

*Proceedings*  
*of*  
**The Fourth International Conference**  
**of**  
**Health Behavioral Science**

**“Integrated Approaches to Health”**

*in Kobe*



August 24-27, 2001  
Konan University, Kobe, Japan

Japan Academy for Health Behavioral Science

**The Fourth International Conference  
of  
Health Behavioral Science  
“Integrated Approaches to Health”**

August 24-27, 2001

Konan University, Kobe, Japan

*Organized by*

Japan Academy for Health Behavioral Science

*Co-organized by*

International Sociological Association, RC 49

Japanese Society of Health and Medical Sociology

Japan Academy for Mental Health Sociology

Japan Academy for Health Counseling

International Association of Earth-Environment and Global-Citizen

*Sponsored by*

The Association for Preventive Medicine of Japan

Japanese Association of Alternative, Complementary, Traditional Medicine

Japan Holistic Medicine Society

The Japan Dental Association

Japanese Nursing Association

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Japanese Society for Hospice and Home Care

Home Care Ensuring Clinic Network in Japan

The Japanese Society of Environmental Education

The Japan Medical Association

Proceedings of The Fourth International Conference of Health Behavioral Science  
“Integrated Approaches to Health”

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“Report of The 4th International Conference of Health Behavioral Science :

Integrated Approaches to Health”

## PROGRAM

### 24<sup>th</sup> of August (Fri) [ Half-day translation ]

9:30 - **Registration**

10:15 - 10:30 **Opening Remarks** Fumiaki Taniguchi

(Secretary General, The 4th International Conference)

**Guest Messages** Toshizo Ido (Hyogo Prefectural Governor)

Dr. Yuji Kawaguchi

(Director, WHO Center for Health Development, Kobe)

10:30 - 11:00 **Welcome Session** "Feeling Arts, Art with Sound and Color"

11:00 - 12:00 **Keynote Address** "Integrated Approaches to Health" Tsunetsugu Munakata

(President, Japan Academy for Health Behavioral Science)

12:00 - 13:00 **Lunch Time (Poster Exhibition)** continues until 13:00 on the 26<sup>th</sup> )

13:00 - 17:30 **Oral Presentation I**

Group A "Traditional Medicine and Psychosocial Factors in Health & Illness"

Group B "Health Education and Health Promotion"

18:00 - **Welcome Party** (Konan Co-op Restaurant)

**Welcome Speech** Seiei Muto (Ex-Vice President, Japan Academy for Mental Health)

### 25<sup>th</sup> of August (Sat) [Whole day translation]

9:30 - **Registration**

10:00 - 12:00 **Special Speech** "Integrative Medicine Programs in the USA", Ellen Hughes

(Director, the Osher Center for Integrative Medicine at University of California)

12:00 - 13:00 **Lunch Time**

13:00 - 16:00 **Workshop I**

"Clinical Education and Holistic Care"

Ellen Hughes

16:00 - 16:15 **Tea Break**

16:15 - 18:45 **Workshop II**

"Herbal Therapy: North American First Nations"

Nancy Turner (Professor, Victoria University)

13:00-17:30

**Oral Presentations II**

Group C

"Alternative Medicine, Psychotherapy and Health Behavior"

Group D

"Integrated Approaches for Mental Health"

**Poster Discussion Time**

13:30-15:30

**Satellite Symposium**

### 26<sup>th</sup> of August (Sun) [Simultaneous Translation]

9:00 - **Registration**

9:30 - 10:30 **Memorial Speech I**

"Ayurveda is Scientific Wisdom Nurtured in India's 4000 Year-Holiday"

Mari Anne (India/ Japan, Practitioner of Ayurveda)

10:30 - 12:00 **Memorial Speech II**

"Warm Care for Humanity from a Holistic Viewpoint"

Kunio Yanagida (Japan, Non-Fiction Writer)

12:00 - 13:00 **Lunch Time**

13:00 - 15:15 **Symposium**

"Integrated Approaches Concerning Medicine"

Keynote Reporter: Kazuhiko Atsumi (Japan, Emeritus Professor, Tokyo University)



Coordinator: Shokichi Tani (Japan, Hayashiyama Clinic)

Speakers: Ellen Hughes (U.S.A., Director, the Osher Center for Integrative Medicine  
at University of California)

Nancy Turner (Canada, Professor, Victoria University)

Mari Anne (India/Japan, Practitioner of Ayurveda)

Ben Yanai (Japan, Professor, Kansai Welfare Science University)

15:15-15:30 **Tea Break**

15:30-17:00 **Continue Symposium**

17:00-17:15 **Closing Address** Fumiaki Taniguchi (Secretary General of The 4<sup>th</sup> Conference)

17:15-17:30 **Closing Ceremony** Tsunetsugu Munakata

(President, Japan Academy for Health Behavioral Science)

### **27<sup>th</sup> of August (Mon) Optional Tour**

9:00- Departure from Konan University

11:00- Visit the Fast Care Facility on Awaji Island and Sight-seeing Himeji Castle

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### **25<sup>th</sup> of August (Sat)**

13:30-15:30 **Satellite Symposium** "Nature and Environmental Education in Canada"

Lecturer: Nancy Turner

Coordinator: Fumiaki Taniguchi

co-organised by

International Association of Earth-Environmental and Global-Citizen

Kansai Branch of The Japanese Society of Environmental Education

# **1. Greeting and Opening Remarks**

## Greeting

Tsunetsugu Munakata, Dr. H. Sc.

President, Japan Academy for Health Behavioral Science

Today there are many integrated approaches to helping people improve or recover their health. Up to now, health behavioral scientists have taken a health care approach that integrates the psychological, social, and cultural aspects of health.

Unconventional health care practices that are often in the news today - including alternative, complementary, integrated, and holistic medicine - all try to cure patients by integrating, in addition to conventional practices, traditional medicine, image therapy, stress management, nutritional supplements, and the like. There are two different approaches: those that place emphasis on removing the harmful factors responsible for diseases as well as those that aim to maintain or restore the host's strength for self defense. The ideal cure is one that integrates both approaches.

Integration of a healthy diet, regular exercise, and stress management is now being promoted in the area of preventive health care and health promotion. The World Health Organization is implementing health measures to promote the health of citizens by integrating methods for improving their living and working environments, including introducing the notion of healthy cities and healthy companies.

These integrative approaches are gradually bearing fruit in various fields throughout the world. These results will be discussed at the 4th International Meeting of the Academy for Health Behavioral Science, and I am hopeful that the discussions will provide grounds, both methodologically and practically, for making an optimistic projection for healthy citizens in the 21st century.

Wishing for a spiritually rich 21st century, October 2000.

## Opening Remarks

Fumiaki Taniguchi

Secretary General, The 4th International Conference

We will hold The 4th International Conference of Health Behavioral Science (ICHBS) on August 24-27, 2001 at Konan University in Kobe, Japan. The main theme of the conference will be: "Integrated Approaches to Health," following on from the annual conferences of Japan Academy for Health Behavioral Science (JAHBS) on "Self-decision," "Self-help," "Medical Ethics," "Terminal Care," or "Suffering and Well-being" etc. We would like to develop the discussion on "Integrated Approaches to Health" not only through Japanese viewpoints but also through universal ones. We expect many participants from other countries such as the UK, USA, Canada, Russia, India, China, Mongolia, Hong Kong, Korea, Nigeria, Ghana, Bangladesh and Thailand.

"Health" is a prerequisite to life, and as self-decision and self-help are showing us, when we choose our own life, we can find the base for autonomy as well as a meaningful life. So, for sustaining and developing health, this conference will provide a good opportunity for persons concerned with health behavioral science to gather together to discuss integrated approaches to health.

Furthermore, at this conference we will discuss about the "Integrated Approaches to Health." Because of the current lack of an holistic viewpoint in modern medicine alternative medicine, complementary medicine, traditional medicine and holistic medicine have become popular but they should be brought together to provide integrated approaches to health. Concretely speaking, this integrated medicine does not try to oppose modern medical treatment, but proposes comprehensive improvement for health. For example, its idea as medicine adopts the idea of not "A treatment or B," but "though not A treatment but B" or "both A and B treatments." This idea leads us to an holistic viewpoint.

Seeking for integrated medicine, at the conference we will present the Keynote Address on Integrated Approaches to Health by President T. Munakata, Memorial Speeches on Daily Ayurveda by Ms. M. Anne and on Warm Care for Humanity from Holistic Viewpoint by Mr. K. Yanagida, Special Speech on Integrative Medicine Program in the USA, Workshop I on Clinical Education and Holistic Care by Dr. E. Hughes, Workshop II on Herbal Therapy by Dr. N. Turner and Symposium on Integrated Approaches concerning Medicine with a Keynote Report by Dr. K. Atsumi. After the conference we will have an optional tour to the Fast Cure Facility on Awaji Island.

In conclusion, I hope we will come to realize how important integrative medicine for health is.

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## Guest Message

Toshizo Ido

Hyogo Prefectural Governor

In holding The 4<sup>th</sup> International Conference of Health Behavioral Science, I would like you to say a few words on greeting. It is a great pleasure for me to see so many researchers from so many different countries abroad here in Hyogo Prefecture in order to attend at this international conference. I would like to express the warmest welcome from the bottom of my heart.

This Konan University located in Higashinada District in Kobe City is one of the areas suffered most from the Hanshin Awaji Earthquake in 1995. Six and half years already passed by, and thanks to kindly assistance and hundreds of volunteers from all over the world, the reconstruction of damaged areas is getting into the full swing.

Hyogo Prefecture Government has coped with various, different measures, not only attempting the same reconstruction as it used to be, but also directing attention to “creative reconstruction.” Above all, we have endeavored exact measures for the life reconstruction such as dispatching the life support advisers in order to provide security and, in particular, “healthy” life for the suffers.

To live healthy in dairy life is very significant to enjoy life to the full. In maintaining good health in the future, we have learned the importance of grasping the meaning of “our human beings.” The meaning of “Human beings” should be included not only the body but also the mind from our experience and lesson of the earthquake. Therefore, the integrative trial to approach it from physical, social, and cultural points of view would be more and more important. In this way, this conference would be very meaningful.

Hyogo Prefecture Government has started a new project, Hyogo 21 Campaign in order to support people’s health by the community. The average life span of Japan is the longest in the world. But, because of the rapid growth of the aging society, the number of those who need medical treatment is increasing due to life related disease, dementia, and bedridden condition. This increase of burden is oppressing the individuals and the society, which would become a serious social problem. Moreover, change of the social structure and decreasing numbers of children cause the problem such as the mind relationship between parents and their children.

Therefore, each citizen should take another look to his or her own life and improve life style and aim at preventing diseases and maintaining good health.

This campaign is supported by two pillars. The first pillar is a positive movement by citizens themselves. And the other pillar is a governmental support to citizens’ movement in order to promote citizens to maintain good health. Combining these two pillars, we are going to assist each citizen’s good health.

Also, we have attracted international organization, which act in various fields to support dignity of life such as environment, protection against calamities and health. In 1996, WHO Hyogo Center was established, which allowed us to exchange much information on “city and health” and “health welfare” with experts and research centers from all over the world. We are going to cope with the promotion of the project actively, keeping close relationship with WHO Kobe Center.

Toward to the end of speech, I hope this conference would be significant and make a great contribution to our maintaining good health.

## Guest Message

Yuji Kawaguchi, M.D., Ph.D.

Director, WHO Center for Health Development, Kobe, Japan

Distinguished Participants, Ladies and Gentlemen.

I am pleased to have this opportunity to address this August gathering on the topic of Integrated Approaches to Health - the theme of this Fourth International Conference of Health Behavioral Science. This theme is particularly relevant to the work of the WHO Center for Health Development, which is also known as the WHO Kobe Center, as a global and interdisciplinary research center, located in Kobe, Japan.

The World Health Organization defines health as a state of physical, mental and social well-being and not merely the absence of disease or infirmity. In discussing health, the spiritual dimension is taken into consideration.

Some basic questions have been raised by the WHO Kobe Center with those who are seeking to improve people's health, and these need to be answered in the context of integrated health development:

- Are we now living in a safe and healthy environment ?
- Do the current health systems meet our needs ?
- Are we now planning for the health and safety of future generations ?
- Do we wish to work together to build better and fairer systems to serve all communities ?

WHO Kobe Center focuses on these issues through an integrated and unified approach to find solutions to scientific and technical challenges in health and welfare systems development, prioritizing three important areas for the 21<sup>st</sup> century. These are:

- Cities and Health Programme, with a focus on environmental health, violence and health, and risk management.
- Aging and Health Programme, including traditional medicine.
- Health and Welfare Systems Development including women and health.

While these issues are being taken up at the institutional level, there is also a need to address the individual's responsibility and challenge to create and maintain a healthy life-style.

The well-documented increase in diabetes, cancer, cardio-vascular diseases and obesity all emphasize the need for a self-reliant approach to our personal quality of life and consequently for the overall health and well-being of our societies.

Thus the need for empowerment in all age groups and particularly for women is now emerging as a central issue for all countries in the national health development scenario.

This has emphasized the importance of tackling measures to improve quality of life through addressing such priority issues as Violence and Health, which consequently is one of the principal programme areas of the WHO Kobe Center.

Women and children are a particularly vulnerable group to be affected by violence. The Kobe Declaration on Violence and Health issued at the end of the Global Symposium on Violence and Health organized by WHO Kobe Center in October 1999 emphasized the need for women and children to be given stronger support and empowerment.

There is a need to generate sound knowledge-based information on how to effectively prevent violence and promote wellness in women and children. This area is a focus of WHO Kobe Center's integrated research, involving the women and health programme in seeking tangible solutions to this problem.

Another area for an integrated approach is that of traditional medicine, also known as complementary and alternative medicine in some countries. It is crucial that all practices of medicine, which have been proven to be beneficial to the health and well-being of people, in all respects, must play their unique as well as complementary role in a concerted and proportionate manner.

The formal health services in many developing countries have not been adequately developed at the primary health care level and, even if such services are available, they are insufficient to meet the health care needs of the people.

Hence, communities, particularly in rural areas, continue to rely on indigenous or traditional practitioners and their remedies in the promotion of health or in the treatment of their infirmity.

Interestingly, many people living in urban areas with easier access to services also are relying on traditional medicine for the care of their ailments, such as chronic degenerative diseases, psychosomatic disorders, and a number of geriatric conditions, particularly in those countries where traditional medicine has been ingrained in their culture and tradition for centuries.

The use of traditional medicine as a complement to conventional health care services could be a plausible approach by which an acceptable level of health care and a comprehensive coverage with basic health services could be achieved in the years to come.

In order to make such health care services readily accessible to the community, maximum self-reliant behaviors and community participation for health deployment are essential. Such involvement enables people in the communities to deal with the health problems and deploy the health services in the most pragmatic and effective manner.

The WHO Kobe Center organized so far two international symposia, in 1999 and 2000, which have given strong positive impetus to encourage the development of traditional medicine utilization and a holistic approach for human health on a global scale in the 21<sup>st</sup> century. The international community has requested the WHO Kobe Center to formulate a global information base on Traditional/Complimentary and Alternative Medicine Practice and Utilization which will surely make a significant and reliable evidence-based contribution to human health development.

May I wish you a most successful and productive meeting ?

