J Med Pers (2015) 13:36–44
DOI 10.1007/s12682-014-0201-6

The concept of healing and integrative care

Jeremy Swayne

Received: 3 September 2014 / Accepted: 14 November 2014 / Published online: 10 December 2014

Abstract Western medicine needs to redress the imbalance between its proven ability to control disease processes and body function, and its limited ability to enable and support self-regulation and self-healing. In short, it needs to acknowledge its vocation and its responsibility to heal, to make whole. It needs to understand that this 'whole-making' not only transcends the task of managing disease but makes our efforts more effective, and improves both well-being and clinical outcome. This requires us to reflect more deliberately on what 'natural' healing really means; on how healthcare can inhibit or enhance the healing process; and on how holistic, integrated, or better still integrative healthcare is essential to the wholeness that is the goal of healing. This paper develops these points, and presents homeopathy as an example of just such a resource.

Keywords Healing · Integrative · Holistic · Homeopathy

The challenge

Enormous challenges face biomedical science in its struggle to control body function and disease processes. Most of the world needs simple solutions, such as the provision of fresh water and mosquito nets; and solutions to more intractable problems such as inequality, injustice or climate change. But in the developed world technical biomedical challenges continue to dominate medical thinking and require increasingly sophisticated solutions that we can scarcely afford; because of the longevity they permit, the multi-morbidity that ensues, the polypharmacy that results, and the *iatrogenic* illness that arises. For those whose responsibilities lie in direct patient care within the Western healthcare system the challenge is not so much squaring the circle of that Healthcare Dilemma [1], but the reconciliation of medicine with healing [2].

For all its welcome achievements, biomedical science and its application in everyday healthcare is often disintegrative, demeaning, and at its worst, dehumanising. As long ago as 1977 George Engel wrote: "The crippling flaw of the (biomedical) model is that it does not include the patient and his attributes as a person, a human being." [3] James Marcum describes how the misdirected focus of the medical encounter exacerbates the breakdown of a person's sense of completeness when it presents the image of a *fragmented body,* reduced to its disordered component parts, a *standardised body* to which the patient's body must be encouraged to conform, and an *estranged body*, alienated from the self, from the lived context of the illness, and from other people [4]. To these unintended insults we must add the *demeaned body*; or rather the *de-meaned person*. "By reducing the body to a collection of parts, the patient as a person vanishes before the physician's gaze. That is literally *de-meaning*, and it does happen", he says. In *The Sickness Narratives*, Arthur Kleinman makes it very clear that, "Meaning is inescapable: that is to say, illness always has meaning…. To understand how it obtains meaning is to understand something fundamental about illness, about care and perhaps about life generally…. The experience and meanings of illness are at the centre of clinical practice." [5]

J. Swayne (✉)
Royal College of General Practitioners, London, UK
e-mail: jem.swayne@btinternet.com

J. Swayne
The Faculty of Homeopathy, London, UK

J. Swayne
The Diocese of Bath and Wells, Wells, UK

These quotations are very helpful. They emphasise: the uniqueness of everyone's personal experience of illness, and its place in the story of our life as a whole; the importance of affirming the meaning of that life and of discovering the meaning of the illness for that person; the centrality of that meaning to our understanding of 'life generally', to our capacity to care (and by implication our compassion), and to our clinical effectiveness; the danger of biomedical 'dis-integration' of our sense of meaning and personhood; and healing as the goal of our medical endeavour. They require us to work harder to understand what it means for medicine, and healthcare in general, to be 'integrative' and to 'heal'; and to understand that it must be integrative if it is to heal, to make whole.

Integrative medicine, or integrative care, provides the *context* in which healing can occur. It is a process of care that comprehends, as far as possible, all the patient's attributes and circumstances, and responds in a manner that is integrative of the individual in themselves, and in their relationship with others; and integrative of those involved in their care into a compassionate and effective community of care. Integrative care provides the circumstances that are conducive to healing.

Healing

Medicine may have a number of goals. Caring must always be one. And healing, whether in a circumscribed physiological sense or a broader holistic sense, should be another [2]. In *The Nature of Suffering and the Goals of Medicine* Eric Cassell draws out the distinction between the healing and curing function of the physician in that a person can undergo the technology of cure or even be cured but not become well again because the work of healing has not been done [6]. There is considerable cultural, philosophical and clinical diversity in the meaning, purpose and practice of 'healing' [7, 8], But in the context of the insights offered in this paper, the goal of healing is wholeness; in Edmund Pellegrino's words: "To restore wholeness or, if this is not possible, to assist in striking some balance between what the body imposes, and the self aspires to." [9] Whatever the scope of its remedial task, at the very least in its responsibility to care and in the beneficial effects of compassion, clinical medicine should serve this goal.

