

Introduction to Chapter 2

Alice Greene's chapter, as you will realise, is much longer than the others. She justified its length by her being the only woman in the group and having to listen to the men. Now it was her turn to speak. Like the other authors, Alice takes us through medical school and we realise the dedication that doctors must have. She tells us a lot about the philosophy of homeopathy and helps us to question some of the most fundamental concepts of modern medicine (as does John Saxton later in the book). The spiritual dimension of her work runs like a thread throughout her piece.

I asked Alice what was the most important message she would like the reader to take from her writing and she replied:

That we absolutely exist in freedom and love, that we each matter, that we are lovable, and capable of loving others as our self. This realisation, at the heart of health and healing, is the open secret that patiently waits for us behind every disease. Making this connection conscious is the creative challenge illness brings, both to the one who is sick and to the one who cares.

Chapter 2

The Medicine of Experience

Alice Greene

Wake up. Open your eyes. Notice the little things.
Discover something that you hadn't planned to find.

Anon

At the age of 17, after ten years in boarding school, I entered the 'School of Physic' at Trinity College Dublin to study medicine. We began with the anatomy of death. Neatly laid out in rows on the dissecting room tables were ten preserved cadavers awaiting our first lessons in anatomy. Through the overwhelming fumes of the formalin preservative, making eyes smart and throat rasp, I recognised the form of an old family friend who had donated his body to science. I had last seen him the year before, laughing at dinner around our large family dining room table. I recall looking in vain for the centre of a human being when later we carefully dissected out heart and lungs, guts and brain. It was empty.

My earliest childhood memories remain startlingly clear to me. Life on a large farm in Ireland in the 1950s was very exciting. The backyard was alive with hens, chickens, peacocks, ducks, geese, cats, dogs and horses. On the farm, cattle and sheep grazed amid fields of wheat, barley, oats, sugar beet and

peas. With amazement, I watched hens lay, cows calve, ewes lamb and sows farrow. My first taste of medicine was witnessing the several animal emergencies that often occurred – at the difficult birthing of calves and lambs, righting pregnant ewes trapped on their backs, or disentangling cattle caught up in barbed wire. Lambs who failed to thrive or whose mothers had died were wrapped in newspaper, and laid in the warming oven of the kitchen Aga until they had recovered sufficiently to be bottle-fed. Dead chickens, kittens or goslings were buried under a laurel bush behind the tractor shed. Their little crosses made with lollipop sticks and elastic bands soon fell over.

One day, out riding with my father, his horse stumbled, catching its leg in a rabbit hole. I watched the poor animal hop painfully with its broken leg hanging. My father sadly had to fetch his gun and shoot his horse. I was shocked to see this huge mound of horse that my father had loved, lying dead on its side. This was the first time I saw him cry.

I remember playing in the back walled garden aged five years when Jim, the gardener, suddenly fell to the ground, his head landing on his folded up jacket. He didn't answer when I called, so I kicked his boot to see if he was pretending. His foot swung idly back. I knew he was 'gone', though I didn't understand then what 'dead' was. The garden was deeply peaceful so I sat and waited until somebody came to find us. Later they told me Jim had gone up to heaven. I didn't know what that meant and remember looking up at the sky for a long time afterwards, in vain.

A couple of years later, while playing on the bank of a canal, I accidently fell in. Unable to swim, I saw the navy ribbons on my pigtails swirling above me as I sank into the dark depths. My next memory is of feeling light and of being totally enfolded in love, without any fear. Moreover, I was able to breathe easily in a body that felt even closer than my

physical one. After some time, my sister, also unable to swim, managed to catch hold of a plait and pull me up, by holding arms with our cousin on the bank. This simple experience took away my fear of death. It was coming back into the physical body that was uncomfortable and frightening.

So life and death mingled on the farm. People and animals just seemed to appear and disappear again in some mysterious way. The depth and richness of my early life raised lots of questions in me about who we were and what it all meant. Concern for sick animals and people developed an early sensitivity in me for suffering in any form. Both parents had trained in medicine and served as doctors in India during World War II – my father as a colonel with the Indian Medical Service and my mother as a captain with the Royal Army Medical Corps. When the war had ended, and after some years in general practice in Ireland, they inherited some land and successfully took up farming and country life. Their generous humanity enlarged by medical experience made me decide that, despite my love of arts and language, medicine was the only thing worth studying and might somehow bring me a deeper understanding of life.

My first year in medical school turned out to be a tortuous test in chemistry, physics and statistics – a world away from my simple notions of what a doctor needed to know. Feeling uninspired, I dismally failed the end of year physics exam, and thought again about reading English literature. Determined to carry on, I successfully re-sat the year and decided to continue with another five years of medical training, looking forward to the more human side of medicine.

I felt very privileged to be at medical school and I admired the medical curriculum – beginning with our study of the natural sciences and leading up to the clinical concerns of human medicine. On the whole, we were well taught.

However, it seemed to me that various subjects were just added on to each other by tradition and usage, with nobody designing the course based on the skills, knowledge and attitudes doctors would need in practice and then assessing what was needed to get us there. It all seemed a bit 'hit and miss'. I sat seemingly endless examinations along the way, churning out regurgitated facts in different disciplines like anatomy, biochemistry, physiology, genetics, pharmacology, microbiology, pathology and forensic medicine, immunology, medicine, surgery, psychiatry, obstetrics, gynaecology and paediatrics. None of these 'worlds' seemed to fit as neatly together as I had romantically imagined. There appeared little inter-departmental communication and, between lectures, we were left to find our own bewildered way through a succession of outpatient departments. The process of medical education often felt fractured and meaningless and a few students lost their way and gave up.

The mind-obliterating medical student parties were notorious for the level of alcohol and tobacco consumed – beer would literally flow down the stairs. The first lectures of the day would begin in the heavy silence of hangover. Between studies, to remain balanced, I read voraciously, wrote lots of not very good poetry and took up stone carving. Using tungsten-tipped chisels bought from the local stonemason, I carved my way through exam stress in sand and limestone, marble and alabaster. I particularly enjoyed carving chestnut and applewood, once being awarded a prize for students' sculpture at a university exhibition of art in contemporary medicine.

As our medical studies became more clinically based, matching theory and reality was a painful learning experience. Death was sanitised and turned into statistics in the post-mortem room. I remember one afternoon talking on the wards

to a young 24-year-old girl with beautiful long blonde hair. She had end-stage renal failure. Two days later, when attending my first post-mortem examination, I was deeply shocked to watch the technician pull back her hair and, using an electric saw, cut through the skull to remove her brain for examination. As her facial features sagged, I remember the hairs standing up on the back of my neck in horror with the sense that I too was just a skeleton in a rubber mask. Through these and similar experiences, I felt that I became disembodied and emotionally deadened in order to survive, losing touch with something precious within me. I entered a world of science, facts and figures where we were taught little about the art of caring or healing.

