needs of physical well-being. We will consequently have to take some clues from modalities and sub-disciplines such as psycho-neuro immunology (PNI), mind-body medicine, community health care, anthroposophical medicine, morphogenetic fields, kinesiology and psycho-somatic counselling that have all been working in related fields). This will hopefully provide us with some insights about a holistic system of well-being.

5.2.2 In search of a holistic system of well-being

For a natural healer to talk in terms of conventional anatomy and physiology will almost be a *contradictio in terminus*. Natural healing is a holistic system for it emphasises an integrated understanding of wellness. There are no quick fixes, and neither does the natural healer depend on only one remedy or regimen such as a herbal remedy. In naturopathy life style management, sound social interaction, sufficient sleep and rest and exercise are all of equal importance since health is not the absence of disease, but the quality of existence. It needs to be reiterated that anatomy and physiology are still based on an atomistic and reductionistic approach that provides tools to the doctor to diagnose in terms of cause and effect. This is philosophically far removed from a holistic approach that acknowledges the multi-dimensional aspects of reality.

Any health care system, including modern Western medicine, came about historically as the product of a certain cultural and environmental context. Two determining factors for health care emerge from this insight. In the first place, as the contexts keep on changing, the health system needs to adapt to new situations. Secondly, the usefulness and application of any one health care system is specific to the matrix out of which it has emerged, and will consequently be very limited in its usefulness to another society. In South Africa the situation is further complicated because of the cross-cultural elements inherent in the so-called rainbow nation. Influences that are pro-holism come from both the African sentiment as well as post-modernism.

In commenting on the emerging natural health care movement, Susan Schuster Campell (1998:2) comes to the conclusion that it is increasingly difficult to distinguish between western and alternative medicine since a holistic stance is penetrating everything. In her own words:

As studies prove, the benefits of natural remedies, herbs and holistic therapies once considered unscientific have

rapidly entered the main stream of my own country (the USA). A growing number of American physicians are now recommending holistic complementary treatments as well as conventional medical therapies. Many medical schools throughout the USA are now offering 'integrative medicine' programmes in which the new physicians learn western and alternative treatment.

Holism constitutes a profound change in our thinking. It is not only part of a new technique or methodology, but an acknowledgement that complex organisms are integrated beings where the whole is more than the sum total of the parts. The phrase 'holism' was coined by Jan Smuts with the publication of his seminal work in 1926 "Holism and evolution". With regards to the relationship between the whole and the parts of a system Smuts perceives that:

"A whole, which is *more* than the sum of its parts, has something internal, some inwardness of structure and function, some specific inner relations, some internality of character or nature which constitutes that more" (Smuts 1987:103).

The meaning of this is that wholes are composites with an internal structure, function and character which set it aside from mere mechanical constructions. The whole, such as the ability of an aeroplane to fly, is not something additional to the parts. The whole comes about by a specific configuration (structural arrangement) that, through synergy of the parts, constitutes the whole.

The following conceptual insights follows from the acceptance of holism:

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1. Holism is systems thinking which regards the process as important. In this light the definition of health as formulated in 1948 by the WHO is a somewhat static concept. The regard health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Vlok

2001:7). Although this is an interesting definition since it implies the inseparableness of the three domains of existence, it has been criticised as “a dream of unattainable ideal” (Ibid.:7). The real problem with this definition is that it talks about a state which has the connotation of a static condition which does not acknowledge the constant flux inherent in real existence. When existence is regarded as process, the best we can do is to talk about equilibrium or homeostasis which brings many constantly varying variables into play. Any slight deviation from this equilibrium, this balance between all the factors of integration, can be regarded as illness. Illness has to do then with the broad context of human existence. It implies that “any illness of behavioural disorder of a particular individual can be understood only in relation to the whole network of interactions in which the person is embedded (Capra 1983: 153).

Against this background Capra (1983:153) makes the sharp distinction between illness and disease. Whereas, disease is a well defined entity within the context of pathology, illness, as we have seen, is an indication of the wider context of integration as reflected in the human condition. This would mean that each disease, in a wider sense, is merely a symptom of an underlying illness. Natural healers are interested in the origins of this illness since that takes them to the root of the problem. It shifts the focus away from disease to health and illness. This view fully accommodates the dynamic process underlying the constant flux of existence. The individual is constantly moving between the poles of illness and health within the network of relations in which the person is embedded. Should the shift tarry too long at the pole of illness, disease may set in. The natural healer will introduce a regimen that will contribute towards a shift back to the pole of better integration, and hence health.

An interesting experiment to test this notion, was cited by Dossey (1982:112). The experimenter video taped a group of epileptic children in their family settings. This enabled the children to see the connection between emotional outburst followed by actual seizures. Insight into the relationship between emotional events and their seizures resulted in a drastic and significant

reduction in seizures. Dossey (1982:116) comes to the conclusion that the children were able to see their condition in the larger pattern of their lives and that the disorder could now no “longer be viewed as an intruding disease originating elsewhere, but as part of a process of living which can accurately be described as an unbroken whole”.

The very factors that influence our state of illness, or health, can be employed in treatment to restore us to an equilibrium. In the words of Michael Talbot (1996:89-90): “Instead of being separate and fundamentally isolated biological units, we are essentially dynamic processes and patterns that are no more analyzable into parts than are electron. More than this, we are connected, connected to the forces that create both sickness and health, to the beliefs of our society, to the attitudes of our friends, our family, and our doctors, and to the images, beliefs, and even the very words we use to apprehend the universe.” Consequently, if we harbour positive beliefs, practice positive images, enjoy friendship and support from relations, and have a purpose in life, we will move farther away from illness to better health.

To come back to the subjects of anatomy and physiology, we now understand that such subjects form part of the context of disease or pathology. It is helpful to understand how organs are affected once disease has set in. It may also be helpful to prescribe medicines to treat the organs and combat disease. Yet, if we fail to take cognizance of the underlying pattern of illness that feeds the disease, we miss the mark. On this level, however, the natural healer does not need to work per se with anatomy and physiology. Instead, the natural healer will work, in the context of illness, with process related concepts to which we will turn our attention next.

In order for the natural healer to understand the concepts related to process, insight is needed in the meta-theoretical implications of a process approach. The underlying principle here is that: **Structural aspects of holism leads to process on functional level.** Hence, in the context of holism process becomes all important. This necessary link was already seen by Smuts in his groundbreaking book on holism. In setting out the different stages in which

holism expresses itself, Smuts (1987:106) shows that physical or chemical properties of entities, as part of a natural body, become, through specific synthesis, actively co-operative and function jointly for the maintenance of the body, e.g. in a plant.

Process is thus not only a fad to be used as informative guideline for natural healing techniques. On the contrary, on a cosmological level, process is regarded as intrinsic to nature. Arthur Peacocke (1993:42) in discussing holism, puts it very aptly when he says that the underlying unity of the world is not only a matter of derivation from common underlying principles, laws and constants, but extends also to the common interrelatedness and interconnectedness. This manifests on the quantum level, and also on the macro level of the ecosphere. In his words:

“All living organisms live in intricate systems consisting of many cross-flows and exchanges of energy and matter that constitute labyrinths of sometimes baffling complexity. These biological ecosystems themselves are incorporated into much larger inorganic systems of flows of energy and matter through the seas, in the atmosphere and over land. This macro-perspective therefore also serves to correct any excessively fragmented understanding of the world...” (Peacocke 1993:43).

The context of process provides us with a framework for a deeper appreciation of function and status of systems such as living bodies. Technically, living systems are known as systems in the third state i.e. far from thermal and chemical equilibrium. Systems in the real world can exist in one of three states. In the first state and second states, systems are either in equilibrium or near to it. In a state of equilibrium, energy and matter flows have eliminated differences in temperature and concentration. This results in an unordered system where a random mix of particles leads to a homogeneous and dynamically inert system. They differ radically from systems in the third state who constitute so-called open systems in which free

energy can be transported from their environment across the system boundaries.

Different hierarchies as levels of organization can be discerned, for instance atoms, molecules, organelles, cells, tissue, organs, systems, etc. An important point is that, the level of organization does not determine the structural complexity of a system (Lazlo 1987: 24). In other words, the higher level is not necessarily more complex than its subsystems. In practice this means that "the structure of a molecule such as H₂O is considerably simpler than the atomic structure of hydrogen and oxygen. The structure of a cell colony is simpler than the structure of the constituent cells, and the structure of a termite colony, a baboon society, or an ecology is simpler than the organic structure of their individual members" (Lazlo 1987:25).

The sense in this is that the structural hierarchy is also a *control* hierarchy where suprasystems control certain aspects of the subsystems. Consequently, "Less complex systems on the higher level of organization can effectively control more complex systems on lower levels in virtue of the selective disregard, on the higher, controlling level, of the detailed dynamics of the lower-level units" (Lazlo 1987:25). This means that hierarchical control systems exercise a selective neglect of irrelevant details which forces the lower-level units into a pattern of collective behaviour independent of their own dynamic behaviour and function. This is a very important contribution in our understanding of how disease arises. The underlying principle is that when a network of higher control systems become dysfunctional and forces the lower level component of the human body into a collective behaviour that we know as disease. In this case the higher control systems include, as was already indicated above, social relationships, ecological harmony, and emotional turbulence. The control systems may serve as interface between the natural healer and the client to which we shall attend later.

2. Holism propagates the idea that although the parts contribute to the whole, it is the structural arrangement that brings about synergy. Consequently in

such a system the whole is in a sense in every part of the system. This is often expressed in the helpful term of a hologram. The *hologram* is a three dimensional picture made with the aid of a laser. In his book, *The holographic universe*, Michael Talbot (1996:16) points out that: "Three-dimensionality is not the only remarkable aspect of holograms. If a piece of holographic film containing the image of an apple is cut in half and then illuminated by a laser, each half will still be found to contain the entire image of the apple!" This means that the whole is contained in every part and even if the apple is divided again and again, an entire apple can still be constructed from each small portion of the film. This remarkable recursive quality is also evident in the human cell. We now know that the entire genetic code for an individual organism is contained in the 46 chromosomes of every cell in the human body. This forms the basis of cloning where an entire organism, identical to the parent, becomes organically developed in vitro from a somatic cell of the parent. This principle is of special importance to our understanding of the human body. In talking about the body within the holistic contexts, Capra (1983: 381) makes this important point:

"Detailed studies of the physical organism from this perspective show that the conventional distinction between nerves, muscles, skin, and bones are often quite artificial and do not reflect the physical reality. The entire muscle system of the organism is covered by loose connective tissue that integrate the muscles into a functional whole and cannot be separated either physically or conceptually from the muscle tissue, the nerve fibers, and the skin. Segments of this connective tissue are associated with different organs, and a variety of physiological disorders can be detected and cured by special techniques of connective-tissue massage."

This is not only applicable to the muscle tissue since natural healers have long realized that in sickness the whole person must be treated and not only the effected organ. The stance of the natural healer is

that John is ill. The focus is on strengthening the human body to overcome the disease rather than treating the organ or combating the disease. One can summarise by saying that the focus is on health and not on disease. In the vein of the World Health Organization the healer will seek to enhance total integration that brings about healing. In seeking to fulfil this objective, the natural healer will follow a broad approach – the qualitative improvement of the functioning of the whole body with all the organs. This approach recognises an under or over active organ may be a symptom of metabolic dysfunction elsewhere. Disease, as holistic phenomenon, can thus not be localized or restricted to a specific organ.

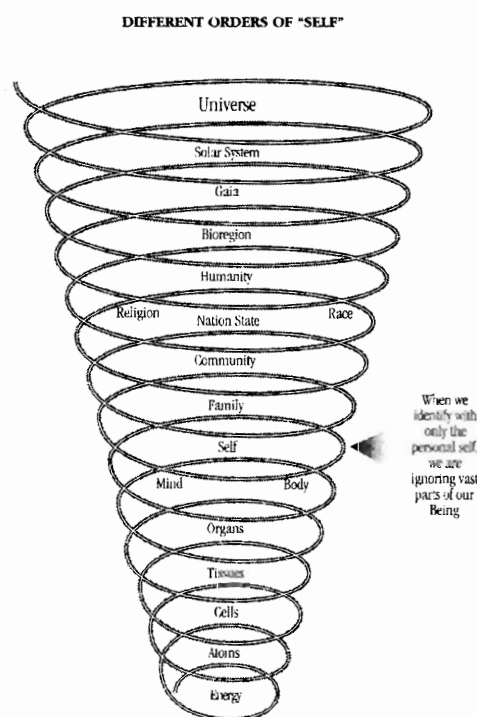
An affirmation of this is that of the so-called metabolic diseases²⁴ which are, by definition, a group of diseases developing as a result of disturbances in the metabolic pathways (De Villiers 1998: 45). The list includes atherosclerosis, ulcerative colitis, diverticulitis, cholecystitis, and diabetes mellitus type II. Some authors (H M Sinclair; Burkitt and Trowel and T L Cleave) also include inter alia hypertension, lung cancer, Crohn's disease, colon cancer, varicose veins, multiple sclerosis, rheumatoid arthritis, haemorrhoids, constipation, deep venous thrombosis, osteoporosis, leukaemia, nephrosis, acne vulgaris, obesity and asthma, etc. Metabolic diseases can be attributed to a faulty enzyme due to a loss of micronutrients or in some instances to genetics (de Villiers 1998: 45). This means that, if for instance, the lungs are implicated as in the example of lung cancer, or the pancreas may be implicated, as in the example of diabetes, that the cause may lie elsewhere and is derived from metabolic dysfunction in general.

Another example is the relationship between blood sugar and heart disease. Diabetics have a greatly increased risk of coronary heart disease. The contrary is also true, most heart patients have unstable blood sugar patterns. The precise reason for this relationship is unclear

²⁴ Also known as Western, civilized or industrial diseases.

(Serfontein 2003: 91). From these instances we learn that, once again, that it is often very difficult to determine the cause of a specific disease and that the manifestation may be far removed from the origin. It is thus expedient to treat the whole person in order to enhance the health status in general.

3. The whole spectrum of holistic functioning must be considered in natural health care. Health concerns the self and not only the body. The self is more than a body in health care. It is embedded in the matrix of many

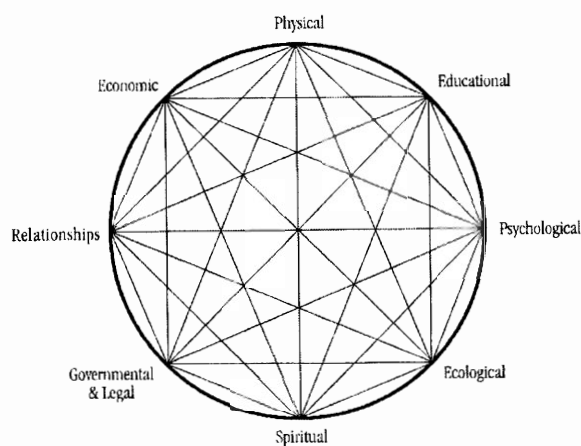


complementary domains, the one enfolded in the other and finding multiple expressions of each other. The anatomical and physiological aspects of health are only two factors amongst many other metaphysical spheres of existence. A graphical way of portraying this is that of Thomas Collins (1995:15) where he shows that all the interrelated aspects of existence form in a sense part of our being. It is a mistake, therefore, to identify only with the personal self. This is,

in actual fact, a model without boundaries – it is a model of health that involves all those infinite aspects of the all-inclusive being in an integrated whole. Vast parts of our being are made up of macro and micro systems that stretch into infinity. We are expressions of the universe, the solar system, the world (or Gaia), the bio-region, homo sapiens, community, and the family. On the micro level the self also forms part of the organs, tissues, cells, atoms and energy that constitute the “I” on material level. Collins refer to all these aspects as orders of “self” that contribute towards the self.

It could be feasible then to talk about a physical self, a social self, a psychological or personal self, a cultural self, a citizen self, a human self, an ecological self and a cosmic self. The “I” is indeed constituted by many “selves” each contributing to total well-being. The social self is, for instance, just as important for consideration in health care, as the biological or physiological aspects of our make up. This is succinctly formulated by Sarah Nettleton when she says: “The object of sociology, is thus the body. This is not the passive anatomical frame that was the focus of biomedicine, but the body that is capable of social interaction and its interpretation” (Gilbert et al 1996:22). In the light of this, it becomes evident that to consider only anatomical and physiological aspects when it comes to health care, will not be sufficient. A more comprehensive approach is needed to come to grips with the complexities of health, illness and disease.