Whole person medicine is not just a romantic notion. It is probably what all doctors aspire to, but often find difficult because of the constraints of the biomedical model, and the targets and guidelines that are its political manifestation. Reconciling the scientific and the personal in healthcare is the holistic goal we strive for if we wish not only to control disease processes, but also to enable and empower the self-regulating and self-healing properties that we know our bodies and our minds possess. To achieve this we have first to comprehend each person as a unique and integrated whole—body, mind and soul (or spirit) expressed as dynamic, interpenetrating, interactive and interdependent elements of our being; and then to recognise each person's intimate connection with the physical, cultural, social, psychological and spiritual milieu of our lives.

This will seldom be possible in its fullness, but in any significant relationship, particularly a therapeutic relationship, we must be open and attentive to as much of it as is revealed to us. In medicine the narrow biomedical focus we are primarily trained and equipped for gets in the way; the 'biomedical filter' [10]. But if we lose sight of the *person* who is ill, and the *personal* ingredients of their illness, the problem in its totality will remain unresolved.

If medicine is not to be divorced from healing, then whole-making is part of its responsibility. There is an instinct for wholeness which is at work in everyone, whatever their condition, and however apparently lacking in self-awareness, or the ability to express themselves, or to determine the course of their lives. Medicine must be aware of this, and responsive to it; concerned not only with the 'biological imperatives', but with the 'spiritual aspirations' of every person's life; [11] whatever our different understanding of our spiritual nature may be.

The elements of wholeness

Just as our bodies have an instinct towards self-regulation and self-healing, so *we as persons have an instinct towards self-fulfilment*; firstly as unique individuals, and secondly as individuals with a unique place and value in the scheme of things, the bigger picture. 'Wholeness' is the fulfilment, as far as is possible in our lifetime, of the unique potential of each individual, our unique vocation, whatever our fixed limitations. It has to do with what Jung called 'individuation'; with integrity, both in the sense of structural integrity and of truthfulness in the sense of personal integrity. It is what is meant by finding or gaining our true self rather than holding on to the persona that the world admires. It has to do with bringing together into a balanced and interactive whole of all our faculties, attributes and characteristics, physical, emotional and intellectual, psychic and spiritual [2]. It is in achieving this that an integrative approach to healthcare is essential.

This search for wholeness is like doing a jig-saw puzzle in an attempt to make the picture that is truly 'me'. Unlike actual jig-saw puzzles, we do not have a picture to tell us what 'me' should look like. What we do have is a set of pictures provided by other people—parents, peers, teachers, society and culture, our religion perhaps, that tell us what they think we should be. These pictures may be

seductive or persuasive, or simply taken for granted, but the chances are that they will be at least in some respects wrong, and sometimes completely wrong.

The only guide we have is our instinct to wholeness, to be uniquely ourselves. This is inviolable. It belongs to the part of our being that we call the soul. If it is denied by the life we live, whether through our own actions or our circumstances, the picture will break down. The disorder in our soul will be reflected in disorder of body or mind, or in our relationships and conduct towards others. If we are able or are helped to recognise what is happening, and to respond to it, the process of rebuilding can begin. Thus *illness becomes the agent of healing*.

This analogy also illustrates the principle that each one of us is part of a greater whole, a bigger picture, from which we derive value and meaning.

Healing and disability

Another essential aspect of healing concerns people so severely affected by disease, disability or adversity that any prospect of greater wholeness and self-fulfilment seems denied them [2]. But no piece in this jigsaw of life is without its unique quality and its value to the whole. Equally, no one of us, is without disability of some degree; imperfections that play their part in the working out of our own vocation. Each of us, whatever our attributes and limitations, gives meaning to the lives of others through our relationships. These may be family, friends, carers or fellow sufferers; or the wider community or society whose compassionate and ethical qualities will be defined by the way it values and provides for its most damaged, disadvantaged and dependent members. Everyone whatever their condition, has at some level a degree of self-knowledge and personal integrity. This will be affirmed and able to grow in relation to the respect and love shown to them by others. And the healing and integrative process made possible in even the most disordered lives, is healing and integrative not just for the individual but for the community of which they are a part.