Amongst the many undergraduate studies, part of our student social medicine programme involved visiting an institution for severely retarded adults. In stone-carved letters above the door, I read with some shock, 'Home for Idiots, Cretins and Imbeciles' – words imprinted on my mind to this day. We were taken down to a fluorescent-lit basement where the most severely brain-damaged were incarcerated. In the end cell of the corridor crouched a 19-year-old youth, naked but for a pair of cotton shorts, continually banging his head against the padded wall, uttering guttural sounds. His hands were bound in cloth to prevent him gnawing his own knuckles. I saw innocence trapped in a tortured frame and couldn't help thinking that a more natural existence might have allayed some of his obvious distress. Deep questions were raised in me about such human beings, hidden from common knowledge and view. Not that I had any answers, but that my comfortable, middle-class image of man was being shattered, leaving troubled questions about the purpose of human life. Such experiences were never discussed with us.

One day, while browsing through a second-hand bookshop, I chanced upon the writings of G.I. Gurdjieff (1870–1949), the revolutionary Russian sage who saw clearly the direction in which modern civilization was heading. I was so intoxicated by what I was reading that a whole afternoon’s lectures went by the board. His words touched something deep within me:

If a man could understand all the horror of the lives of ordinary people who are turning round in a circle of insignificant interests and insignificant aims, he would understand that there can only be one thing that is serious for him – to escape from the general law – to be free. What can be serious for a man in prison who is condemned to death? Only one thing: How to save himself, how to escape: nothing else is serious. (Smith 1976, p.2)

My passion to understand more about the nature of life and death, and the possibility of human transformation led me to join a school of philosophy which initially incorporated some of Gurdjieff’s ideas. The teaching – a system of meditation, knowledge and practice for self-realisation – was based on the non-dualistic philosophy of advaita vedanta (from ‘a’ = not, ‘dvaita’ = two, and ‘vedanta’ = culmination of knowledge), founded 1200 years ago by Adi Shankara.

I soon learnt to meditate – one of the most life affirming choices I have ever made – allowing the mind regularly to come to rest in a profound inner silence beyond words. The word meditation, from the Latin ‘meditari’, to contemplate, is derived from a prior Sanskrit root ‘madh’ meaning wisdom. I subsequently learnt that meditation is one of the most extensively researched healthy behaviours. Over 400 published papers show that the effects on body and mind move spontaneously towards healthy values, measurable not only in physiological, but also psychological terms. One notable piece of research in 1987 by a health insurance company looked

specifically at meditation and medical care. The outstanding findings of this paper included 87.3 per cent less heart disease, 87.3 per cent less nervous system disease, 55.4 per cent fewer tumours, 30.4 per cent fewer infectious diseases, with 50 per cent fewer medical consultation rates in the 2000 regular meditators, when compared with 600,000 people in the insurance company's normative database over a five-year period. This study led some insurance companies in the United States, Italy and Germany to offer discounts to people who could prove they were continuing to meditate.

Memories of my seventh year as a medical student, revising for the final exams in medicine, surgery, obstetrics and gynaecology, persist like an other-worldly experience. Rising at 4.30am, I would meditate, study for ten hours a day, meditate and sleep, living on bread and cheese, yoghurt and fruit, with gallons of lemon balm tea. Towards the end, my mind became like a highly polished mirror, absorbing whole pages of text in a sort of photographic trance – a feat never since attained. I wept when I saw my name listed on the notice board after the exams. A passing professor patted me on the shoulder in commiseration. 'But I passed, I passed', I sobbed at him, still in happy shock.

At the age of 24, my life as a medical doctor began on the wards of Sir Patrick Dun's Hospital, Dublin, where both my father and mother had started many years before. The nightmare began during my first night on duty when the surgical registrar left instruction that if a certain patient survived the night, they might consider operating on him next day. I sat up all night by his bed, transfusing ten pints of blood, which bled out of him almost as fast. Despite my encouragement, he died at dawn. At 8.00am I went for breakfast and cried all over my toast and tea. The incident was never discussed.

I was terrified at the prospect of being medically responsible for life and death on my first night of emergency duty, but my father gently teased me out of omnipotence by telling me, 'People are either going to live or die. If going to live, they are going to live despite you. If going to die, they are going to die despite you. You just help them do either gracefully.' This thankfully put things into a more manageable perspective.

The following years were an agony of learning, anxiety, stress and exhaustion. My enduring memories of obstetrics were of wearing a rubber apron and white wellington boots for six months of bleary-eyed night duty – made tolerable by mugs of tea and toast, and playing Scrabble in the staff room between calls. Hardly a night went by without sleep being given over to stitching episiotomy wounds, making forceps deliveries, setting up intravenous drips to induce contractions or assisting with emergency caesarian sections. The worst was delivering stillbirths or spina bifida or anencephalic babies, trying to cover their brains with surgical sheets before their mothers saw them. Such happenings were rarely, if ever, discussed. But the miracle of witnessing a birth never diminished for me; often the love was palpable. Delivering lovely, healthy pink babies more than compensated for the shouting, screams and blood of the labour ward.

My next job, as casualty officer, was for six months in the Accident and Emergency department. There, down amongst all that death and dying, illness, rape, violence, murder, drunkenness, neglect, insanity, horrific traffic accidents, fractured bones and suicide attempts, there were times I felt both inspired and disgusted by human nature. I did begin to learn however that, deeper than violence and alcohol, and behind even the most painful situations, love and its distortions were usually the core issue.

My 24-hour duty rota often meant working through most of the night, since our hospital was a main casualty centre for the city. Often, I would sleep on the crash trolley fully clothed, waiting for the next emergency, rather than waste time returning to the on-call residence a block away. I always tried to meditate twice a day and, because the ego boundaries were so worn down, would often leave my body and enter a blissful state. Such experiences brought meaningful relief to me in the relentless daily diet of human trauma, but paradoxically, made me more sensitive as well.

One day a woman came to the Emergency Room with a very disfiguring skin condition, her presence frowned upon by the ward sister, who did not consider her case to be serious. Drawn in by her obvious anguish, I heard that her GP had fobbed her off with repeat prescriptions for steroid creams, thinning her skin but not helping her rash. Apart from listening to her outpouring of grief for a long time, I felt powerless and inadequate to help, and referred her as an emergency to dermatology outpatients. Three days later, I received a parcel of six Waterford cut glass wine goblets, with an unsigned note saying, 'Thank you for listening when no one else did.' This incident demonstrated to me that not all emergencies are physical, no situation beyond help. I would sometimes see 60–100 patients in a day, then roll home to bath and bed, only to repeat the performance a day later; while my fellow casualty officer, whom I rarely met, alternated his hours with mine. After three bouts of alternate 24-hour duty, we were allowed four days off before the cycle started again. I was continually exhausted, emotionally drained and, because of the strange hours, felt socially isolated and lonely.