Thank you very much for your attention.

## **2. Keynote Address**



## **Integrated Approaches to Health : From Behavioral Science Perspective**

Tsunetsugu Munakata, Professor, University of Tsukuba

President, Japan Academy for Health Behavioral Science

President, the RC49 of International Sociological Association

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### 1. Traditional Medicine as “Image-Based Approach”

In Modern Western medicine, professionals play a central role in preventing disease, defined as the structural and functional abnormality of organisms, and curing the corresponding illness by removing the disease. They accomplish this by intervening in the biological and physical aspects of health. In this process, a human being is viewed entirely as a biological entity. The biological entity is subdivided into organs, cells, genes, and chemical elements so that they can be measured objectively. It is on the basis of these measurements that “evidence-based medicine” has been developed. However, the health of human beings is determined on a more general, comprehensive dimension that includes the natural environment, the living environment, and the life-styles of individual human beings. Moreover, since the mind, the body, and the environment are correlated, simply removing the disease, which is the structure and functional abnormality of a biological entity, cannot cure the corresponding illness. For cure to take place, the patient has to be aware of the mind, the body and the environment correlation and act, with the support of a helper, in a way that will enable him to bring about a change in his life-style or living environment.

Meanwhile, practitioners of traditional medicine have endeavored to develop a comprehensive approach to the prevention and curing of illness grounded in empirical knowledge about such things as the universe, nature, eating, breathing, exercising, and spirituality. Here, whether the cause lies with the patient or with possession, curse, air, fire, or water, illness refers to a condition where the patient fears that there is no prospect of controlling himself physically, mentally, socially, or spiritually. In traditional medicine, the patient’s awareness of the interaction among spirit, body, and the environment is considered very important and the healing power human beings inherently possess is stressed. The latter is then combined with various methods of treatment - including naturopathy, medicinal herbs, diet exercise, massage and faith healing - to treat the patient and promote his or her health. Also, in traditional medicine, illness is not regarded simply as something negative, nor is it something you can remove from your mind once you’re cured. Instead, traditional medicine encourages patients to become aware of the significance of the illness they have developed, and leads them to self-growth, thereby assisting them in becoming healthier.

Traditional medicine is not a method of treatment whereby the patient is supported on the strength of scientific proof based on the repeatability of test results using the same measuring method. Rather, empiricism or metaphysics is the theory of health on which it is based. That means in traditional medicine the data collected will change from time to time, and even the data collected on the same subject using the same method will constantly change. Also, since a different result may be obtained depending on the kind of relationship individual patients have with their practitioner, in traditional medicine the “image-based approach” is adopted to determine the health of individual patients on a comprehensive but very fluid level of images, narratives, beliefs, faith, and myths. In traditional medicine, this approach is combined with various methods of treatment, including faith healing, medicinal herbs, diet, and therapy.

It would be more accurate to say that the methods of treatment used in traditional medicine involve efforts to rectify by controlling such factors as curse, air, and water the illness that inspires in patients the fear that they will not be able to solve their own health problems. Here, by image we do not mean anything that is not without substance. Whether an image is actually perceived or merely an illusion, hallucination, faith, dream, or story, it invariably contains information about feelings, emotions, desires, and the soul, which form patterns of neural activities in the brain. That information, consisting of electrical and chemical signals, controls our entire psychosomatic makeup through the nervous, immune, and endocrine systems. As such, it plays a critical role in nature’s ability to heal. While the methods of treatment

employed in traditional medicine and the evaluations of the results may vary, this does not mean that there is no order or that everything is disconnected. On the contrary, there is certain regularity behind the diversity, so I believe it is possible to measure their effectiveness.

Modern Western medicine, which is evidence based, has to develop a more comprehensive view of what constitutes health, disease, or illness and attach more importance to the individuality of each patient and to the image he has of the illness afflicting him and the way he describes it. In this way, modern Western medicine will be able to offer medical treatment tailored to both the objective and subjective needs of each patient. By the same token, image-based medicine, as typified by traditional medicine, for its part, has to endeavor to adopt a more evidence based approach by using a scientific method to measure its effects so that religious cults can be prevented from prescribing extreme forms of treatment that cause far more damage than good. Both approaches need to learn from each other, and many people have come to insist that they need to be combined into integrative medicine. An evidence-based study of various kinds of treatment administered on disease including prayer therapy, herbal medicine, diet therapy, and exercise therapy is already being undertaken, principally in the United States with financial assistance from NIH. This paper attempts to examine, both theoretically and empirically, the meaning -as determined from the perspective of science - of the way illness has been treated based on image-based approach like traditional medicine and the results such treatment has wrought.

## 2. Seeming Health and the meaning of "being ill"

Illness as seen by the public is distinct from disease, which is a functional, organic abnormality defined in modern Western medicine in biological terms. Based on several studies of how the public views health and illness, it may be said that if there are no symptoms and people acknowledge that they will be able to perform their usual duties, people will consider themselves healthy. Conversely, if there are some symptoms and people acknowledge that unless something is done they will be unable to engage in their usual activities, they will then consider themselves ill. (Baumann, 1961; Twaddle, 1969)

There are different dimensions of health "physical, social, mental, and spiritual. Taking these dimensions into consideration, I define health thus : "Health is not simply a condition where there is neither disease nor disability. Rather, it is a condition where, even if you were afflicted by either one, you would still be able to engage in normal activities, like eating, digesting, sleeping, and exercising and assume such social responsibilities as earning a living and raising children, all of which are essential for healthy living. Being able to do all this leads to approval, affection, and self-confidence, which in turn eases the mind and gives you the sense of expectation that you will be able to live knowing that your life was worth living (Munakata, 2001).

By contrast, illness is a "condition in which you have trouble sleeping, raising children, gaining approval, and finding your life worth living, so that you lose your self-efficacy and the sense of expectation that you will be able to overcome these difficulties." Take the case of "A" president of a small company suffering from diabetes. Faced with the possibility of losing his eyesight, "A" has to lower his blood sugar level at all costs (physical health crisis), including refraining from going out for drinks with clients and business associates. But "A" fears that unless he entertains his clients at night, he won't be able to cement any business deals (social health crisis). Caught between these two conflicting demands "A" feels powerless and can't sleep lately (mental health crisis). If nothing changes, his company will go bankrupt, and his dream of handing over his company to his grandson will go up in smoke; and if that happens, he won't have anything to live for (spiritual health crisis).

Thus illness involves not only physical symptoms but also a loss of self-efficacy and the sense of expectation that you would be able to control all aspects of your own life. Needless to say, being afflicted by a disease or disability caused by biological abnormality increases the likelihood of losing your self-efficacy and the sense of expectation of being able to control your own physical condition, social roles, mental condition, and meaning of life. As a result, you will become more inclined to develop a sense of health crisis that you are ill. But in many cases, those afflicted with diabetes, for example, do not feel they are ill. In the age of epidemic diseases, you knew you were ill as soon as you were affected with a disease, but in an age like today when stress-related diseases are so common, there is a huge gap between being afflicted with a disease and feeling ill (Figure 1).

Today traditional healing coexists with modern western medicine by providing answers to the question patients often ask poignantly, but the latter never answers: Why have I (my family) fallen ill (suffer from an accident) like this? The number of people who use traditional healing is growing (Namihiro, 1987). Knowing and understanding why one has become ill helps heighten what behavioral scientists call people's sense of coherence, self-efficacy, health locus of control, and self-initiative (Antonovsky, 1979; Bandura, 1986; Wallston, 1978; Munakata, 1989). For such knowledge improves their "the sense of expectation of being able to protect my own health" by informing them of the importance of adopting preventive measures and undergoing treatment out of their own volition.

Also, research on how chronic patients receiving modern medical treatment use folk medicine, including health devices, health foods, drugs, chiropractic, and Qi, shows the strength of their orientation toward self-care, that is, their commitment to protecting their own health. It may be still unclear whether the use of traditional healing and folk medicine has a direct effect in curing diseases, not illness. Even if so, the findings suggest that they do, at least in improving the self-efficacy and sense of expectation that users have when they adopt self-care behavior (Asakura, et al 1990). They may also suggest that the improved self-efficacy strengthens their immune system, as evidenced by the lowering of their cortisol levels and the rise in their IgA levels, as I will mention later.

Traditional healers often look at illness as a condition that instead of regarding it simply as something negative rather regards it as something that has positive benefits as well. It is because we may view illness as a condition where the afflicted individual has the strength to recognize the existence of a health crisis and begins to develop the strength to fight the illness. In other words, illness is a condition in which the individual afflicted is at a stage where, although he has had it unknowingly, he begins to recognize it as a physical, social, mental, and spiritual health crisis. Those who think they are healthy tend to lack this type of self-awareness. They may look healthy and well adjusted, physically, socially, and mentally, but in reality their quality of life may actually be deteriorating. This is because their seemingly healthy condition prevents them from being sensitive to their feelings and emotions about themselves, thus making them avoid examining and confirming the real condition they are in, or predisposing them to regard their condition as someone else's. Unbeknownst to them, they are often under severe stress and condition that may be described as "seemingly healthy."

Until now, modern Western medicine has stressed only the physical aspects of illnesses and regarded illness simply as something negative. This has undermined the ability of caregivers to support patients' efforts to positively self-control in all four dimensions of health crisis - physical, social, mental, and spiritual - thus ultimately causing patients to fail in their efforts at stress managing their total lives and plunging them deeper into the vicious cycle of stress and illness.

Taking up the previously mentioned Case "A" case, from the outset, "A" should have built relationships that would have enabled him to conduct his business without having to go out drinking. But "A" had a deep fear that he might be forsaken by those around him if he ever dared say "no" to an invitation. So, against his better judgment, "A" devoted himself to his work by carefully networking, including going out drinking with business associates and clients. But in the end, he found himself on the verge of losing his eyesight. This caused him to lose his self-confidence and the sense of expectation of being able to control his entire existence, not only his physical condition but also his social roles, mental state, and even the very meaning of life. It was the first time "A" felt himself facing a health crisis.

"Being ill" may certainly mean that you are maladjusted, physically, socially, and mentally, but it may also provide a positive opportunity to begin to be sensitive to your real feelings and to change your life from one in which you always exercise self-restraint to one in which you are, as a result, able to say "no" to the expectations of those around you, or to express for the first time your true feelings through your illness. "A" has begun to contemplate on what he is. This may be regarded as the stage just prior to "real health."

"Real health" is a condition where, despite being afflicted by a disease or disability, you are able to look at your real self and express your true feelings and desires, as well as remain positive about being able to solve problems people are yet unaware of and confident about the prospect of achieving self-control, including being brave enough to recognize that there are physical, social, mental, and spiritual matters that cannot be controlled. In short, "real health" is a condition where quality of life (QOL) has improved.

### 3. Hidden fear of acknowledging your own health

There are many cases where, like "A" those on the verge of losing self-efficacy in their ability to control their own condition fail to realize that they have a health crisis at hand, although under normal circumstances they would be able to. This is because, although they are unaware of it, their emotion forces them to avoid acknowledging that they have a health crisis. For example, people try to avoid feeling certain kinds of anxiety or fear by "being reluctant to feel their own feelings and desires, "blaming others for their own problems," "being reluctant to come to grips with their own reality," or "trying to act like somebody else." In other words, people avoid controlling the real condition they are in as evidenced by the following four behavioral patterns: a. difficulty acknowledging feelings ("Sometimes I don't know my own feelings and emotion"); b. over dependence on others ("I'm the type who gets disappointed if I can't get what I need from those around me"); c. tendency to avoid acknowledging problems ("I'm not the type who thinks about why certain things happen or the background against such things happen"); d. disassociation from the self ("It's about me, but it seems like somebody else's business"). Why do people exhibit these behavioral patterns?

It's because, faced with a health crisis, they begin thinking why they are ill and take stock of their own reality and begin taking note of their own feelings. Then they become anxious and frightened. Their anxiety and fear are closely related to traumatic experiences they had in the past. For instance, it might be interesting to ask those who think "I'm not the type who thinks about why certain things happen or the background against such things happen" whether thinking about such things makes them anxious, angry, or sad. Some might answer "sad" or "angry." But if you follow that up with the question whether they might not also feel anxious, they would in all likelihood answer "yes." If you then ask them to indicate the kind of anxiety they feel, some will select "life threatening," others "abandonment," and still others "self-denial." If you follow this up by asking which of their past feelings are related to the emotion they have chosen, they will - if all goes well - come to recall the scene of their traumatic experience. The source of the scene that triggered this association should be sought not only in a person's infancy, as Freud would have done, but also in his prenatal period and infancy, and even in his parents' and grandparents' generations. This subject will be taken up later.

Refusing to acknowledge that you are under distress and is faced with a health crisis and do nothing to prevent it from accumulating will of course make you more susceptible to serious diseases as a form of biological abnormality. Being afflicted with a disease will certainly make you more susceptible to feelings of life crisis, abandonment, self-denial, sorrow, and anger. It will also cause you to lose any hope of being able to control the condition you are in. In short, you will have a health crisis.

However, if the health crisis you are faced with is rooted so deeply in the psyche that it is accompanied by any of the aforementioned behavioral patterns, you will not be able to come to grips with the reality that you are afflicted with a serious disease. Consequently, the disease will become more difficult to treat, bringing you that much closer to death. As you approach death, you will become seized with fear of life crisis, abandonment, and self-denial that you have never experienced before. Under such a condition, you will be more prone to having flashbacks of various traumas you have experienced in your past, but by the same token, you will also be more likely to give up. The strength to face up to the reality of your own health crisis develops only when, instead of abandoning your hope of being able to control your own condition, you feel so much self-hatred that you actually begin to earnestly hope to change your ways.

Here, let us cite M. Tanaka's experiment to clarify the nature of traumas. First a rat is put into a box, but this is not enough to cause any significant change in the amount of noradrenalin secreted in the rat's cerebral hypothalamus, amygdaloid, and locus coeruleus. (When the nucleus of a nerve acts as the locus coeruleus, the nerve is activated by the noradrenalin connected from the new cortex, hypothalamus, amygdaloid, and thalamus to the sympathetic nerve of the spinal cord.) Next, electroshocks are administered. This causes the secretion of noradrenalin to increase significantly. After that, even without administering electroshocks, putting the rat into the box is enough to significantly change the amount of noradrenalin secreted. In other words, merely putting the rat into the box creates the condition that precipitates the noradrenalin secretion. This is the nature of traumas.

But the condition that initially precipitated the noradrenalin secretion is generalized and causes the secretion of noradrenalin under other conditions. When a primary condition plants fear in a person, and there are other conditions that trigger a similar kind of fear, the secretion of noradrenalin will begin under secondary and tertiary conditions. For

example, after they are born, children that have experienced umbilical cord entanglement while in the mother's womb will try to avoid any situation that frightens them. Being in a situation resembling the time in your elementary school days when you were embarrassed or made to feel embarrassed might precipitate the secretion of noradrenalin in your brain and arouse fear. Such fear will force you to avoid any social situation where you might have to stand before people you hardly know and become the focus of their attention. You might begin to dread merely striking up or continuing a conversation, participating in a small group, talking to your superior, or joining a party. Then, you might try to avoid experiencing these fears by becoming angry with those around you for failing to appreciate the difficult condition you are facing (interpersonal dependency), trying to regard what is happening as affecting not you but somebody else (disassociation from the self), or being reluctant to understand your own feelings and emotions (alexithymia). But as long as you continue to engage in such behaviors, you will never be able to accept your condition as threatening to your health. If you acknowledge that you are "being ill" at that point you will begin regaining your health.