Common principles of healing

This understanding of wholeness is essential to our understanding of healing in its fullness. But it is not to be seen in contrast to healing in its more familiar physiological sense [2]. Both the healing of the person and the more circumscribed healing of bodily wounds and ailments have common features and principles at whatever level of our being it operates.

All healing involves the following elements: understanding the problem, providing the conditions conducive to healing, mobilising resources to effect the healing process, new growth, and reconciliation. Wound healing provides a simple example. It requires that our body 'understands' what has happened, recognising and responding to the effects of trauma; that the edges of the wound are brought together, the wound kept clean, and so on; that physiological resources of immunity to infection and tissue repair are effectively mobilised. There will be new growth, often stronger than the original tissue. And where necessary, *reconciliation*; some adjustment involving a change in relationship of one part of the body to another—one taking 'responsibility', so to speak, for another whose function is impaired.

And *suffering*, the consequence of the harm that invokes the healing response, seems to be integral to the healing process. It is exemplified in the most basic healing process in the body, the inflammatory reaction. This is unpleasant, but we cannot do without it, and we are increasingly aware of the disadvantages of suppressing its discomforts with anti-inflammatory drugs.

More broadly, any illness, injury or disability affects our relationships with others, and with ourselves—as a person as well as a body; whether temporarily or longer term, through the limitations it imposes and because of its implications for our activities and prospects. Illness affects other people's responsibilities towards us, and ours towards them. The responsibility of others towards us, including the community's responsibility to its sick and disabled, is for compassion and care. The responsibility of the sick person, subject to any absolute limitations, is to get well, because only then can we fulfil our potential to contribute to the well-being of others. True healing will almost inevitably require some reappraisal of our own life, but it can never be a self-centred process.

These essential characteristics of healing can be applied to all kinds of disorder that affect our physical or mental health, our relationships or our quality of life.

Paradox in illness and healing

There are aspects of illness and healing that appear paradoxical [2]. I have already referred to *illness as the agent of healing*. For example, exposure to infection in childhood is necessary to the development of a mature immune system. Challenge and the discomfort that challenge may produce are often necessary to our development as a well-integrated whole. Mental and emotional illness, colloquially called a nervous breakdown, is often an essential prelude to the development of new psychological insights and strengths, and the healing of old wounds; the breaking down a necessary condition of rebuilding and new growth.

Another paradox is that, rather than suffering from an illness, we are often *suffering from a 'wellness'*—the pain or distress resulting from an insult to some aspect of human nature that is in itself normal and healthy and an essential

to our well-being. The pain caused by a physical injury is the response of a *healthy* nervous system to trauma. Similarly, the pain of rejection, abuse, the denial of love and of self-worth, is the *healthy* response of our wounded humanity; the denial of some quality of life that is fundamental to our fulfilment as a person, and that we know, perhaps subliminally, that we need; just as hunger is the response of a healthy body to lack of food. The eventual consequence of emotional suffering may be psychological illness. But the *experience* of suffering affirms our unique personhood; just as an immune reaction to a foreign substance or to an implanted organ that is 'not self' affirms our unique physiological identity.

A third paradox is that healing and cure do not necessarily go hand in hand. Indeed, the pursuit of cure may allow destructive influences that produced the disorder to persist. And within the constraints of an incurable illness an individual may achieve the personal and spiritual growth, the integration and reconciliation that amount to healing in the fullest sense.

It will be apparent from all that has been said that healing is not remedial so much as creative. This is true even of the ordinary healing of a commonplace and uncomplicated injury. There is always something to be learned from the circumstances of the injury. As a person we learn from the experience, we hope. As a body we may develop better coordination or sensory skills, or some other adaptive physiological process.

All the characteristics of healing that I have described can in some small measure be a creative experience; can help us to become a better integrated person. In every sense, on every level of our being, the goal of healing is wholeness. And the goals of medicine and healthcare generally must embrace healing.

Integrative healthcare

To repeat: the essence of integrative medicine is medicine's responsibility towards the person who is our patient to comprehend as far as possible all his or her attributes—physical, emotional and intellectual, psychic and spiritual. And to respond in a manner that is integrative of the individual in themselves and in their relationship with others; and integrative too of those involved in their care into a compassionate and effective community of care. And it is because of this aspiration to a 'community of care', that we should speak of *integrative healthcare*, rather than integrative medicine.

Holistic healthcare

We cannot discuss *integrative* healthcare without considering its relationship to *holistic* healthcare; similar concepts that depend on an understanding of whole person care.