My next job, at the Hospital for Sick Children, was to look after the babies with spina bifida in the aptly named 'Holy Angels Ward'. I was to examine each new arrival, make an

initial clinical decision, based on agreed criteria, about which were to be sent for corrective surgery and have drainage valves inserted into their ventricles. The unlucky ones were to be left to nature, nursed by a dedicated ward staff, until they died – usually within weeks or months. Every morning I would have to make my rounds and measure their little skulls, expanding with blocked cerebrospinal fluid. We fed and watered them, and kept them warm with woolly caps on their grossly swollen heads. The suffering of the few parents who visited was painful to witness. Who could blame the rest for not wanting to visit?

This was the nadir of my medical career. Like everyone else, I felt useless, angry and impotent: very close to meaningless despair. After three consecutive nights on call at the weekend, having admitted dozens of critically ill children, and spent half the night setting up intravenous drips, I would return home feeling profoundly depressed. Most traumatic of all were the cases of child abuse – little anxious children with bruises, or occasionally the scars of old cigarette burns, on their skins – rocking incessantly against the sides of their cots. ‘Don’t get too attached to them,’ the staff sister would warn her nurses, ‘because it only makes it worse when they have to leave.’ The human issues of the medical staff were never discussed. On the other hand, I did get to assist the surgeon in paediatric heart operations and was astonished to see those little beating hearts exposed to the wonders of reconstructive surgery.

Entering general practice was an eye-opener. I soon discovered that all my fine knowledge, acquired at such cost, stood me in little stead when faced with the demands of patients presenting with what I privately thought were often minor illnesses. I joined the newly formed general practice vocational training scheme and came to learn, through our discussions, of the depths of human suffering that often lay behind complex presentations of unrelated symptoms. I began

to see that there could be no true healing without engaging heart and mind. The contrast in my medical work between patients in a leafy suburban middle-class practice and an inner city Dublin slum was huge. Pressing social problems were often reduced to the services of a prescription pad.

I was always worried about prescribing drugs and avoided it where possible, more frightened of poisoning people. One look at the long list of side effects of many medicines in common use undermined my confidence in the prevailing system I had been taught to use. I felt that I was neither really helping people get better, nor understanding why they became ill. There had to be another way.

That was when I heard about homeopathy for the first time: a natural system of medical therapeutics that stimulated the body to heal itself. It sounded strange and exotic to me – no more poisoning the body into biological submission. So, after four years of hospital and general practice, culminating in membership of the Royal College of General Practitioners, I left Ireland for England to study full time at the Royal London Homeopathic Hospital. What immediately struck me was the care and humanity of most of the doctors I met, and the emphasis they placed on the patients' exact words in describing their own mental and physical symptoms.

We were taught a host of strange homeopathic remedies; so called because they had previously been 'proven' on healthy people, i.e. by a medically selected group of volunteers who had taken that substance over time, each recording its effects upon him or her. The group's final composite of 'proving symptoms' was then formally written up under psychological and physical subheadings, to create a unique 'symptom picture' of each remedy. Hundreds of remedies have been proved in this way. The remedy whose 'symptom picture' most closely matched the multilevel symptoms of the patient was called 'the

simillimum’ – the most like – indicating the appropriate one to be prescribed for that individual’s condition. At once the mind–body divide was bridged and I encountered holistic medicine for the first time. This was the art of medicine as I had never learnt it, far removed from the sophisticated biological engineering of modern pharmacy and the reductionist attitude of ‘one drug fits all similar diagnoses’.

The extended homeopathic case history taking gave me the opportunity to listen in depth, not just with the cold rational ears of the mind, but also with the warmer, more intuitive ears of the heart. It seemed to be just here that healing took place. The respect, empathy and acceptance that flow from this heart-centred listening provide a meeting place where doctor and patient, simillimum and disease, could bring about healing. And I discovered that this worked both ways: being healed by my patients was a revolutionary and humbling concept for me.

The word ‘homeopathy’ comes from the Greek ‘homoeios pathein’, meaning ‘like suffering’. A German doctor, Samuel Hahnemann (1755–1843), was the first to found a therapeutic system based exclusively upon the homeopathic principle. A brilliant man and profound thinker, he spoke eight languages and was also a notable chemist. In 1810, the first edition of his *Organon of Medicine* was published; the sixth edition was published in 1921 and the work is now world famous (Hahnemann 1982). The idea of treating ‘like with like’ predates Hahnemann considerably – perhaps even as far back as the primitive practice of sympathetic magic before written records existed. Treating ‘like with like’ is however recorded as far back as 1000BC in China where people inhaled flakes of victims’ skin to confer immunity to smallpox. The principle can be traced back to the ancient Hindus, and also through early Greek thought, appearing in the temple healings at the

Aesculepian Sanctuary at Epidauros. A similar idea was reflected in the later writings of Hippocrates who stated that like to like produces neutralization (Haehl 2001) and in the 16th century by Paracelsus, who emphasised 'vis medicatrix naturae': the healing power of nature, or the inherent ability of an organism to overcome disease and disorder and regain health (Swayne 2000). Hahnemann rediscovered the principle by chance in his now famous Cinchona bark experiment, and immortalised his findings in the homeopathic 'Law of Similars' ('Simila Similibus Curentur'): 'By the most similar, may similar things be cured' (Haehl 2001, p.67).

In homeopathy, the patient's peculiar pattern of symptoms was gleaned through an extensive history taking that covered all aspects of his personality and lifestyle. These were assessed from an entirely different, 'energetic' viewpoint. Disease was not pathology as I had been taught, but a disturbance of the patient's 'vital force'. Pathology was the result. Attention was focused on neutralising the disturbed vibration pattern by giving the 'like remedy' – the simillimum – so that, as the vital force re-established healthy equilibrium, the symptoms would resolve themselves.

The idea of the vital force is as old as humanity: a universal belief in an animating principle in man, which leaves the body at death and is responsible for its function during life, often identified with breath. In English we say spirit, from the Latin 'spiro', 'I breathe'; 'pneuma' in Greece, 'chi' in China and 'prana' in India. By whichever path it reached him, Hahnemann adopted vitalism as the basis of homeopathy. This subject still underlies much of the debate between orthodox and complementary medicine today. Whilst we recognise the remarkable successes within mainstream medicine due to science, we can also recognise that many aspects of human suffering, because

existential or metaphysical, are not accessible to scientific method and so are 'conveniently' ignored.

Central to Hahnemann's many writings, his *Organon of Medicine* emphasises that diseases are unique and individual, and that symptoms are the visible evidence of hidden dynamic causes in the patient. The outer form of the medical remedy has hidden, unseen forces within it, and so must be tested on healthy people, and the symptom picture of the proven remedy is to be matched to the picture of the patient's disease symptoms, using the smallest effective dose. This last statement continues to raise scientific controversy to this day. No one has yet been able to explain how such highly diluted potencies act, even though there are well-documented scientific trials on the successful use of such potentised remedies in the treatment of hay fever and asthma. It appears that the essential dynamic energy of the remedy is somehow liberated by the process of dilution and succussion, to act therapeutically on the same plane as the disturbed vital force itself.