EIGHT-POINTED WEB OF WHOLENESS



The different aspects that impact on wellness is graphically illustrated by the following diagram: Eight-pointed web of wholeness (Collins 1995:16). It addresses the physical, educational, psychological, ecological, spiritual, governmental/legal,

relationship, and economic poles of functioning. It begs for total integration of the self in terms of proper physical functioning, sufficient intellectual functioning, psychological well-being, high-quality, stimulating life long learning, wise technology, spiritual fulfilment, ecological harmony, harmonious relationships, just and fair governmental systems, protective and just legal status, sufficient livelihood and economic stability.

These aspects of integration can be used as an assessment tool by the natural healer to determine the total wellbeing of the client. The assessment

tool can take the form of a more detailed questionnaire to be filled in by the client that can provide a profile to the natural healer of areas that need to be improved. The principle is that integration is the basis for total well-being. Lack of integration spells illness and prolonged illness may result in disease of some sort. By coaching the client back to fuller integration, measures are instituted to prevent chronic-degenerative diseases such as cancer and diabetes from developing to a clinical stage. This kind of health care regimen fully complies with a social understanding of the self which is a much broader approach than that of the bio-medical model. It is ideally suited for the natural healer.

Total integration is a paradigmatic shift from the atomistic approach to anatomy and physiology which restricts it to biological dimensions. The holistic stance sees anatomy and physiology as part of the web of relationships that includes cognitive, emotive, spiritual and social aspects of human existence. The methodology of holistic anatomy and physiology will use as focal point the way these aspects impact on and relate to the biological dimension within the context of complexity. This exciting possibility will be the topic of our next discussion. It offers postmodern options towards developing a new model of holistic anatomy and physiology, or more particularly as was discussed above, 'holographic' anatomy and physiology. This adjective is descriptive of the internality of components in a holistic system, as was discussed above, where the whole becomes present in every part in terms of web of recursive reciprocal influence of each component on the rest.

5.2.3 Holographic functioning

5.2.3.1 Insights from the new science

Since the concept of an holistic approach to anatomy and physiology represents such a radical shift, it warrants a discussion of the metaphysical and meta-theoretical possibilities in more detail. This will necessitate the critical synthesis of various emerging modalities, research initiatives and postmodern epistemologies in order to come up with an acceptable

conceptual framework. Such a framework is imperative to the understanding, authenticity and application of a holistic approach to anatomy and physiology.

An overview of current literature reveals that the discussion of alternative medicine centres around methods and their effects rather than the philosophy or theory of medicine itself. Various models are proposed which includes the socialization of medicine, replacing drugs with herbal remedies, and shifting from morphological phenomena towards energy based treatments. Although these proposals may all sort under the holistic umbrella, a more profound revisit to the theory of medicine is needed since procedures and regimens are all based on underlying philosophical cornerstones.

In the strictest sense an holistic stance will not make a profound distinction between somatic, psychological and mental conditions. Such a differentiation is only possible on the primary level on which symptoms appear. Jan Smuts touched on this in his seminal work, *Holism and evolution*, when he indicated that a monistic conception of the universe is furthered by holism (1987:108-109). He qualifies by showing that this is not a barren or static monism as found in Absolutism, but a creative, progressive and pluralistic monism necessary to dissolve the heterogeneous concepts of matter, life and mind and recrystallise them out as polymorphous forms of itself. The result is "We shall thus be prepared to find more of life in matter, and more of mind in life, because the hard-and-fast demarcations between them have fallen away".

Mounting scientific evidence to support this is coming from different directions. David Bohm, theoretical physicist and philosopher, was one of the first thinkers to propose a theory in which consciousness is no longer fundamentally separated from matter (1983:197). This is based on the idea that both matter and consciousness have the so-called implicate order in common. The implicate, or enfolded, order is derived from the concept of holism. It is based on an understanding of order that is not merely to be understood solely in terms of regular arrangements of objects or regular events. It is rather a *total order* that is contained in each region of space and time in some *implicit* sense. Bohm feels that in the past science has,

conditioned by Cartesian coordinates of a grid like order, only considered the explicate order. The explicate order, or expression of the implicate order, are only of secondary significance. The implicate order warrants a new kind of description where there is an “unbroken and undivided totality” (Ibid:151). The epistemic implication of this is “it has no meaning to talk of a fundamental theory, on which all of physics could find a permanent basis.... Rather each theory will abstract a certain aspect that is relevant only in some limited context” (Ibid.:151).

Since Bohm first described the relationship between matter and consciousness, neurobiology and quantum physics rendered more evidence of this holistic phenomenon. Danah Zohar (1991:60) mentions in her discussion of a quantum mechanical model of consciousness, for instance, the discovery of non-local correlation effects that exist between particles apparently separated in space and time. This provides strong evidence of unifying effects that provides for a physical understanding of consciousness.

Of course holism does not support dualist positions. Classical dualism, that originated with the seventeenth century French philosopher, René Descartes, argued for two essentially distinct realities, or types of substances – matter and consciousness (or soul/spirit). The former obeys the laws of known physics, and the latter falls outside the ambit of physics. This is a position adopted by more recent scholars such as Eccles and Popper in *The self and its brain*. Eliminative materialism on the other hand sees only matter, such as Daniel Dennet, *consciousness explained*, consciousness is reduced to the functioning of the brain. Dualist who go beyond this kind of materialism will admit that there is a double aspect to matter – that of matter and mind.

The majority of scientist today, would however, reject dualism in favour of a more monistic perspective which is, philosophically, a more tenable position. In this light a new trend is to put forward quantum theories of consciousness. This originated in the 1930's with the biologist J B S Haldane and culminated in a very sophisticated explanation in the 1950' with David Bohm's notion of implicate order. The important aspects that we wish to emphasis is that it is

exactly the holistic properties of quantum structures that supports such attempts. Danah Zohar (2000:84) refers to this in her discussion of spiritual intelligence as ultimate intelligence: "Holism in this context means that the many individual parts of a quantum system are so fully integrated that they behave as a single unified whole." She cites Bose-Einstein condensates as a special class of quantum structures that exhibits this property of extreme holism. This is the basis of an interesting possibility that if a quantum structure of this kind were found in the brain, it would allow the individual neurones to behave synchronously as to become one. Consciousness could then be construed as a holistic quantum event.

Our interest here is, however, not in consciousness, but in the theory of health. The phenomenon of consciousness merely serves as illustration of the holistic or monistic understanding that comes with the postmodern epistemologies. The same principles that we apply to consciousness, would also be applicable to our understanding of health. Health in a holistic sense, is not a quantifiable entity, but an expression of wholeness that cannot be ultimately relegated to the status of organs, cells or tissue. This strongly figures in the work of Thorwald Dethlefsen and Rüdiger Dahlke (2002: 7) who believe that symptoms are not important in the diagnosis of a disease, but are all expressions of one and the same event which we call 'illness'. It is thus not the particularistic aspects of disease that are of primary importance, but rather the underlying dynamics that become expressed in the various symptoms. The interface for Dethlefsen and Dahlke (Ibid.:7) is the person's consciousness, which impacts on the body in a symptomatic way. It is thus never, to put it bluntly, the body that becomes ill, but the person that is ill. This means that the negative factors that impact on us in terms of the different domains in which we participate, influences the body via the consciousness. Illness is thus afforded consciousness-level status and the symptoms are afforded body-level status. This means that the natural healer will also have to work on consciousness-level and not, as in the bio-medical model, with anatomy and physiology as mechanical processes.

In the light of this approach, it can now be stated that it is unfortunate that medical science direct so much effort and resources to the treatment of organs and parts of the body, but grossly neglect the 'treatment' of the actual person that is ill. This can only be done when a shift takes place away from treating or avoiding symptoms to a procedure of *interpreting* symptoms as signals that direct our awareness to deeper underlying processes. To put it metaphorically for the sake of clarity, when the warning lights on the dashboard of a car do light up, we do not need to investigate the circuitry because we take them as signs that the vital functions of the car no longer operate properly. The symptoms are signals of invisible processes that demand health care regimens of a much wider scope than that of merely prescribing remedies.

Dethlefsen and Dahlke (2002:10) concurs with this when they emphatically explain that "Illness is a human condition which indicates that the patient is no longer *in order* or *in harmony* at the level of consciousness. This loss of inner balance manifests itself in the body as a symptom". In this regard, symptoms are no longer seen in a negative light as disturbances caused by some unwelcome external force, but rather as helpful signals helping the patient (and natural healer) to take responsibility for their own development and the growth of consciousness. The symptoms are not, in this perspective, part of an illness itself, but merely reflections of the corresponding states and conditions of consciousness itself. Symptoms, as we I have stated previously, are linked to disease, whereas illness has to do with wholeness, in this case wholeness that will affect the consciousness or the person. Dethlefsen and Dahlke (2002:12) also extends this wholeness also to the consciousness and hence talk about "wholeness of consciousness' which they equate interestingly enough, with enlightenment.

The concept of wholeness, brings us back to holism. It can, in the context of health, be construed as 'lacking nothing'. When anything, be it minutely small, is missing, we are no longer whole, but un-whole. Illness is thus *un-whole-ness*. That which is missing, is usually missing in the sense of not being integrated with the rest in order to transact a unity. On the other hand,

this also brings with it the insight that, since total and constant integration is only an ideal, illness and health form but two poles on a continuum where human beings fluctuate. People do not become ill, they are ill all the time to some extent. It can increase, or decrease from time to time within the flux of human existence, but never go away. Dethlefsen and Dahlke (2002:56) say in this vein "We human beings are inherently conflict-ridden and, by that very token, ill." Importantly though, is to see illness in the larger context of integration as the polar counterpart of health. Humans are not to be freed from illness, but need to constantly integrated with health in order to form a control mechanism that serves our evolutionary evolvement. Wholeness is, after all, not a static mode of existence, but a dynamic process in which different aspects need to be integrated in an ongoing process. In this sense illness serves as a turning point at which un-wholeness becomes wholeness in a new and refreshing way. This brings us to the notion of complexity which is the way in which this integration takes place.

Holism is the phenomenon that we encounter in complex systems where non-linearity abounds. In a linear system causality is a good explanatory system for effects in terms of causes. In this context the insistence to trace symptoms to diseases may make much sense. This is the underlying philosophy of the pathogenic theory of disease where the antibiotic treatment for bacteria and viruses is the major regimen of treatment. On the other hand, non-linearity discloses a multi-levelled view of reality where unpredictability and self organization abound. These phenomena have become part of what is popularly known as chaos-systems. In such systems it is not feasible to work in an atomistic fashion by analysing and dividing in order to comprehend. Chaos-systems lend itself more to qualitative notions of patterns, networks, rhythms and self-organization.

James Gleick (1987) with his work on the science of complexity coined the phrase 'chaos' some two decades ago. Chaos involves a scientific way of studying the dynamics of non-linear systems. It is a realization that matter has an innate tendency to self-organize and follow a path of unfolding complexity. Such systems are the rule rather than the exception. They

include myriads of phenomena such as the irregular firing of the neurons within the brain, the fluctuating rhythm of living systems, the apparently random weather systems, the broken texture of tree bark, the psychedelic formation of clouds and the varying palpitations of the beating heart. Chaos teaches us that a reductionistic stance of cause and effect is too simplistic to help us come to grips with reality. Peter Coveney and Peter Highfield (1995: 328) refer to the example of the mother that loses her son to cancer and desperately hunts for an explanation: "Was it the artificial flavouring in his favourite orange juice? Was it the electric power cable outside his room? Was it the cigarette smoke he inhaled?" They then point out that "sometimes, a simple cause can be established, but often one cannot be found. Similarly we come across surveys linking diet to health, which tell us about some particular type of food we should eat and what we should avoid. The surveys sometimes have conflicting results. However, complexity teaches us that effects can have an irreducible tangle of causes." To reiterate, the state of one's health depends on a vast number of contributing factors.

From the foregoing discussion, it becomes evident that in our dealing with illness and well-being, we will have to be informed by the implicit functioning of holistic dynamics. This will propose a model that involves aspects such as quantum holism, self-organization, integration, wholeness and un-wholeness, and holographic constructs. Instead of working with the atomistic distinctions between organs and the mechanistic functioning of physiology, a new approach is needed that is congruent with our understanding of wholeness and complexity. This strange new world offers an understanding that entertains the notion that 'everything is made of everything else' (Barrow 1988:175).

On the level of quantum field theories, when Amit Goswami (1993: 171) asks the question: "Could it be that a quantum mechanism in our brain, ... open itself to the supervention of non-local consciousness, with the classical parts of the brain performing the role of measuring apparatus for amplifying and making (if only temporary) records?", the question can probably be extended

to include the body. This would mean that the body is influenced at a deeper level by recording non-locality of quantum states sensitive to lack of integration. Treatment will then also have to involve these systems at a deeper level which involves the so-called quantum vacuum. This is an idea pursued by Deepak Chopra in his book *Quantum healing* (1990).

5.2.3.2 Emotions and energy

In holistic treatment, it always comes back to the consciousness on different levels. The consciousness stands as an interface between illness and health. A chorus of voices in natural health care are making this claim. John Bell (2003:36), for instance, makes the statement: "I believe your subconscious mind stores all your memories and entire mental vocabulary. It runs the incredible intricacy of your physiology." According to Bell the brainwave patterns of the mind are indicative of different states of consciousness. In these altered states of consciousness, we are able, according to Bell, to access vast resources of creativity, healing and understanding. The changes made on inner levels can translate themselves into physical healing.

It boils down to dealing with emotions, thoughts and feelings in order to rid ourselves of negative energies. The western world has taught us to shy away from negative thoughts, to cover it up, to become positive in our thinking. The healing movement has a new approach as epitomized by the spiritual healer quoted by Brandon Bays (1999) in her book "The journey". It was an answer to a student who asked what should she do if an intense emotion comes up. The teacher answered:

"Just *don't move*. Let yourself be completely present to the emotion. Welcome it. If a negative emotion arises, don't run away from it; don't run off top the refrigerator to eat some food to cover it up; don't turn on the television to distract yourself from it; don't call your friends to disperse its energy by gossiping about

it. Just stop and *feel* it. Just let yourself *be present* to it... if you *stay still*, if you are really *present* to it – in the very core of the feeling you will find peace (Bays 1999: 54).

Energy based healing affords a strong holistic understanding of the body. Distinction is made between the physical body, as intense vibration of energy, the etheric body enveloping the physical body, the emotional, mental and spiritual auras of the body. The physical body is seen to be part of the whole array of auras, different only in terms of intensity of energy vibrations. In discussing the holistic healing of disease symptoms, Howard Batie (2003:31) explains: “When the negative thoughts and beliefs one has about one’s self are released (Mental Body) and how one reacts to and “feels” about these thoughts are brought into harmony (Emotional Body), these negative patterns no longer adversely effect the Etheric Body, the pattern for the physical body. Then and only then has the disease and its cause been completely eliminated.

This approach clearly pays much attention to the intertwinement of the emotions, mental functioning and the physical body. This is important since it shows that the human person is not only a clinical object, but a personality in need of love, security and dependent on many other positive emotions to achieve well-being. This begs of the natural healer not only clinical insights, but human interaction as stated in the approach used by an energy healer such as Anne Jones (2002:70):

“The highest vibration and the strongest power for good is universal love. I personally like to add the energies of compassion too as these are soft and warm and give us empathy with all living beings. These are the energies I use for healing. I connect with them then direct them to the person who needs healing. This is easy enough actually – all I need is the intention and it will happen, as it will if you choose to connect.”

It seems then that emotions are strongly related to energies and the way we harness these forces for our own betterment. The venting of emotions requires skills that fall outside the ambit of understanding or mere counselling. This is well summarised by Anne Dickson in her work on self empowerment through our emotions (2000:146): "Noticing the body's responses and identifying that something is out of balance (Distress), and releasing accumulated emotion as an integral part of physical and mental health (Catharsis), require something beyond words; these skills require a degree of awareness of and trust in the body that is beyond the reach of most adults."

Working with energy, thus, goes beyond the normal scope of anatomy and physiology. Energy actually serves as an interface between the natural healer and the body since the energy fields are seen to impact on the body. The so-called human energy field forms part of what is known as the universal energy high field. The latter is construed to be a subtle energy field of very high vibrational frequency. These patterns coalesced, according to some theories, into denser areas with lower vibrational patterns that is now perceived as our physical universe (Batie 2003:4). The universal energy field is stills present and associated with the human body to form the human energy field. They form, in energy-based healing, the major and minor energy nodes throughout the body (equivalent to the chakras of Ayurvedic medicine); the subtle energy fields that surround the physical body; and the energy meridians responsible for circulating and distributing the energy to the tissues and organ of the body.

Medical science has in the past shied away from such esoteric perspectives of the human body since it does not have an apparent empirical basis. Accordingly conventional science with it's methodology of verification and falsification has no recourse energy-based healing. The question then begs, what is the scientific authenticity of these modalities? If modern science cannot accommodate these approaches, how will it weigh up in more postmodern contexts? Latest research in this area show promising possibilities for a consistent theory and science of energy-based medicine.