#### 4. The prenatal and infancy roots of trauma

How would you feel if someone told you something you didn't like, or, considering your weak position, you refrained from speaking out? Of course, you'd feel bad. At such a moment, the internuncial neuron of the sympathetic nervous system that goes through the cerebral hypothalamus, the amygdaloid, and the locus coeruleus will begin to stir, resulting in the continued secretion of the chemical substance noradrenalin. But if you had a chance to talk with your counselor and describe in your own words the stress you were feeling, you would feel relieved and the tension in your body would begin to ease. And as you calm down, the amount of noradrenalin secreted in your brain would begin to decrease.

However, if you were like A, the aforementioned company president, and tended to keep your real intention to yourself and show a strong alexithymia marked by difficulty in acknowledging your feelings ("I'm rather ashamed of myself for not being able to control my feelings"), then you would have difficulty expressing your feelings, so that the secretion of noradrenalin would continue, thus making you more prone to accumulate stress. Consequently, one would be more likely to develop physical symptoms (stiff shoulders, backache, diarrhea, etc.), emotional symptoms (insomnia, irritability, etc.), and behavioral symptoms (bulimia, drinking, etc.). So people like "A" with alexithymia may often take advantages of folk medicine such as Qi, taijiquan, acupuncture, aromatherapy, yoga, massage, health exercises, and music therapy. We may say that these folk medicines are applied the gating mechanism of the brain. A host of information is input into the cerebrum selectively. This is known as the gating function of the brain. For example, if there are psychosomatic symptoms present "such as a stiff shoulder or back, or a stomachache" the thalamus and cerebral cortex detects the sensation in the somatic sensory region. Research using electroencephalograph data (Nishihira, 1996) is on the verge of showing that when other sensations are produced, such as when one smells things, moves one's body, or massage the body, gating reduces the amount of sensory information transmitted by the psychosomatic symptoms. In other words, when there are psychosomatic symptoms, stress reactions are reduced by other sensations and motor stimulations. However, it is not causal treatment, but symptomatic one.

Asked how they would feel if they could vent their feelings instead of repressing them, many of those who admitted "I'm rather ashamed of myself for not being able to control my feelings" said they would feel ashamed or miserable. You might ask, "Do you also have any uncertainty?" Many would no doubt have answered, "I'd be anxious," "I'd be afraid," or something to that effect. The respondents were then asked to indicate the kind of fear they felt - life-threatening (fear of physical death), being abandoned (fear of social death), or self-denial (fear of emotional death). This is when they realized the existence of traumatic emotions like the fear of being abandoned. Indeed, a counselor can help their clients recall traumatic scenes from their past by listening to voices in their souls expressing a fear of being abandoned and ferreting out the condition that precipitated the utterance of those voices by using the traumatic scene association technique. For example, a woman might recall a traumatic scene in which her mother and sister are going out together. The woman, who is in the second or third grade of elementary school, tries to join them, but her mother says, "You are always talking back to your mother. You don't like your mother, do you? You, stay home." In that scene, the fear of being abandoned is coupled with tension in the body and throbbing of the heart. Here, the nerve activated by noradrenalin becomes excited. The excitement, which results from the secretion of a large amount of

noradrenalin from the nerve endings, causes the muscles to contract and the heart to throb. The sensory information stored in each area of the cerebral cortex associated with a particular sense, including the sense of sight, the sense of smell, the somatic sensory region, and the sense of touch, and the emotional information associated with fear stored in the amygdaloid are regenerated simultaneously. Experiments with rats show that those that were allowed to bite on something while receiving electroshocks were able to lower their noradrenalin secretion level, while the secretion of noradrenalin continued among those that were not allowed to give vent to their frustration by biting something. It suggests that we need to express our own true feelings to give vent to our frustration.

Other behavioral patterns that cause stress to accumulate include those that are marked by disassociation from the self, and the tendency to avoid problems. The health counseling cases we conducted by applying the traumatic scene association technique to each behavioral pattern demonstrates the existence of a set of traumatic images.

Similar results were obtained when we conducted a covariance structural analysis (causal analysis) based on the findings of a survey-targeting member of the Academy for Health Counseling. In a nutshell, these behavioral patterns serve as factors creating depression, trait anxiety, and chronic stress. "Images of past traumatic experiences" give rise to these stressful behavioral patterns (Figure 2). These consist of three factors: (1) a set of traumatic images formed during infancy; (2) a set of problematic images formed during infancy; and (3) interestingly, these sets of images are closely related to the fact that even now they include post-traumatic stress syndromes, as in "I try to avoid people or places that remind me of my trauma." Included under (1) are "I was shut out from my house," "I was reproached by a number of my family members," "I was laughed at and ridiculed," "I was physically beaten up pretty badly," and "I was bound hand and foot." Included under (2) are "I cried at night" and "I sometimes lost my temper" (Figure 2). What lies behind these post-traumatic stress syndromes are traumatic emotions like dread, fear, and panic.

On the other hand, having images of traumatic experiences from the past prevents you from receiving recognition from supporters who would otherwise be more likely to regard you highly and give you affection. By nature, the presence of a person who gives emotional support and recognition should help you reduce stressful responses such as stressors, anxiety, and depression, but because the presence of such a supporter also conjures up images of past traumatic experiences, you find it hard to recognize his or her existence, thus furthering strengthening your stressful responses.

As shown in Figure 2, there is a strong causal coefficient between "images of past traumatic experiences" and "the number of stressors exposed to before and during birth." It is now clear that the former determines the latter. That is to say, we now know the existence of latent variables called stressors to which you are exposed while you are in your mother's womb and at the time of your birth. These stressors correspond to three observed variables: (1) having experienced troubles such as the death or miscarriage of a sibling with whom you share the same prenatal environment your mother provided; (2) being exposed to stressors such as parental discord or mental instability, or your mother worked until just before she gave birth to you; and (3) self-reported troubles or happenings at the time of birth such as difficult delivery, birth asphyxia, umbilical cord entanglement, and premature delivery. The stressors that individuals are exposed to before and at the time of birth determine the "images of past traumatic experiences" they come to form. That is, these stressors are determined under a strong causal coefficient with latent variables called "images of past traumatic experiences," which are formed from observed variables known today as post-traumatic stress syndromes, as in "I try to avoid people or places that remind me of my trauma," and images of trauma experienced during infancy, as in "I was reproached by a number family members." And what is amazing is that these "Images of past traumatic experiences," as shown in Figure 3, directly determine, under a strong causal coefficient, the psychosomatic syndrome that a person has experienced thus far in his or her entire life. It is noteworthy that the overwhelming impact this history of psychosomatic syndrome has on the stressors you are exposed to before and during birth can be expressed numerically.

##### 5. Image changing as brain's activities

It is now clear that stressful behavioral patterns associated with psychosomatic health problems and the image of pass traumatic experiences that lie in the background are related to the stressful environment the family, especially the parents, exposed to before birth and during infancy. It has already been demonstrated that the SAT (Structured

Association Technique) counseling this writer developed reduces stressful behavioral patterns by changing the traumatic images brought about by stressors during prenatal and infancy stages. Here, we will verify this process by using an infrared oxygen monitoring system.

First, the SAT counseling is used to guide the client to recall the traumatic emotion that exists behind each item related to his stressful behavioral patterns. In SAT counseling, traumas are considered to arise when, “having experienced something on which my very existence depended, I wanted to be protected and loved unconditionally (affection seeking demand) - but wasn't”; “regardless how others evaluated me, I should have protected myself (self-trust demand)”; or “I wanted to protect others unconditionally (affection for others demand), but couldn't” This traumatic image is also referred to as an unresolved image from the past. When you have this unresolved image, you keep experiencing it over and over, as if you had consciously pursued its resolution, and, though unbeknown to you, the image comes back to you over and over (Munakata, 2000). When you reexperience the image, the demands that once went unfulfilled can now be fulfilled, which in turn leads to either a cure or a further deepening of the pain. After the traumatic image is recalled, an image change is effected by applying a healing method. However, because there is an unresolved image that the three essential demands of the soul - affection seeking demand (“I want to be recognized and loved”), self-trust demand (“I want to believe in myself and to love myself”), affection for others demand (“Regardless of how people evaluate me, I want to acknowledge and love them”) - could not be fulfilled in the past, it is necessary to change the image to one that can fulfill all three demands.

When you reexperience a trauma, the concentration of oxidized hemoglobin in the right frontal lobe of the brain rises, but it will be lowered if the image is changed to a healing image. Although it is known that glucose and oxygen activate the cerebrum, after the traumatic scene association technique is applied, a change in the wave pattern is observed as a result of a switch toward a healing image. When the negative sensations of an image formed at the prenatal stage (the temperature or taste of the amniotic fluid, physical tension, etc.) rather than the traumatic image formed during your upbringing are recalled, the level of oxidized hemoglobin concentration reaches its peak. And by tracing back from parents to grandparents to great grandparents, you can change the image of your father or mother to one in which they talk and act in a way that fulfills the desires your soul craved while you were in your mother's womb. As a result, the concentration of oxidized hemoglobin in the right frontal cortex begins to decrease (Figure 4-A). Also, unlike the left side of the brain, where language activities such as shiritori (a word game in Japan in which one player has to say a word starting with the last syllable of the word given by the previous player) raises the level of oxidized hemoglobin concentration, the temporal lobe activities in the right half shows a lowering of the oxidized hemoglobin level due to an unfulfilled affection seeking demand, which leads to a feeling of abandonment. Conversely, the level of oxidized hemoglobin concentration rises when your parents, who generously fulfill your affection seeking demand, shower you with real affectionate words (Figure 4-B).

Thus, while a change can be ascertained in the activities of the core nervous system as a result of changes in traumatic images, it also has a significant, positive effect on peripheral nerve activities, endocrine activities, and immune activities. That is to say, biological tests using serum and saliva resulted in a significant rise in noradrenalin and a mild autonomic nerve activity. The tests also demonstrate that stress can be controlled by adjustments made at the physiological level, as when the level of adrenal cortex hormone, a stress hormone, is lowered or the antibody IgA is raised. Likewise, significant improvements can be made in people's anxiety tendency and behavioral patterns.

Words that fulfill the demands of the soul are commonly referred to as magical soulful words (Table 1), but uttering them verbatim will not raise the concentration level of oxidized hemoglobin very much. The level will not rise in the client and in the counselor (Figure 5) until the counselor recalls the time in his past when he really loved his children or lovers and finds just the right words to express that love. Indeed, words devoid of soul are ineffective.

## 6. Image changing work in traditional healing and behavioral healing

From the foregoing discussion we can see that human beings earnestly seek relationship that can fulfill the demands of the soul as expressed in the magic soulful words, that is, acts of affection, from people, including their family, and the environment that support them. Humans also bestow such words or acts of affection on people and the environment that support them. That's why they are traumatized when they are not blessed with acts of affection. People reexpe-

rience traumas again and again until they find the image that resolves the image associated with them. Even if those images are the unresolved images from their parents' , grandparents' , and great grandparents' generations, the descendants are forced to experience them. While their actual forms may differ, these images can only be reexperienced as an act structured in a way that makes it impossible for them to fulfill the demands of the soul. Its structured reexperiences themselves are stressful behavioral patterns. For instance, they are handed down from great grandparents to grandparents to parents, all of whom were so persevering that they could not express their true feelings. This is why people are unable to receive love from their parents or love themselves. Stress easily accumulates in them, and even if a disease afflicts them, they often don't even feel the health crisis. They transmit the stressful behavioral patterns with their unresolved images to their descendents as if in a chain of structural transmissions. According to SAT health counseling cases, people in such a situation feel the futility of life. The reverse is also possible. You feel the health crisis for what it is, resolve the unresolved image in a constructive way, express your feelings honestly, and convey to others the meaning and purpose of life by leading an unfettered life yourself.

The meaning and purpose of life, which are aspects of our spiritual life, and the futility of life when we lose them may be the most important factors that determine whether we are able to wake up to the reality that we are faced with a health crisis, "being ill." If that is the case, by living in a constructive way so that we can feel we are leading a meaningful life, we may be able to feel the crisis amid the illnesses and big mistakes we inevitably experience in our lifetime, become aware of the unsolved problems normally hidden from us, and find the key to solving them, thereby strengthening our self-efficacy and the sense of expectation about being able to control all aspects of our life-physical, social, mental, and spiritual.

In traditional healing, illness or unresolved traumatic images is dealt with by helping patients effect image changes with view to converting the negative into positive leading to strengthening their sense of expectation through healing rituals based on their belief system or cosmology. The rituals can be performed without making the patients and the people around them aware of the existence of actual social conflicts in a family and community, and unresolved traumatic emotions in them and refrain from further deepening the trauma and fomenting discord with those around them. People form images within a cosmology that gives meaning to the world they live in. And only within that cosmos can they change the images they have formed. Thus, any change in image that is effected has to reflect the cosmology of the culture to which each person belongs.

In modern society, many of people may not believe the rituals and their traditional belief system. So we behavioral scientists, instead of using traditional image healing may apply imagery healing, narrative healing, and cognitive behavioral healing technique to them to convert their negative images and emotions into positive ones based on their belief system or cosmology.

Table 1 Words that Satisfy the Soul during Prenatal Stage (commonly called "the magic soulful words")

<Words that meet affection seeking demands>

I am delighted to be blessed with you, and love you very much.

Whether you are a boy or a girl, I love you very much. Please come into this world safely.

As you come into this world and grow up, you will face many difficulties. Whenever that happens, be sure to tell us.

We will help you with all our might.

<Words that fulfill self-trust demands>

Live in such a way that you will be grateful and satisfied from the bottom of your heart, and happy that you were born.

Nothing pleases us more than to see you believe in yourself and live in a way that makes you happy.