Sometimes, prescribing in this way seemed to accomplish near miracles, and at other times seemed to make little appreciable difference. In frustration one day, I recall blurting to my supervisor, an eminent homeopathic consultant, that I felt I would never grasp the art of repertorising symptoms, that I was just fumbling in the dark. After listening to me in silence for a moment, he replied, 'Ah yes, my dear, but when you reach my age you learn to fumble more quickly.' His humour restored mine, though many times I veered uncomfortably between two worlds of medical thought, as though a rug were being pulled from under my feet. This made me study even harder. Surely so many fine and distinguished doctors and nurses, who had dedicated their life to homeopathy, could not be completely wrong? Working as senior registrar at the hospital, I slowly learnt to reverse my usual thought patterns, away from a

pathological approach, to work with what was vital, alive and healthy in the patient. To penetrate to the centre of the case usually uncovered a hidden emotional trauma or shock to the system, often denied, unconscious or repressed, making the inner planes shut down, blocking the natural energy flow. Symptoms were the expression of a hidden inward cause.

I soon learnt of a Greek master homeopath, George Withoukias, teaching in London and Greece, and enrolled to attend his teaching seminars with 60 or so other students. George had been a mining engineer in South Africa where one day he had chanced upon some old homeopathic books in a bookshop. Intrigued, he bought them and took them home to study. He told me his hands were burning with excitement as he read for three days. He was astonished that such a little-known system of therapeutics existed, and decided then and there to give up engineering in order to devote his life to homeopathy. After many years of travels and study, he opened a homeopathic treatment centre at Maroussi in Athens, staffed by 26 homeopathic doctors working under his guidance. Over the years, he collected and documented approximately 150,000 homeopathic clinical cases from which many important additions to homeopathic materia medica were made.

When George was invited to London to teach, we would watch him, via video link from another room. After taking the patient's case history, he would join us for a discussion of the homeopathic remedy needed. This was an incredibly exciting learning experience. Soon a group of us were travelling once a year for further studies to Alonissos, a Greek island in the Sporades, where George lived with his wife. It is difficult to express the soaring spirit of those days, when we felt we were being introduced to the true healing potential of homeopathy.

George's case analyses were legendary and his skill in elucidating the deeper facts of the case always impressed me. It was like going from a 'flat earth' view to a rich, multi-dimensional experience which filled us all with incredible confidence, and gave us an expanded knowledge of the many remedies at our disposal. One case, of the very many which made a vivid impression on me, was of a 30-year-old man with disabling arthritis. He always hesitated before answering questions and even then, spoke very slowly. There was nothing very significant to point to the remedy. George asked us what we had noticed. Our several tentative replies were dismissed as superficial. He then asked whether anyone had noticed the fear in this man's eyes. No one had. He turned to the man and asked him if anything very frightening had ever happened to him. The man reacted violently, seeming to struggle with great emotion and, as if coming out of a dream, began to describe something he had forgotten many years ago. Whilst working as a lifeguard in his 20s, he had been called to a boating accident on a lake. He remembered diving down into the cold murky waters when suddenly, through the reeds, he brushed up against a face with fixed staring eyes – the body, suspended upside down, was trapped below the surface by an anchor chain. In his horror, he panicked and almost drowned. This shocking memory had lain buried beneath his outer life. He had subsequently become depressed and gradually indifferent. The homeopathic remedy prescribed was phosphoric acidum, and his arthritis cleared up within a couple of months.

George has since opened his own International Academy for Classical Homeopathy, a beautiful stone building, modelled after a Byzantine monastery and built to his own design, on the island of Alonissos. Here, students travel from all over the world to study homeopathy. George was deservedly awarded the Alternative Nobel Prize, also known as the Right Livi-

hood Award, in 1996, for his lifelong dedication to the cause of homeopathy worldwide.

Meanwhile, back in England, I continued work in three successive general practices in London, becoming more confident to the point where at least 40 per cent of my patients received homeopathic prescriptions. The last NHS practice in which I worked had one of the lowest drug bills in the area and attracted many people, especially women and children, who preferred homeopathy's gentler approach. I was also teaching for the Faculty of Homeopathy and it was heartening to see so many doctors make that profound shift in their awareness as the implications of the homeopathic approach went home.

I simultaneously became interested in the concepts of health and healing in traditional Indian ayurvedic medicine (from 'ayus', life, and 'veda', knowledge of). The renowned Indian physician, Charaka, compiled one of the earliest ayurvedic texts, the *Charaka Samhita* written in Sanskrit, about 1200 years ago. This text, now translated into English, forms the basis of the many ayurvedic courses currently available in the West. Two-thirds of the treatise expounds upon the natural measures for living in health and harmony, and one-third on treating diseases with herbs and surgery – an attractive balance! I found its philosophy of health and disease, and the commonsense guidelines on diet according to body type, especially practical. In one ayurvedic text, health is beautifully summed up as, 'Balance in the energies, digestion, bodily tissues, and excretion. And peace between the soul, mind and senses' (Sharma 1999, p.173).

It was precisely that important second half that seemed to be missing in modern medicine (because it seemed to be missing in many doctors) and in me. Over the years, I had discovered that my own painful experiences, far from being unique, were shared by almost every doctor I spoke to. Given

the traumatic nature of medical education, in the absence of attention directed to the emotional health of doctors, it takes a small step to understand why a large majority of medical professionals are themselves wounded healers. Unless we have engaged in some form of emotional healing, we must, like any abused person, be unconsciously focused on pathology and so become unconscious abusers of others. This we do through alienation; hearing patient's anecdotal stories as irrelevant; ignoring clues of emotional distress; making 'expert' diagnoses and so treating patients as objects of science to whom we do 'expert' things; and seeing disease and death as forces to be conquered by the surgical techniques and drugs of rational science.

Not surprisingly, this lack of recognition of the links between mental and physical health are unfortunately reflected in the psychological health profile of many doctors, with drug and alcohol abuse, marital disharmony and suicide rates at much higher levels than in the general population. As for myself, I developed a serious double pneumonia and realised, while recuperating in hospital, that transcending emotional wounds in meditation, in favour of a peace beyond, didn't seem to heal the conflict between heart and mind. I needed to face whatever was blocking my inner energies.