This involves, however, knowledge of cosmology and some other metaphysical issues that we will briefly consider in the ensuing discussion.

Isaac Newton introduced us to the idea of absolute space and time which was abandoned with the notion of special and general relativity. Newton's and Einstein's theories differ sharply on the nature of space and time. Yet, they still agree on certain basic facts that appear to be self evident. One such aspect is the separateness of objects that are removed from one another. The function of space here is to show that things occupying different locations in space, are different things to be distinguished from one another. This underscores the principle of *locality* which means that two objects can only influence or effect one another if, somehow, the distance between them is bridged. This is comparable to me talking to you by sending airwaves across space to your ear, or throwing a stone at you. The principle remains the same: something must be sent from here to there to traverse space.

In quantum theory, however, locality does no longer apply. This is one of the most mind-boggling aspects of the universe, that it seems to be non-local. From many physics experiments, that fall beyond the scope of this research, it has been concluded that sub-atomic particles or quanta can influence one another without transmitting information. This influence does not stand in the traditional cause-and-effect relationship "because nothing travels between the two distant location" (Greene 2004:117). This alludes to idea that some non-locality underlies all of reality. By some this has been called the quantum vacuum (Zohar) and by others it is referred as *symmetries* (Heisenberg). This underlying entity is thought of as the truly fundamental reality. David Peat sums it up as follows: These fundamental symmetries could be thought of as the archetypes of all matter and the ground of material existence. The elementary particles themselves would be simply the *material realizations* of these underlying symmetries (Peat 1987:94). The activities of the conscious and unconscious are seen, according to Peat, as the result of orders and patterns at some archetypal level – hence, there is no ultimate distinction between the mental and the material (Ibid. :97).

Deepak Chopra is one of the most influential thinkers today who applied the quantum model to healing. Chopra talks in no uncertain terms about the quantum mechanical body. It shows that the body, in terms of so-called neuro-peptides, is fluid enough to match the mind. A neuro-peptide molecule springs into existence "at the touch of a thought" (Chopra: 1990: 91). This work on the quantum level, according to Chopra, since the process does not take place in time or space (Ibid.: 93). In the Newtonian world, where we work with the notion of absolute space and time, it makes sense to talk about the body as being organized into a hierarchy of cells, tissues, organs and systems. In such a presentation each level of the body is logically related to the next in a definite sequence of influence. Everything here, though, happens in the Newtonian world. Modern anatomy and physiology has no idea of how the relationship between body parts looks like in the quantum world since the entanglement is so intricate that Brian Greene (2004:77) asks the profound question: "What does it mean to be separate in a quantum universe? In the quantum world, two widely separated particles are somehow 'in touch' with else, though spatially separate (Ibid.: 114). In standard quantum mechanics this is attributed to the 'faster-than-light' change in probability waves that is responsible for the influence. Bringing this closer to home, Chopra (1990:100-101) reckons that the only feasible explanation for the intricate way the DNA of a cell manages to choreograph the development of a foetus is to seek for the answer not on the level of matter. He comes to the conclusion that "DNA is constantly transferring messages from the quantum world to ours, tying new bits of intelligence to new bits of matter." We must remember that this possibility is founded on the idea that matter and energy come into being, at quantum level, out of something that is neither matter nor energy.

Against this background, Chopra (1990:102) translates the notion that all things spring into existence from this region beyond space and time, into a model where mind and matter associate with each other. The quantum level

inside us, he says, works with so-called neuropeptides. Neuropeptides are organic compounds that come into being through thoughts via the so-called quantum mechanical body. He says: "Whenever any mental event needs a physical counterpart, it works through the quantum mechanical human body (1990:103). Neuropeptides sit at the borderline of the quantum zone that constitutes the quantum mechanical human body. They can then immediately respond to the mind's commands. The quantum mechanical body is a layer of intelligence where the body as a whole is organized and correlated. This intelligence can express itself either as mind or body – thought or molecule. These two aspects are, therefore, always matched to each other, even when they appear to be separate.

If such a deeper level of reality can be accepted where nonlocality constitutes a basis for the interconnectedness of all aspects of the human body, then a holistic approach to the human body may result in a feasible model of holographic anatomy where every part is enfolded in every other part of the body on quantum level. This would evoke treatments that entail mind, energy and other holistic based regimens.

But, can the subatomic world of quantum mechanics, have a bearing on the medical world of disease and physiology? Chopra (1990:112) cites an interesting experiment to confirm that the apparent vast scale between medicine and quantum physics can be bridged. Jacques Benveniste performed an experiment that is outrageous to all nonquantum views of the world. He injected a common antibody called IgE (immunoglobulin E type) into some human blood serum. He then triggered it with an anti-IgE antibody in order to stimulate the release of antihistamine. Benveniste found, however, that even when the solution containing IgE was diluted, it still stimulated the same response of histamine release. The amazing thing was, when the original solution was diluted to the point where it contained just distilled water, the histamine reaction was still normal. The only possible conclusion was

that the phantom imprint (quantum memory) of the IgE molecules remained present in the original solution. These findings were published in the British journal *Nature* (June 1988) and subsequently confirmed by various other researchers. These unexpected findings correlate exactly with that of homeopathy.

Samuel Hahnemann (1755-1843) started his work as a doctor in the late 1700's. One of the principles discovered by Hahnemann was that of the potency of homeopathic medicines. The initial solution, called the mother tincture, is diluted successively either by factors of ten or hundred to create a so-called potentiate. More diluted remedies thus have a higher potentiate and this was found by Hahnemann to be more energized and effective than lower potentiate remedies (Hay 1984:151). This is also known as the law of infinitesimal dose (Goldberg 2002: 271). According to one theory, proposed by Emilio del Guidici, this principle is explained by the memory storage potential of water (Ibid.: 272). This, again, only makes sense within a quantum context of understanding.

The consequence of this possibility is that the water in our bodies, which comprises seventy to eighty percent of the body weight, could provide for a network of memory being dispersed throughout the body. Research has revealed that the brain is seventy four percent water, the bloodstream contains eighty three percent water, the kidneys eighty two percent, the muscles seventy five percent and the bones twenty two percent (Internet source www.primaldefense.net/springsoflife.htm 21-07-04). There is clearly no organ or tissue that does not contain an amount of water. This is an important observation in terms of the possibility that water links the whole body into a network of instant communication that bypasses the nervous system and the endocrine system. Much research has recently been conducted on the information carrying properties of water. This 'memory' is in the form of negative patterns. In the current literature the removal of these traces of negative energy produces so-called structured water. Structured water is not abundant in nature – it is claimed that it is found in unpolluted

centuries old water taken from deep in glacial cores. In the human body it is abundant in amniotic fluid and cytoplasm of healthy cells Internet source: 21/07/04 <http://www.creationsway.com/water.html>). According to research: "Minerals carry in their crystal structures unchangeable information from their geological genesis. These ancient frequencies are able to erase and transform negative patterns in the water... Organisms which come into contact with activated water are revitalized with beneficial regulating impulses" (Internet source 21/07/04 <http://siconaqua.com/background.php?source=overture&st=strw>). It is claimed that structured water "will enhance cellular hydration, enzyme activity and protein structure, and cellular communication. When any of these functions are compromised, disease and ageing processes begin to manifest or accelerate" (Internet source 21/07/04: http://www.alive-water.com/Alive_Water.html). Is it possible, one is tempted to wonder, that the flow of interaction provided by the water dispersed throughout the body provides, next to nerve and endocrine communication, a third way of communication between cells? This could only become a feasibility if one considers it within the quantum contexts. This could also be an explanation of the question asked by Chopra (Nacson 1998:48) of why, if the body replaces ninety eight percent of itself each year, why do we not shed our tendencies to constantly have the same illnesses? Somehow a deeper seated memory is retained that continue to generate the same impulses of information and energy.

David Bohm and David Peat approach the human body as an information system. They argue that, as a person grows older, through infections, allergies, contaminants considerable misinformation accumulates in the system. This results in diseases such as cancer and diabetes developing in the body. From an information system's point of view, the immune system of the body is supposed to clear up the misinformation in a natural way. They say that "the immune system itself is particularly complex and contains a very subtle kind of information that can respond to the whole "meaning" of what is happening to the order of the body. In this way it is able to distinguish misinformation from information needed for the body's healthy operation. It can be compared to a kind of "intelligence" that works within the body.

Moreover there is evidence that this sort of “intelligence” can respond to the higher levels that are usually associated with thoughts and feeling” (Bohm and Peat 1987:236).

This has indeed been clinically confirmed as it a well known fact that depressing thoughts can inhibit the activity of the immune system with resultant susceptibility to infections. Natural health care regimens accordingly focuses strongly on improving mental activity, motivating the will to live and ridding the patient of negative emotions. All of these ‘higher level’ aspects are conducive to the general health status. A positive mental attitude, a vigorous creative state of mind and a feeling of well-being can drastically aid recovery and even bring about recovery from degenerative diseases. Too summarize in the words of Bohm and Peat, “More generally, it can be said that good health is basically a manifestation of the overall creative intelligence, working in concert with the body, through various means that include exercise, diet, relaxation, and so on” (1987:236).

Emotions form an important part of the “higher level” aspects. Emotional states stand in direct relation to bodily responses such as cardiovascular changes due to sympathetic nervous activity; electrodermal changes; muscle tension,; and varying brain waves. Bodily responses also include respiratory and temperature changes, and pupil dilation or constriction (Schlebusch (Ed.) 1990:90).

From this physical impact of emotions in the body, we can extrapolate that negative emotions can ultimately influence one’s health. In natural health care this is not a new idea since “most traditional systems of medicine link emotions with the cause of physical disease. According to ancient Chinese medicine, an imbalance of emotions can disturb the functioning of internal organs (Watson 1995:131). This topic has received much attention in the psychoneuro-immunology. This shows connections between psychological areas of the brain and to the rest of the human body physiology. Clear indications have been documented where emotional states suppress the immune system as stated by Ian Weinberg (website 26/07/04): “More

importantly, specific mind-states have been identified which are associated with specific immune activity. For example, the optimistic, inspired and purpose-orientated individual has a much lower incidence of developing illness compared to one who is negative and devoid of purpose.” Ian Weinberg (website 26/07/04) says in this connection “Clearly, if mind states have such an important part to play in the origin and perpetuation of disease states such as infections and tumours, this needs to be addressed with at least as much importance as the physical (end-organ) manifestation. In fact, satisfactory treatment of the final manifestation of the disease (the tumour or the infection) requires that the origin of the negative process (usually seated at the level of psycho-social activity) be neutralised and positively enhanced as well. It does not matter what the specific type of treatment is that is being applied to the end-organ’ be it conventional or complementary.” This brings us to the question: How do we treat sick people in a holistic fashion? This is the theme of the final chapter.

5.3 Conclusion

The new paradigmatic approach to natural health care requires possibly also new ways of thinking about the body. We have discussed the idea that the body is embedded in a field of existence which includes many other aspects of personhood. The orthodox categories such as anatomy and physiology get new meaning in such a presentation where the organs of the human body are seen as expressions of quantum functioning and complex energy patterns.

The holograph serves a metaphor for the holistic idea that the totality of a system is also present in any part of the system. This challenges the conventional ways of dealing with the body by bringing into play things such as emotions and energy healing. It confirms the idea that natural health care is based on a new paradigm which does not have mechanical properties, but advances a more organismic understanding of reality. Treatment will also have to avail itself of these properties. This is the next discussion.

CHAPTER 6

TREATMENT IN AN HOLISTIC CONTEXT

6.1 Introduction

In conventional medicine the disease is targeted in the treatment, but in natural health care the total human person must be treated. How can this effectively be executed? Such treatment regimens will have, as we have already indicated, take various aspects into consideration. It can take the form of energy-healing, counselling to deal with emotional states, and also herbal remedies. The broader the scope of treatment, the better since the major purpose is not diagnostic narrowing, but holistic broadening.

To employ the model of wellness which follows an integrated approach means that the professional is a facilitator that guides the client to better integration. The facilitator will have to design ways such as questionnaires to assess the wellness status of the client. We have indicated previously that sub-clinical symptoms may be indicative of illness. They include tiredness, loss of appetite, low sexual drive, feelings of depressions, antisocial behaviour, impaired physical appearance such as skin, hair and nails that become flaky, etc.

This profile can assist the professional to determine a health care regimen that may include several modalities. The aim of natural health care is to enhance key body systems such as heart and cardiovascular health, detoxification processes, digestion and elimination, immune support, and stress management for the nervous system, and hormonal support (Van der Merwe 2002: 8). It is clear that health care counselling will form an important part of this regimen, especially in dealing with emotions. Later in this chapter a section will be devoted to this important aspect of facilitation.

The concept of wellness makes us aware that a very broad perspective needs to be addressed in order to do justice to our understanding of the human person as a field. This does not only entail an awareness of all the interrelated aspects, but also of the complexity of the system where every part is in a sense present in every other part. The hologram serves as a metaphor to convey the meaning of this intricate relationship. We may, therefore move in the direction of holographic health care.

6.2 Holographic health care

6.2.1 The social and cultural aspects

The word ecological approach was used by some (Capra 1996) which is a useful concept. An ecological approach is based on the idea of holism. Holism and health have the same root, namely that of wholeness. To be healthy is to be whole. To be completely whole is also to be holy. To work holistically is to work with the whole. This wholeness refers to the sum total of all human relationships, namely physically, psychologically, economically, educationally, socially, ecologically and spiritually. To lack in but one aspect is to miss wholeness.

The ecological approach is a macro approach. It concerns itself with the intricate ecological patterns and networks which constitute the human make up. This differs from the biomedical model which sees disease as caused by pathogens that have invaded the body; healing means the elimination of causative pathogens. The ecological model embraces the ecosystems like the social milieu, the physical environment, interpersonal relationships (that may have psychological effects²⁵ on the body), and the historical environment (in terms of genetically transferable diseases).

Although the notion of ecology is useful, it does not fully convey the idea of inclusiveness by which we mean that the interrelatedness is of such a nature

²⁵ Also known as *psychosomatic* conditions

that each part of a system represents every other part. Illness is thus a distortion of this delicate balance. This is more directly related to life than to the health or disease. Life issues require integration of balance. This idea is also found in Chinese medicine. Kaptchuk and Croucher develops a similar concept in their book: *The healing arts* (1986). They point out that one should distinguish between disease and illness (1986:26ff.).

Disease is a medical category. Disease is defined as a disorder with a specific cause and recognizable signs and symptoms (Oxford Medical Dictionary 1998). Illness, on the other hand in the words of Kaptchuk and Croucher is a mystery. Whereas the doctor deals with the disease – microbes, hormone deficiencies or tumours, the patients experience illness as the disorder, disruption and possible disintegration of their ordinary lives (Ibid.: 26).

It is often easy to diagnose the disease, but it is very difficult to determine the ramifications of the illness. Disease is a microscopic phenomenon limited to physiology and anatomy, whereas perceptions of illness are socially and culturally determined. This means that people in different countries will experience illness differently according to the social and historical milieu that shape their perception of illness. I have encountered many black people, for instance, who describe their ailment as something that moves in their stomach area – and they demonstrate the movement with their hands. Yet, I have never come across the same experience with white people. There are many other examples to confirm this.

Holographic health care will thus have to take cultural and social aspects into consideration. In some cultures children are taught to ignore pain, and in other cultures children are taught to convey the least discomfort to their mothers. Some cultures advance the idea of the supernatural cause of disease, while other cultures will sneer at it and promote only a scientifically plausible explanation (Gilbert et al 1996: 47). Another difference is that of individualism or collectiveness. Especially in western cultures sickness is a

rather private matter whereas traditional healers will involve the family (Ibid.:48).

Perhaps the following could serve as a guideline to enable the natural healer to take the social and cultural aspects into consideration:

Would the client like to involve his/her family members in the situation?;

What is the general view of the family on health and disease – are they health inclines, lifestyle aware and okay to talk about their problems?;

How open is the client to alternative ways of healing? Is it a last resort or do they believe in its value?;

Are there any aspects of natural healing that he/she sees as bordering on the occult? My experience is that western culture is very suspect of any healing modality that originated in the East.

Is the client willing to assume responsibility for his/her condition in order to make a life style change if necessary?

Does the client view healing in practical terms i.e. that it is not simply the remedy that brings the cure, but the involvement of the client in pursuing wellness.

Will the client be willing to sit for counselling sessions since emotional problems may also impact on the condition?

These and similar questions will enable the professional to compile a profile that will serve as guidance during the facilitation process. Apart from this, the professional should also understand, within the framework of holographic health care, the interwovenness of organs within the framework of holographic physiology and anatomy.