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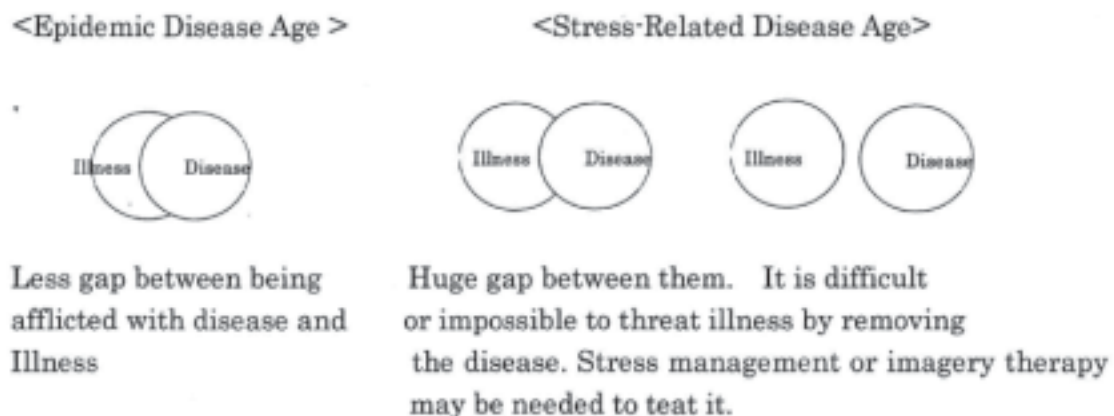


Figure 1 Relationship between Illness and Disease by Age

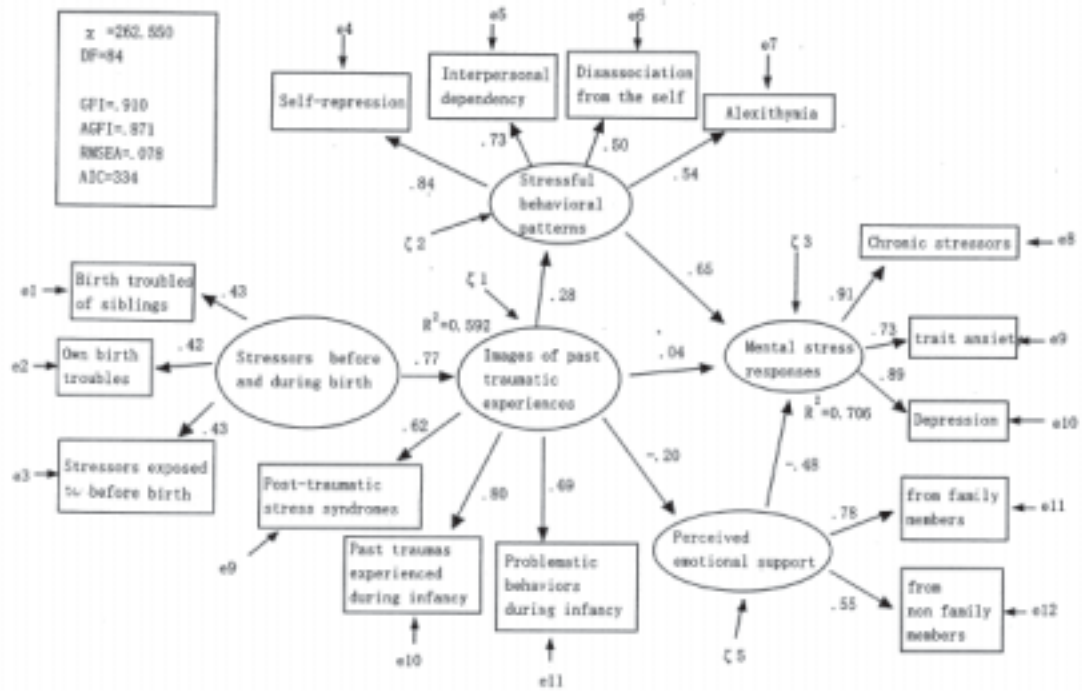


Figure 2 Covariance structural analysis on trait anxiety and depression

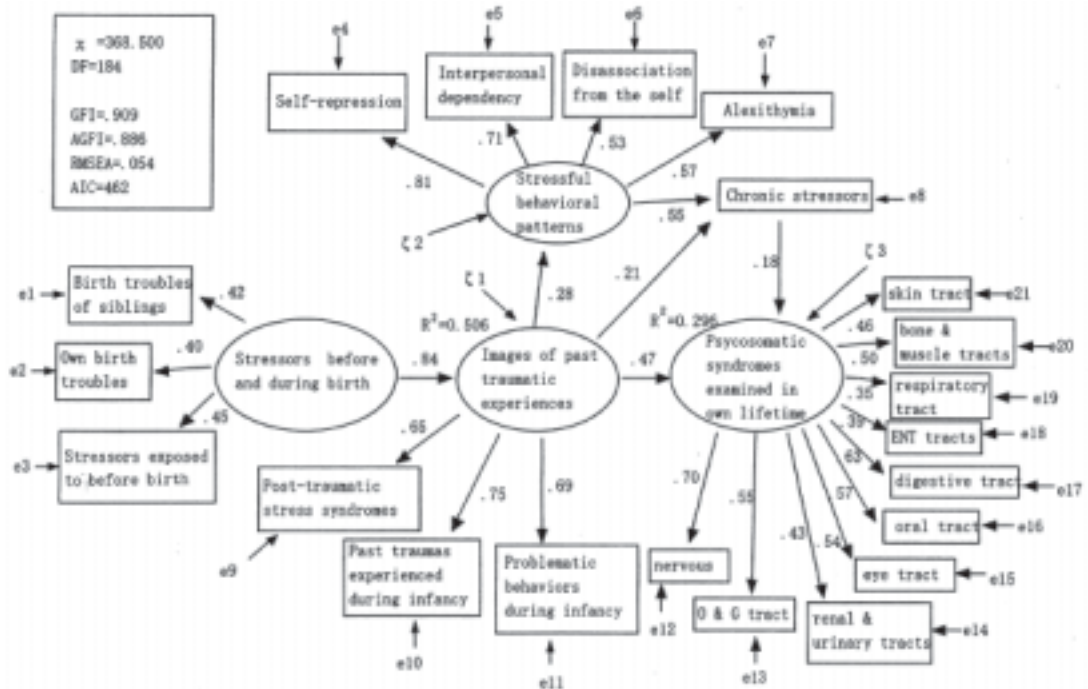


Figure 3 Covariance structural analysis on psychosomatic diseases in own lifetime

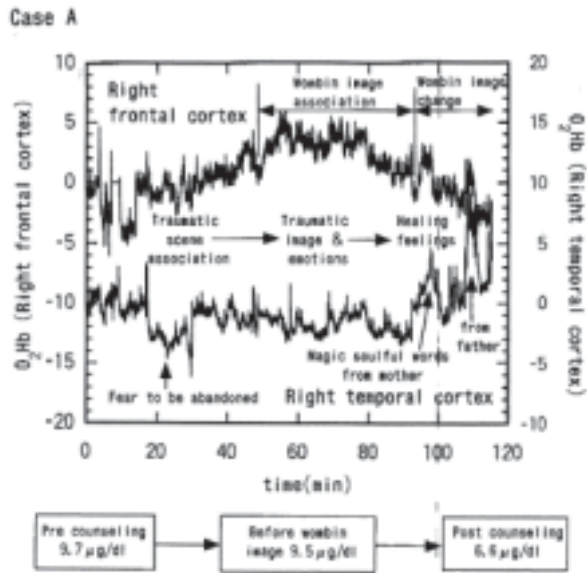


Figure 4-A The concentration level of oxidized homoglobin in frontal & temporal cortex and the level of adrenal cortex hormone before and after SAT counseling (by infrared oxygen monitoring system-NIRO 300)

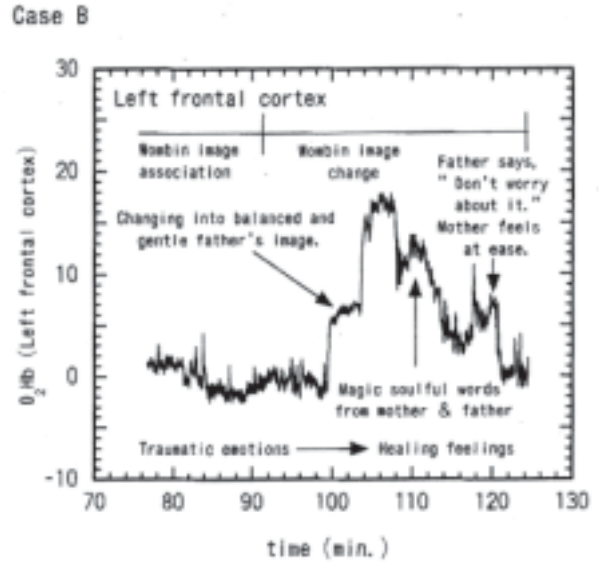


Figure 4-B The concentration level of oxidized hemoglobin in frontal and cortex before and after SAT counseling (by infrared oxygen monitoring system-NIRO 300)

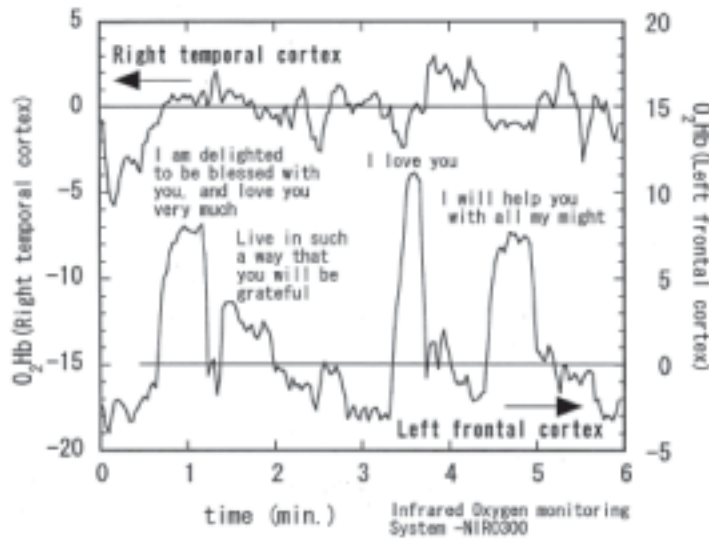


Figure 5 The concentration level of oxidized homoglobin while using the magic soulful words

## **3. Special Speech**

## **Integrative Medicine Programs in the USA**

Ellen Hughes

Director, the Osher Center for Integrative Medicine at University of California

1

Good morning. I will thank you very much for the honor of coming to speak to the "International Conference of Health Behavioral Science." I think this kind of gathering really opens for many things, for exchange of information, increase in understanding, but most importantly for possibility to make new friends.

2

I am starting out by telling you, indeed, most health care in the United States is not integrative. So let me describe to you a little bit of what I do at University of California and San Francisco Medical Center.

For the last 20 years I have had the opportunity to train, there, care for patients of many different cases and many different diseases. I got to begin to establish a center for integrative medicine. Probably the best part of my job is I get to teach students, so they can be better physicians.

So, over these past 21 years the practice of medicine has really changed a great deal. When I first started to train, I was given an hour for every medication business. An hour for medical condition, and it was wonderful. Half an hour, 30 minutes for every patient who came to see me followingly. And now because of many different factors, and most of them economic, I have 20 minutes to complete a patient business to do, and each 8-10 minutes to see them followingly. So, I actually asked several of people how many minutes they see the doctor when they go for a regular visit. I had estimated around 5 minutes, which seems incredible to me.

I want to ask how much time you, in this room, have with your doctor when you go for a routine visit in Japan. 15 minutes not many, 10 minutes few, 5 minutes many, this is horrifying to me. Very difficult, I imagine, it is very difficult for you, it is impossible, really impossible to make a meaningful contact with the patient, to learn what is happening to them, to do a short physical exam, to finish a visit in 5 minutes. So in fact, the time I have with the patient sounds about twice as much as you are provided with in Japan. Much of the time is spent on ordering tests and paperwork in my center.

In the past 20 years I have experienced a shortening of the time I spend with my patients, and I have to make connections by half amount of the time with my patients. In fact, this shortening of time we have with patients, that has made many of my patients seek out alternative practitioners. Mostly those practitioners will take the time, and will be there for the patients. In San Francisco where I work, there are very many people, diverse culturally, so there are every kind of people as patients. Most of these practitioners will probably have 30 to 45 minutes with each patient and have more deep connections.

3

So, let me try to see if we can come to an understanding of what integrative medicine means. Maybe it is easier to start with what it doesn't mean. It doesn't mean that somebody has more tools, which they can take from the toolbox, just adding to what they already do.

Let me tell you a story which gives an example. One of my first year medical student put his back out. He was very open to alternative healing, so he went to an acupuncturist in San Francisco. He was prepared for a very relaxed, wonderful visit, and was told to lie down on his stomach, asked two or three questions by the practitioner. Needles were put into his back and he was left on the bed not knowing what had happened. About 15 minutes later somebody else

came in, took out the needles and said you might leave. He came back to me and said what happened. "I expected something very different. This practitioner barely looked at my face. I was a backache to this practitioner." The student did not doubt that this practitioner really cared about helping him, but it was just not what he thought as a very holistic approach. And in fact just the opposite is true as well.

There are many conventionally trained physicians who don't know new alternative techniques but who practice really wonderful integrative medicine, because they deal with their patients with a great sense of compassion and presence.

4

What really is integrative medicine? It, to me, is more than an approach, more than a tool or a technique, in fact. It's an approach, which recognizes the potential for wholeness in people and the interconnections of patients with society and the natural world. It seeks to bring together any mechanism or approaches to help a person become well. And it emphasizes healing not so much the process of fixing or curing. When I am a patient, I can sense it. It is hard to explain in words but when I walk into a practitioners office, when I feel relaxed and he is paying attention to who I am in many levels, I know this is going to be a good interaction.

When I am in the other position, that of being a physician, I can actually tell when I am going to have a good day. There are days I am not at present to my patients. There are days when I am very distracted. But on a good day even if I have just a couple of minutes with my patient, things go well. Probably the best medical care I have ever given was in the two minutes' elevator ride with a patient whom I had taken care of 5 years before. We accidentally met each other in the elevator alone and for some reason, whatever she was able to take care of her health problem in that two minutes' ride was more healing than what we had accomplished in the previous 5 years. So, being fully present can really work.

None the less, I am happy that I have 15 minutes and not 5 minutes with my patients, and that makes it a little bit easier to have a little more time.

5

Now that we talked a little about what integrative medicine may be in an ideal way, maybe I think it's a sort of integrated approach as I said, rather than bringing all sorts of techniques together. Let's talk, or let me share some information more specifically how integrative medicine is developing in the United States.

Now we switch to some slides. These maybe show what integrative medicine is to me.

(Definition: What's in a name)

This early part, I talked a little about what I think integrative medicine is. Actually, it's a very new term even in the United States. These terms were used over the past several years, such as "non conventional," "holistic," and "alternative." The alphabet "CAM" stands for "Complimentary and Alternative Medicine." One of the very earliest articles that got published in the United States in 1993, was done by a bunch of researchers at Harvard, who did a phone survey of about 1,000 people whether they had ever tried, or not, alternative medicine. In that research study they defined alternative medicine as techniques that are not generally taught in medical schools, not generally available in hospitals, and not generally reimbursed by insurance. Only recently, in the last maybe 3 or 4 years, integrative medicine has been described in the medical field in the United States.

(Integrative Medicine)

Let's put into a little bit more specific terms, a formal definition of integrative medicine. It's a healing oriented system that draws upon all therapeutic systems, a comprehensive approach to both the art and the science of medicine. Some of the principles that underline this field are as follows. There is a real genuine relationship and partnership between the provider and the patient. There is a belief that the body has a natural self-healing mechanism and it is the job of the medicine to help to bring that into play.

Good medicine should be based on good science, and that means it has to be constantly looking and asking questions, "Is this working?" , " Is this the best medicine ?" , also being open to new paradigms. For example, use of natural, less invasive, possibly Western-based intermedicine when they are appropriate, inclusion of the broader concepts that we are not just treating illness but trying to promote well-being and, none-atomization of the patient ' s sense of health. Finally this feeling, all elements of a person ' s life, is brought into play and considerations that all factors influence somebody's health and well-being. That will include mind, spirit, community as well as body. Also openness of the philosophy that doesn't also get entrenched, it doesn't say that my system is the best, no other system is worth trying. Try to be open to many systems of healing.