Holism is an attitude, a perspective; a statement of the relationship between parts of a system that makes the whole more than the sum of the parts, and of the interdependence of the parts in determining the well-being of the whole. This sense of relationship must have been in the consciousness of humankind since pre-history, but the term 'holism' was only coined by Jan Smuts the South African statesman in 1925, and adopted by the *Encyclopaedia Britannica* 2 years later. In an account of the holistic instinct that motivated Smuts, Vincent di Stefano describes: [12]

> A philosophical system directed towards an understanding of whole systems, rather than particular events or phenomena. Smuts sought to counter the mechanistic and deterministic view of life that had increasingly dominated the emerging scientific world by reaffirming the co-centrality of the mind and life in creation. For Smuts, the study of matter alone did not provide an adequate understanding of the world. Through his exploration of 'wholes', Smuts offered a broader and more comprehensive perspective on the nature of reality than that provided by reductionist science.

Di Stefano concludes by making a point that needs emphasising today: "The philosophy of holism can therefore be seen to be *complementary* to that of reductionism, which holds that phenomena can be understood by an analysis of their individual components. Holism offers a systemic view of reality that emphasises (both) autonomy *and* interdependence, and accepts that matter, life and mind are implicate and integral to the phenomenal world." (My italics)

Holistic medicine is sometimes represented as the antithesis of biomedicine in the sense of being in direct opposition to it. It is not. Holism is the antithesis of reductionism only in the sense of being in strong contrast to it. They are complementary, and necessarily complementary views of reality. And as far as medicine is concerned, I want my doctor to have a holistic perspective AND a repertoire of the biomedical knowledge and skills informed by reductionist analytical science. All science, and medicine in particular, must possess that versatility if it is to have a true hold on reality; if they are to perceive and elucidate the 'whole truth'—of a particular field of scientific enquiry or of the predicament of the particular patient. Without this balanced perspective, healthcare professionals will be able neither to make sense of the problem, nor to bring meaning to the patient's experience.

Achieving integrative healthcare

To have an aspiration to be integrative in this way is all very well, but what does it mean in practice?

The word 'integrated' can be applied to healthcare in a number of ways, some of which are vague or misrepresent the ideal. According to the *Concise Oxford Dictionary*, the verb 'integrate' has to do with the completion (of an imperfect thing) by the addition of parts; or, the combining of parts into a whole. In a social sense it means bringing or coming into equal membership. The adjective 'integrate' means made up of parts, whole, complete. While 'integral' means of or necessary to the completeness of a whole; or forming a whole [13]. These are helpful definitions because they describe what integrated healthcare should be about.

What is called integrated medicine may not be like this at all [2]. It is often a loose aggregation of different therapeutic methods, resources or services, perhaps within a geographical or administrative framework. They may not share any common model of disease, healing or whole person care. And they may not engage in any process of shared management that effectively integrates their different methods and perceptions within a coherent care plan for the individual patient. They remain a fragmented service, likely to have a fragmenting effect on the patient within it.

Alternatively, the process of integration may be sufficiently close, represent a sufficient level of interprofessional awareness and liaison, share a coherent sense of purpose, and be sufficiently mutually respectful and supportive to achieve a highly effective level of shared care. A service like this conveys a sense of completeness and wholeness in itself. And rather than tending to fragment the patient by emphasising the separateness of the 'parts', it will emphasise their relatedness and encourage a holistic understanding of the patient's needs. It is bringing together different *perspectives*, not just different skill sets that achieves this. And it will be integrative of the care professionals and care teams involved because of the need to explore and share their different perspectives.

Moreover, where this process reaches out into the community, embracing these perspectives and being seen to do so, it will be integrative of that wider community and its healthful influence will be greater. It will serve medicine's long-established commitment to the integrated provision of personal care, scientific knowledge, professional skill, and social and political advocacy; a model of healthcare that relates the well-being of the individual to the well-being of society, and works towards what Julian Tudor-Hart describes as 'a kinder, more imaginative, more generous world' [14].

Parallel or integrative

In discussing integrative healthcare, Heather Boon and colleagues identified a spectrum of integrated care that ranged from parallel practice (minimal collaboration) to fully integrative practice (close collaboration): [15]

Parallel—independent healthcare practitioners working in a common setting; each individual performs his/her job within his/her formally defined scope of practice.