6.2.2 Clinical aspects

An interesting theory that demonstrates the way the organs are related come from the Chinese system. Jacques Caluwé (2001: 34ff.) relates how the energy flows through the body from the lungs via the large intestine, stomach, spleen/pancreas, the heart, small intestine, bladder, kidneys, triple heater

(parasympathetic nervous system), gall bladder to the liver. Blockages of energy in any of these systems can cause problems in preceding or following organs in this cycle.

In Chinese medicine each organ has a sense organ that becomes effected. The sense organ of the kidney is the ear. Caluwé (2001: 48049) cites a case study where a girl was successfully treated for buzzing ears by zooming in on her kidneys. Likewise another patient recovered her voice loss that was related to her empty adrenals. By stimulating adrenal production her voice recovered.

Of course the most famous example of this holographic principle where the whole is reflected in every part is that of reflexology and iridology.

Iris diagnosis is the observation and diagnosis of disease from the iris by making use of the topography of the iris (Kriege, 1997: 13-14). Frank Navratil believes that, as part of holistic health, the eye reveals the interacting systems and organs and how they effect each other – all the information about the body is encoded in the iris that is only a few millimetres in diameter (2001:11). If this is true, then the iris is one of the most fascinating demonstrations of the hologram principle where the whole is reflected in every part.

It is also known in medical circles that the retina of the eye is diagnostic – we can see indications of possible diabetes mellitus, possible brain tumours, blocking of the arteries and so forth (Bamer 1996:23). The same claim is made for the feet (reflexology) the tongue and ear (Chinese medicine). Felix Mann (s.a. : 8) explains that there is a causal relationship between disease, physical as well as mental, and the tender variety of acupuncture points. In the foreword, Aldeous Huxley says that currently acceptable physiological theory cannot explain how a needle stuck into one's foot can improve liver function, yet as a matter of empirical fact, it does. Here is another example of how stimulation of the foot improves the liver because, somehow, the liver is represented in the foot. To put it in another way, according to the holographic understanding, the totality is enfolded in every part.

In her book, Iridology – how the eyes reveal your health and your personality, Dorothy Hall makes the astonishing claim that problems in one area may be indicative of problems in a far removed part of the body. Some examples are that lymphatic congestion in the foot zone may indicate a thick head, likewise the well-being of the adrenal glands and kidneys depend on the energy in the legs (1981:173).

There are many other clinical aspects of this phenomenon that falls outside the scope of this study. Suffice to say that the natural health care professional should be aware of these interrelated aspects in terms of, what I have termed, the holographic aspect of the body.

6.3 Counselling aspects of natural health care

6.3.1 Introduction

Health Care Counselling is a new field, but I am convinced that it will attract much attention in the near future. It is part of a more comprehensive approach that includes health education, coaching of life style changes, emotional management, and facilitation for better overall integration. People are globally being awakened to the wisdom of the body. This is also encouraged by policy such as the Jakarta Declaration and the Ottawa Charter which promotes the development of personal skills and the strengthening of community action (Coulson et al 1998:181). Well known authors are also promoting a comprehensive approach to health care (Holford 1997, 2003; Chopra 1990; Serfontein 2001, 2003; Van der Merwe 2001, 2002). New teachings about the essence of healing are changing the way people think about themselves and conventional medicine.

Health Care Counselling is part of naturopathic and natural health care approaches, although it is wider than these approaches. The health care counsellor is trained in counselling which places him/her in a position to provide general therapeutic counselling as well as health care counselling.

The focus of the health care counsellor is thus the human person within the spiritual, social and physical contexts of existence. This holistic approach is termed by Capra (1996) 'Deep Ecology'. This is not only a loose term, but indicative of a new paradigm. The word ecology has the connotation of seeing something as it is embedded in its natural environment. Capra (1996:7) contrasts deep ecology with shallow ecology which is anthropocentric – seeing humans as above or outside of nature. Deep ecology, on the other hand does not see the world as a collection of isolated objects but as a network of phenomena that are fundamentally interconnected and interdependent. According to this perspective humans are but one particular strand in the web of interconnected things making up the world.

Such a new paradigm brings with it new values and new methodologies. I will endeavour to summarise it by referring to the different methodological modalities:

MODALITY	OLD PARADIGM	NEW PARADIGM
Method	Reductionistic	Integrative
Rationale	Rational	Intuitive
Scope	Isolation	Ecological
Mechanism	Quantity	Quality
Pattern	Linear	Nonlinear

Conventional medicine undeniably remains a good option for those who find themselves in a crisis like having a coronary attack or a broken leg. Yet, people should refrain from looking for quick fixes to remedy the unhealthy life styles that modern living imposes upon us. What is desperately needed is a new vision of health, a return to self care and an understanding of what it means to become whole again. I believe that health care counselling can provide the doorway to a new paradigm.

Health care counselling integrates all aspects that touches upon the wellbeing of the human person. It facilitates wholeness. The health care counsellor is a

trained professional that is competent to guide the individual or community to a fulfilling sense of wellbeing. The HCC is not merely a counsellor in the traditional sense of the word. On the contrary, he/she is skilled to use all the contemporary aids to encourage self care and diagnostic tools to provide a comprehensive profile of the counselee. The HCC can provide a customised program to the frail and minimised individual to start on a new road towards fulfilment and health.

Health Care Counselling is not optional, it is a necessity for every person because everyone living person has a body that needs constant care and nourishment. Against this background it becomes clear how health can be enhanced through lifestyle. General guidelines include the following:

Any person can significantly reduce their risk of dying by following a healthy lifestyle. Research (Belloc & Breslow, 1972: 409-421) has shown that the risk of death at any age decreases linearly with the implementation of the following number of health-related practices:

1. Sleeping 7-8 hours per day
2. Eating breakfast almost every day
3. Rarely eating between meals
4. Not being overweight
5. Not smoking
6. Not drinking (or drinking moderately)
7. Exercising regularly

Health can thus be improved by following a decision to take care of our bodies. For this reason people need health education in order to learn what is best for them. In the words of Maimonides "He is a great fool who believes he only needs a physician when he is ill." The role of the physician is therefore not only to remedy, but to enlighten. Unfortunately this is not done in the normal course of events. This role needs then to be taken over by the counsellor who approaches his/her work in a holistic fashion. Let us term this health care counselling or HCC.

HCC is a unique field of study that differs from medical science, primary health care, nursing and naturopathy although it contains some aspects of all these related fields.

HCC is a very neglected subject. In conventional medicine health is equated with the absence of disease. Consequently people only think about health if when they actually become ill. This is a mistake for health entails much more than the absence of disease. The root meaning of health is to be whole. In line with this perspective the World Health Organization defined health in 1946 as “a state of complete physical, mental and social well being”. The implication of this, in the words of the American Medical Association, “Health is not the mere absence of disease, but a positive quality of living.” This positive attitude is something that needs to be inspired by providing workable knowledge to people of the living body” (Van Rensburg et al 1992:92).

Often times people who are not really ill, do not necessarily live quality a quality life. A quality life is a life filled with knowledge that inspires zest, enthusiasm, creativity, love and power to overcome. The Bible calls this abundant life. A famous saying of Jesus is: “The thief comes only in order that he may steal and may kill and destroy. I came that they may have and enjoy life, and have it in abundance—to the full, till it overflows” (John 10:10 Amp.)

The thief that robs us of a quality life comes in many guises. It may be poverty, strife and tension, marriage problems, malnutrition, joblessness, or stress. These are the social factors that that robs us from well-being. By reducing the resistance of the body, makes us susceptible to disease, viruses and bacteria. When one starts to realize this, you opt for a more holistic approach to existence. It includes all spheres of life, namely the physical, educational, psychological, spiritual, environmental and economic aspects. Wellness is far more than the absence of disease, it is a process of

approaching one's fullest, most zestful, and joyful participation in every aspect of one's life.

Health Care Counselling (HCC) also involves preventative health. By this I do not mean epidemiology which requires inoculation (Ratelle 1998). In natural health care this means working with sub-clinical conditions or what Serfontein (2003) calls vertical disease. Vertical disease is a condition, mostly the beginning phases of chronic metabolic disease, that effect the quality of life, without being aware (Ibid.:7). The slogan that prevention is better than cure is very applicable here. Health starts with healthy living, good eating habits, peace of mind, regular exercise, and a positive attitude. This can only be the result of sound guidance about optimum nutrition and health life styles.

HCC is the guidance that a Health Care Counsellor offers to people to assists them in living an optimum life. It involves the elimination of all harmful elements that may rob people of their quality of their existence in the long run.

There are also elements of counselling in traditional African healing. Bodibe (1992:154) has found that "traditional healing involves the unconscious aspects of the mind – especially by relating dreams in an unquestioning way might have and integrating and healing effect. This takes place in the form of ritual dancing, singing, relating of dreams, and divination and is known as the *intlombe*. Bodibe come to the conclusion that the aim of the *intlombe* seems to be the integration of the unconscious with the conscious.

6.3.2 Counselling as health care counselling

People go to a counsellor for general guidance. The usual range of problems include marriage problems, personal problems such as feeling down (which does not indicate depression), feelings of inferiority, anxiety, jealousy, fear and hatred, worry about financial difficulties, an inability to cope with the

challenges of life, sexual molestation, stress, depression, loneliness, family problems, and so on. These people are seldom without physical manifestations of their worries. There is a renewed sense that many diseases are of a psychosomatic nature.

Psychosomatic medicine is the field of study that researches how psychological problems might exacerbate particular kinds of diseases, such as ulcers, asthma and migraine headaches (Sternberg 1995: 713). The HCC does, however, not only study psychologically related diseases, but extends his/her field of expertise to include issues of health in general.

This does not mean that we simply add health related issues to social and psychological problems. It is not a plus factor, but a multiplication factor for physical issues are intertwined with all other aspects of existence. The human person is, in the ecological sense, the product of physical, social psychological and spiritual factors. Consequently it is of no lasting value to pay attention to any one of these factors without also involving the others. Health in the widest sense of the word is wholeness. This implies a balance between all the impulses that constitute the human person.

This is a postmodern perspective. It necessitates a paradigm shift to a holistic understanding of the world.

With the focus on health in the broad sense of the word, the HCC needs to be professionally trained to also help people with general health questions, apart from social, spiritual or psychological problems. Since health is not per se the focus of the medical doctor, the HCC is not transgressing in the field of the medical doctor. The medical doctor is trained to treat diseases. This is the essence of allopathic medicine, deriving from the root meaning of 'against'. Allopathic medicine is against pathogens. Consequently drugs are prescribed to combat disease. The main thrust of the medical doctor is not to restore the balance of the body or to help the body to fight disease. The doctor fights the disease with his high-tech drugs.

The difference between the HCC and the medical profession becomes clear in the following comparison between the two professions:

HEALTH CARE COUNSELLOR	MEDICAL DOCTOR
Specializes in preventative health	Specializes in treatment of patients
Provides counselling to eliminate elements harmful to health and well-being	Provides a diagnosis of disease
Diagnostic tools includes making a profile of the counselee	Diagnostic tools used to track the disease
Provides nutrients and minerals to strengthen the body to combat disease	Provides medicine to combat the disease directly
Objective is to encourage optimum health	Objective is to fight disease
Long term assistance and continuing support	Short term help based on consultation and a course of medication
Walks the road to wholeness with the counselee	Only available during crises
Prescribes guidelines to healthier living supported by nutritional health	Prescribes chemicals that effects the body and relieves the symptoms
Prescriptions based on natural and organic products with no side effects	Prescriptions based on high tech synthetic medicines usually with negative side effects
Very effective as a long term program	Very effective as a short term/crisis solution

6.4 Stress in the body

Let us translate our discussion into practical terms. From our afore going discussion it ought to be clear that: -

A person who harbours thoughts of resentment and hatred we can expect to become physically crippled. A person, for instance, who is overly stressed may sooner or later also develop some physical ailment such as heart problems, autoimmune diseases (such as arthritis or lupus), or asthma.

Stress normally has a strong psychological connotation. Stress was first used in English during the 17th century to describe distress, oppression, hardship and adversity. Charles Spielberger (1979:8) reminds us that the concept of stress was introduced into the physical sciences in a manner that served to reinforce the popular usage. "In early investigations of the elastic properties of solid materials. 'stress' referred to external pressure or force applied to an object." Consequently it helps to have support in carrying the stress. Within the wellness approach it is important to realize that appropriate social support can reduce stress (Woolfe & Dryden 1996:533).

Some facts about stress: -

- Stress is not bad in itself. As a matter of fact, stress is a normal fear reaction. Every person needs a fair amount of stress to be able to do their work, survive chores, and overcome difficulties. Spurgeon, the famous preacher, remarked that without stress the bow cannot shoot the arrow far. Stress fuels our strives and propels our drives.
- Stress is a genetically inherited reaction of the human body to ensure our survival in threatening situations. Psychologists refer to it as the fight or flight reaction in which the human person must either defend herself or flee from the danger. Without stress we will easily fall prey to danger.

- Irrespective of whether fear is real or imaginary, the human body responds in the same way. Stress is the way the person reacts physiologically, emotionally, and in terms of behaviour to threatening or challenging circumstances, persons or things in order to regain balance (equilibrium) in response to internal and external pressure (Van der Merwe, 2001: 8).
- It becomes a problem when the body is not able to return to the normal state of equilibrium after the complicated biochemical reactions that were caused by a stress reaction.
- We are daily and constantly subjected to stressful situations. Since we cannot avoid stress, it becomes imperative to learn how to cope with stress. These skills are often referred to as stress management.
- Stress may be caused by many different factors. Stressors may be of a physical nature, i.e. other dangerous people, heavy traffic, poverty; it may be of a criminal nature, i.e. hijack, rape, abuse; it may be of abstract nature such as noise pollution, uncomfortable temperatures; it may be imaginary such as nightmares, hallucinations or imagined things; or it may be of emotional or mental nature, i.e. relationship conflict, a difficult work situation, frustration, anger, revenge, etc.

The branch of science that explores the damaging effects of chronic stress on the central nervous system, the body's defence against external infection, and aberrant cell division, is that of psychoneuro-immunology (Fontaine & Fletcher 1999:517). In order to be able to understand how stress affects the human person, we need to make a study of the reaction that is triggered in the body by the factor causing the stress (stressor).

- We become aware of a stressor in the form of a sensory input – thinking, hearing or seeing or tasting or smelling something that causes

fear;

- The sensory stimulus is transferred to the higher centres of the brain i.e. the cortex and the hypothalamus
- The message becomes transmitted to the sympathetic part of the nervous system
- The reaction of the body to the stimulus is a stress reaction that causes the heart to beat faster, shortness of breath and an increased metabolism
- The stress hormones, cortisol, adrenaline and noradrenaline are secreted by the adrenal glands situated on top of the two kidneys. The thyroid gland excretes T3 and T4 hormones to increase the metabolism of the body. The immune systems and the digestive and uro-genital (bladder and genitals) systems slow down to save some energy for where it is needed most. The metabolism increases to step up energy and the skin perspires more to lower the temperature caused by the escalation in metabolism. The heart beats faster to provide more oxygen to where it is needed and we increase our breathing rate. Muscular contractions take place to prepare the body ready for a fight or flight response (Van der Merwe 2001:9).

It is clear from this that the whole body is effected in a stressful situation. Consequently the different systems and organs may be negatively effected in a prolonged stress situation. Let us look at some possible examples:

- The uro-genital system become overtaxed when stress is not relieved. This may call weak bladder control with resulting incontinence, infections, kidney disease, low libido and menopausal and pre-menstrual problems.
- The thyroid gland and the adrenal glands form part of the endocrine system. This may cause a weakened immune system with resulting infections. The pancreas may also be effected causing low blood sugar (hypoglycaemia) or diabetes.

- Digestive problems include spastic colon, Crohn's disease or gastritis.
- Skin problems include acne and eczema
- An over stressed nervous system may lead to depression, anxiety attacks, or perhaps Alzheimer's disease.
- Stress effects in the body can also cause angina (heart pain), asthma, arthritis, lupus, multiple sclerosis, psoriasis, ulcerative colitis, cancer, cardiovascular disease, headaches, etc.

6.5 The effect of nutrient deficiencies

Just as the body is effected by emotions or stress, the emotions and functioning of the mind are also effected by nutritional deficiency (Holford 1998; Serfontein2003). The following table provides a picture of how mental conditions may be related to deficient nutrition.