Finally this will be addressed a little more in the workshop after lunch. To be practitioners as models of health and healing is a process of self-development. This means that whatever job we are doing, psychologists, social worker or health care you are asking the patient to do a process of self-development as well. That may be the hardest. The same thing is asked to physicians. Physicians at my practice are staying at the office until midnight, not exercising, not taking the time to meditate what they need to balance. So this is the hardest part for people in very high stress professions to be models for their patients.

(CAM: Increasing USE)

So let's get to some specific statistics. The research article I mentioned was published in 1993, they also did a follow up survey in 1997. They found that there was an increase in percentage in the United States using alternative medicine. In 1993 they found that 1 out of 3 Americans admitted using alternative medicine. At that time that was unbelievably surprising news to the conventional medical community. (Pointing at the chart on the screen) this article in 1993, stimulated lots of national interviews on television, because the conventional medical community was completely blind to what their patients were doing. In 1997, after 4 years, it was 4 out of 10.

I know that Japanese people on this floor are shy about sharing things about themselves in public, but I love to know, if you would be willing to raise your hands, whether in the past year you have used anything by Japanese standards that could be called alternative therapy. (Nearly half of the people raised their hands) I think this is a very unique and special audience. Thank you for coming in with opened mind and heart to a conference.

But this is a very similar percentage between 40 to 50 that I saw when I lectured in the United States. Perhaps they said they had used something alternative. What is interesting that they had found out was that Americans were not just using alternative medicine or seeing alternative medicine practitioners, at the same time they came to conventional physicians like me.

The problem was that they were not talking about it, either to alternative medicine practitioners that they were getting regular care, or to conventional physicians that they were getting alternative medicine when they came to me . There was virtually two parallel systems of care that the patient was moving between. There was no communication between them.

So, I am curious who those of you have used alternative medicine in the last year, how many of you shared the information with your conventional physicians or health care practitioner. Very few have. Not a surprise.

One of the things, that is a problem, is that it is very important as a physician to know everything my patient is doing, because sometimes it doesn't interact as well.

For example, many people in the United States take herbal medicine, and we can buy them over the counter without any kind of prescription. I have a 74 year old woman who came to me saying, "I can't afford my high priced blood pressure medicine." So I asked her to bring everything she's taking over the counter on the next visit. On the next visit she came in with a bag of 22 over counter herbal products which she felt were helping her health. When I asked about the money, the cost was about three times her blood pressure medicine. And about three of these supplements could have adversely interacted with the blood pressure medicine.

Would you be willing to help me figure out why it is that she and other patients were not bringing up the topic ? Does anybody have any ideas why she wasn't communicating about what she was taking additionally ?

My experience is that conventional physicians dismiss alternative medicine, just saying, "It doesn't matter. Do whatever you like. Don't do it, or I don't care." In the United States they have actually never done a study about alternative medicine, but I just recently saw a manuscript that will be published and give some answers.

So, just put the things together on the list (on the screen). One reason is that somebody may judge me from doing something out of the main stream. It makes the patient feel that their conventional provider will be threatened or feel no good about giving care pursuing elsewhere, like their care is not enough. One of the other major reason listed on it is that my physician will not know about this anyway, so why bring it up. Unfortunately that's partly true, because many conventional physicians have so much regular medical information to keep up to date with for them. To be able to be up to date completely with all of the possible alternatives is quite challenging. The third reason is the most surprising to me. About 60 percent of the patients said it was none of my physician's business.

(Trends in visits to CAM practitioners and PCP's)

"What worries me is that now we are becoming the alternative medicine." Let's see if this is true or not in the next slide. Remember two studies, I mentioned, that were done. The survey in 1993, the data was collected from 1990. Let me talk through the graphs. In orange area all the visits paid to primary care providers, somebody who is a family doctor, and in red area all the visits made to alternative medicine practitioners. This was very surprising information to the conventional medical community. In seven years there is 50 percent of increase in visits to alternative medical practitioners.

(Estimated amount out of pocket expenditure for CAM and conventional medical services)

These patients (alternative medicine) paid an awful lot of money in the process. This is a very large industry. This is an estimate about how much money in billions of dollars patients spent in 1997 on this service. Just to give you a comparison in the United States this is what they had to pay for all the United States physician's services and this is the amount when they were in hospitals. This amount of alternative medicine is greater than these two amounts total, which again surprised people when this was first published.

(Who uses CAM ?)

"Who are these patients ?" They are probably very similar to the people who are sitting in this room. In fact although many people who are ill with very serious diseases such as cancer or HIV use alternative medicine in high percentages, the average user is not a very ill patient. Such average user is very similar to you. In fact if we added together all the years of your education in this room, it will be a very high number. There is a level of education. So, the higher level of education, the more they are likely to seek these therapies.

In one survey the majority of people are the age group, baby boomers in Japan. Probably people in their 40's and 50's are fairly very well of financial than average income in the United States, earning more than 50,000 dollars. Because as I mentioned earlier most of these medical services are not covered by patient's regular insurance, so these people are patients who could afford to pay for the services from their pockets.

(Alternative Medicine: Why people pay for AM ?)

The reasons people use these therapies are listed on this slide. Such patients feel that these therapies are safer things to use for their health, that they are more natural, that they treat me as a whole person, not just as a body part. They are working for promotion of my well-being and also helping me to prevent from getting ill in the future. And in the terms of time the patients become more relaxed and such personal approaches are often very appealing, and these are one of the main reasons people stick to.



[a doctor with Western boots and a hat is with a patient in the cartoon]

“It's a little strange but the truth is doctor I have lost faith in Western medicine.” I would have guessed in this survey that many patients were frustrated with Western medicine. That's why they are choosing to go to alternative medicine (AM). But in one very important study only about 4 percent of the patients exclusively chose alternative medicine by far, and the majority of the patients used it in addition their regular conventional care, as I mentioned earlier, and the patients of high level of education had personal holistic views of their health and their desire to be well.

#### (Who Seeks CAM and Why ?)

To summarize what we said just recently, the majority of alternative medicine users seek care for chronic problems, the kinds of things physicians can't always make better, lower back pain, muscle pain, a little bit of mind depression, those are the things they often stay with people for a long time and are not easily cured. But patients seek both of alternative and conventional care for these problems, so, summarize again, most patients don't discuss things with their conventional health practitioner and most of them are drawn to alternative medicine for the positive aspects rather than negative ones.

#### (Alternative Medicine: Research Challenges)

How do you then research, how do you get good scientific information about whether these various alternative therapies are going to be effective and safe for the patients ? It's a problem because in Western science the gold standard randomized placebo control trial is rare.

In the United States, up until about seven years ago there was virtually no research money which was devoted to study things such as acupuncture or chiropractic or herbal medicine. In addition there are some therapies, give you an example, shamanism healing by native healers. How do you randomize shamanically-healed patients ? And it is also very difficult for some of these complex systems to be analyzed scientifically. What is happening in separating out scientifically ? Say, you are only going to use the drumming part, or the person praying over a patient. It is very difficult to design a sort of Western randomized control trial on these modalities.

#### (How is the Government Responding ?)

So, what happened to the United States to help to change this situation was the U.S. Congress in 1992, which surprised many politicians. They voted a little bit of money to the National Institute of Health (NIH) project. That's our big medical research beginning to study alternative therapies.

In fact the budget of alternative medicine became so important in the medical research that the government, in 1999, made a full center of the NIH which is quite remarkable. President Clinton established a huge commission to be able to advise this National Center on this complimentary and alternative medicine.

#### (NIH Funding for CAM Research)

This is a graph to show you that the funding has increased greatly in the past a few years. In 2000 and 2001, the budget is 80 million dollars to support CAM research.

#### (NIH-funded Research)

What is interesting is that in the beginning everybody was so conservative that we were inclined to study what were very respected like chiropractic, acupuncture, which were pretty main stream. In the last number of years the National Center has become much more willing to push the frontier forward, and they have actually funded studies such as I have listed.

Here what I will describe was a little surprising to people ten years ago. One study that they funded featured a 'KIKO-master (KIKO-SHI) training'. They had a KIKO-master and a fake in the operating room as comparative research after open-heart surgery. And measured how well the wound was healed by KIKO therapy.

I guarantee, I tell you, that cardio-thoracic surgeons at my university would look at this study and say, “What ? You are going to have a KIKO-master in the operating room ?” There are some places that conventional physicians are

more open to this kind of frontier research, and there are others.

Two other examples are here. The first therapy is a very gentle kind of manipulation for head and neck on children with chronic ear infection. Most ear doctors in my institution would look at this and go, "You must be kidding. Ear infection needs to be treated with antibiotics. How can this gentle touching remove ear infections in skull bones of the child?"

The other therapy is actually something that is even more surprising. Because HIH funded for a study of the effect of distant healing on people with heart failure. Let me describe the study. They had patients with heart failures and randomized them, and reserved prayers who don't know the patients. They followed them for over a month or two. The patients didn't know that they were being prayed for. The prayers divided in two groups didn't know patients but were assigned assignments to pray for them. They were going to see if this was going to cause a positive effect. The result was positive.

In fact there was a study done by a woman at my university that took about two years to run. She wrote up the study and, I will describe it in a second, people were so hesitant to think about mixing spirituality or religion with medicine that it took her eight more years to get the study published. It was HIV positive patients who were randomized to receive distant healing by healers in the community. She recruited Christian chaplains, shamanism healers, KIKO masters, and she had a series of those medicine by prayer for these HIV positive patients so as to have data.

It showed that this was very much resistance on the part of the journalism to publish a paper like this. For it didn't seem to be a true scientific mechanism. But her paper was a well designed study and eventually got published.

6

(Medical Education Program)

So, near and dear to my heart are education programs for medical students and for other health care practitioner students. Let me share with you what happened in the United States around this education area.

(Alternative Medicine - Medical Education)

Often medical schools are the last to be opened. That is somewhat sad to me, but fortunately in the United States more schools are starting to offer more courses, but most of them are not required courses. 75 out of the 124 medical schools in the United States now are offering formal lessons in this field.

Let me say the usual range of the courses, my university will have a quarter long introductory course for students where alternative medicine practitioners will come in and lecture and give demonstrations how it works. And often there are more intensive, much longer courses that students can take when they are in the senior year in which they go into greater depth in these areas.

One person you may have heard in the United States is Dr. Andrew Wile. He is a person with a huge beard and who has written books such as "8 Days to Optimal Health." He works in the Arizona University. Several years ago, about 5 years ago he did something very unique. He felt that physicians will never be able to practice truly integrative medicine without getting additional training after they finished their school program.

So, in his program, four or five graduate physicians can come and work with him for two years and learn all about integrative medicine.

In order to be able to learn about his material he actually started what he calls a distance learning models for practicing physicians. I will tell you later how much it costs. After taking many hours of internet training in this field, they visited Arizona for 3 or 4 weeks in the 2 years period.

I am just going to ask you again how much do you think it costs. There were 40 physicians signed up for this program. If I will give you some numbers to vote how much it costs and how much people were willing to pay for their fellowship program.

I will give you three choices. 5,000 dollars, 10,000 dollars, 25,000 dollars. It costs 25,000 dollars.

40 physicians were so committed to learn about this area. He now has a second class going through for another 40

physicians. It speaks to several things. Because of a lack of the practical training when we were in medical school, many physicians feel necessity to offer these services to patients.

This is just a slide to remind me of the programs that we are going to start in this fall at my institution. When you teach how students work as a part of a collaborative team in the medical field, it is not enough to teach only in theory.

In San Francisco as I mentioned, it is very diverse. We have three traditional Chinese medical schools in the city. So, we are partnering with the oldest school and we are about to begin an exchange program in this fall. Our students will be given the option to be partner with an acupuncturist or Chinese traditional medicine students. What we are hoping is by creating exchange. Both colleges go through 4 years programs between the two schools. Especially each student will learn their form of healing. There will be much greater understanding. What each paradigm offers to these students and the students teach each other will be much more integrative medicine when they graduate.

One of the exercises in the exchange program is that our students can do anatomy and actually do cadaver work and dissection that traditional Chinese medicine students don't have access. We are hoping that our students will be able to teach them. The anatomy in our lab shows various paths. In an exchange the traditional Chinese medicine students will teach our students about how to insert needles, or what the KIKO theory is for the body. I really hope it will be an interesting collaboration and exchange.

I would like to share some of the clinical problems with you. Are there truly integrative medicine programs available in the United States, and even more specific than academic programs?

Let me tell you a little about the history of the center that I was asked to establish about 4 years ago.

Very surprisingly, the Chancellor in my medical school, the very head of the medical school, is a surgeon and not only is he a surgeon but he is a doctor with a very big view of medical and holistic healing.

So about 4 years ago, he began to question because of the data that I showed you today how many patients were using this alternative medicine. He said we were not training our medical students to treat appropriate medicine for patients. So, he asked me to establish a center that was going to be devoted to three things. Education of students in integrative medicine principles, to do very rigorous scientific research to see if it is safe and effective, and finally to provide clinical services eventually in some sort of a local clinic.

[picture: the room with a bed and wooden furniture]

This is actually a picture of one of the clinic rooms, which to most medical students looks like the planet Mars. When they walk through the clinic they are used to steel case furniture, very cold, very standard examing table and so on in the traditional room. On the contrary, when they walk in here, they see a wooden table and a very different atmosphere.

In addition, we have been in clinical trials in some areas of international herbal medicine. We recently, in May, we put on the first scientific research conference at my institution in San Francisco jointing with Harvard University.

Last is in the education which is my love, so we have designed a number of courses for practicing physicians and as well, providing alternative medicine in our undergraduate and graduate medical curriculum.

[cartoon: insurance company]

Just briefly summarized, virtually no regular insurances cover much alternative medicine. Some plans will cover chiropractic, and acupuncture, but from my experience, it's lots of trouble for the practitioners to get those services approved for the patients.

The usual plan for the most average coverage of insurance is that the patient ends up paying extra fees to access to have some services. The insurance company gives them a booklet of discount coupons to be able to go and see practitioners. For instance, if I were a patient I payed 15 dollars of additional fee a month to get this booklet of coupons. If I had a back pain and wanted to see an acupuncturist, I looked through the list of preferred acupuncturists, then I took one of the discount coupons to the provider, so I paid cash for the service and the provider perhaps gave me a ten percent discount.

By the way, although access to alternative practitioners by many patients is increasing, it really doesn't change communication gap as I mentioned earlier. Because patients can be independent of their regular doctors seeking these alternative services. Accordingly, there isn't necessarily any cross communications between patients and physicians as well as between alternative medicine practitioners and conventional physicians.

7

(Mind - Body Medicine)

I will finish with some thoughts about definitions on mind-body medicine. It is more important to know what sort of person has a disease than to know what sort of a disease the person has. This is by Hippocrates.

And Plato said, "You ought not to cure the body without the soul, because this is the great error of our days."

This is the end of my talk, and I want very much to thank you for your participation and attention. Arigato.