In my reading, I had come across the works of Carl Jung (1875–1961), a Swiss psychiatrist who developed the field of analytical psychology, following his early work with Sigmund Freud, the Viennese founder of psychoanalysis. Jung's vigorous researches into all aspects of human endeavour extended his influence into the fields of anthropology, theology and philosophy. He wrote:

We are shaken by secret shudders and dark forebodings; but we know no way out, and very few persons indeed draw the

conclusion that this time, the issue is the long-since-forgotten soul of man. (Jung 1982, p.365)

Jung (1969) famously pointed to the wisdom of our 'collective unconscious', an innate archetypal patterning organising our world consciousness, which guides all humanity. Therapy should help bring people into contact with this deeper collective unconscious, and their own healing. Having read a little of his voluminous works and admiring his spirit, I chose to sit through three years of attentive and healing Jungian analysis for which I was very grateful. Crawling out from under the emotional rocks was painful. I talked a lot, discussed significant dreams, cried, relaxed and learnt to trust my own feelings again, without projecting my pain on to others. Ongoing meditation helped integrate my understanding, so that by the end, I felt a richer human being, and more present to myself and others in daily life.

This insight into deeper levels of being and healing raised serious questions in me. I became more disillusioned by the optimistic zeal with which drug company representatives promoted their ever 'newer', more 'potent' drugs within general practice. I also came to resent the NHS straitjacket of having to see 30 patients a day, within the allotted eight to ten minutes each. More time was needed if any case was to be more deeply examined. I knew I had to change direction.

In 1986, with a small bank loan, I opened my first private practice in Hampstead, in the sitting room of a delightful family with whom I was living at the time. One day, I was amused to see through the window a man, whom I thought to be my first patient, calmly stare at my gleaming brass plate on the wall. He then took out a comb, parted and combed his hair and walked on up the hill. But people slowly came, often to talk and share their deepest feelings, spilling out their secrets, tragedies, unhappiness and pain. As part of deepening the

holistic approach, I became more interested in diet and nutrition, exercise and creativity, factors to re-balance lopsided growth. It was gratifying to witness people's lives turn around and walk with them on the road to well being. Having also studied acupuncture at the Homeopathic Hospital and used it in the pain clinic, I began to use it to treat people whose stress patterns appeared to block healing. I was also impressed at how much people's illnesses improved when they learned to relax. This made me want to find a system of stress management that people could learn for themselves.

In 1987, I studied autogenic training (AT), a very simple system of self-induced profound relaxation, which can help a wide variety of common medical conditions and psychological problems, with well-researched, positive results. The six volumes on Autogenic Therapy written by Dr W. Luthe and Dr I.H. Schultz in 1969, detailing its use in clinical medicine and psychotherapy, were published in eight languages, spreading AT to many countries around the world. Brought to the UK in 1982, AT is now used in at least four NHS hospital outpatient departments with impressive results. Apart from the usefulness of AT in many clinical conditions, many people have used it in the fields of sport, education and industry. Improvements in peak performance, creative output, intellectual work and interpersonal relationships have all been recorded: by factory workers to reduce absenteeism, by Russian and US astronauts to combat zero gravity problems, by aircraft crew to overcome stress and jet-lag, by schoolchildren to improve classroom learning skills and behaviour, by the police force and ambulance service for stress reduction and the British Olympic Rifle Team to reduce performance anxiety, to name but a few. I believe its use will grow.

I recommend AT to my patients as a great way to deal with stress and take control of their lives again. Many are able to come off antidepressants, mild anti-hypertensives, analgesics, sleeping tablets and tranquillisers, and to overcome recurrent minor infections, skin problems, low self-esteem, anxiety, or general malaise. I have taught over 40 groups in the ensuing years, as well as many individuals. I joined the education and training team of the British Autogenic Society, eventually being elected chairman in 1997 and awarded Fellowship of the Society in 2001.

Another strand in my life began in 1991, at a meeting of like-minded homeopathic doctors where I presented an overview of a successful Dutch homeopathic training school for doctors. Most of us at that meeting had studied with George Withoukias, using a similar approach in our different homeopathic practices. As we were working in geographical isolation and outside the usual NHS career structure, we wanted to share our experiences, and to offer our collective insights to others in a more formal way. The discussion was full of energy and enthusiasm, and from it was conceived the idea of opening our own homeopathic school in Oxford. Eight doctors initially signed up as core teachers, under the name of the Homeopathic Physicians Teaching Group (HPTG).

During the next 12 years, our homeopathic courses for doctors expanded to include nurses and vets, at undergraduate and postgraduate levels. Central to all our work was the focus we put on ourselves as a partnership. Regular meetings with a group analyst ensured that our business relationships were kept consciously integrated with our core vision. We worked hard to model these values within the student groups we taught, as a way to heal some of the fragmentation we ourselves had experienced in medical education. The pioneering spirit that spurred us on was intensely creative and exciting, and we

watched ourselves, our students and our course structures grow organically, to seed new ventures.

In 1999, we began running a three-year teacher training course for ten of our homeopathic graduates – just in time – since we were invited to teach homeopathy overseas, and soon successfully established HPTG International Courses in Australia and the Republic of Ireland. We are continuing to develop teaching links abroad by invitation from other interested medical and veterinary groups. Another venture was the introduction of a psychodynamic model of homeopathic supervision to the clinical world of medical and veterinary encounters. The effect was to inspire and deepen homeopathic case taking to new levels of understanding for doctor, vet and nurse.

After starting the HPTG, I became aware of the need to consolidate the many short counselling courses I had taken over the years, since I was encountering in my own practice many people who needed more time to work through their various difficulties. I successfully applied to the Psycho-synthesis and Education Trust for a three-year diploma course in counselling and therapy. As students once again, we laughed and played a lot together on the basis that ‘it is never too late to have a happy childhood’. However, as the only medical doctor in our large group, I was unprepared for the amount of negative transference projected on to me by some group members who had suffered bad experiences at the hands of their own doctors. A few of the stories I heard were so frankly appalling that, at times, I felt almost ashamed to be a doctor. Becoming more aware of aspects of my own medical conditioning helped me to share with the group something of the difficulties encountered by doctors, which was helpful for us all.

These were also magical times as I saw the changes taking place in us through honestly sharing our feelings together. Being willing to recognise and transform emotional blocks usually brought mutual understanding, and spontaneously reversed painful judgments and distorted behaviour. To me, this agreed on a psychological level with the 'Law of the Direction of Cure' exemplified by a follower of Hahnemann, Dr Constantine Hering, who observed that cure usually proceeds 'from within out, from more important to less important organs, from above downwards, and in the reverse order that symptoms first arose' (Lockie 1989, p.13). These observations made me reflect on whether there was any connection between 'suppression', e.g. drugs blocking symptoms and so pushing 'disease' to deeper levels within the organism, and the phenomenal rise in mental health problems in Western society. This added impetus to my homeopathic case taking.

Another event which deeply influenced me was when I attended, on behalf of the British Autogenic Society, the XIth World Congress of Psychiatry in Hamburg in 1999. The theme of the Congress concerned the fact that, according to World Health Organisation research, psychiatric disorders now account for five of the top ten causes of disability, and for nearly 11 per cent of the total global burden of disease. By the year 2020 AD, psychiatric and neurological conditions could increase their share of the total global burden by almost 50 per cent – a forecast viewed as accurate by 70 per cent of the UK psychiatrists polled (WHO 1998).