Integrative—an interdisciplinary, non-hierarchical blending of (healthcare knowledge and skills) providing a seamless continuum of decision-making and patient-centred care and support; based on a specific set of core values that includes the goals of treating the whole person, assisting the innate healing properties of each person, and promoting health and wellness as well as the prevention of disease; employing an interdisciplinary team approach guided by consensus building, mutual respect and a shared vision of healthcare that permits each practitioner and the patient to contribute their particular knowledge and skills within the context of a shared, synergistically charged plan of care.

The primary concern of Boon's paper is the place of complementary and alternative medicine (CAM) within contemporary health care and as part of the integrative practice and process of care. But her prescription for integrative care applies equally to the present state of mainstream medicine.

Complementary medicine

Complementary medicine is an additional and even greater challenge to effective integrative care. It cannot be shirked because in its better validated and regulated manifestations (acupuncture, osteopathy, homeopathy, herbal medicine for example) it is part of the reality of contemporary healthcare and of value and benefit to very many patients. But it is a very different 'species' of health care to the variety that most Western doctors are familiar and comfortable with. Its therapeutic principles and methods, based on the precepts of self-regulation, self-healing and enhanced healthfulness rather than disease control are culturally, philosophically and scientifically alien to their formative biomedical curriculum, and plausibility bias results in understandable scepticism and a reluctance to take it seriously [16].

That attitude can be dis-integrative and does a dis-service to patients who choose the therapeutic pathways that CAM makes available; and profoundly disrespectful of their intelligence and health-consciousness. But for those healthcare professionals who are acquainted with these methods or use them, or work with those who use them, they encourage and assist "multiple ways of knowing, and understanding our bodies and our lives" [17] of real advantage and importance.

The *principles* of integrative care that need to be properly understood if the practice is to be effective are that: healthcare can have an integrative or dis-integrative effect on people. It can be whole-making or it can be depersonalising. Healthcare professionals must learn to become a

community of care with a common ethos and a common concern for the well-being of the individuals and communities they serve; not purveyors of separate healthcare commodities but members of *a healthcare partnership* with one another and with the patient. For this to be a reality, an appropriate degree of *interprofessional awareness, respect and collaboration* is essential—a neurologist will gain from the insight a speech therapist can offer in the care of a stroke patient; where there is a trusted working relationship a general practitioner may gain from the insight that a CAM practitioner brings to the resolution of a particular patient's problem; and, of course, vice versa. *The integrative process resides in the experience of the patient*, who brings to each encounter not only their story of sickness, but also the story of previous healthcare encounters; the whole story to be understood as part of a continuing process or journey.

Homeopathy, integrative healthcare, and healing

Up to this point the argument has been applied to the whole spectrum of healthcare, with the emphasis on conventional practice and some reference to complementary medicine. But this edition of the Journal concerns homeopathy as an exemplar of this holistic integrative ideal. In the account that follows, general observations about CAM should also be taken to apply to homeopathy. Particular observations about homeopathy may or may not apply to other CAM disciplines that my knowledge and experience do not encompass. And of course, many observations about holistic and integrative care in CAM and homeopathy apply equally to some or all conventional medical disciplines. In many instances differences are a matter of emphasis. In particular, it is completely wrong to attribute holistic or integrative principles preferentially to CAM. They may be equally the aspiration and motivation of any conventional healthcare practitioner. Some disciplines, Occupational Therapy for example, are fully and explicitly committed to them [18, 19]. And many general practitioners in the UK regret that the constraints of the system do not allow the holistic and integrative style of practice that would be their ideal [20]. Whereas not all allegedly 'holistic' complementary medical practices justify that title, some may be as mechanistic and reductionist in their actual application as any biomedical approach.

Homeopathy exemplifies all the holistic and integrative virtues that have been described for the best of healthcare practice, conventional and complementary. Its therapeutic method requires a painstaking account of everything that contributes to 'the lived experience' and circumstances of the illness, and its evolution in the life and family history of the patient—its biographical as well as its biological perspective [21]; and seeks and expects to reconcile and remedy these to the greater well-being of the patient, not only in terms of symptom control and disease modification, but by enhancing quality of personal and social life and future healthfulness.

The method invokes the subtlety of the therapeutic stimulus (the high dilution of the medicines) and the inherent potential of the self-healing response, and acknowledges and values the contextual and placebo healing effects that are inherent in the theory, the anamnesis, and the approach to the patient. The holistic and integrative intent is fulfilled in the broad spectrum character of the improvement in the patient's well-being that accompanies the outcome of treatment. And in addition, the detailed follow-up and review of the response to the prescription reveals a wealth of insight into the dynamics of the healing process [22]. It is worth examining some of these claims in more detail.

