Education in herbal medicine

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This paper looks at the philosophies and pedagogy of herbal medicine. It considers the relationship between healthcare and social constructs and how they shape current educational practice. The author discusses aspects of delivery in contemporary educational practice and the need for profession to ensure practice stays congruent with the philosophies of holism.

Key words: Herbal Medicine, education, philosophy, spirituality, EBM, curriculum design

Why philosophy is really important and how wisdom matters more than learning

We cannot underestimate the importance of the role philosophy plays in our lives. The philosophies we hold supply guiding principles; they are bedrock to our morality, offer inspiration and clarity when the path is less clear or rocky. They are acquired throughout life both formally and informally in our homes, our working practice, in our learning experiences and in our relationships.

It is principally through the instruction of others (elders, parents, spiritual leaders, teachers, mentors) that we acquire the philosophies which guide us through life, help us form our decisions, mold our choices, that shape who we are in the world and the way we express our skills and knowledge.

Our philosophies give spirit and integrity to our beliefs and our way of operating in the world. Philosophies are important both personally and professionally and it is in the context of this paper that I wish to look at philosophy and pedagogy in herbal medicine. The paper suggests that not only is philosophy important but that it plays a critical role in underpinning the art and practice of healing. Without attendance and commitment to the central philosophies, the practice of herbalism runs the risk of being as mechanical as biomedicine, the only difference being that the patient is offered a ‘green prescription’. While this may be seen as a step in the right direction, it is not the complete paradigm shift that practitioners of natural medicine say differentiates their profession.

The etymology of philosophy tells us clearly the intent of philosophy and indicates the role it plays in the psyche: philo = love and sophia = wisdom.

This paper suggests that the pedagogy of natural medicine should be actively concerned with teaching the difference between wisdom and knowledge. While wisdom cannot be handed from a teacher to a student, there are educational practices that purposefully and deliberately create an opportunistic atmosphere for the development of nought and reflective practice.

This is necessary for the development of wisdom; the ability to check assumptions and to question social constructs that otherwise may be accepted as natural and obvious.

What are the philosophies of herbal medicine? A look at the literature reveals a compilation of adages, homespun expressions, references to early Greek philosophy of Hippocrates, the Roman medical theorist Galen, and a collection of global/motherhood statements that incorporate the words like holistic, paradigm, and vitalism. It is often confined to introductory paragraphs in texts on practice or compendiums on herbs and similar where it appears to describe what the holistic practitioner should do.

These directives form the constructs that shape the philosophy and practice of natural medicine. One well known herbalist, David Hoffman (1983), describes the role of the holistic healer thus:

To truly heal, we need to look at the interconnectedness and the dynamic play of all parts in the whole—the physical, emotional and mental bodies and the enlivening presence of the soul. And then we need to further expand our view and see this wholeness as part of a greater whole: the person’s group, humanity, the entire planet, as all these works together in a dynamic, integrated system.
But in a later edition of the same book (1990), Hoffman has removed the romantic/ecological aspect and describes the holistic paradigm as:

Holistic medicine addresses itself to the physical, mental and spiritual aspects of those who some for care. It views health as a positive state not just the absence of disease. The therapeutic approaches employed are aimed at mobilising the person’s innate capacity for self-healing.

Trickey (1998) refers to the body-mind continuum and a belief in the body to heal itself (no mention of spirit). Bartram (1995) affirms that ‘plant medicines bring to the body a force which stimulates the energy producing system’ and also notes the relationship between healer and nature. Mills (1991) sees the ‘body, mind and spirit as a complex whole, applying a constant self-corrective force to maintain homeostatic balance …’

These descriptions direct students and readers toward the philosophical beliefs that underpin the role of the healer and the intent of practice.

Description of the philosophy of natural medicine almost always incorporates the word ‘holism’, the meaning of which has been debated extensively. It has been described as ‘an elusive but indispensable term … culturally ubiquitous yet soft edged’ (Rosenberg in Weisz 1998). However it is commonly assumed to mean that the body is viewed as a whole and health is sustained through balance of mind/body/spirit and needs to be addressed on all these levels.