At the Congress, a strong feature of the many presentations concerned the direction in which psychiatry is headed: will psychiatrists become neuroscientists 'treating the brain' or psychotherapists 'helping the mind'? When we move psychiatry to the laboratory, we remove it from the life of patients. Are we moving from the age of the asylum to the age of Prozac,

from being healers to being gatekeepers for antidepressants? This thought was wittily echoed by one writer on the scientific breakthrough of the first moon landing: we can send a man to the 'Sea of Tranquillity', yet we cannot bring him back from the 'Ocean of Despair'.

The theme of reducing people to objects of science to whom we 'do things' was chillingly brought home to me in a way I had not anticipated. A central feature of the Congress was a memorial exhibition commemorating approximately a quarter of a million victims of the National Socialist Euthanasia Programme operating from 1930 to 1945 in Germany. Patients were killed by their doctors: by starvation, infection with TB, injections of Luminal, or with a cocktail of morphine and scopolamine to ensure respiratory failure and death. This programme was systematically carried out against the old, unfit, incurable, misfits, genetically impaired and immigrants unable to work. At the Nuremberg Medical Trials Tribunal in 1947, of the 23 medical doctors indicted for 'crimes against humanity', the chroniclers wrote that their atrocities were so unrestrained, and yet so organized, with such technically bureaucratic coldness, malice and bloodthirstiness, that no one could read about it without feeling the deepest shame (see IMT Nuremberg, 1947–49).

This exemplified for me, in the most horrific way, the violent consequences of losing sight of our own humanity, the almost logical end-point of a science divested of human meaning or morality. This chilling experience further confirmed for me the absolute necessity for a metaphysical worldview that put the heart back into medicine – not as a sentimental gesture, but as an enlightened appreciation of the way things naturally, and lawfully, work best. And not because they should, but because they do.

Like many other people, I have often wondered about the clouds overshadowing the world in the last century and this, of world war, Holocaust, labour camps and killing fields; through enforced starvation, systematic torture, genocide, ethnic cleansing, religious persecution and political warfare. If these were all symptoms of a disease, viewed as the enlarged expression of an individual facing an existential crisis of meaning, would the direction in which science and technology are leading us save us in the end? Or, would we realise, as the Chinese proverb says, 'If we do not change our direction, we are sure to end up in the direction in which we are headed.'

It seems as if the modern cult of scientific rationale has reduced our age-old view of the cosmos, and man's place within it, down to the evidence of our physical senses alone. Is there a deeper soul truth underlying the scientific worldview? What happens to people when terrible things are done to them?

In a fascinating paper entitled *Mystical Experience of the Labour Camps*, Mihailjo Mihajlov presents remarkable evidence from many eyewitness accounts of survivors from the Soviet prison camps in the Stalinist era, which 'explodes the very foundations on which modern science and philosophy are built' (Mihajlov 1976). All the authors writing of those experiences agree that arrest and imprisonment – the loss of freedom – have formed the most profound and significant experience in their lives. Although enduring the most extreme spiritual and physical suffering, they also paradoxically experienced a fulfilling happiness undreamed of by people outside the prison walls. Those writers who had been through the most life threatening circumstances affecting both body and soul, unanimously affirmed that:

Those [prisoners] who sacrificed their soul to save their body lost both; while, for those who were prepared to

sacrifice their body to save their soul, some kind of strange and mysterious law eluding understanding, preserved both (p.106).

Demonstrating that the spiritual world cannot be separated from the physical, numerous accounts by prisoners tell of miraculous guidance from the depths of their souls, an inner spiritual voice which, when followed, led to freedom, and when ignored, led to death. Mihailjov says this internal voice is not subject to any intellectual criteria or scientific study, 'since the point of departure of science is the premise of the existence of only one world, ruled over specifically by the cognition of laws independent of man' (p.108), although the experiences of life in captivity pointed to quite the opposite.

Mihailjov writes that sooner or later, each of us living in the world will at some time find ourselves in 'prison', either through sickness, catastrophe, misfortune or death. He points out how we are compelled, unavoidably,

To make a choice between submission before death or, in contradiction to everything 'real', 'objective' and 'sensible', to follow in a daring way the calling of the spiritual voice... Only through complete renunciation does a person become totally free – only then, when he no longer has anything to lose... Spiritual slavery leads to prison, spiritual freedom liberates one. For, suffering opens man's eyes to the inner spiritual world, to the mystical compass found in every man's soul (p.111).

Such prisoners realised they didn't own this force, i.e. that they didn't have the right to direct it according to their own judgment but on the contrary that everything in life – and life itself – is completely dependent upon this mysterious spiritual force. The numerous experiences they reported of this mysterious fundamental law at work indicated not only a common basis for both the spiritual and physical worlds, but also that

what happens in the physical world depends on what happens in the spiritual world, and not the other way around.

In light of these and similar accounts from all over the world, it follows that an over-optimistic belief in the world of science may paradoxically separate us from knowing and having faith in the simple truth within each human being: that we absolutely exist in freedom and love, that we each matter, are lovable and capable of love. Being seduced by the scientific promise of certainty can lead to ethical compromise, dulling our hearts and minds to the sharper vision of spiritual freedom within.

More than a century before, Hahnemann voiced just such concerns over the direction in which the science of his day was headed. His legacy foreshadows the rise of a holistic medicine fundamentally different from the mono-scientific approach. The discovery of more powerful 'tools' to enforce change, by interfering with natural mechanisms, can overlook the unity and wholeness of the human being and ignore or suppress the spontaneous activity of our natural healing powers.

The great spiritual seers down the ages have reminded us again and again that the final or greatest disease is ignorance of our own true nature. When a contemporary spiritual leader of the advaita tradition was asked some years ago by a group of English doctors, 'What is the real medicine?' his reply was startling. He said that all systems of medicine – Western or Eastern, Tibetan, Egyptian, Chinese or Indian – are 'outward' systems only. They will carry people for a while, or provide some temporary relief, but as long as we remain 'in ignorance' we will inevitably be surrounded by physical, mental and emotional diseases of every kind. The real medicine brings about transformation at the inner levels of being. If we really want to make the body a temple suitable for the self to do its

work then we need to wake up to the reality that underlies our very being.

Hahnemann himself equated true health with freedom. One of the greatest homeopaths after Hahnemann, Dr James Tyler Kent (1849–1916), pointed out that the freedom to experience this consciousness is hampered by illness, by symptoms, in fact. He controversially said that, ‘There are no “diseases”, only sick people’ (Kent 1979, p.22). A patient doesn’t come asking for freedom; he says he is sick because he has symptoms, whereas homeopathy says he has symptoms because he is already sick. Freedom is the final cure. Vithoulkas, in an international seminar held in Alonissos, described this freedom in terms of three levels: freedom from physical pain with a sense of vitality and well being; freedom from emotional passions and negative emotion with a sense of dynamic calm; and freedom from mental selfishness and erroneous ideas with a sense of clarity and detachment, evolving through conscious effort into the divine qualities of love and wisdom. This makes sense of a holistic model of health that places spirit at the centre, giving significance, value and meaning to life and providing opportunities for realisation of our innate human potential.