Medicine and the individual

The narrative approach is fundamental to the homeopathic method, which focuses on the person as a whole. Even in acute and circumscribed conditions the reaction and state of the person and the context of the problem are considered as well as the pathology. It requires that a great diversity of information about the patient, objective and subjective, is accommodated within the pattern that is reflected in the treatment strategy. Marshall Marinker quotes a monograph by Michel Foucault which refers to a Chinese classification of animals into a number of bizarre categories that have no apparent relationship to one another whatsoever. He compares this with the list of signs and symptoms and complaints presented by one of his patients. These include her build and appearance, the physical features of her arthritic joints, the serology, her resentment at her husband's disability, her anger at the government's treatment of small shopkeepers, and an array of medication of no benefit prescribed by other doctors in their unsuccessful attempts to help her. This is typical of the complex narrative that many patients present in general practice and that must be comprehended if the problem is to be resolved satisfactorily [23].

A doctor applying the homeopathic method to this 'case' would not only hear and take seriously its disparate features and attend to its biomedical and pharmaceutical elements, but would seek to assemble its historical, situational, constitutional, emotional and physical components into a recognizable pattern that will be reflected in the materia medica of a homeopathic medicine. A favourable outcome could be attributable to the coherent meaning conferred by this process on the patient's experience of illness, or to the prescription, or both; the point

being the narrative approach essential to the outcome rather than the attribution of effectiveness to the process or the prescription.

Specific, non-specific, contextual and meaning effects

One of homeopathy's contributions to our understanding of the importance of a holistic and integrative perspective and its application in healthcare is the opportunity that it provides to elucidate role of the different components of the therapeutic 'black box' [2]; the complex mix of diagnosis, interpretation, clinical technique, contextual factors and placebo effects that comprise all consultations and procedures, and whose particular contributions to the outcome are difficult to disentangle.

Despite continuing controversy about the efficacy of homeopathic medicines, there seems to be little argument that patients do benefit from the totality of homeopathic treatment. A study of 6,500 patients seen over the course of 6 years in the NHS outpatient clinic at Bristol Homeopathic Hospital showed that some 70 % of patients benefited, particularly children under 16. Some 50 % overall are reported better or much better, and some 60 % of children. All patients were referred by their general practitioner. Many had been treated by conventional specialists before seeking homeopathic treatment. Many were able to reduce, and some to stop their conventional medication [24]. This study, corroborated by studies from other NHS homeopathic clinics, reports real results in really sick people. It was dismissed by sceptical critics, not because they disbelieved the reported good outcomes but because they did not believe that the homeopathic prescription was responsible for them. A variety of other explanations were ascribed to the results, particularly the placebo effect. The results were held to be inconclusive because there was no comparison group of patients treated with placebo.

What *is* conclusive is that patients got better to a degree that exceeds conventional expectations. What is really interesting is the question 'Why?' What was going on? The research method certainly does not allow us to conclude that the prescription was responsible for the effect. It may or may not have been. It may have been so in some patients but not in others. We certainly can be sure that contextual healing and the placebo effect contributed to the outcome. It always does. It will have done so to a greater or lesser degree in different patients, because we know that it affects individuals differently, and affects the same individual differently on different occasions. But even if due entirely to placebo, if the results are so much better than would be expected, why is that? And how can it be achieved in other clinical settings?

In *'The "placebo" response in osteoarthritis and its implications for clinical practice'*, Dieppe and Doherty report a significant placebo or contextual effect accompanying all forms of treatment; and an effect size in the placebo response that in some instances exceeded the effect size of the active treatment [25]. They say: 'it is obvious… that practitioners should capitalise on the impact of context effects to enhance the benefits to their patients as a professional responsibility.' And conclude, 'Practitioners of complementary and alternative medicine (CAM) often do this very well, and seem ahead of us more traditional physicians…. We often label (them) as charlatans and explain their success as 'just placebo effect', apparently oblivious of the large effect size of such 'non-treatment' benefits. But if we did learn from the research literature, from practitioners of CAM, and from simple observation, and optimise these meaning responses in our clinical practice, the benefits of such 'contextual healing' to the population of people with osteoarthritis would be huge.'