Largely holism has been defined by what it is not and this has been brought into focus by the dominance of reductionist biomedicine. The holistic paradigm and its philosophies and practice are what make the difference between orthodox and holistic medicine. This philosophy rests firmly on the principle of vitalism. Referred to as Vis Medicatrix Naturae (the healing power of nature) it is central to the work of the practitioner who assists the body to heal by working to support the innate self healing capacity. This is at the heart of natural medicine and is congruent with the Hippocratic motto first do no harm.

The concept of vital force is not singular to herbalism; it is also noted in other healing paradigms referred to for example as chi in Traditional Chinese medicine and as prana in yogic terminology. However vitalism is given prominence in the ideology of holism and is a central tenet. This belief is at odds with the mechanistic view of the body, the basic construct of biomedicine and the dominant influence in healthcare today.

French philosopher Renee Descartes (1596-1650) was a major influence in the development of the reductionist and mechanistic philosophies that underpin modern medical practice. Descartes developed the theory that mind and body were separate and this enabled medicine to focus on the physical without being confused by the notion of spirit or soul. Cartesian medicine is a dualistic approach separating the body into parts to be dealt with and fostering symptom based medicine (if it hurts, fix it) as opposed to the approach of natural medicine which seeks to find the cause, viewing the body in context (holistic).

This move separated the church from healing practice where it had resided (monasteries) and promoted a division between the art of healing (intuition, experience) and the tools and techniques of practice. This construct of medicine has dominated health care practice in the West gaining strength and power through political and economic alliances throughout the twentieth century. Often seen as cold, fragmented, subspecialised and impersonal, the deficiencies in the construct have led conversely to a swing toward holism, evidenced by the large volume of people using the products and services of complementary medicine in the western world.

It is worthwhile to note that herbal medicine, whilst enjoying a resurgence of popularity in the first world, has always been and continues to be used as part of traditional medicine worldwide.

It is impossible to sift out the philosophy and position of natural medicine without being aware of the politics and power structures that shape and govern the practice of medicine. It is also important to remind ourselves that what is currently accepted as natural and appropriate is, as Marx points out, the ideology of the ruling classes and embedded in current consciousness through a combination of law, advertising, books and other media. An unquestioning acceptance of the status quo leads to limitations in thinking and practice, something that a truly developed philosophical mind would never allow!

The history of medicine and in particular the rise of biomedicine in the latter half of the twentieth century is inextricably linked with the social and political climate of the times. It is beyond the scope of this paper to chart the history of alternative medicine however it is worth noting that countries
like Britain and America have a long history of alternate forms of healing and that the relationship between healthcare, business and politics is rarely altruistic.

In particular The Flexner report published in America in 1910 had a profound and lasting impact on the relationship between complementary and orthodox healthcare practices. Funded by the Carnegie Foundation this report effectively consolidated the alliance between government and orthodoxy and created a hegemony whereby the constructs of orthodox medicine gained dominance in society.

Today biomedicine, specialisation and increasing use of technology have created a form of medicine in which beliefs such as holism and spirituality have been seen as highly suspect, to be resisted and at some times extinguished at all costs.

Complementary medicine has changed again and again in response to the times. The social revolution in the late 1900s in Australia revived interest in many ‘older’ ideas, including alternative medicine. The upswing has been reflected in the growing number of colleges for students of complementary medicine. This has led slowly but certainly to Government engagement in the education process. With articulation into the tertiary sector, accreditation and access to Government funded student support (Austudy), scrutiny has increased.

The pressures on natural medicine to conform to the structures of the dominant paradigm of biomedicine have influenced education dramatically. Where once there was a system that was almost apprenticeship/mentor led by charismatic teachers, the requirement of outcomes based education in a Government accreditation system has meant a conformity and standardisation that has both benefits and drawbacks. It is interesting to consider whether current learning rewards those who understand the most rather than those who understand best? It is possible that vivas, grand rounds and practicums go some way toward assessing wisdom rather than a retentive memory and ability to use big words.

However unless the philosophy is carried into the classroom by a teacher with a style which engages interest and thought, it is more likely that philosophy in the modern classroom is reduced to a PowerPoint presentation with bullet points noting the key dictums, which are dutifully copied down and reproduced in examination. Is this adequate education good enough?