In 1999, two years after the tragic death of our HPTG colleague and friend, Lee Holland, I was invited to give a memorial lecture on the theme of *Physician Heal Thyself*, at the Royal London Homeopathic Hospital. While looking up this reference in the writings of Luke, himself a physician, I found myself reading again, with new eyes and ears, the many accounts of healing performed by Jesus:

Don't be afraid.
Be clean.
Your sins are forgiven.
Get up and walk.

Stretch out your hand (to the man with a withered arm).

Don't weep (to the grieving widow).

Young man, get up.

Your faith has saved you. Go in peace.

Peace, be still.

Be comforted. Your faith has made you whole. Go in peace.

Have no fear. Have faith and you will be made whole.

Receive your sight. Your faith has saved you.

Words like peace, wholeness, forgiveness, stillness, absence of fear, faith and comfort point, for me, to the heart of true healing. They express the very qualities that seem to flow when we are in touch with our common humanity, when we are most truly and profoundly ourselves. Hahnemann himself stated that:

All human beings naturally seek happiness. The greatest of all physical goods is health, which not all the riches in the world can pay for, and the restoration and maintenance of which is man's most important and difficult concern. (Schmidt 1993, p.294)

The vital force, Hahnemann wrote, keeps the body in harmonious balance, 'so that our in-dwelling, reason-gifted mind can freely employ this living healthy instrument for the higher purposes of our existence'. He describes 'cure' as bringing about 'a greater degree of comfort, increased calmness and freedom of the mind, higher spirits; a kind of return to the natural state'.

One measure of health lies in our creativity. The healthy person seeks to create rather than destroy, working positively, in harmony with himself and others. Creative self-expression is naturally linked to positive feelings of meaningful self-worth. Blocking our creative energy flow is therefore more serious because it leads to frustration, depression and despair, with negative consequences for our mental well being and physical

health. Rather than suppress symptoms with drugs, it is here, in the energy field of the inner mental and emotional planes, that homeopathy can work to such good effect.

Hahnemann insisted on the importance of self-knowledge in the healing process, saying that through such self-observation:

He – the physician – will be brought to understand his own sensations, his mode of thinking and his disposition (the foundation of all true wisdom: Know thyself), and he will also be trained to be, what every physician ought to be, a good observer.

Not only ‘a good observer’, but also, as Hahnemann extolled, ‘an unprejudiced observer’. Within the HPTG, in response to the needs of graduates, we set up regular postgraduate supervision groups for doctors and vets. Early on, we recognised that certain attitudes and feelings, unknowingly projected by the patient onto the doctor (transference) and by the doctor onto the patient (counter-transference), could be made conscious and explored to the benefit of both. Using the ‘six eyed model’ of supervision we could begin to examine the worlds of the patient, practitioner and supervisor and the interactions between them. This elegant psychodynamic model provided an insightful way to uncover the blocks and projections obscuring the centre of the case. For example, a simple question like ‘Who does this patient remind you of?’ to a doctor describing an emotionally charged consultation, can often yield surprising and illuminating insights! Increasing awareness of the feelings elicited in the doctor by the patient (projective identification) can help uncover the deeper emotional issues involved, and radically improve prescribing. I personally hope that the medical, nursing and veterinary professions come to see the wisdom of establishing such groups. The opportunity for peer support, personal growth

and self-development could help positively to transform the burden on the caring professions as a whole.

In an original paper, 'Doctors can't help much: The search for an alternative', the authors write:

Scientific medicine is making big advances in drugs, technology and genetics, yet more and more patients use complementary therapies. Evidence based medicine dominates our discourse, yet health professionals increasingly refer to and practice complementary therapies that appear to have little scientific evidence of efficacy. (Paterson and Britten 1999, p.626)

On the other hand, medical drugs with 'proven efficacy' are not the whole answer either. Dr Alan Roses, the worldwide vice president of genetics at Glaxo SmithKline was quoted in the *Guardian* in December 2003 as saying that 'more than 90% of drugs in use only work in 30–50% of the people for whom they are prescribed'. The reason for this is thought to lie in our differing genetic make-up: not good news for the 4,000 people who die each year in the UK from drug induced ulcers (half of whom have no prior symptoms to alert them to the dangers). This is double the number of deaths from asthma. There were 20,272 adverse drug reports in 1991. The Committee on Safety of Medicines (CSM) suggested this was only 10 per cent of the most serious side effects. By 2002, the percentage of serious reports, as a total of all reports received, had risen from 55 per cent to 67 per cent. Other researchers found that only 1 in 24,000 drug reactions is ever reported by the doctor. By 2004, another study suggested that adverse drug reactions cause more than 10,000 deaths annually in the UK.

The CSM regularly publishes a long list of 'new drugs under intense surveillance', usually more powerful drugs with stronger side effects. In 1998, researchers at the University of

Toronto analysed the results of 39 international prospective studies to estimate the incidence of serious and fatal adverse drug reactions in hospital patients. They calculated, using their highest estimate of the scale of the problem, that adverse drug reaction was the fourth leading cause of death, i.e. only heart disease, cancer and strokes are more dangerous. Their lowest estimate put adverse drug reaction sixth, behind pulmonary disease and accidents.

These statistics are a sad reflection on the first injunction of the Hippocratic oath – ‘Above all, do no harm’ – an oath which, until relatively recently, was a requirement for all doctors on qualification. Perhaps it was the oath’s further injunction to doctors against the induction of abortion that finally withdrew it from contemporary use.

Concern about the increasing medicalisation of society led Ivan Illich to write his famously thought provoking book, *Medical Nemesis* in 1976. He found the Western cultural belief that all suffering is avoidable to be deeply misleading, and he predicted that in trying to eliminate suffering, doctors inevitably create more. We are today witnessing a rising tide of iatrogenic disease as evidence of this.

Scientific research, at the core of orthodox medicine, by trying to find chemical and biological agents to eliminate disease, may be based on a wrong fundamental premise. The real question is, how does an organism allow a disease state to occur in the first place, and how may the natural mechanisms of mind and body be best supported to resist or overcome it? Is there another way?