NUTRIENT DEFICIENCY/OVERINDULGENCE	DISORDER
Vitamin B12	Chronic fatigue syndrome Alzheimer's disease ²⁶ Depression, Irritability, Crankiness, Eccentricity, Mood swings, Memory loss, Rage attacks, Apathy, Insomnia
Low blood sugar (hypoglycaemia)	Irritability, Dizziness, Confusion, Blurry vision
Dietary nicotinic acid (B3) deficiency	Confusion, depression, psychosis
Decreased glycine levels	Schizophrenia
Raised blood cholesterol levels	Manic depression
Low magnesium	Disorientation, delirious

²⁶ The major manifestation of this disease is dementia. Dementia means that there is a slowing of the thought processes demonstrated by a decline in short term memory.

Iodine deficiency	Dullness, apathy
Dietary pantothenic acid deficiency	Depression
Cerebral (brain) allergies	Manic- depression

(Adapted from Holford 2003: 47).

“Let food be you medicine” is a famous saying of Hippocrates. Modern medicine is discovering that diet and nutrition has a profound effect on the human body. The health status of the body is a direct result of what we eat and drink or do not eat and drink. We are quick to run to a doctor when we are not well but in the first instance we are responsible for our own well-being. The doctor cannot control our diet. Most of the time we can prevent disease taking over our bodies by simply avoiding harmful chemicals such as preservatives and by eating a balanced diet.

Most of us are satisfied that we eat enough every day, but the sad fact is that the food we purchase in the supermarkets do not contain sufficient nutrients. Many of us are actually slowly depriving our bodies of vital nutrients without realizing it. Many foods do not contain adequate amounts of nutrients due to many factors. Fertilizers, for instance, rob vegetables from vitamins and minerals. Fruit kept in refrigerators do not keep their vitamins for long. Processes and refined food are inferior in quality. Consequently we do not always get a sufficient intake of the necessary nutrients even if we do eat a so-called balanced meal every day. Often times we are forced to take additional supplements in the form of capsules and powders (Puhn 1998).

Something that is also increasingly receiving attention in natural health care nowadays is the role of emotions.

6.6 The role of emotions

6.6.1 Introduction

In the previous chapter I have indicated the role of emotions as the flow of energy. Energy manifests itself on a mental level as different emotions with respectively different frequencies. This takes us back to the context of health care counselling where the natural healer is challenged to deal with the emotions of the client. In the ensuing discussion I will give more attention to the social understanding of emotion.

Emotional self-understanding is a crucial prerequisite to a meaningful social life. The departure of this author is that emotions do not originate, in the sense of their meaning, in the brain, but in the matrix of the social relationships in which we are engaged. This approach helps us develop our social intelligence – the ability to engage in meaningful relationships in such a way that we contribute to our own growth and development. It also provides some useful techniques and questionnaires to help us manage our emotions. In conclusion an unusual and fresh perspective shows us how sin may taint our emotions. By learning to manage stressful social relationships, we can improve our emotional wellbeing.

There are two sides to this coin – self-understanding within in the broadest sense of being part of the human family, and self-understanding as the subjective ‘me’. The former is the social aspect which emphasises that the purpose of our emotions is to serve a social function (Sternberg 1995: 583-584).

What is new in today’s world is that the *emotional-self*, within the emerging new paradigm or framework of thinking, is no longer regarded as a fixed or static entity. It is not simply a matter of genetics. We often hear people say that this is the way they were born. Rather than viewing the self as a fixed, inherited emotional entity, the new way of thinking begs us to adhere to the insight that the self is embedded in a whole array of contexts and relations

that contribute towards the identity of the self. Simply put, emotions have to do with relations – the way we react.

In the past emotions were strongly associated with the nexus of neurons in the mammalian part of the human brain. This notion leads to the idea that we can put a frame around the limbic system where emotions originate for the purpose of study. A sociological perspective will, however, reveal that emotions must be regarded in a much wider context as the energy that flows between people engaged in social relationships. It is true that the individual is wired for emotional impulses, but they do not originate there. It is much more true that emotions originate within the nexus or network of the intercommunicative relations between people who are socially engaged.

Emotions are processed by the human brain, but their existence can be attributed to the way people assert themselves within the community and the environment. All emotions can be traced to the subjective way that people maintain their personhood within the web of myriads of relationships. Fear is for instance the feeling that warns us to flee when our existence becomes threatened. Love constrains us to engage in intimacy. Anger protects us in the sense that it prepares us to fight back in order to survive. Happiness is a barometer of the way we enjoy the company and contribution of our fellow human person. Sadness is the way we subjectively shrink away from people who disappoints us. In summary, all the fundamental emotions serve social functions. Without our engagements there is no need for emotions. This insight confirms the idea that emotions are currents of relational energy – the result of our reaction to the way other people engage with us. It is a measure of our social sensitiveness.

In the conventional approach, Western therapy focuses on the content of consciousness – emotion, thoughts, memories, impulses, images and the self-concept (Meyer et al 1997:613). In natural health care, the idea is to work with emotions on a deeper level, not only as the content of the consciousness, but as the way the value aspect of social reality is disclosed to

us. This view encourages emotional feel for the social dimension of our existence.

Individualism is one typical western notion that desensitizes us. The conviction so deeply ingrained in western society: "I live my own life, I can survive on my own and I do not need any other people" ultimately leads to a very reduced existence. The very principle of wholeness implies relatedness and communication. In the words of the Barbara Streisand song *"People who need people are the happiest people in the world"*.

Counselling is in essence that of a helping relationship in which the counsellor supports the counselee or one seeking counselling. The counsellor is a facilitator that guides the counselee and make him/herself available to the counselee with the objective of helping the counselee find meaning, manage problem situations, regain perspective and experience inner peace. Self-counselling is the way we manage our own emotions and stand in an intra-personal relationship with ourselves. It involves the dialogue between the *I* and *me*.

Throughout the counselling process one becomes aware of the holistic nature of counselling. Holism means 'wholeness' and the philosophical idea behind it is that of totality and integration. People who are successful in their careers may often fail in marriage; or a successful sportsman may be a less successful father. True fulfilment can only come when we become successful in the whole spectrum of relationships. Failure in one aspect will make people feel miserable irrespective of success in other areas. To be happy means to be whole, to find balance between all aspects of existence such as career, family life, spirituality, social interaction, physical well-being and leisure time. It means full commitment to social engagement and healthy relationships. To put it simply, the *me* can only be content and fulfilled if the *I* is part of a happy and fulfilled whole which, especially, includes significant others.

6.6.2 The application of wholeness

Existence is co-existence. No person is an island. The self only exists as part of a greater existence in which it is embedded. The whole of existence, including families, communities, societies, nations, the world, the universe is one integrated wholeness. This is the web of life. Wholeness means integration where every part is enfolded in every other part. Such that the very substance of which the universe is comprised forms part of my make-up and very being. I cannot divorce myself from the totality of the universe and all that it contains. I am truly a child of the universe and as such at home in the universe. Whatever catastrophe may befall the universe will also dictate my fate. Whenever I act with boldness and faith, the universe will respond positively.

Due to the imperfection and brokenness of nature as well as the complexity of life, stressful situations may arise from time to time with perplexing and disturbing consequences. No person, however competent, is immune to or exempt from such stressful situations. It brings us to the realization that 'I cannot be whole if my world is un-whole'. People experience existence as a whole made up of all aspects of life. In order to be at peace one has to integrate all these different aspects into a meaningful totality that is balanced or in equilibrium. Such is the holistic nature of existence.

Of course this integration is not a static situation that becomes permanent. Integration is rather a dynamic process marked by the ebb and flow of change and constant turbulence. To find peace and to be able to live life in a meaningful way does indeed not mean being problem free. Perfect conditions are not possible at all times – yet we may achieve equilibrium in the sense of finding balance. What upsets people the most is the loss of control and hope. Equilibrium means that there is harmony between the different facets that make up my life. It means being able to let success in one area also flow over to another area so that I can grow in all areas.

It is important to realize that the situation of distress in which the perplexed or disturbed person may find him or herself is usually of a temporary nature and could end sooner or later. Although we may never be rid of problems in this life, we can often solve or work through those who make life temporally unbearable. We are emotionally sensitive to our social and circumstantial environment. Hence, we need to constantly manage our emotions.

The disturbing emotions that upset us at times are usually the 'pain' we experience when the equilibrium or balance of life is disturbed. Just as the body reacts in pain when I hurt my foot, the limbic system will register hurt as a warning signal. Such emotions are voices meant to be listened to. It may be a shout such as that of anger, it may be a plea such as shame, it may be a demand such as guilt. Irrespective of what kind of voice our emotion may speak in, we should refrain from denying it, blocking it, muffling it or ignoring it. There are no negative emotions except the ones we suppress (Bell 2003:125). Even dramatic emotions such as anger are important stimulations for action. Anger must be respected. It is a strong man telling you that you have been cheated, ridiculed, honed. Listen and the voice of anger will inspire you to take action. We often react angrily:

"I can't believe it! He stole my idea and had a audacity to tell me of his achievement" (This is anger that says: you are asleep since you don't act out your ideas. Get going and implement your ideas in the future and they won't get stolen).

"Blast her! I will show her that I am better than what she thinks" (This anger says: You can do it, start acting now!)

Anger is not a master. It is a tool that can be very useful. Anger is at war with lethargy, laziness, procrastination. Anger may not be gentle friend since he is not timid at all. But anger is a good friend who will motivate you to roll up your sleeves. Heed to anger.

Naturally we do not feel comfortable with emotions such as unhappiness, anger, resentment and hatred. These voices tell us that something is seriously wrong. We become dissatisfied with the situation of distress and

consequently do not want to continue under the specific circumstances since it robs us of a *quality life*. The latter is a key word. If our quality of life is disturbed, we become unsettled. The Bible tells us that Jesus wants people to experience the fullness of life - "abundant life". We need not be content with a monotonous existence that drags us on from day to day. This scenario offers no excitement or joy. Disturbing emotions are often a passage to exit this dreariness. They necessitate a new dynamic and push us forward to new frontiers.

This may, for instance, precisely be what the downheartedness is telling you. The 'pain' of dreariness is begging you to break free, to celebrate life. It warns you that the prevailing circumstances only bring you dread and gloom. Upsetting emotions are the forces that propel us to change. It inspires action. When adhered to it, it brings a new equilibrium to in the continuous process of integration – the way we participate in life and make this world our home. If we do not act, we will lose our integration since life goes on and we are left behind.

6.6.3 Emotions inspire action

Emotions are not the action itself, although we may think so. We may be deceived to think that we have acted by becoming furious when we experience anger, or that we have acted out love by becoming amorous. Action is a strategy to find a new equilibrium. It entails more than the acting out of emotions. It requires an agenda. Emotions are merely the invitation to a new life. It signals the death of the old life once we tap into our emotions and draw on them to guide us. Jealousy may indicate a lack of trust, resentment may be indicative of a low self-image and remorse may be a thermometer of shameful deeds. Thus, these emotions say to us to move on. The harshness of our emotional upset may thrust us into a new life. It requires nothing less than a commitment to trust anew in order to rid ourselves of jealousy; it encourages social growth to overcome resentment. It rounds up sinful deeds in an effort to steer away from remorse.

Of course our emotional upset may sometimes deliver as to paralyzes. We may temporary not be able to react to the voice of emotion. Things that normally would have been easy to overcome, unexpectedly become overpowering due to our weakened condition.

We can help ourselves by acknowledging our emotions as friends. The things that our emotions address are the enemies. Proud people often find it difficult to admit the things that cause the emotional 'pain'. The feeling that we have arrived, that we are above admonishment and correction, they all speak of pride. This is a sure recipe for denial. Such people usually wait until the situation has grown into chaos. Prevention is still better than cure and we need to act when we feel our emotions before the situation grows worse. Emotions that become intense may cause us to pain, to bleed, to suffer. This is a prompt that we need to act out.

6.6.4 Mixed emotions

Oftentimes we do not understand our own emotions, especially when they visit us in a mixed group. Resentment and hatred are brothers; surprise and joy belong to the family of love; anger and disgust lead to contempt; and remorse is disgust and sadness holding hands. Opposites may be even more confusing. We love and hate at the same time, we experience joy and sadness together. Strange bedfellows camp in our limbic system. These emotional poles are discussed in the following chapters.

Turbulent emotions confuse us and run away with our feelings. One practical hint to help us come to grips with our true feelings is to imagine us acting them out. This is often difficult since socialization taught us to restrain feelings. Imagining emotional action identifies emotions, for instance throwing glasses at a brick will designate anger; hitting my fist against the brick wall may indicate frustration. Facial expressions also provide clues but are often absent in a society of poker players.

Coming to grips with our feelings is a process that takes time and solutions cannot be reached overnight. The word “process” brings us to the dimension of time or history if you like. Change needs time to be effected. Just as the flower grows from a tiny seed to maturity, you may need time to reflect, to cry, to internalize, to talk and to integrate.

6.6.5 The spectrum of emotions

They do not visit us, they rather stay with us. They are frequently felt and unexpectedly encountered. They never go far away. We need to make peace with their presence and learn how to manage them otherwise they may cause inner havoc and wreck our well-being. They are called emotions. Bursts of energy that beset us from time to time.

Happiness, fear, anger, sadness, and disgust are fundamental emotions that we all experience. They are regarded by psychologists to be fundamental to all humans. They are the basic feelings that drive us, steer us, plague us and bless us from day to day. They serve definite social functions. The expression of emotions can help us communicate our deep feelings to other people. It is disclosure of what we feel and so much more colourful than what we think. Feelings bring fire to logic and conviction to beliefs. Feelings form a strong river that can sweep you away. Feelings make life worth living since it provides the reality of being alive, of being open to others.

We soon learn in life that the way we express our emotions will regulate the way others respond to us and treat us. We learn that a smile can forge friendship. We learn that happiness can be contagious and make us likeable. Babies learn that their mothers will be moved by their crying and won over by their cooing. Soon they become master manipulators by turning emotions on or off.

Emotional expression also encourages pro-social behaviour. It was Dale Carnegie who coined the phrase: ‘I like you because I like myself best when I am with you.’ People like the conversation of cheerful and high spirited

people. As a matter of fact research has indicated that facial expressions may evoke similar feelings in the beholder through a process of facial-feedback. People watching a constantly smiling actor will soon experience happiness. People are so sensitive to this social aspect that they will soon detect whether it is a genuine expressions of a false one. According to some research genuine expressions of emotions tend to be more symmetrical whereas false ones are more asymmetrical.

6.6.5.1 Happiness and joy

Happiness is usually strongly circumstantially bound. When something good befalls us, we may feel a warm inner glow, a sense of light heartedness and laughter. It provides us with a sense of well-being, harmony and peace within ourselves. People who act kindly towards us make us happy. Abundance make us happy. To get our desires met will bring happiness. Happiness may be accompanied by pleasure. Other times 'passive' happiness may simply be the absence of problems.

Joy, the sister of happiness, is perhaps not so circumstantially bound. The Bible speaks of joy as the fruit of the Spirit. It forms part of an enduring trait almost without regard of the circumstances. Joy is cultivated by practicing the presence of God. It is a deep inner conviction that things are right, that *I am okay and cared for by providence.*

Kinesiology teaches that excessive joy, love and hate may cause heart disease and problems in the small intestines (Redelinghuys 2004:110).

6.6.5.2 Fear and anxiety

Fear is the ghost that haunts us. We experience it when we anticipate immanent harm of danger. It may be real or imagined, it does not matter, the fear is real. It serves the useful function of protecting us. It steers us away from the things that hurt us. A child may avoid climbing into a tree because

he fears falling out; a man may run away from gangsters since he fears assault. Fear is the protector.

Excessive fear may, however stifle a child in his/her venture to explore and discover. It may stifle the entrepreneur in his enterprise. We often need to learn how to overcome excessive fear in order to conquer. Hillary Percival could only conquer Mount Everest by setting his fears aside and acting brave. The fear could be associated with altitude that lacks of oxygen, snow that brings frost bite on the high slippery slopes or fatigue that sets in with the tiresome climbing. We have the ability to combat fear sorting out these difficulties one by one.

An element of fear that is difficult to overcome is that of anxiety since it has no defined object. When we experience anxiety, we are not sure what it is that threatens us. It is something pervasive and abstract. We cannot point to it since it is diffuse. It works on a more existential level. The famous philosopher, Martin Heidegger, pointed out that people may experience fear at the boundaries of existence. We experience, for instance, dread when we are sense that there is and end to existence and beyond is possibly only nothingness.

Fear may grip people in the sense that they may develop anxiety disorders such as panic attacks, stress disorders and phobias. It includes tension, nervousness, and distress. It encompasses uncomfortable arousal and may lead to common symptoms such as obsessive compulsive behaviour, feelings of dizziness, feelings of being terrified, heart palpitations, sweating, trembling or a feeling of going crazy. These disorders are more seriousness and often requires professional attention.