## **4. Workshop**

## **Herbal Therapy: North American First Nations (Examples from British Columbia, Canada)**

Nancy J. Turner

Professor, School of Environmental Studies,  
University of Victoria, Canada

### **ACKNOWLEDGMENTS**

Firstly, I would like to acknowledge the contributions of many First Nations elders and plant specialists in helping me to understand traditional healthcare practices of Canadian Aboriginal People. I am especially grateful to the following people: Diane Brown (Gwaganad); Elsie Claxton; Arvid Charlie; Florence Davidson; Chief Adam Dick; Guujaaw; Captain Gold; Kim Recalma-Clutesi; Dr. Daisy Sewid-Smith; Dr. Margaret Siwallace; Dr. Mary Thomas; and Annie York. I would also like to thank my students and former students, especially Dr. Kelly Bannister and Trevor Lantz. The work on which this presentation is based is supported in part by research grants from: Coasts Under Stress; Social Sciences and Humanities Research Council of Canada; and Global Forest. Finally, I am very grateful to Dr. Fumiaki Taniguchi and his colleagues here at Konan University for organizing this important conference and inviting my participation.

### **INTRODUCTION: TRADITIONAL MEDICINE**

Throughout the world, there is increasing interest in the role of Traditional Medicine Systems in providing healthcare and enhancing the health for human populations. The World Health Organization published a book on Traditional Medicine and Health Care Coverage in 1983, and the editors of this book, Bannerman et al., discuss the importance of Traditional Medicine in a world context. Wherever it is used, traditional medicine has originated and is administered within a cultural context. The context for treatment is very important, because it is well known that peoples' physical well-being is dependent, at least partially, on their emotional and mental well-being. The psychological factor in wellness is acknowledged in virtually all systems of medicine, even though it is difficult to quantify or to prove analytically. In Western medicine it is commonly characterized as the "placebo effect," where sick people taking even a sugar-coated pill tend to improve more rapidly than those not taking any medication at all for a given condition. In many parts of the world, as well, traditional health care is the only type of medicine available to people, and this factor alone increases its significance. Most people agree that an ideal healthcare system is one that is complementary, one that incorporates the best of western clinical and surgical medicine with the best of local and traditional medicine, situated within a given community and within a given social context.

Canadian First Peoples have a range of Traditional Medicine Systems, all of which have combined in various ways the use of herbal medicines and tonics with emotional and spiritual healing practices, as expressed in the work of shamans, and in the context of ritual and ceremony, through specialized training, guardian spirit quests and cleansing, as well as dance, drama, art and music. Many of the traditional healing practices have diminished or ceased altogether, due to the combined influences of colonialization, Christian missionaries, residential schools whose goal was to elimination Aboriginal cultures and languages, and loss of access to sacred sites and sources of medicines (Edwards 1980; Kelm 1998). All of these factors have resulted in fewer and fewer people holding the specialized knowledge of traditional shamans and healers. Today, much of this knowledge is held only by members of the eldest generations of First Peoples.

First Peoples of Canada, like most populations, have certainly benefited from the development of modern medicine, with its antibiotics and other new drugs, organ transplants and complex surgical procedures, and its various advanced technologies, from X-rays and ultrasounds to blood analysis and microsurgery. Nevertheless, compared with the general population of Canada, Canadian First Peoples suffer from more health problems; infant mortality, birth defects,

drug and alcohol abuse, and suicide rates are all significantly higher, and life expectancy significantly lower than for the mainstream population (Stephenson et al. 1995a). There are many reasons for these health problems among First Peoples. At least in part, poor diet and lifestyle changes are to blame (Stephenson et al. 1995b). However, another reason suggested by many of the elders I have spoken to is that western medicine is not culturally relevant to Indigenous People, and hence, not as effective. They believe that bringing back some of the traditional healing practices will improve the general health and well being of First Peoples, both because of their effectiveness, and because they will help to strengthen peoples' self esteem and positive identity.

As a non-Native Canadian, I am very aware that I am no expert in traditional medicine of First Peoples. The information I will be providing to you was shared by traditional cultural and plant specialists who have taught me about the issues and applications of traditional medicine. I will focus on the herbal medicines used by First Peoples, rather than on their shamanic and ceremonial healing practices. First I will talk about these herbal medicines in general terms, and then I will provide you with a few examples of medicinal plants, their pharmacological properties, and how they are administered. As I have explained, the healing and "wellness" systems of First Peoples are diverse and complex. The examples I draw on come from British Columbia, the westernmost province of Canada. Many of these species are used by other First Peoples across the continent, and, as I will discuss later in the symposium on "Integrated Approaches between West and East Concerning Medicine," coordinated by Professor Fumiaki Taniguchi, some are also used in Traditional Chinese Herbal Medicine and other medicine systems in other parts of the world.

### **Herbal Medicines of British Columbia First Peoples**

First Peoples of British Columbia, Canada, have traditionally used over 200 different species of plants and fungi as traditional medicines. These include all major plant parts-leaves, stems, bark, roots, flowers, fruits, and whole plants, as well as parts of ferns,

lichens, algae, and the fruiting bodies of fungi. Many different plant families are involved, but three of the major families whose members are widely used are: Rose Family (Rosaceae), Aster Family (Asteraceae), and Pine Family (Pinaceae). In particular, coniferous trees, and the barks of many trees and shrubs feature in these medicinal preparations (Turner 1988; Gottesfeld 1992; Turner and Hebda 1990).

Herbal medicines, made from single species or mixtures of different plants, are prepared in many different ways, depending upon the part of the plant and the application. Infusions, made by steeping the leaves, roots or other plant parts in hot, usually boiling, water, as in making tea, are a common type of medicinal preparation. So are decoctions, which are made by boiling the plant in water for a period of time, sometimes several hours. Infusions and decoctions are usually drunk, but may also be used for soaking swellings and sore joints, or for washing the skin or scalp for infections and wounds or skin sores.

Other types of medicinal preparations include salves, steambaths, breathing in vapours of boiling plants, and application of fresh mashed, or dried powdered leaves, roots or other plant parts. These medicines are used to treat many different ailments (for example, kidney and urinary tract infections; digestive tract problems, headaches, colds and respiratory ailments, boils and skin infections), as well as for childbirth, pre-and post-partum, for broken bones, burns and other wounds, and as general tonics to maintain peoples' health (Gottesfeld and Anderson 1988; Turner et al. 1990; Johnson 1997).

It is important to note that First Nations' Traditional Medicine and Health systems are closely allied with traditional food systems. In fact, it is difficult in many cases to distinguish between food and medicine. The life of William Waboose is, in his own words, a testimony to the importance of a good diet. A newspaper clipping from the Vancouver Sun (July 31st 1982):

"Native oldtimer William Waboose, one of Ontario's oldest residents at 112, is pictured with his wife Maria, 88, of Thunder Bay receiving medical attention. The Ojibwa Indian encountered few sicknesses in the first 107 years of his life and attributes his longevity to diet, saying that he never touched store-bought foods until he was in his 50s... "

Good, nutritious food is obviously essential to good health, and many of the medicines people consume as teas, for



example, provide them with essential nutrients like vitamins A and C, and minerals such as Calcium and Magnesium. A good example of a nutritious food that people enjoy and consider to be healthy is red laver seaweed (*Porphyra abbottiae*), a close relative of Japanese nori. Some plant products that are chewed - for example tree pitch - may well be helping people to maintain good oral health by reducing decay of teeth or bacterial disease in gums, through their antibacterial properties.

As a group, the herbal medicines used by First Peoples contain a range of pharmacologically active compounds. Of these, the predominant classes are alkaloids and glycosides. Alkaloids are cyclical compounds, derived from amino acids; they are basic or alkaline in nature. They contain at least one nitrogen (N) atom within a heterocyclic ring. They are secondary compounds, products of secondary metabolism, and are widely distributed in plants, especially but not exclusively, flowering plants. Most alkaloids are bitter tasting. They have specific pharmacological activity, especially on the nervous systems of animals. They show structural similarities with nerve transmitter substances produced by the human body (e.g. acetylcholine, dopamine, serotonin) and may mimic and block such substances. Many are potentially poisonous, but can also be important medicinally, often depending on dosage. All of us are familiar with alkaloid-containing plants, since they include products such as tobacco (containing the alkaloid nicotine) and tea and coffee (containing variants of the alkaloid caffeine). Many standard medicines are derived from alkaloids: scopolamine, found in *Datura*, is used for travel sickness; ergot alkaloids from the fungus *Claviceps* are used in childbirth, and the pain-killing drugs opium, codeine, and morphine come from opium poppy (*Papaver somniferum*). Two of the most famous recently discovered alkaloids used in modern medicine are Vincristine and Vinblastine, isolated from the Madagascar periwinkle (*Catharanthus roseus*), and used with amazing success to treat childhood leukemia and Hodgkin's disease .

Glycosides are even more widely distributed in plants than alkaloids. Many are non-toxic, but some yield poisonous compounds; many are therapeutic and important medicines. Glycosides consist of one or more sugar molecules combined with a non-sugar component, an aglycone. When bruised or ingested, glycosides are readily broken down by enzymes or acids into the sugar and non-sugar units. The aglycones often determine the poisonous or therapeutic properties. Cyanogenic (cyanide-producing) glycosides are very common. For example, they occur in the leaves, bark and seed kernels of apricot, cherry, and plum (*Prunus* spp.); elderberry (*Sambucus* spp.), and vetches (*Vicia* spp.). They may cause nausea or even death in high concentrations, but are often used medicinally in various ways. Digitalis and its relative compounds, found in foxglove (*Digitalis* spp.) ; and other plants, are examples of cardiac glycosides that are used therapeutically in western medicine for regulating the heartbeat. The use of Digitalis, a European plant, originated in folk medicine.

Other compounds that occur in herbal medicines used by First Peoples include:

- Tannins, which are complex, bitter-tasting compounds containing gallic acid and having the capacity to bind proteins, including enzymes, and to coagulate blood;
- Resins, Volatile Oils and their mixtures. These are complex, diverse compounds, which are very common in plants and often occur together in mixtures called oleoresins (e.g., turpentine). They are often used in the treatment of colds, coughs and other respiratory ailments. Coniferous trees, mints, wormwoods and other highly aromatic plants contain such compounds.
- Various Carbohydrates, including sugars, alcohols, starches, gums, and various fats, oils and lipids.

These pharmaceutical compounds are important in herbal healing, but it is again, necessary to stress the holistic nature of traditional health care systems. The plants and the compounds they contain are only one part of a system that includes emotional, spiritual and physical health. The methods of gathering, processing and administering them are considered to be equally as important, if not more important, to the healing or overall health of the individual. There is a strong spiritual component to herbal healing, and, furthermore, First Nations people see environmental health and the health of other lifeforms to be critically important for human health.

## Case Examples

At this point, I would like to share some examples of herbal medicines that are important to First Peoples in British Columbia. I focus my presentation on three major medicinal plants. In discussing their cultural traits and applications, I will also be referring to some of the issues involving use and commercialization of traditional medicines of Indigenous

Peoples.

- devil's club (*Oplopanax horridum*: Araliaceae) ;
- Pacific yew (*Taxus brevifolium*: Taxaceae) ;
- red alder (*Alnus rubra*: Betulaceae) ;

**Devil's-club** is a member of the Ginseng Family (Araliaceae). It is a spiny shrub, relatively common in our temperate coniferous rainforests of British Columbia, both on the Coast and in the Interior. (Figure 1)

It is one of the most important of medicinal plants, and has strong spiritual identity as well. It is used to treat a range of illnesses, from diabetes to stomach ulcers. Chemically, it is not well known, except that it has hypoglycemic properties (Turner 1982). There are stories among First Nations in which Devil's-club is seen as a powerful spirit-man, who can provide help and healing to those who treat him with respect and care. Even today, with all the erosion of cultural knowledge that has occurred, people do not harvest devil's-club carelessly or thoughtfully. Most traditional healers speak to devil's-club and other traditional medicine plants, asking for their help and explaining why they need to harvest them. They usually leave a gift of some sort ? tobacco or even money ? when they take devil's-club for medicine. In some cultures, even the shadow of a person passing over the devil's-club while it is being prepared will ruin its effectiveness as a medicine. Many people today still take devil's-club, and one of the most common uses is for late-onset diabetes, as a substitute for insulin. However, although it is common in some areas, devil's club is now being harvested commercially, and the commercial harvesters generally take the roots, rather than the stems. It is often compared to ginseng and is sought after as a tonic. In the southern part of its range and even on the coast, it is less common and many medicine practitioners say that it is harder and harder to find. They worry that it will soon disappear.

As I mentioned, medicinal plants like devil's-club are addressed by the harvester or healer with great respect and appreciation. Here is an example, used by a Kwakwaka'wakw man wishing to heal the sore or burn of his child with the bark of salmonberry (*Rubus spectabilis*), a plant in the rose family, whose bark is rich in tannins (Figure 2). Don't be startled, Supernatural One, by my coming and sitting down to make a request of you, Supernatural One. This is the reason why I come to you.... To pray you, please, to [let me] take some of your blanket, Sore-healer, that it may heal the burn of my child, that, please, may heal up his burn, Supernatural One...(Boas 1930: 216).

**Pacific yew** is a relatively small, tough tree, in its own family, Taxaceae, whose wood is prized by woodcarvers and artisans for its toughness and resilience. For thousands of years, people have used the wood for implements, especially those that undergo a lot of stress, like bows, wedges, root-digging sticks, and harpoon shafts (Figure 3). Yew wood and yew bark, which contain alkaloids, have also long been used for medicine by First Nations, for internal ailments, heart and circulatory ailments, coughs, and general ill-feeling. It must be used with care, because it is known to be poisonous if too much is used. In the late 1960s the American Cancer Association discovered a potent anti-cancer drug called taxol in the bark of Pacific yew. Subsequently, its promise in treating hard-to cure cancers like ovarian cancer, kidney cancer and breast cancer has been borne out through clinical trials, and the pharmaceutical company Bristol Myers Squibb acquired a patent for taxol extracted from Pacific yew bark. This resulted in a tremendous rush by harvesters hoping to become rich, or at least to gain an income from the sale of yew bark. What happened, though, was that all around the Northwest of North America, yew trees were damaged and killed by people harvesting the bark. Eventually, regulations were put into place, and techniques were developed to propagate Pacific yew in quantity, and to synthesize taxol from precursor compounds in the needles and bark of other, more abundant yew species, including Japanese yew. First Peoples still rely on yew for medicine, and still seek it for carving and woodworking art. They feel very badly that it was so heavily exploited for commercial gain, and many people point to Pacific yew as an example of what can happen when a traditionally valued product becomes commercialized.

**Red Alder** is a much more common tree than Pacific yew, but nevertheless, is well appreciated for its medicinal properties, as well as for its utilitarian uses: carving bowls and masks from its wood, and as a source of red-coloured dye from its bark. It is related to birch (*Betula* spp.) (Figure 4).