The rush to embrace evidence based medicine (EBM) has further influenced curricula and practice even though the debate over the role and appropriateness of EBM is by no means resolved. EBM is meant to be ‘the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients’ (Sackett 2000). However as Sehon and Stanley (2003) suggest, EBM holds the randomised controlled trial (RCT) as the most strongly preferred form of medical evidence and this can lead to a philosophic deficiency relying on a scientific technique above all.

All practice is based on evidence, including empirical and diagnostic, and practice is a compilation of clinical assessment, experience, intuition and what is gathered in what Richardson (2000) refers to as ‘the murky depths of consultation’.

Education is where the skills of clinical practice and students are introduced to the art of balancing philosophy, experience, empiricism and science. It is in education where there is the opportunity to develop thought and seed wisdom. In Sophoclean tradition, students would be asked questions in an effort to develop their ability to reason. Tutorials are technically the allocated space where education can be questioned, debated, argued and discussed, the place where students have the opportunity to test theories and thought. But are tutorials simply an extension of a lecture? Do private colleges have the space and resources to hold tutorials? Are discussion groups encouraged?

In North America medical students, recognising the deficiency of their training, have formed the Humanistic Medicine Society where they discuss the wider ramifications of training and practice, the need to develop spirituality and retain compassion in a heavily science focussed training environment. This sort of active and supportive discussion group would be suitable for both students and practitioners. This is to be encouraged at undergraduate level for students of herbal medicine in Australia.

Considering the critical role education plays in shaping the profession it seems worthy to ask how are future practitioners imbued with the philosophical integrity of their profession? What is current pedagogical practice in regard to this? The French philosopher Montaigne differentiated between learning in which a student gathers the technical information necessary for their craft, and wisdom in which a different more valuable kind of
knowledge is instilled; this he described as the ability to live well, happily and morally. He even suggested that examination papers that measured wisdom rather than learning would result in 'an immediate realignment of the hierarchy of intelligence' (de Botton 2001).

Does education in natural medicine cultivate the ability to be learned or to be wise? Competence with knowledge of the body and materia medica may equip a practitioner with ability to knowledgeably diagnose and prescribe, but are they working holistically? And in what situation is that practice sufficient? For example with the upswing in stress related illnesses, is the provision of nervines adequate to allow self healing to happen? How is knowledge of the level at which to pitch a consultation developed?

For education to adequately prepare practitioners in the twenty-first century it must contain, retain or emphasise several key components. Instruction about the impermanence of social structures needs to be incorporated into education as a way of opening students up to thinking more deeply rather than simply accepting the status quo. This can be achieved with an overview of the history on natural medicine in the twentieth century and its tempestuous relationship with orthodoxy. Instruction in different cultural approaches to healing is also appropriate.

Modern day Australia is a complex society and herbalists are increasingly dealing with a wider demographic in their client base. It is not enough to examine the novelty of other cultures and their medicines, such as Ayurveda and TCM. Pedagogical practice needs to prepare students for interface in the clinic with other faiths and cultures, creating opportunities to consider professional boundaries and personal limits.

Given that healing practice has a long history of association with the divine, the unknowable, the religious and the spiritual it is perhaps curious that in current medical practice matters pertaining to the spirit are considered an aside, an adjunct and even something of which to be wary.

Healing practice has through the ages and across cultures incorporated ritual, prayer, shamanism, palm healing and other techniques as ways of accessing a subtler (possibly more effective) kind of healing. Acknowledging and developing the spiritual component of healing is important even in a primarily secular society such as Australia. The incorporation of retreats, meditation and reflective practice into training are all educational strategies that assist in the development of the healer, which is in itself a spiritual journey. Accordingly if education is to retain philosophy and humanism along with the sciences then the pedagogy needs to ensure that the balance is vigilantly maintained.

A look at historical trends in struggle between orthodox and complementary healthcare practices shows that this is a vivid and uneasy relationship. The spirit of the profession lies in the signature of philosophy. Therein lies its essential integrity and its hope for the future as an independent and strong profession.

References