In the modality known as kinesiology fear is associated with the kidney and the bladder. Prolonged fear may result in damages to these organ (Redelinghuys 2004: 110).

6.6.5.3 Anger

Anger is conditioned by the sensibility of what we experience. When we believe that something is justifiable, accidental or unavoidable, we will tend to be much less likely to become angry. On the other hand we are most likely to be angry when we believe that people cause us intentional insult or injury. Anger is a strong emotion that lights the fire of self-assertiveness. It motivates us to act fiercely or furiously in order to secure our personal survival.

One of the interesting insights that underlies once again the social dimension of emotions is that anger is more likely to be provoked by people closest to us. Although many people would guess that we are more likely to get angry with those that we dislike or are not personally acquainted with, the opposite is actually true. Research has indicated that eight out of every ten times we become angry it is directed towards loved ones. Only two out of every ten times anger is directed against people we dislike or do not know at all. Anger is thus an emotion that contributes towards the maintenance and management of close relationships. Possibly it is also easier triggered by loved ones since we do not expect them to provoke us.

According to the science of kinesiology anger targets the liver and over a long period may result in liver dysfunction (Redelinguys 2004:110).

6.6.5.4 Sadness and grief

Sadness can be described as a sinking feeling, a state of low spirits. It is not a pleasurable emotion since it borders on sorrow. Sadness hurts. It is the opposite of happiness. We cannot be sad and happy at the same time. We prefer happiness but cannot avoid sadness at times. Some people tend to be more prone to sadness and are typified as being melancholic. Yet, it is often during bouts of sadness that artists produce their most artistic creations. The muse seems to favour sad people since it sensitizes them for inspiration to write poetry or find consolation in the joy of painting.

Sadness is contagious, like most emotions. Sad people make other people also feel sad and thus sad people are often avoided. Whereas sadness is a more vague fluctuating feeling, grief tends to be more pronounced, deep and lingering.

Sadness can be caused, for instance, by disappointing others, making a mistake or being forced to perform something against our will. Grief is often the result of separation such as in the instance of divorce or death.

Although sadness and grief cause a lot of lament they serve the important social function of encouraging us to make amends or adapt to new circumstances. In the sense that they are not enjoyable emotions, we need to take action to work through them. If I am sad because I have hurt someone, I need to set things right. My sadness may also be a cue to others to render support to us during times of grief or sadness since we cannot easily hide those feelings.

Kinesiology teaches that grief, guilt and regret will cause problems to the lungs and the large intestines.

6.6.5.5 Disgust

This is the family name for resentment, dislike, offensiveness and a stronger version, repulsiveness and hatred. It serves the social function of motivating removal from whatever we find disgusting or harmful (Sternberg 2001:582).

----- Disgust is strongly culturally conditioned since what people in one culture may find disgusting, another would like. White people in South Africa are for instance put off by caterpillars with their slimy and almost formless appearance. Blacks on the other hand eat for instance the Mopani caterpillars as a protein nutrient.

6.6.6 Catharsis

There are often distinct phases in the counselling process that one could use as markers to measure the progress of the process. Counsellors often refer to the first phase as the catharsis - the opening of the bottle to boil over. This is followed by reflection, gaining perspective and eventually the healing process.

The catharsis is a release of bottled up emotions. It allows for the intense energy to be released to bring relief. Usually this is followed by a feeling of calmness and emptiness once the turmoil has been released. It allows perspective so that one can work through the different emotions one by one.

Every mood has an entrance and an exit. Every situation sets a sequence of feelings in action. In mourning, for instance, there is normally an initial phase of denial followed by a phase of guilt and a phase of anger before acceptance comes. None of these phases should be skipped or ignored for the road to full recovery winds past them all.

Every situation that evokes an emotion must be deemed serious. Sometimes the situation may look trivial to an outsider, but to the perplexed person it is a heavy burden or great crisis. This is often the mistake that grown-ups make with kids. We tend to look down on their problems because, due to comparison I perhaps have to face my personal budgetary problems whereas the child is only upset about the teddy that was ripped to pieces by the dog. Yet, for the kid his problem may be just as serious to him as my problem to mine. The magnitude of the problem is not necessarily an indication of the effect it has on the distressed person.

A catharsis is thus a cleansing of pent-up emotions that are suddenly released in an outburst of crying, shaking, kicking, screaming or any other dramatic expression. This venting of emotions will enable the person to think more clearly and logically. It also results in the emotions losing their power

over you since they are released. A catharsis may leave us feeling drained but it will bring relieve and we will find our emotions abated.

The reason why emotions become pent-up in the first instance is usually due to the social discourse that we need to behave contained under all circumstances. We will always experience emotions since it is an involuntary reaction of the mammalian brain over which we have no control. Civilized society on the other hand expects us to behave in a rational, decent and sophisticated way. The compromise is to suppress our emotions and bottle them up. These emotions will in the end become embodied in the sense that they contribute to psychosomatic illnesses. Suppressed emotions may also lead to dysfunctional behaviour characterized by erratic conduct.

It thus becomes important to deconstruct the discourse prevalent in society that it is rather primitive to react emotionally. Deconstruction is a technique by which we become able to identify a social discourse and identify it relative to the cultural influence by which it is carried. It is likened to the fish that suddenly becomes aware that it swims in water. We exist in our culture and we need to be aware of cultural influences. Other examples of established discourses include things such as “cowboys don’t cry”, “tenderness is a feminine thing” and “women are not logically inclined”. Once we have succeeded in deconstructing a so-called truth as being relative to cultural influence, we can succeed in establishing new meanings as guidelines for ourselves.

6.6.7 How private are emotions?

I am alone in what I feel and it is often very difficult to convey our emotions to others. We tend to reserve our feelings for our private emotional territory. It is in this sense that the difference between being lonely and being alone becomes evident. A friend of mine who used to be a boxer told me that, in climbing through the ropes, he was never lonely because the fans cheered him. Yet, he was alone because none of the fans could enter the arena to

help him win the fight. In our problems we are alone. It is my problem and I must accept it and face it no matter how difficult it may be.

Problems, though rooted in external circumstances, are seldom objective situations. A problem usually exists because of the way we react to circumstances or the way we interpret happenings. It is not the circumstances that make us happy, but the emotions that they trigger that makes us feel the way we do. Instead of going with the flow of the emotion and succumbing to the feeling it evokes, we can externalize an emotion by asking ourselves what it may be saying to us. Externalization is a technique that we may use to put something outside ourselves. We, therefore, don't label the person as being the problem, but having a problem. We say, for instance that Peter has a problem with the bottle instead of declaring him an alcoholic.

This approach may be new to many people who are used to things according to older categories, but it makes a lot of sense. How can an alcoholic overcome alcoholism if he/she is part of the problem. Logically they will have to destroy themselves in order to overcome the problem. Externalization as a way of putting the problem outside ourselves, provides us with a way of dealing with the problem. We can ask: What does the bottle want me to do? When does it have power over me? Do I want to succumb to its power? Under what conditions were I in the past able to resist the temptation? This makes the person feel that he/she has an existence apart from the problem. It also objectifies the problem to enable me to deal with it.

When we apply this technique to our emotional experience it becomes useful in the sense that we can ask what these emotions are telling us. Instead of just experiencing anger like a dumb animal, we can listen to the voice of anger within the social setting of what it is telling us (Bell: 2003: 127). Let me provide an example:

Jeanne came to see me some weeks ago with health problems. I was able to read her condition the moment she walked into my consulting rooms. Her

skin was flaky, her nails brittle and her eyes red. She also showed signs of liver problems in the sclera of her eyes and upon further examination seems to have a swollen and sore liver. Aware of the fact that anger normally targets the liver and impairs its function, I started questioning her about her emotional life. She soon disclosed that she was furious due to the unfairness by which her late father's will has left her nothing whilst she was the one taking care of him during his long terminal sickness. Instead her younger sister who was always the blue-eyed one in the family, had inherited the house and other possessions.

I guided Jeanne to externalize the emotion by applying externalization so that she could hear what the anger was telling her. It took her some time and much patience to work through it but eventually she was able to discern the voice of anger. I asked her to write it out in essay form. This is what she wrote:

Anger says to me: "You are angry because you feel that you have been unfairly treated by a loved one. It is not the money or possessions that you are after since you are married to a very wealthy director and you do not have need of any material things. It is the gesture of love that you need as appreciation of the care that you rendered to your late father. You do not need material possessions and should not equate them with appreciation.

Your father had other ways of showing you much love by the way he treated you and shared his innermost being with you in his dying hour. You confuse money with love and ignore the act of fairness by which your father provided to your sister who has a meagre income and no other support.'

This resolved the problem for Jeanne substantially and her liver problem subsequently subsided. The following chapter includes a detailed discussion of how pent up emotions may lead to physical illness (Bell 2003: 175ff).

When we pay attention to what our emotions are saying, we stay in touch with ourselves and we remain able to engage in meaningful relations. Remember that we said that emotions fulfil a social function. They dictate the way we behave towards others and as such are extremely relational and subjective, but not so private. By relating to others what we feel and how we feel, we succeed in maintaining meaningful relationships. In order to become socially intelligent we need to rediscover the usefulness of emotions to direct us in our social interaction. An inability to deal with emotions may result in chronic strains. These social stressors can have serious effects on individuals (Cockerham 2004: 82).

6.6.8 Social intelligence

Lately there has been much talk about emotional intelligence and power intelligence. This has opened up the possibilities that one should not think about intelligence as only pertaining to one aspect of our existence. Since we have taken the approach that emotions contribute to the regulations of our relationships, it is helpful to talk about social intelligence as the competency of emotional management.

The concept of social intelligence then highlights the skills with which we are able to forge and maintain workable relationships with other people. The first important aspect of social intelligence would then be the ability to talk openly and freely about what we are feeling with those around us. People often find it difficult to talk about emotions unless they become 'emotional' to the extent that they cannot longer contain themselves. Do we really need to become aggressive in order to be able to talk about the anger that we experience? I think not.

Honest communication can be spontaneous and normal when we learn to let emotions run like water. Before it becomes bottled up, we need to release them. Language is a certain way to release emotions. Anger can become a reservoir of turbulence when we suppress it; anxiety can become full fledged panic attacks when we do not deal with it; and infatuation can border

on rape when we sublimate it. When we release our emotions as they well up, they need not become destructive forces that wipe others away.

To talk about emotions openly and clearly is not an accusation. Instead of saying: "You made me cross" or "you shamed me", we can say "I feel that..." I do not have to be right or wrong with what I am saying since emotions are not logical conclusions. They are simply feelings in terms of my subjective experience of the way I relate to others. There may be a huge background behind what I am feeling which makes me prejudiced. Yet, I cannot deny my emotions.

Feelings form the basis of all our relationships. We can say that emotions are the way we become sensitive to all that may be transpiring within our relationships, especially our intimate relationship. The closer we get to someone, the more sensitive we become inwardly to their whims and woes. Emotion is a function of intimacy since we can only enter into meaningful relationships by "feeling" others. The more sensitive we are, the more we are able to get closer to other people. Without the ability to "feel" we become numb and unable to relate to others.

With this ability to engage emotionally also comes the risk of being hurt. We are much more likely to be hurt by those closest to us. Emotional intelligence is the ability to keep relationships alive over long periods by being able to:

- Identify and understand our own emotions
- Know why and where they originate
- Know how to use them to improve our relationships by talking constructively about our emotions

People close to us will never learn to know us unless we have the ability to open up and show them what is in us. Most of the time they will not be shocked, put off or refuse to listen. They are also emotional beings and they

will appreciate your openness and frankness. We need to be honest with ourselves and others, and respectful of our emotional nature (Bell 2003:146).

We can easily lose touch with our emotions when we deny or suppress them. Western snobism has taught us that rationality, logic and cognitive abilities are supreme mental activities. Emotionalism is regarded as a childish attitude that we need to overcome and negate if possible. This is a pity since it harms us to deny the reality of our emotional make-up.

It is not the phenomenon of emotions that degrades us, but the harmful way we use our emotions. What we should overcome is to shout to the fellow road user that he is a pig or to yell at our children so as to humiliate them in front of their peers. To experience bouts of anger when a road user acts negligently is normal – the voice of anger tells me that my safety and that of my loved ones is at jeopardy and I must proceed carefully to counteract the immanent danger. When anger motivates us to do the right thing it has served its purpose. It is an active emotion and fires us up to do something. We can opt to give in to road rage and chase the ‘pig’ or do the right thing and slow down.

Social intelligence is the competence to handle emotions correctly. Emotions are very sensitive and will tell us something about another person long before we can figure it out. We often hear people say things such as “I cannot put my finger on it, but I do not trust him”. Emotions trigger intuition, the things that we feel so strongly by picking up faint vibes. Without proper emotional functioning this important ability will be redundant and leave us impoverished. Even though we do not fully comprehend this intuitive ability, scientists of the mind do need to pay attention to this in their theories (Chalmers 1996: 147-148)

To return to social intelligence, it is such a great asset for any person to be able to know what they feel and how to direct these feelings to foster social responsiveness. Since emotions form the basis of relationships, it will be a futile exercise to build emotions on reason alone. Such a relationship will be

sterile and doomed to failure. People simply respond to other people by feeling alive to them. We feel other people. We learn to know them intimately by sensing their emotions. We learn to like people by discovering the beauty of their feelings. Relationships can be thought of as the poetic expression of reciprocal feelings.

It is perhaps due to the psychological frame that we have placed around emotions that we miss out on the true meaning of emotions as revealed by the social context in which they manifest themselves. Sure psychologists know about the social function of emotions. But that does not provide a sufficient model by which to understand the true essence and importance of emotions. Prevailing psychological theories anchor emotions to the limbic system of the brain. Much has been written about this and we need not repeat it here. My belief is, however, that emotions originate in the social medium of intercommunicate relationships. Simply put, we need emotions to enable us to enter into meaningful relationships and develop our true selves by participating in the process of socialization.

Emotions were evolutionary developed as part of the human psyche in its interaction with fellow human beings. To be repeatedly done in and disappointed, contributed possibly to the development of a feeling known as *anger*. The evolutionary meaning of anger is that of a coping mechanism. The purpose of anger is to motivate action in order to ensure our survival in the light of continuous threats and abuse. This explains why we are more likely to become angry if we are maliciously treated or suffer unjustified abuse. Anger is the feeling that is evoked when the right to self survival and the integrity of personal existence becomes threatened. Anger is a feeling of clash. The seriousness of the situation accounts for anger being such a strong feeling.

Anger is an energizing emotion. It propels us to immediate action. When we see a child being abused, anger immediately spurs us on to intervene. The angry person is always a brave person. Angry people won't hesitate to act. Unfortunately if we do not act socially intelligent, our misinterpretation of the

angry feelings may misdirect us to become angry at the world or at God instead of becoming angry at the problem (Bell 2003: 128). We are also very apt to direct anger at the people closest to us (Sternberg 1995: 581).

Of course some emotions may hurt us. We do not like to experience shame or anger. We may even prefer feeling hurt than allowing the feeling of anger or shame to take hold of us. Yet, the socially intelligent person will learn that in order to come to grips with our true feelings, we need to experience them intensely. We can easily rationalize emotions by describing them, without allowing ourselves to feel the heat of the emotion.

Feeling emotions is not an easy exercise. It may cause us to feel dismay, to sink below ground level, to go astray in misery, to cry, to chant melancholically, to give in to erratic behaviour or simply to sulk. John Bell (2003: 126) uses the metaphor of water to describe emotions. He says that emotion is like water, it wants to flow and be felt, and then be expressed and released. Feeling emotions will enrich us. It may at the moment of experience seduce us to feel sad, but once released it will make us feel alive and vibrant. Feeling is the essence of life. We feel because we are alive!

This metaphor can be extended to show how un-felt emotion may harm us. When we put them away, stifle them, chill them, they become ice that becomes stored in the body and will ultimately harm us. Unexpressed emotions will ultimately become bodily expressed as chronic-degenerative diseases. Pent-up emotions may also change water in to steam and blow us apart. By not feeling our emotions, we cannot hear the message that they convey. Depth and social maturity can only be achieved by feeling and respecting our emotions. We need to accept the emotional make up of our being as the social side of our existence. We need to act emotionally intelligent by embracing our emotional side and using it to work for us.

With regard to social intelligence there are no negative emotions. Emotions that we may regard as negative are only the emotions that fire us up to loose our temper, pity ourselves or make us feel like crying. Once we become able

to work with these emotions, to let them contribute to our social life, they become positive emotions. Therefore, all emotions are good and welcome. They help us relate truthfully to our social experience. They never lie, nor deceive us. They are accurate barometers for registering social tension

I concede that a social reality may not correspond with the empirical facts of how things really are. Yet, the reality in which we live is not the reality of empirical evidence or critical scrutiny. We are not dictated to by our logic or rationality. We live with emotions, we flow with emotions and we abide by emotions. This is not to exalt emotions above logic or reason, but simply to acknowledge the pivotal role of emotions in the social construction of our world. Feeling is much stronger than thinking; experience much more compelling than rational persuasion. Of course logic has its place in deductive and inductive reasoning, yet it is emotion that gives us an inkling of that which often escapes reason.