Medicinally, it contains tannins, flavone glycosides, and a host of other pharmacologically active compounds. Recent studies done at the University of British Columbia have shown that it has powerful antibiotic properties, showing inhibitory activity against nine different bacterial pathogens. Like devil's-club, it has a range of different medicinal applications. Usually it is the bark that is used, being made into an infusion or a decoction, and used internally for digestive tract and respiratory ailments, and externally as a wash for skin infections. In particular it is known for its use to treat tuberculosis. My friend and teacher Dr. Daisy Sewid-Smith, a Kwakwaka'wakw historian and cultural specialist, has recalled how her grandmother saved her life when she had severe tuberculosis of the kidney (personal communication, 1993):

...I, myself-- the doctors gave up on me and I was saved through plants. My grandmother used three plants to cure me. So, I know [the medicine] works. I had tuberculosis and I know it works.... Twice, I had tuberculosis. When I was nine, and then, it recurred in my kidney when I was 23. And, they used red alder (**t 'em' 's**) bark, and... **m 'mt'aney'** -- [grand fir, *Abies grandis*] ... and, I can't remember the name of the third medicine they used on me [later she said, it was devil's-club]. But, there's the yew tree [*Taxus brevifolia*], they used a lot of the yew tree. And there were certain leaves that they used for swellings, and, there's a variety of things that they used for certain illnesses....

### Other Plant Medicines

As well as these, there are many other important medicinal plants that are used in various ways by British Columbia First Peoples. Here are just a few examples:

Grand fir (*Abies grandis*; Pinaceae) - the needles, bark and pitch of this coniferous tree are highly scented. They are used as a scent, to rub on the arms and face, if you go out in the woods, to protect you against predators by masking the human scent. Infusions and decoctions are made from the bark, and taken as tonics, and to treat tuberculosis and many other illnesses. Nlaka'pamux elder Annie York talked about a similar use, with another species of *Abies*, *A. lasiocarpa* (personal communication, 1976):

Any food you eat, say for instance, if it's dry fish, before you go to bed you wash your face clean. You take that [fir] and you wash your face with that, and your clothes, you rub it with that. And you put on clean clothes, and you hang [your clothes] up further away from the camp so nothing bothers you. That's the way they do, if you have a girl that has to go out. That's from way back....

**Kinnikinnick** (*Arctostaphylos uva-ursi*; Ericaceae) (Figure 5) - this low, evergreen shrub contains a range of glycosides, and is known throughout the northern hemisphere as a remedy for urinary tract infections. First Peoples in British Columbia have used a tea from the leaves as a blood tonic, kidney and urinary tract medicine, and for various other purposes. Some First Peoples have used the toasted leaves as a tobacco substitute.

**Wild Ginger** (*Asarum caudatum*; Aristolochiaceae) - this plant has rhizomes that have a spicy, fragrant smell due to the presence of volatile oils, including asarone. The leaves and rhizomes are placed in the bathwater as a scent and for protection against bad influences. It is considered to bring good luck.

**Tall Oregon-Grape** (*Berberis aquifolium*; Berberidaceae) (Figure 6) - this plant contains the alkaloid berberine, which is bright yellow. It is used medicinally for many purposes by First Peoples: as a blood tonic and liver medicine, for sore eyes, and as an antidote to shellfish poisoning. The berries are also eaten, although they are quite sour-tasting.

**Red-osier Dogwood** (*Cornus sericea*; Cornaceae) (Figure 7) - this shrub has bright-red bark. Elders say that the inner bark contains an aspirin-like substance (like acetyl salicylic acid). My friend and teacher Dr. Mary Thomas, a Secwepemc elder, says that it is shredded and used to make a poultice medicine for swellings, sores and toothache. She said her father never went to a dentist in his entire life; when he had a toothache, he made a medicine from this plant.

**Indian Consumption Plant** (*Lomatium nudicaule*; Apiaceae) (Figure 8) - as well as being an important medicine, this plant is a springtime green vegetable that is rich in Vitamin C.

Its aromatic seeds are used as a flavouring for soups, tea and even tobacco. Its most important use, however, is as a medicine for respiratory ailments: colds, coughs, sore throat, and tuberculosis. It is widely known along the coast as **qexmin**. It is a highly spiritual plant, and it features in the First Salmon Ceremony, and is burned as an incense to purify the house in cases of illness and death. My friend Kim Recalma-Clutesi, who is Kwakwaka'wakw, wrote about the importance of this plant to her people (personal communication 1993):

**Qexmin** is a very sacred plant that has many spiritual and physical applications. It burns now on my stove to honour a great lady who is being laid to rest. It is gathered in the fall in the meadow areas when the seeds are falling from the stem. I usually wait to gather mine until most of the seeds have fallen.... **Qexmin** is used equally to cleanse the spirit as it is used to aid physical ailments. It is very good as a tea for throat and respiratory problems. This tea is so good to strengthen the voice [of singers at a potlatch].

**Licorice fern** (*Polypodium glycyrrhiza*) (Figure 9) - a fern with a thick, creeping rhizome that contains sweet-tasting, licorice-flavoured compounds. The rhizomes are chewed or made into tea to treat sore throat and coughs, and are also used to sweeten other, bitter-tasting medicines.

**Cascara** (*Rhamnus purshiana*; Rhamnaceae) (Figure 10) - a small tree, whose bark contains many glycosides. The bark is used in medicinal mixtures, and is especially well known for its treatment of digestive tract ailments such as constipation; it is used as a laxative. It has also been harvested and used commercially for this purpose, and can be found on many pharmacy shelves.

**Red Elderberry** (*Sambucus racemosa*; Caprifoliaceae) - the leaves, bark and roots of this shrub contain cyanide-producing glycosides, and are potentially poisonous. They are used by First Peoples as a purgative and emetic, and one of the elders I worked with credited its elderberry medicine for saving her life; she took it during childbirth, after a very long, painful labour, when the baby would not emerge. After taking this medicine her baby daughter was born almost immediately.

**Stinging Nettle** (*Urtica dioica*; Urticaceae) - the stinging hairs contain a mixture of acids, including acetic and formic acids. The plant is used by First peoples as a counter-irritant to treat paralysis, arthritis and rheumatism.

**False Hellebore, or Indian Hellebore** (*Veratrum viride*; Liliaceae) (Figure 11) - this is a highly toxic, very powerful plant in the lily family that is widely used as a physical and spiritual medicine.

It contains a range of alkaloids that act on the heart and nervous system. It is usually applied externally as a poultice or wash for stiff, sore limbs, such as from arthritis and rheumatism. Athletes sometimes rub it on their skin as an analgesic, or topical pain-killer. It is taken internally only with strict knowledge of its toxic properties; only real herbal experts would ever administer it. It is sometimes called "skookum-root." "Skookum" means "strong/powerful." Indian Hellebore, like all of the plants I discuss here, has a name in virtually every language throughout its range; there are 30 languages spoken originally over British Columbia alone.

## Issues and Concerns of First Nations with Herbal Medicine Use

- major changes in diets and lifestyles over past century
- reduction in general health of people
- reduced transmission of healing knowledge,
- loss of medicinal plant resources
- commodification of medicinal knowledge by commercial interests.

Many First Nations elders express concern and worry over the use of traditional medicine, and especially over its wider adoption in a global, commercialized, market-based system of medicine. Many plant specialists are very generous with providing medicines to those who approach them with respect. Many will not take any money for their medicinal preparations. However, they caution that people taking the medicine must be living in a proper lifestyle. They feel that the major changes in peoples' diets, with large quantities of refined carbohydrates (starches and sugars) and unhealthy fats, can negate any positive effects of their traditional medicine. Furthermore, people who abuse drugs or alcohol may be endangering themselves if they take herbal medicine. Elders and others interested in traditional cultures, as well as healthcare providers have noted a general reduction in the health of First Peoples, and part of this is attributed to lifestyle choices.

Elders also worry that their knowledge of medicinal plants is not being passed on within their own families and communities, the way it was done in the past, from one herbal specialist to a younger one, who often took the role of apprentice and learned about herbal medicine practices through years of training and carefully supervised practice. Now, with western education, television and other distractions, many youth do not have the same desire to learn about their traditions.

Many elders are also distressed over the loss of habitat, where their medicinal plants grow, as well as the environmental destruction of the sacred places within their territories where much of the spiritual components of medicine is practiced. For example, Daisy Sewid-Smith (personal communication 1994) noted: "It's medicine that's our greatest concern. The area where my grandmother used to go to get my medicine, it's not there anymore. The plants have disappeared because of clearcut logging."

Over-harvesting of medicinal plants is another great concern of First Nations, especially of those that are harvested on a commercial scale. People have already noted what has happened to Pacific yew, when Bristol Myers Squibb took out a patent on the bark and started to pay people to collect it. Cascara and devil's-club are two other plants whose populations have been impacted from over-harvesting.

Finally, people are concerned that their medicines will be appropriated, without any acknowledgement or benefit to themselves. Many people still hold their medicinal plant knowledge, at least the specific recipes from their family as secrets for this reason, and because they believe that the medicines will lose their power if too many people know about them. I will end with the example of Echinacea (*Echinacea purpurea*), a plant well known throughout the world and especially in Europe as an immunostimulant - a medicine that strengthens the body's immune system and allows it to fight colds and infections more effectively. Echinacea, once used extensively by First Nations of North America's Great Plains, has been locally extirpated from over-harvesting. Today, however, with careful conservation and restoration practices, including cultivation of the plant, and legal protection against harvesting in many regions, Echinacea is making a come-back. If we are careful, respectful, and follow the leads and concerns of the Elders, all of us may benefit from these herbal medicines. And, in particular, First Nations themselves will continue to benefit from them and use them as part of their cultural heritage long into the future (Figure 12).

## FIGURES

Figure 1. Devil's-club

Figure 2. Salmonberry.

Figure 3. Pacific yew

Figure 4. Red alder

Figure 5. Kinnikinnick

Figure 6. Oregon-grape

Figure 7. Secwepemc elder and plant specialist Dr. Mary Thomas, shows red-osierdogwood.

Figure 8. Indian celery

Figure 9. Licorice fern

Figure 10. Cascara

Figure 11. False hellebore

Figure 12. Saanich elder, the late Elsie Claxton, holds Oregon-grape (*Berberis nervosa*), a traditional Saanich medicine plant.



Fig. 1



Fig.2



Fig.3



Fig.4



Fig.5



Fig.6



Fig. 7



Fig.8



Fig.9



Fig.10



Fig.11



Fig.12

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## **5. Memorial Speeches**



## Memorial Speech I

# **Ayurveda Is Scientific Wisdom Nurtured in India's 4000 Year-History**

Mari Anne

Practitioner of Ayurveda, Actress

1

I am Mari Anne. I am very happy to be invited to this place. My father was Indian. I was born of an Indian father and a Japanese mother. I was born here in Kobe, Kitano district. Prior to the World War my father came to Japan by ship from Bombay, India. He was a son of village chief. He originally planned to go to Africa to do some trading, but he made a mistake. He came over to Japan by accident and he met a Japanese woman, and they loved each other. They got married and I was born.

2

I would like to talk about Ayurveda in our daily life. When I was a young girl, I observed my father's practice. I wondered what my father was doing. I thought my Indian father was doing something strange. But when I grew up, I realized the practice was based on Ayurveda. This is a very important practice of India, a traditional science. I was very surprised to realize that. In my girlhood, my father's practice was mysterious to me.

I'd like to talk about how it started and how it developed. I will tell you about what kinds of practices my father did. As I understood my father's doing, I started to learn Ayurveda. My father got up and meditated at sunrise. I have five siblings. My father taught meditation to his children. He taught us how to breathe and how to do Yoga. At that time there weren't so many Japanese who were practicing Yoga. But a number of Western people came to my father to practice Yoga. He took pictures of different poses of Yoga for explanations. German people and Australian people who were living in this area came over to learn Yoga.

And also my father had a relationship with Buddhist monks. He tried to promote world peace. My Japanese mother wore the Indian Sari, and they rode in an open car and campaigned for world peace and unity of humanity.

My father came over to Japan before the War. After the war, he served as an interpreter for General MacArthur from the US occupation army. During the War Japanese people had a strong hostility against foreign people especially American people. India was a neutral country during the War, but still Japanese discriminated against my father. But my father believed in Gandhi's non-violence movement.

He was wishing for world peace. And there should be cooperation with each other in children's education according to the spirit of Indian philosophy. This is what I am trying to communicate to everybody.

Many people use corporal discipline for manner and education. In India just hitting and beating the bottoms of children would be O.K. But from above the heart, the soul of God resides there. So even the mother and father aren't allowed to hit their children above the heart.

3

If you look at the Statue of Buddha, there is a light emanating from the head area. The neck and head are quite important. There are seven Chakra. On my forehead you can find a red point. This is not an accessory. The forehead is quite important. The Ajina is the station that is emitting energy into seven organs.

There is "Ki" energy. There is Sushumna in the center of the person's body that "Ki" energy goes through. According to the teaching of India, there is a sleeping snake just below the navel. In China this spot is called "Tanden". In India people say Kundalini energy is elevated up to the head through Sushumna. From the forehead this energy is emitting. We have to exhale the energy coming from the top of the head.

I have been practicing meditation for twenty years and I have had an experience where the energy is coming out from the top of my head. It was as if a lotus flower came out. So after you practice meditation, you can refine and sharpen your senses. And we can realize that we have an inner cosmos inside our body.

A person's body is composed of elements or the particles, so people's bodies will return to the elements or soil. They are going back to the air, water, soil, wind and trees. They are the important elements. When we die, we will return back to these elements. There are five elements and above all three major elements are important. Everybody has those important elements to keep the good balance of our energy. So this is the basic philosophy of Ayurveda.

We are living in the reversed universe, but inside our bodies there is the inner cosmos. Especially inside our brain there is a special space. Maybe a nuclear explosion could be an experience after we practice meditation. Very small atoms are combined inside our bodies, especially in the brain. People talk about the separation of right brain and left brain. Right and left, this is a kind of dichotomy, but this is "Yin and Yang". So the right hand, its side is Yang, and the left hand, its side is Yin. So Yin and Yang should be combined. This is symbolized as one of the greetings of the Indian people. That means Yin and Yang should be combined together.

4

I had an experience of meditation. A chakra opened up from the top of my head. This is the Sandhi in Buddhist teaching. After practicing meditation, there was a bomb sound on the top of my head all of a sudden. If I compare a body to a container or a building, there was a flow of fluid over the interior. This is called Amurita. This is the canal of the fluid. There are canals or conduits of the body. Some fluid is running through the conduit. Through meditation I experienced the flowing of the fluid through the conduit. Meditation is a quite important practice for Ayurveda.

Vishnu, these are saints. They lived a very ascetic life and confined themselves to the mountains. This meditation was given from the holy God to the saints. Since they were living in the deep mountains, they had to utilize herbs, which were available for injury. If they got a snake bite, they had to get rid of the toxin. And when the villagers had some disease due to the toxin, those saints came down to them in order to show what kind of herb to use. These wisdoms were learned from meditation. Through the meditation new idea and new senses come up in our mind.

Through meditation I experienced a high level of ecstasy. In the climax of the ecstasy my saliva might come out from my mouth. But this ecstasy is different from the sexual acts between men and women. Maybe there is an interaction between the right brain and the left brain.

During meditation, you don't listen to sounds and you don't see anything. So, when we are in very deep meditation, we forget that we are breathing. You might not be able to believe that until you experience it.

Please sit quietly and breathe deeply for about twenty minutes every day. There are some shapes necessary for this meditation. We have to shape the body in the form of a triangle. This represents the connection of the three elements as in the case of the pyramid.