Evidence that homeopathic medicines have *specific* effects is inconsistent and controversial, but does not conclusively exclude the possibility that they do. The investigation of that possibility must continue and must be rigorous, because if it is real the scientific paradigm really will have to shift. But regardless of that fascinating challenge, the other possibility, the power of its *non-specific* effects is just as fascinating and important.

The homeopathic method is a useful experimental model because it allows us to investigate ways of achieving context effects in other areas of medicine [2, 22]. It exemplifies several factors that contribute to these effects, again not necessarily more so than in other clinical methods, but perhaps more consistently and more deliberately:

It is closely attentive to the patient's (or carer's) account of the illness, and takes account of as much of the 'story' as it is practical to elicit.

Because it integrates physical details (sensation, appearance, localisation, etc.), emotional details (taciturn, weepy, agitated, angry, etc.), general features (appetite, thirst, sweating, restlessness, etc.), and contingent factors (effect of movement, temperature, emotion, etc.) in the clinical description of the complaint and the story as a whole it has an intrinsically '*whole making*' effect. The patient may never have thought of themselves in this way before.

Expectation is likely to be a strong motive to recovery in people seeking an unconventional solution to their problem. Nevertheless, a recurring experience of patients' response to the homeopathic approach is the low level of expectation that they bring to the consultation. Receiving a different form of treatment may encourage the expectation of improvement in the *presenting* complaint, but they often have little or no expectation of other improvement beyond that. The improvement in general well-being or other symptoms that may be part of the response to treatment, and which may precede any change in the presenting complaint, surprises

them. If the practitioner is explicit about this at the outset, that therapeutic impetus of hope as against expectation and past experience may be at work from the start. But expectation is not a consistent ingredient of the process. Some patients are extremely sceptical, and may have been persuaded to try homeopathy against their better judgement. And expectation, hope and trust can decline, in patient and practitioner, when a series of prescriptions prove ineffective; until even in such inauspicious circumstances yet another change of prescription may well 'work'.

It is commonly assumed that the *time* given to the patient during a consultation accounts for much of the benefit of the homeopathic method. 'Time to allow healing' [26] is undoubtedly conducive to the contextual effect. But working with this model does not always involve time. General practitioners use it within the constraints of routine surgeries. In one survey 49 GPs prescribed homeopathic medicines in 25 % of 5,620 consultations [27]. In the Bristol Homeopathic Hospital (NHS) outpatient survey, consultation times were similar to other specialist outpatient departments [24]. Time can indeed be an important non-specific therapeutic agent. But the quality of the *attention* paid to the patient, which has its own therapeutic value, is not wholly dependent on time.

And then there is the alleged 'placebo'—the mysterious pill or powder or bottle of drops; although they have none of the colourful characteristics that have been shown to enhance the placebo effects of some conventional drugs [28].

A model of medicine that takes proper account of the benefits of a truly holistic and integrative approach will need to accommodate both the possibility of *specific* influences on the functions of body and mind more subtle than the mechanistic biomedical interventions we are familiar with, and the possibility of making more effective use of the *non-specific* effects of treatment.

An opportunity too good to miss?

In the integrated and integrative use of the homeopathic method by conventionally trained and experienced doctors and other healthcare professionals, we have available an experimental model for the evolution of medicine of great value. The painful irony is that far from being welcomed as an exciting opportunity for scientific and clinical exploration, it is being driven underground in the UK by a level of hostility amongst a small number extreme sceptics that is difficult to comprehend.

Conclusion

Is medicine a healing vocation? I believe most healthcare professionals see it as that, but that many are frustrated because they cannot fulfil that vocation. The relationship between medicine and healing has come to resemble a broken marriage [29]. But divorce is not inevitable, because the will to heal: the understanding of the problem, providing conditions conducive to healing, mobilising resources to effect the healing process, reconciliation, and new growth, are implicit in the caring instincts of healthcare professionals themselves. All those elements require vision, imagination, humility, courage and effort if we are to remodel medicine according to those holistic and integrative precepts. And they will be needed particularly by those afflicted by 'paradigm paralysis' [30] in both the biomedical and CAM communities who are blind (sometimes wilfully) to the possibilities presented by a different dynamic of illness and healing, or whose cherished certainties are threatened. What is needed is 'traffic in truth' [31]. And there need be no barrier to this, because the common currency is the holistic and integrative intention that underpins all good healthcare and healing. And the messengers are the very great number of 'paradigm pioneers', healthcare professionals who already articulate the message spelled out in this paper in their day-to-day contact with patients. Conventional healthcare practitioners who use homeopathy and have access to the remarkable insights into human nature, health and illness in addition to their conventional knowledge, have a particular responsibility to deliver this message.