Paterson and Britten (1999) found that when patients with chronic disease were interviewed, their reasons for consulting complementary therapies fell into three categories. The most common was, ‘Doctors can’t help much’; second, ‘Doctors are hopeless’; and third, ‘Although the drugs may work, their side

effects are not acceptable'. The authors concluded that such patients actively seek out and appreciate holistic patient-centred care, suggesting that:

Not only are the big advances of scientific medicine irrelevant to these patients but that a scientific emphasis alone may be diverting doctors away from the real needs of patients with chronic disease and leaving a vacuum...which is increasingly being filled by complementary therapies. (p.626)

In another paper, 'The physician healer: Ancient magic or modern science', Dixon *et al.* write:

Our potential skills in diagnosis...have never been so great...our credibility further enhanced by a newly won bio-mechanical understanding, effective treatments and the ability to apply evidence based medicine...but something is missing as our therapeutic role over the years has slowly diminished... (Dixon, Sweeney and Pereira Gray 1999, pp.309–12)

The authors point out that, 'The art of healing and the strength of the patient–doctor relationship play a vital role in the well being of the patient.' In view of this, some people suggest that homeopathy may work simply through the 'placebo response' but this is not a satisfactory answer (Reilly *et al.* 1994). While this is to some extent true of all medical encounters, it does not explain the many documented healing responses in animals when given homeopathic remedies, e.g. in kennel cough in dogs, mastitis in cows, spontaneous abortion in sows, and pneumonia in calves. Based on a European survey showing the rising use of homeopathy for pet and farm animals across Europe (because the non-toxic remedies help reduce antibiotic and other drug residues in agricultural products and animal waste), EU regulations since 1999 have recommended the use of homeopathic and plant-based medicines as the treatment of first choice in the health care of animals being raised organically

(Viksveen 2003). Another study from Norway showed that 37 per cent of all farmers had used homeopathy to treat their animal herds.

But the best research evidence for the clinical efficacy of homeopathy comes from meta-analyses, combining many human studies, to show effects at a level of certainty beyond the scope of any single study to demonstrate. Out of a number of such studies, one by Linde *et al.* (1997) analysed a total of 89 clinical trials, covering nearly 11,000 homeopathic patients. It concluded that the clinical effects of homeopathy were more than placebo effect.

Homeopathy is now widely practised across Europe. A recent survey showed it to be among the three most frequently used complementary therapies in 11 out of 14 countries, and the most frequently used in five countries. Up to a quarter of EU citizens use it, the number in France rising from 16 per cent to 36 per cent within ten years – a pattern also seen in Belgium, the Netherlands, Norway and Switzerland – mainly because of concern about conventional drug toxicity.

Although some people argue that the case for mind–body medicine, meditation and a holistic view of health is intuitive and unscientific, there already exists a large body of scientific evidence to support it. And while 25 years ago there were only two or three academic institutions carrying out research into homeopathy, today over 100 universities and other institutions throughout the world are actively investigating homeopathy and ‘low dose effects’.

Dixon *et al.* continue:

Yet it seems the physician healer is now poised to rise again like the Phoenix, not on a wave of nostalgia, but because modern science demands it. Placebo research and psychoneuro-immunology are beginning to clarify a role in which caring is no longer an act of compassion or indulgence, but has everything to do with curing or, in the modern term,

effectiveness... The modern GP therefore needs to develop skills as a physician healer in order to bridge the gap left by his medical science. (p.311)

The authors conclude, 'The Physician Healer is not an anachronism but a modern necessity' (Dixon *et al.* 1999).

The growing popularity of homeopathy today around the world attests to this need. I am thankful to have studied both medicine and homeopathy and grateful to all my teachers, patients, colleagues and students who continue to light the way. Like all doctors, I certainly appreciate all the amazing resources of modern medical technology and appropriate life saving drugs at our disposal. Yet despite this, as Rene Dubos wrote in *Mirage of Health* over 30 years ago, many agree that 'The age of affluence, technological marvels and medical miracles is, paradoxically, the age of chronic ailments, of anxiety and even despair' (Dubos 1959).

While for me homeopathy is not the only answer, and certainly not the final answer, Hahnemann's 'medicine of experience' (Hahnemann 1982, p.xi) does provide a growing body of medical thought closer to the natural order. For me, homeopathy seems to act as a bridge between the worlds of science and healing, matter and spirit. Within its sphere, the time-bound linear logic of the left brain (oneself in the world) and the meaningful holistic imagery of the right brain (world in oneself) are reconciled. The narrative-based remedies of homeopathy, because 'proved' in ordinary human experience, can help reconnect the broken narrative threads of people's lives, to restore natural balance and promote true healing by the gradual liberation of the vital force. As John Launer writes:

In many ways, therefore, narrative-based medicine turns the conventional biomedical approach – and even the patient-centred one – on its head. Instead of listening to 'the patient's history' to determine what to do, it judges our

actions by whether they contribute to an improvement in the patient's narrative. Philosophically, this is indeed a giant leap. (Launer 2003)

I can personally attest to the importance of this. From qualifying as a doctor full of youthful hope and idealism, there did come a time in my life when I felt discouraged, demoralised and cynical. My work felt meaningless and I even considered giving up medical practice. I had lost my way. One day I shared my malaise with an understanding friend who responded by reading me the following Zen story. I thought about its sharp wisdom for a long time – and carried on.

There was a certain army doctor whose job it was to accompany soldiers to battle and tend to their wounds on the battlefield. But it seemed like every time he patched someone up, the soldier would just go right back into battle and end up being wounded again, or killed. After this had happened over and over again, the doctor finally broke down.

‘If it is their fate to die, why should I try to save them? And if my medicine means anything, then why do they go back to war to get killed?’

Not understanding what significance there was in being an army doctor, he felt extremely confused and could not carry on with his work. So he went up into the mountains in search of a Master. After studying with a Zen Master for some time, he finally understood his problem and descended back down the mountain to continue his practice.

Thereafter, whenever he was troubled with doubts, he simply said, ‘Because I am a doctor.’ (Chung 1994, p.42–43)

While travelling through life, I have been privileged to meet many remarkable people: Egyptian adepts, Tibetan lamas, shamans in Peru, Buddhist monks in Thailand, an avatar in Germany, gurus in India, teachers in America, philosophers

and contemplative nuns in England. I have learnt something from all of them of a conscious stillness behind the world of appearances. The teaching of advaita, meaning ‘not two’, points beyond the divisions of the restless, separate ego, to the unchanging reality of a supreme consciousness that universally lights us all. To realise that the consciousness of our deepest being is not different from that, is said to be the aim and end of spiritual endeavour. Some have simply called it ‘waking up’ to who we really are.

And on those difficult days, which we all have when facing people seeking help, when I sometimes think it would be much easier not to have to listen to the message in the pain, but instead prescribe a drug to ‘take it away’, I continue to learn that in accepting and working positively with ‘what is’, both ‘good’ and ‘bad’, lies our gradual enlightenment: the greatest of all healing virtues. Because in the end, shining in wholeness, behind the distortions of disease, and woven through the laws of necessity and fate – as the substance holding everything together – love turns out to be who we really are. And everyone knows it because who, in the end, is not passionate about the truth of love?

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