Our model of social intelligence should, therefore, also provide us with an explanation of emotions that add to the richness of its understanding. Let us take love as example. It is so difficult to define love since it escapes the rational confines of the reason. We may describe it as affinity between two people, or we may describe it in Biblical terms as agape love, yet the very essence evades us.

Love is a universal need that contributes to our personal growth (Carter 1993: 75). In a social context love is a story. When two people who are in love reminisce about their affair they will remember certain meaningful historic moments which culminated in them loving one another. The more 'special' the story is, the deeper the feeling of the emotion that we call love. The following two case studies demonstrate this.

Annie came to see me since she had difficulty in coming to grips with the death of her spouse. Through her sobbing she told me the story.

"I met Peter one evening in Brooklyn at a bar. I had watched him for some time before he became aware of me and started speaking to me. Whilst looking at him I thought to myself "what a sensitive person". He appeared so vulnerable and seemed to be in need of tender consolation. Being a spinster for so long, I suddenly felt this keen urge to put my arms around him and hold him close to my heart. This is exactly how we landed up two hours later in my flat. He was a soul mate from the beginning. The fact that he had to appear in court the following day for a serious offence did not put me off, but rather made me treasure the moment of our togetherness more fondly.

Three months later, after the ordeal of an excruciating trial, Peter was sentenced to five years imprisonment. Throughout that time I went to visit him regularly and the brief moments of the visit was to both of us like streams of refreshing water. I even grew to appreciate him more for the kind and dear person he was by reading and re-reading his letters from prison. He used to write the most beautiful poems in expressing his love for me. I was sure that this is my long last love.

Peter was released on parole after three years and we did not waste getting married the very week he was released. He were happily married for three years until his untimely death six months ago. Our love was so special since it could withstand the separation and stigma of the jail sentence. It was forged as a strong tie by the many trials and tribulations that we had to bear. I will miss my Peter till the day I meet him in heaven."

This beautiful story relates the dynamics of two people's love for one another.
It is evident that the merits of the relationship sprouted from the dire circumstances in which it bloomed. It came to fruition by overcoming. It was worth it persevering. It had to be strong to overcome many obstacles. It was

held dear because it did not come easily. Real appreciation is forged in the crucible of heartache.

If we compare this with the story of Sarah it soon becomes clear that the uninteresting story is proportional to the intensity of the love experienced.

Sarah wrote: "I was divorced three months ago. Although I feel empty, I do not miss Martin much. We never had anything really special going. We knew one another since our schooldays. Since our parents were befriended, it was almost arranged for us to be married. I suppose it was convenient that he was there for me and I for him.

We often talked about it that there was no real chemistry between us. We nevertheless thought it good to stick it out since we did not want to unsettle our kids. I suppose it was subconsciously inevitable for Martin to be looking for someone sweeter that would entice him. When he admitted his love affair with his secretary I was not really shocked, only disappointed."

No love story, no love. We story life and the events and significant others that we invite into our story will determine the intensity of the feelings that they evoke. The way we structure the happenings of our life will determine the story that make up the social construction of our personal realities. If we meet someone under special circumstances, we are much more likely to attribute deeper feelings to such a relationship than one that is part of the triviality of every day life. So love is a story. We love because we attribute that something special to the story in which our loved one plays.

But ultimately love evokes feelings, feelings of joy and surprise that we call love. Love, like all emotions, is a border experience. Love is that deep feeling that we have for ourselves, but at the border where we stop being ourselves and become the one that we are in love with. This love has the effect that it extends our self beyond the borders of the self without letting go

of its own identity. Love at the deepest level helps us to return to our self in the being of another person. We love because we love ourselves; but we also love because we can let go of our self in order to find our self again. Love is then the explanation of self that is only self since it is a co-self for the one it loves. It is the mystery of singleness and unity, of becoming one flesh with the one whom I am in love with. Love discloses the feeling of togetherness in a bond that defines social interaction at its most profound level.

To experience love is to experience life at its most intense level. To be in love is to participate in the divine grace of being as co-existence. It is to become enfolded in the loved one and finding expression by being unfolded from the womb of the heart. To experience that feeling called love is to be wrapped in bliss and to become silent in the face of an inexpressible mystery. It is like walking the tightrope between self identity and oneness with the one that co-constitutes that identity in the consummation of love. The energy of this kind of love cannot be fully divulged by poetic expression or lyrics alone. It can only be ultimately released by the overwhelming intensity of orgasmic intercourse where two souls meet in the intimacy of a singularity.

Love feeds the heart. It fills us to the brim. It is the social interaction of closeness. It is only within the social context that *closeness*, *intimacy* and *oneness* makes sense as descriptions of love. Love is a way of connecting. It is that that experience of the non-locality of existence where all things become one and all distance is wiped out. Within the proximity of the loved one, the boundaries between self and the loved one become dim. What is valid for the self, becomes valid for the loved one. This is the social dimension of love.

We love at the boundaries of our existence where the loved one enters upon invitation. Should someone enter without permission, it becomes anger.

People who transgress or make misuse of our boundaries, evoke anger. All emotions can be socially explained:

Fear is a threat to our social boundaries. The social boundaries in which we make our habitation is our safe zone. It is the place where we feel comfortable. Whatever may cause a ripple effect in these boundaries will cause us to experience fear. Our ultimate fear is that of rejection, loneliness and abandonment. The social function of fear is to warn us when we are risking rejection of being ignored. If you are able to hear what fear may be telling you, adjustments may be made in time. Since true love suspends our loneliness, it is true that love casts out fear.

6.6.9. Emotions and the body

To summarise, emotions originate in the social web of relationships. It is processed by the brain, but part of the wholeness of life. Emotions serve a social function in regulating our relationships. Although psychological insights can contribute much to our understanding of emotions, the way emotions serve us become apparent once we place them in social perspective.

Emotions are not easy to identify since they present themselves to us as mixed feelings. It is only by practicing to pay attention to our emotions and to talk about them, that we learn to identify them and become able to discern the voice of our emotions. They tell us how to adjust to social circumstances, to disclose the way we really feel about people, they warn us of immanent dangers and they provide us with immeasurable excitement and joy. Emotions must be embraced as that aspect of our existence that bring colour to our lives. Without our emotions we become robots programmed by the dull information of objective facts.

Emotions reveal our inner life. Can we imagine a world without love, joy, surprise or anger? They are manifestations of our subjective human side. At times they can be deceiving and confusing, yet, they add a spectrum of richness to our human nature that qualifies our uniqueness as the human species.

Yet, emotions can also cause havoc if they are allowed to 'run wild', since they are an enormous source of energy (Grové 1994:190). It is a psychological fact that behaviour and emotion may strongly influence our biology (Grové 1994: 68). In here book, *Your body speaks your mind*, Debbie Shapiro (2003) maintains that emotional states affect us physically – feelings and thoughts are linked to specific parts of the body and different illnesses. Emotions form an important part of the reality that we create – and this is largely responsible for our illnesses (Shapiro 2003:27). This idea that emotions affect our wellbeing, and which the western world is now beginning to understand, is actually an ancient idea that is prevalent in Chinese medicine.

Traditional Chinese medicine distinguishes seven types of human emotion: joy, anger, anxiety, worry, grief, fear and fright. "These emotions are the main causes of internal disease and, especially when they become excessive and pathogenic, they will directly influence the internal organs and cause disease" (Gao 1999: 47). It appears that in general blood pressure is, for instance, extremely sensitive to unexpressed or 'hidden emotions' (Gottlieb 2000: 354), but different emotions may target different organs. The book '*Heal your body*' by Louise Hay (1984) contains a list of physical problems that may result from different emotions. Hay (1984:7) points out that there is a need in the body for every condition that we have – the symptom is the outer effect, but patients need to have a willingness to release the need.

The only negative emotion is one that is suppressed (Bell 2003:125). Unexpressed emotions will become embodies and cause ailments as a way of the body to express these emotions. Consequently Bell advises to express the emotion, not by only describing it, but by feeling it (Ibid.: 128). Since emotions serve social functions, it is important to work at disturbed relationships. It is within our relationships that we experience love which is, according to Servan Schreiber (2004:184), a biological need. He says that the quality of the emotional brain depends on the quality of all our emotional bonds – with our children, our parents, our brothers and sisters, our friends, our animals. "What is important is the feeling of being fully oneself with

someone else. To be able to show that we are weak and vulnerable, as well as strong and radiant. To be able to laugh, but also to cry. To feel that our emotions are understood" (Ibid.:184).

Thus, the role of emotions in physical health confirms the importance of health care counselling in the context of natural healing. I believe that it has the potential to develop into a full fledged discipline as our knowledge of how the 'soft issues' affect us, increases. Health care counselling is part of a comprehensive approach that gives recognition to the human person as an integrated system. Perhaps a lot of research still needed to be done in this area, but I believe that important groundwork for this has already been laid by natural health care.

6.7 Conclusion and options for further study

One of the most important insights, I believe, from this dissertation is the realization that natural health care has a place in the context of primary health care. This includes complementary and alternative healing along with all the modalities that it stands for.

It can be concluded from the afore going discussion that natural healing complements conventional medicine. Natural healing is based on the principle that the body has the ability to heal itself if provided with the right kind of treatment. Conventional medicine is based on the principle that some chemicals has the ability to kill germs and relieve negative symptoms and does not pay much attention to the holistic context of health care. Natural healing focuses on the training of the patient to encourage self care which complements medical treatment.

The use of herbals that are employed by natural healers provides for a health care regimen that is not in competition with medical treatment. Whereas drugs target the diseased organ or pathogen, herbals are meant to strengthen the body so that the innate healing powers can enhance the healing process. We concede that the pharmacological working of some herbs may interfere with

drugs and that this requires some background of pharmacology, yet most herbs are safe to use and can in many instances be used as self-treatment.

This provides a fairly inexpensive and readily available solution to the health care needs of society within a third world setting. It confirms the important role of traditional healers as part of primary health care systems. It has been pointed out in this dissertation that many of the primary health care problems do not require the attendance of the medical practitioner, but can be handled by health care workers such as natural healers. In this regard the natural healers must be welcomed into the formal health care system since they can perform an important function.

Against this perspective, the recent legislation that provides formal recognition to natural healers is appreciated as a big step in the right direction. Not only does this lend democratic justification to the long history of health care where indigenous healers played a paramount role, but it also provides a system for the regulation and upgrading of traditional healers to reduce quackery.

The formal recognition of complementary and traditional healers provides status and livelihood to an estimated quarter of a million traditional healers who have been marginalized for too long. This shift, I believe, is also in line with the global shift towards a more holistic approach. This trend is gaining increasing momentum within the postmodern framework which provides impetus to the movement. In this dissertation the idea was advanced that postmodernism provides a possible framework that may serve as a conceptual scheme for the understanding and promotion of natural health care principles.

The model of wellness, as part of a more western approach, was proposed to explain the spectrum of related modalities within the ambit of natural health care. The term 'natural health care' was reserved in this dissertation to indicate the philosophical and epistemological premises on which complementary and alternative healing are constructed. Wellness, it was argued, gives credence to the postmodern idea that the human person is

constituted by the integration of all the domains of existence. Ideas such as self-organization, chaos-complexity, non-linearity and open systems were also exploited in this dissertation to find constructs that may contribute towards a theory of natural health care. Special attention was given to the scope of social influence and the 'social body' in health care. It was argued that these notions provides a legitimate and authentic status to natural health care as a postmodern science.

As 'social science' natural health care will depend strongly on health care counselling as part of lifestyle coaching and social support. Health Care Counselling is congruent with naturopathy and traditional medicine, although it is wider than these approaches. The health care counsellor is trained in counselling which places him/her in a position to provide general therapeutic counselling as well as health care counselling. The focus of the health care counsellor is thus the human person within the spiritual, social and physical contexts of existence.

This broad context was indicated as an ecological approach. This is indicative of a new paradigm. The word ecology has the connotation of seeing something as it is embedded in its natural environment. In following Capra, we contrasted deep ecology with shallow ecology which is anthropocentric – seeing humans as above or outside of nature. Deep ecology, on the other hand does not see the world as a collection of isolated objects but as a network of phenomena that are fundamentally interconnected and interdependent. According to this perspective humans are but one particular strand in the web of interconnected things making up the world.

Conventional medicine undeniably remains a good option for those who find themselves in a crisis like having a coronary attack or a broken leg. Yet, people should refrain from looking for quick fixes to remedy the unhealthy life styles that modern living imposes upon us. What is desperately needed is a new vision of health, a return to self care and an understanding of what it means to become whole again. It is believed that health care counselling can provide the doorway to a new paradigmatic health care approach.

Health care counselling integrates all aspects that touches upon the wellbeing of the human person. The health care counsellor is a trained professional that is competent to guide the individual or community to a fulfilling sense of wellbeing. The HCC is not merely a counsellor in the traditional sense of the word. On the contrary, he/she is skilled to use all the contemporary aids to encourage self care and diagnostic tools to provide a comprehensive profile of the counselee. The HCC can provide a customised program to the frail and minimised individual to start on a new road towards fulfilment and health.

Health Care Counselling is not an option, it is a necessity for every person because everyone living person has a body that needs constant care and nourishment.

Lastly, this dissertation has brought to light certain outdated views about health care. Perhaps the best way to illustrate the implications of the new paradigm, as it becomes evident in natural healing, is to outline some of these outdated perceptions in conclusion.

Perception number 1: "Health only has to do with physical well-being."

I have already pointed out that the root meaning for health is to become whole. Wholeness is a very comprehensive concept. It includes all aspects of one's life.

Health is directly proportional to the quality of one's living. Any thing that robs me of this quality, takes away my health. People worry themselves sick. People with healthy bodies become depressed or neurotic. In the end this results in physical ailment because all things are related.

Psychologists refer to this relation between the psyche and the body as psycho-somatic illness. This is the reason why, in order to grow in health, people need to be taught to give attention to all their relations. This includes

their economic prosperity, eating habits, environment, social milieu, spiritual openness, and educational interests.

This integration of different aspects proves that health is a very complex issue that often requires a team effort from physicians, psychologists, pastors and many other related professions to deal with it effectively.

Perception number 2: “Illness can only be cured by receiving treatment.”

We live in a technocratic society where the welfare of a population is almost entirely expressed in secular terms. This means that we depend increasingly on the help that technological enterprise may offer us and we tend to forget about the social and spiritual aspects of life.

To put it bluntly – we like to find a pill for every ailment. We opt for the quick solution. We fail to see that the pill sometimes only applies to the symptom and not to the real cause. If a person gets a headache, for instance, what is the body trying to tell that person? Perhaps the headache is due to a wrong eating habit. Instead of finding out which harmful food to avoid in the future, we drink a headache tablet to get rid of the pain. Consequently we continue with the harmful practice of abusing our bodies with fatal consequences.

The truth is that illness can often be cured in many other ways than opting for the medical solution. It has already been mentioned that by eating correctly, we may be able to avoid certain ailments. We also learned from health care counselling that cure mediated by a change in attitude.

It is not only medical treatment that is needed. Often people need to ask forgiveness. Other times people need to forgive or change their life styles and eating habits. It is not always easy to discern the need. It takes a skilled counsellor to guide people to find the correct solution for their problem.

Perception number 3: “Of all the professions medical doctors know the most about health.”

The truth is that medical doctors do not specialize in health at all, but in sickness. They often know more about pathology than about health.

– Doctors are trained to provide treatment and not counselling. It is profitable to visit a doctor when you are not feeling well, but the doctor cannot guarantee a quality life.

Doctors do not specialize in prevention. They specialize in treatment. By the time most people visit a medical physician they are already severely ill. Often the problem is much wider than a mere medical issue and consequently not even the doctor can effect a cure.

A lasting cure often requires a long process. This is where the health care counsellor comes in. His/her task is to guide the patient to work through all the facets of his/her life in order to restore quality.

Perception number 4: "I have a body."

This statement sounds so innocent and obvious. Yet, when we consider it carefully, we find that it is based on a dualistic world view that propagates a split between the human psyche and the body, often with sad consequences.

To say that you have a body is a way of objectifying the body. It places the body in the same category as having a car or dog. It reduces the body to a possession.