Conflict of interest The author declares no conflict of interest.

References

1. OHE (1975) The health care dilemma. Office of Health Economics, London
2. Swayne J (2012) Remodelling medicine. Saltire Books, Glasgow
3. Engel G (1977) The need for a new medical model. Science 196:129–136
4. Marcum J (2004) Biomechanical and phenomenological models of the body, the meaning of illness and quality of care. Med Health Care Philos 7:311–320
5. Kleinman A (1988) The illness narratives: suffering healing and the human condition. Basic Books, New York
6. Cassell E (1991) The nature of suffering and the goals of medicine. Oxford University Press, Oxford
7. Kirmayer L (2004) The cultural diversity of healing: meaning, metaphor and mechanism. Br Med Bull 69:33–48. doi:10.1093/bmb/ldh006
8. Egnew T (2005) The meaning of healing: transcending suffering. Ann Fam Med 3(3):255–262
9. Pellegrino E (1983) The healing relationship: the architectonics of clinical medicine. In: Shelp E (ed) The clinical encounter: the moral fabric of the patient–physician relationship. Reidel Publishing, Dordrecht
10. Barry C, Bradley C, Britten N et al (2000) Patients' unvoiced agendas in general practice consultations: a qualitative study. Br Med J 320:1246–1250
11. Fitzpatrick M (2001) The tyranny of health. Routledge, Abingdon

12. di Stefano V (2008) Holism and complementary medicine: origins and principles. Allen and Unwin, Sydney
13. Soanes C, Stevenson A (eds) (2008) Concise oxford dictionary, 11 (Revised) edn. Oxford University Press, Oxford
14. Tudor Hart J (2008) Sixty years old: time to grow up. RCGP News, July 7
15. Boon H, Verhoef M, O'Hara D, Findlay B (2004) In: parallel practice to integrative healthcare: a conceptual framework. BMC Health Serv Res 4:15. doi:10.1186/1472-6963-4-15
16. Rutten L, Mathie RT, Fisher P, Goossens M, van Wassenhoven M (2012) Plausibility and evidence: the case of homeopathy. Med Health Care Philos. doi:10.1007/s11019-012-9413-9
17. Paterson C (2000) Primary health care transformed: complementary and orthodox medicine complementing each other. Complement Ther Med 8:47–49
18. Occupational performance model (Australia). Available online at http://tinyurl.com/6e3y3we
19. From: Cole M. Applied theories in occupational therapy: a practical approach instructors manual. Based on: Cole M. Applied theories in occupational therapy: a practical approach. Thorofare, NJ: Slack Incorporated; 2008. Available online at http://www.efacultylounge.com
20. Hasegawa H, Reilly D, Mercer SW, Bikker AP (2005) Holism in primary care: the views of Scotland's general practitioners. Prim Health Care Res Dev 6:320–328
21. Swayne J (2013) Phenomenology, pathography and the concept of illness. Homeopathy 102:157–159
22. Swayne J (2013) Homeopathic method: implications for clinical practice and medical science, 2nd edn. Saltire Books, Glasgow
23. Marinker M (1998) Sirens stray dogs and the narrative of Hilda Thomson. In: Greenhalgh T, Hurwitz B (eds) Narrative based medicine: dialogue and discourse in clinical practice. BMJ Books, London
24. Spence D, Thompson E, Barron S (2005) Homeopathic treatment for chronic disease: a 6-year University-Hospital outpatient observational study. J Altern Complement Med 11(5):793–798
25. Doherty M, Dieppe P (2009) The, "placebo" response in osteoarthritis and its implications for clinical practice. Osteoarthr Cartil 17:1255–1262
26. Longmore MW (2007) Oxford handbook of clinical medicine, 7th edn. Oxford University Press, Oxford
27. Swayne J (1989) Survey of the use of homoeopathic medicine in the UK health system. J R Coll Gen Pract 39:503–506
28. Moerman D (2002) Meaning medicine and the 'placebo effect'. Cambridge University Press, Cambridge
29. Swayne J (1976) Medicine and Healing: A broken marriage?. New Society 1976 2nd September; 491–492
30. Barker J (1992) Paradigms: the business of discovering the future. Harper Collins, New York
31. Polkinghorne J (2000) Traffic in truth: exchanges between science and theology. Canterbury Press, Norwich