I'll much rather opt for the saying "I am a body." This perspective shows that the person accepts that there is an integration between the human personality and the human body. It reveals an intimacy between the self and the body to the extent that we cannot really differentiate between the two aspects. Should we ask where does the body stop and where does the 'I' begin? This foolish kind of reasoning only results in the absurdities where people begin to speculate about the location of the soul or the spirit.

As long as people talk about their bodies as a possession, they will tend to exalt their personality or soul as a more noble part of their make-up. The result is a degradation of the body at the expense of its well-being.

The truth is that a person does not have a body, he/she is a body. A person may fairly say: Without my body I cannot be me. I need a body to exist; I

need a body to talk, to act and to be myself. I cannot leave my body to dwell in another body. My body has many organs. Yet, I am my body.

I believe that the reason why people sometimes abuse their bodies can be directly attributed to the erroneous view of regarding the body as a possession. When people accept the truth that they are their bodies, they will also assume greater responsibility for their physical well-being.

Perception number 5: "Health is a state of existence."

Health is a process. People easily become despondent when they endeavour to heed to all the prescriptions for a health life style and in the end they still experience illness. Rather than defining health as the absence of sickness, we can regard health as the overcoming of sickness. This means that health may sometimes include sickness. In spite of illness the process of health may continue. If we view health in a comprehensive way, it means that a healthy person may be able to feel alive with pleasure and pain at the same time. Health includes so many aspects that a person may still feel healthy even though a single factor may be lacking.

Perception number 6: "My body will take care of itself."

It is true that there is an inherent mechanism in the body that will take care of itself. Unfortunately this is only true of a healthy body that can draw from it's own energy and resources. A diseases body is often too weak to take care of itself. This calls for the person to assist the body by providing the necessary support.

Self care can take on a number of different forms like for instance relaxation exercises, physical exercises, using micro-nutrients or minerals, a change in attitude, a reconditioning of the mind to think positively, a quickening of the spirit to discover meaning, reconciliation and restoration of broken relationships, meditation, losing (or gaining) weight, using medication, restoring self worth and improving the self image, prayer, laying on of hands, and many more.

The gist of it all is that you need to take care of your own body/ people need to be supported by a health care counsellor to assist them in taking care of themselves. In sever cases, a doctor needs to be consulted and the HCC is trained to refer such a person to a medical doctor.

Perception number 7: “I only need to be concerned about my health when I become ill”.

When a person becomes ill, that person is concerned about healing and not health. This is a quite different issue.

People think that health is the absence of disease and consequently they feel healthy when they are not aware of any disease. The truth is that such people may be heading for a disaster due to the neglect of their health. It can be compared to a rugby team that feels satisfied that they do not have any penalties against them, yet they never score any points. In the end they loose the game.

People who suffer sudden heart attacks often feel healthy until the day of their crisis. We should not look for the symptoms of an illness. This is the wrong criterion. What is important is the road that you are walking. Where is the road heading? A road will sooner or later bring you to your destination. The wrong road does not have a correct destination.

People often need the help of a health care counsellor to assist them in the difficult task of turning around and finding the road that leads to health and well being. The person who eats excessive amounts of red meat, smokes and drinks a lot is on a road that has the hospital theatre as destination.

Perception number 8: “I need a doctor when I am not feeling well.”

A doctor can definitely save a life. He/she is a highly trained person who is skilled to intervene in a medical crises to remove for instance an acute appendix or prescribe antibiotics to prevent pneumonia. The sad thing is that this often provides a false sense of security to the patient. When the pneumonia is cured or the appendix removed, the patient still carries on with the devastating life style. A medical doctor is not concerned about your life style or what you had for lunch.

A person who does not feel well needs to have his or her life style assessed in the light of the symptoms. Symptoms are telling us that something is wrong. We can drink pills to suppress the symptoms, but the cause for the disorder is still there. Unless the root of the problem is identified and removed, the symptoms will persist, often in varied forms. The HCC can assist in compiling a comprehensive profile of the way a life style contributes towards certain disorders.

Perception number 9: “A higher power determined the days of my life and nothing I do can alter that.”

This perception is part of what is known as determinism. It goes against the grain of chaos theory which we have discussed in this script. The science of complexity is a study of non-linear systems that are unpredictable and non-deterministic. Yet, many people seem to believe that death is predetermined. The sad story is that many people commit suicide by following wrong habits and God has nothing to do with it. People need to realize that they can add many years to their life by following a healthy life style. It is never too late to begin.

Perception number 10: “My doctor only cares about my health and I feel safe under his/her treatment.”

There are certainly good doctors. It is also true that doctors are bound to take the patient's condition seriously for by failing to do so he/she risks lawsuits and disgrace. Yet, the doctor sees many patients per day. A patient is just another case. The doctor does not have the time to take care of the patient by walking a road with the patient. The patient always has the duty to accept responsibility for his or her own health. Unfortunately many people do not have the knowledge and neither the discipline to comply with this basic requirement. They need a health care counsellor to assist them. People often need specialised treatment other than that of their medical practitioner. Yet, the many doctors are reluctant to refer their patients. The doctor normally pretends to be the final authority. This is a sad state of affairs since a human person often requires a team of experts to attend for his/her condition.

Perception number 11: “The person who understands my body the best is my doctor”

I always tell people “You are your own best doctor.” We do not mean to belittle any physician, but the truth is that often the doctor has to go on what the patient describes to the doctor. A patient who has a thorough knowledge of the working of the human body and who is intuitively in touch with his or her own body, is in a much better position to relate to the physician of what might be wrong.

You are the person who understands your body the best. The doctor may have more medical knowledge, but the doctor does not live inside your body. We have also seen in this script that the way we interpret bodily experience is strongly conditioned by social discourses and our cultural heritage. Pathology is not only a medical or scientific fact, it is also a sociological issue.

Perception number 12: “It is too late to start worrying about my health now.”

People often experience guilt when they realize that their illness is the result of years of physical neglect and abuse. The normal reaction is then to adopt this fatalistic attitude that it is too late. The HCC should patiently encourage the counselee to accept that it is never too late since the body has an innate mechanism that responds well once it is placed in a context of wellness.

There are many instances of people who survived serious heart attacks, changed their lives and continued to live for many years after that. It is never too late, also never too soon.

Perception number 13: “I am too stupid to understand what is required of me to achieve good health.”

People shy away from medical jargon and scientific study. The HCC is faced with the challenge to simplify and popularize physiological and medical concepts so that his clients can easily understand and apply it. People need to understand that you don't need to be a genius to learn how to take good care of your body. Any person who can learn how to cook food or drive a car, can also learn how to apply self care.

Self care is not a matter of cleverness. It is a matter of attitude and willingness. We have also seen in this script that technical jargon often serves to support the medicalization of society. Ordinary language, especially in narrative context, is quite suitable to express the bodily experience and relate our condition in terms of wellness.

Perception number 14: “I am not disciplined enough to comply with all the requirements for good health.”

Fortunately discipline can be learned. Any person who doubts this, should go for a lesson to the army. The role of the HCC is to assist and encourage people in their endeavour of assuming self care. An important issue is to monitor the client by getting regular feed back. One way to structure this is to

schedule regular visits to the health care clinic. Discipline become easier when that what is required forms part of a routine and a structure.

We have also discussed in this script that the individual approach to lifestyle changes is not always successful since people are often under group pressure and marketing coercion to give in to a certain lifestyle. A paradigmatic shift to influence society on a broader scale is needed to bring about change. We believe that the awakening to natural health care could provide such a social impetus on community level.

Perception number 15: "I will wait for symptoms to tell me when something is wrong with me."

Symptoms appear only at the final stage of a disease. When a symptom appears it may be too late to find a remedy. We have discussed in this script the difference between illness and disease and we have indicated that disease is a symptom of illness. Illness is a vague and lingering condition with vague symptoms that may ultimately produce disease. Illness speaks of sub-clinical symptoms as a result of weak integration on all levels of existence.

Illness is the domain of preventative health. Unfortunately institutions or clinics that offer this service are scarce in South Africa. There are not many available professionals who can monitor your blood pressure frequently, check for sugar in the blood or check your stool for blood that could be an indication of malignant polyp, etc. This is the domain of preventative medicine that is only now starting to develop. Much heart sore and much pain may be prevented by simple procedures that take only a few minutes. To train the HCC in this field is to answer to an increasing need in our society.

Perception number 16: “If I have committed a sin by living too extravagantly, I will be forgiven.”

The Bible teaches the good news that God is always willing to forgive us our sins. The tragedy is that the body will not often forgive abuse and neglect so readily. The penalty that we pay is the highest price: death. Health care is a serious enterprise.

Perception number 17: “I will leave it to the professionals to take care of my health.”

People spend only a few minutes per year in the consulting room of the doctor. The rest of the time they have to live with themselves. Who better to take care of a person than that person him/herself? It is a bad habit to neglect your own body. The task of the HCC is to assist and train people in self care so that they may assume responsibility for their own health.

We have come to the conclusion in this script that health is not a state or condition, but a process of lifelong integration and development. Health was defined, not as the absence of disease, but in terms of wellness which comprises the total spectrum of the psycho-socio-ecological aspects.

Perception number 18: “The solution to illness is to find the right medicine.”

People in general tend to overestimate the value of medicine. Medicine is only an emergency measure and the use of medicine should be regarded as the exception and not the rule. The secret too healthy living is a healthy life style and not syrups and tablets. In the end patients pay a high price due to the side effects of most medicines.

We have paid attention in this script to herbalism, but we have qualified it as one way to strengthen the physiological and metabolic functioning of the body to stimulate the innate healing ability of the body. Natural health care does not imply substituting drugs by reverting to herbal remedies. Natural health care is a much more profound alternative to health care. It is based on the

idea that self-organization will take place once energy is allowed through an open system. Herbalism is only one modality of the broad range of ways to release energy flow.

Perception number 19: “Ill health is the fate of some people and they should accept their burden.”

The fact that we live in an imperfect world does not make ill health acceptable. The highest ideal for any person is to be whole, to find self fulfilment and to live a quality life. If ill health poses a threat to a person to reach this goal then that person should combat ill health to the best of their ability. Good health is often the result of simple choice: To desire to be whole is the first step towards a quality life.

The belief that our genetic make-up determines our well being is still part of the modernistic linear approach. We have also discussed in detail the social body. The notion of the social body is that we are physically sensitive to the interdependent relationships in which we are embedded.

Perception number 20: “I will start to worry about health when I become older.”

It is true that older people are more susceptible to disease than younger people. Yet, health care should be part of every one's life style. Many ailments of old age can be avoided by starting to take care of the body at a very young age. The process of ageing starts the moment that we are born. By the time a woman gets to the age of 50, she might have lost 50% of her bone density. This can easily be avoided by using supplements throughout her life.

Perception number 21: “A healthy life style requires money. I am too poor to afford health.”

It is stereotypical to equate health with expensive pills and the latest state of the art electronic gadgets. This need not be so. Health starts with a healthy life style which includes good nutrition and moderate exercise. To eat raw vegetables instead of cooked vegetables and to walk briskly for an half an hour in the evenings does not require extra money.

The very thesis of this script is that natural health care can become a viable option as health care system within the framework of primary health care. Natural health care is medically effective and affordable and thus well suited for a mixed third and first world country.

Perception number 22: “The task of a physician is to heal the patient.”

The objective of a doctor is to cure the disease or to relief the symptoms. Healing is the responsibility of the patient and not of the doctor. People must be counselled to accept this responsibility and be trained how to accomplish it. The original meaning of the word ‘doctor’ has the connotation of a teacher. Unfortunately medical doctors do not find the time to teach their patients.

Many patients complain that the doctor talk to them in technical terms that they do not understand. A consultation is usually rushed since many other patients are waiting. Every patient has had that experience where the doctor takes your blood pressure without conveying it to you. The patient sits and wonder whether it is normal or not and unless they ask the doctor, they will never know

In terms of the bio-medical model the doctor patient relationship is one of professional/object (the body). In this script we have pointed out that this is part of a positivistic approach true to modernism. As alternative we have proposed an epistemological stance that does away with the ideal of objective

knowledge on the basis of the dualistic object/subject split. This allows for the 'patient' to be treated as a person.

As people are increasingly forced to assume responsibility for their own health, natural health care will gain popularity since people need help to accomplish this.

Perception number 23: "All bodies are the same, what is good for one is good for all"

"Doctor my sister benefited from this medicine when she had inflammation. Can you prescribe it for me too?" This approach is typical of the belief that all bodies are exactly similar. The fact that we all have the same kind of organs is far from a reason for accepting that we are all blueprints of the same organism.

People differ not only in personality, but also in their physical make up. It is true that we tend to generalize because it makes things easier, but when we do we simplify. If we really take the finer nuances into consideration, we will find that what is good for one person, is not conducive to the health of another person. Recent research has, for instance, indicated that some people function better when they are fat and others not. Yet, there is a fashionable tendency for all to constantly diet. Some people are for instance genetically prone to develop cancer or heart disease. This is why a historical profile of a patient is needed. If your father and grandfather both died of heart attacks, it makes the probability of you getting a heart attack greater.

When we deal with the health care of people, we need to customize and personalize the situation. This is the reason why a personal health care profile is a good starting point. Every person has in an important sense a unique make-up and this needs to be taken duly into consideration in health care guidance.

Perception number 24: "My body is just a complex machine."

We inherited a strong mechanistic world view from the past. First there was Plato (300BC) who taught that we must distinguish between the material realm and the idea world. According to Plato the body belonged to the material realm and was consequently of lesser importance. On the other hand the soul belonged to the idea world and consequently was the more noble, immortal part of our make-up. This doctrine became known as dualism.

A second influence was that of Descartes (pronounce Décart), a famous philosopher who gave us the concept of the ghost in the machine. Then came the mathematician, Isaac Newton, with his idea of a clockwork universe. All these influences contributed towards the legacy that the human body is a complex machine.

It is this paradigm of the body as a machine that is responsible for the tendency to treat the different parts of the body, forgetting to deal with the patient as a whole person. The body is treated as a possession and the human person is often accordingly depersonalized and dehumanized.

The problem with this mechanistic world view is that disease is treated as a clearly defined structural problem with a definite cause at a cellular level. This view totally underestimates the psychological, social and environmental factors that are often of equal importance. We have been so conditioned by this mechanistic view that the moment a person says 'disease' we think about germs. Yet, recent research has indicated that there is an interplay of many factors that contribute towards disease. This is what I mean by the multidimensionality of health. A thousand people may for instance be exposed to the asbestos, but only one in a thousand will contract lung cancer due to the interplay of these factors.

In this script it was proposed that the holistic model receives serious consideration in health care. We have come to the conclusion that it can

ultimately be expressed in terms of well-being as a model for wellness where the multi-dimensionality of human existence comes into play.

In terms of the world view that underlies the natural health care model, we have proposed that even on clinical level we should start to think of the body as a holographic entity. This entails the application of the holograph as metaphor to explain how the whole is in a sense present in every part. This encourage us to venture refer to anatomy and physiology within this frame of reference as holographic anatomy and physiology. We have indicated the parallel of this line of thinking with that of Chinese medicine where a problem may be anatomically or physiologically far removed from its manifestation.

The wellness model has lead us to think of a human person as a field which includes different integrated aspects of the person as well as trans-personal aspects. According to this understanding the flow of energy plays a major role in the maintaining of a balance in the human body. Even herbalism is construed as part of energy medicine in this sense. The challenge is thus to go beyond the mere pharmacological description of herbalism to an understanding that makes only sense within the postmodern dispensation. My contention is that such a model lends better explanatory value to the reality that health care workers work with. Since it also includes the body, the role of medical practice is not underestimated. Although we concede the importance of allopathic medicine, especially in traumatic incidences, we resist the marginalization of CAMS in favour of the scientifically verifiable methods of medical science.

Perception number 25: When my disease is cured I will be healthy.”

People tend to place health and disease at the opposite ends of a straight line. This is a linear approach to health. Health, on the contrary, is a multidimensional phenomenon. There are many things that may rob us of our health. Disease is only one of many threats to health. Health stretches over a broad spectrum with three major bands, namely individual health, social health and environmental health. What we call disease is manifested

on the physical level. Even if disease is cured on this level, a person may still experience ill health due to the fact that there may exist disorders on the other levels of personal existence.

With these perceptions, that are socially conditioned, we contrast the new paradigmatic approach with that of the old. It accentuates the fact that natural health care is not a pragmatic approach, but that it follows a sound and substantiated postmodern philosophy that is radically different from conventional medicine. It is clear that health care is at its deepest level a social and cultural phenomenon and the way we think about people, society, human values and worth, will ultimately shape the health care regimens that we dare to employ in facilitation of healing. I believe that natural healing is the next big wave that will sweep this planet. My hope is that this dissertation will be a humble contribution to this exciting global movement.

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