The first chakra in India is just below the belly. Yin and Yang means top and bottom. For example in order to activate the chakra we need certain training or exercise at the bottom chakra. If you do that, the upper part will be reactivated together. The first chakra and the top chakra intertwine with each other. And the second chakra and the sixth chakra, those two are a pair. So, when one is activated, the other is activated together. Because they are like a wheels of a cart. In meditation, when the upper part is reactivated, the lower part is also reactivated. This is the training of natural healing energy as it were.

There is a development of the right brain and left brain. When the right brain and the left brain are developing to the same level, something will burst in our brain. It is a kind of explosion and there is a sound like a bomb as I have experienced.

The Buddhist monks during training recite sutra thousands of times.

When I practiced meditation, all of a sudden there were tears rolling down my cheeks, of full happiness. I am not a religious person actually. I don't believe in any religions. Although I am an Indian, I learned about Buddhism. But I am not interested in many religious schools that are utilizing Indian wisdom for bad purposes such as new religions.

I have meditated for twenty years. When I tell my experiences to monks, they say not many Japanese Buddhist monks had the same kind of experience. So there is no person who can tell you more than you had experienced. And I am encouraged to go into the religious life. But in order to be religious, I don't need the training because I am doing it

in my house every day.

In the teaching of Buddha, there is a fight against Maya. According to Nichiren, a Japanese priest, he was almost pulled into the dreadful world of Maya. So during training and meditation we can find such dreadful existence of a devil spirit. We can sense this kind of experience.

We are living in a three-dimensional world, which is the material world. Our inner senses don't move to the visual things but if you close your eyes and think very deeply, you can feel the movement of the energy and breathing inside of you. So inhale and exhale, it is the very transdimensional sensation that you realize. I think this is very strange and unusual from the ordinary viewpoint. But I wonder if people truly feel that it is very strange. Because when you exhale and inhale, it's unconscious. There might be something that lets you breathe unconsciously. Or, if your energy goes out of your body, maybe some other energy comes in.

5

Why don't you pay attention a little to what you are doing by closing your eyes? You might wonder how come I can breathe and if you come to think of it that way, your breathing rhythm will be calmed down. And all of a sudden you can feel the wave of movement is changing inside. Then you can fall into a trance. You can get the feeling of energy around you. It is more like a sensational feeling because you can go into that dimension.

Bodies are made of materials; even the physical body has its own consciousness. A body or even a table are made of particles and atoms, even the light is made of particles and waves. Each particle or atom has its own consciousness.

Sometimes those particles and atoms talk to me or sometimes come up to consciousness, and I can identify myself with them. It happens all of a sudden. In such a moment you can feel very much relaxed. If you try to be conscious, or if you try to feel what you feel, you can't identify with yourself. Somebody says that meditation is concentration. But if you try to concentrate by putting your energy into the center of the forehead, it wouldn't work. You have to relax and let all energy in your body go through, and do Yoga and make the pose called the Dead Body "shaba asuma" .

And by doing this exercise you must feel that a part of your body is changing in this way or that way, and your body becomes very relaxed. What you have to do is to feel yourself what your body is actually feeling. And it usually takes about 5 minutes for you to feel relaxed and then you move on to the next action. So the feeling is most important.

In aromatherapy the most important thing is how you feel about it as well. It depends on your mood or your physical condition or the weather condition. The smell that you didn't like yesterday might be the one that you like today. So even though you choose one aroma you like one day, you may not like it another day. Because that kind of sensation changes every day or every moment. So, to feel the changing sensation clearly, you have to eliminate all secular ideas and thinking.

6

There is an air canal in your body as I mentioned earlier. In order to purify the conduit of your body, I recommend the complete purification which is based on Ayurveda. And the complete purification was done at the Maharashtra Ayurveda Clinic. I had experienced it before and it was very hard.

That was three weeks fasting without alcohol, sex or smoking. By doing it, the entire toxin within the body is removed within a three week session. After purifying your body from the inside, you try a method called Vasti. Aromatic oil is administered through a hole in your back. To purify your body is very important. If the discharges are left in the intestine in the body, the toxin called Ama will be made and that may cause disease. These three weeks fasting and purification of the intestine by Vasti are what my father did to clean up his intestine at home. This method to purify can be done with a machine now. It is said that this method is medicine.

After you eliminate the discharge with this method, everything is purified. Then after that, I experienced the oil hell. The bed was made of wood and around it there was a channel for massage oil. Oil was poured into the channel so I couldn't stand up because it was slippery. There was a bucket under the bed and oil was dripping into the bucket from the channel. The Ayurveda's soft touch massage was conducted on the bed. Unlike the Chinese finger-pressure, it is smoothing. If you ask where the point or "Tsubo" is, we would say all the pores of the skin are points for acupressure. They are called Marma. All these points are touched like a feather. When we stretch our arms, we try to smooth the

body liquid. Massage is done using the corners of the knees and elbows, and toxins of the body will come out from the fingertips. The human body is electric and magnetic waves or “Ki” energy comes out from the fingertips.

Ikuro Adachi says that the composition of the Aura is made of neutral particles and electrons. That is the formation of the Aura. That kind of energy comes out from the fingertips and therefore the fingertips are rather important. When you touch or massage other person's body, you might get negative energy from that person whom you are healing. When you receive such negative wave and you can't eliminate the negative wave, you will get sick. Especially when you are taking care of sick people, you have to be optimistic and healthy enough, so you can get rid of these negative wave. You also have to wash your hands with purified or fresh water. By doing it, you can purify your body and purification is one of the characteristics of Ayurveda.

You should also wash your eyeballs. The Indian way of washing eyeballs is called Netra. Something like a paste is made of flour and it is placed on the top of the eyes and you make a plaster with it. You do this to a person while they are lying on a bed. After putting that plaster on the eyes, you put some butter on it and warm it up. So the butter separates into oil part and other parts. You take upper part of the butter, the oil part, and cool it down. Then you put it into the plaster. When you do this, mixed oil called Ghee is used to purify the eyeballs. While adding oil, the healer asks the client to move his eyeballs. If you do this, your eyesight will be recovered. If your eye problem is not so bad, I recommend this method.

There is another part to be purified in Ayurveda. It is the mind or spirit. Ayurveda says that the mind, spirit and body should be combined to achieve complete health. Those minds such as “I am sorry. And thank you.” are developed into the religious thinking.

7

Since I started studying something about spiritual things, I was very critical for a while, and after I went through that period, I came to think “Is a person who has a different thinking from me really bad?” Accepting somebody who has a totally different way of thinking is very important. I am very glad that India and Pakistan gave us that idea. They have similar origins. Religion is not something for fighting against each other but something in which we live together peacefully. Ayurveda is the spiritual origin of everything.

Sounds, souls and vibrating energy are imposing actions onto space. Those things invisible really exist. AUM is the holy sound of India. AUM is different from the cult organization AUM in Japan. I am sure a true saint in India is very critical about this organization which caused terrible trouble.

The sound AUM is holy. It is the sound creating the birth of universe. That's how it started. Chakra is definitely necessary to make sounds go through from the bottom chakra to the top. The “Goon” sound is very similar sound to the bell of a Japanese temple. Some priest say Omm... It sounds like AUM. The sound should return to space. The sound is like a vehicle. The sound made by reading Mantra is going into space. Individual Mantra can be given to you. Ayurveda massage given in India is the ritual.

In the stressful world, sometimes we are fighting with somebody else or we have bad harmony in the family or bad human relationships. Accordingly in this stressful world we have to look at ourselves calmly and we have to realize that feelings and the true minds are different. We should take time to think about those things. That is the real reason I have explained Ayurveda today.

People around you are reacting to something. If you get mad, we say it is Pitta character; it is a fire nature. When you loose temper, the energy will go to the liver sometimes. Things will develop badly if you get very angry. When you get an attack, you should withdraw. I think it is very important. Usually if you are yelled at, you yell back. Just like that. I used to make many mistakes. You have to look at the inside of yourself and you have to think calmly. You go into the inside of yourself and try to observe the cause of anger, so it will pass away. Pay attention to your breathing pattern and switch the channel of your mind. By doing it, probably you will find some solutions.

I hope you understand it. And if something happens, please try to analyze the inside of you and after just sitting down calmly about 10 or 20 minutes, so you will see the change inside you.

If you look around, you will notice that there are so many people who can't sit even for 5 minutes. They can't concentrate their attention, they turn on TV or they do dishes and say, “We have to do this. We have to do that.” They are always moving and hurrying. Sitting for 5 minutes is a very simple thing but they can't do it.

Why people can't do such very simple things? Just sit still sometimes and respect your body and appreciate your body because it is over used all the time. We have to give thanks for our bodies when we go to bed every day. And also I like positive thinking. I write down good things that happened to me today in my diary; for example the flowers bloom in the street or a wild cat has babies or something like that. There are some good things around us, although they are not so many.

If you pay attention to meditation, breathing or your surrounding environment, you can feel love in those things. You can feel the trees are made of love and then you can communicate with them. It is wonderful to communicate with trees, isn't it? If you do meditation a lot, you will be able to come to do it. It is said Sokrates meditated standing up. It is necessary to switch the channel to feel the energy of the space. I think it is the ideal state. Using chakra, you can receive the energy from God, so chakra is very important. Indian people take care of chakra and put red things on.

Ki practice and Ki breathing are conducted at chakra. The chakra on the palm of the hand can receive the natural energy. If you rub both hands, it means you put Yin and Yang together. When you rub something, the fire starts. That shows the energy is generated. If you try to go out and breathe to feel the solar energy, you feel energy and your palm and fingertips get warm.

8

I learned Sanskrit Mantra from my father and I wanted to learn the meaning of it, too. So I studied Japanese Buddhist writing. And I learned everything is harmony or coordination. What my father was doing was spiritually advanced.

Over 10 years I have been studying about what my father was doing. I did chanting and meditation and complete purification and now I am possessed by Ayurveda. I hope everybody will be interested in that, not only for religious reasons but also for analyzing and knowing what you are, why you are here, why you were born as a woman or man, why you met somebody.

There are many strange things and wills around you. You want to learn this or you want to do this, these things are the wills and intentions of the cosmos.

I myself was very lively when I was a child. I refused everything my parents prepared for me and dropped out of high school and I became an actress. But now I thank my father's tolerance allowing me to go to the way I liked. He protects me even now, I feel it. If I do something Indian, I am always successful. Transcending the concept of time, I feel my father's protection. I am sure that if I die, I will protect my children even though my body disappears. We are experiencing the material world, but the soul will exist after I die and I will look after my children. This is the way I feel about my father.

9

When somebody dies in India, the body will be cremated and the ashes of the body will be elements of the Ganges River. It is natural purification. When something sits heavy on a dog's stomach, he eats leaves or grass and vomits it. It is something like this. If you have the energy that doesn't go along with you, you might feel cold, you might vomit, you might feel heavy. It is very important to know the unnecessary energy for you. It is said that there are many people who have negative energy from dead people. But going back to 4000 or 5000 years, the cosmos had already activated cells with the natural way.

In Ayurveda Panchakarma, oil massage is a kind medicine to remove negative information in the cells and to put new positive information into the cells. That's Ayurveda's natural wisdom and the science of life.

Oil massage or the purification approach is different from the medical approach of manipulating cells, but it is the natural medication that is very deep as well as meditation.

Thank you very much for your attention.

## **Memorial Speech II**

### **Warm Care for Humanity from a Holistic Viewpoint**

Kunio Yanagida

Non-fiction Writer

1

Thank you very much for your introduction. It is a great pleasure for me to be able to attend this unique International Conference and I'd like to express my gratitude to Professor Taniguchi.

I am a non-fiction writer. I am not a scientist of medicine nor a sociologist or behavioral scientist, but I have a chance to come to this conference as a writer and I have my personal experiences through writing and other activities in medicine. Accordingly, I would like to express my feelings and vision on medical treatment.

The title given to me is "Warm Care for Humanity: from a Holistic Viewpoint.". When I was given this theme, I was also given the subtitle, "from a Holistic Viewpoint."

There are different interpretations to holism. Holism is a quite unique word. Holistic or the whole person from the integrative viewpoint, this is another term. For example, in English there is another word "hole". There is a pit or a hole, or similar, but when it comes to holism, we have to regard a person as a whole person.

There are words starting from "hol" such as holiday, being lazy and taking relaxation on a holiday. I don't know about the origin of the words but I tried to find the words which started with "hol" in the dictionary. I have a joke, "hole" is a pit, and a person who is taking a "holiday" is a "holidaymaker", and I'd like to utilize the four words today, and I would like to talk about "holism". That is, you make a "hole" in your work place, so all of you who are attending this conference on "Holism" of medicine are the "holidaymakers" on "holiday". But I'd like to be more serious, today in this conference.

2

There are loop-holes in Japanese medicine these days. They should be filled by a "hole card." What is a hole card? What is a final card or the hole card to fill the gap of the pitfall in modern medicine? That is holism. This is my idea.

I'd like to start the main part of my lecture. Today, holistic medicine is required and people have begun to realize the importance of holism. In order to understand why holism is so much in demand, we have to think about the pitfalls of contemporary medicine. It has made a great contribution to save people involved in very serious accidents. Thanks to the development of medicine, cancer can be diagnosed at an early stage and the early stage of cancer can be removed. But we have come to realize there is a limitation of modern medicine.

Although medicine has made progress, we came to notice negative aspects in the medical field. I would like to talk about some examples of the limitation of modern medicine, focusing on two types of "pitfalls". The first type is a pitfall of the way of thinking of medical doctors who are supporting the most advanced medicine. The second type of a pitfall is the issue in which doctors have no interest in patients who are outside the standard illness data of modern medicine. I'd like to show you some examples of these two types.

3

In general, medical students learn the most advanced medicine and doctors also engage in it. For them, textbooks, the latest journals and references are very important in making a decision on medical treatment. Prerequisite conditions to make decisions are the clear relationship between cause and effect. This is one of the features of modern Western

medicine. You may have heard about EBM, Evidence-Based Medicine. This means all the procedures have to be based upon scientific evidence.

In this case, evidence means scientific proof of cause and effect or statistical datum. Today, EBM is the most important point in the medical field, but there are patients whose conditions are not covered by prescriptive evidence. The problem is that doctors pay almost no attention to such patients.

4

This is what I heard from my friend, a medical doctor. In one hospital, there was a housewife who was suffering from uterine cancer. She had received medical treatment for a while. But the doctor concluded that there was nothing to do for her because her cancer had reached an advanced stage. The doctor told her that she could choose either to go to another hospital or to take care of herself at home or to go to a hospice.

That is to say, doctors do their best to treat the cancer as long as the disease is an object of regular, prescriptive treatment. But once it turns out that the regular treatment is no longer possible, doctors give up the patient as a hopeless case even if the treatment and relief are indispensable to him or her.

This patient, a housewife, became very desperate and she tried to find other doctors. She came to know my friend, a gynecologist. He diagnosed her carefully, and her cancer turned out to be terminal as it was diagnosed before. It was too late for regular treatment such as an operation and chemotherapy. So, my friend, the gynecologist told her, "According to the current criteria of medicine, chemical treatment is not promising for an advanced uterine cancer. Even if you utilize anticancer treatment, the chance of efficacy is 30% or 40%." Nevertheless, she asked the doctor to do something. So he said, "Scientifically it is not right to do this kind of medical treatment, but if you strongly wish, let us do one course of anticancer treatment. And if there is no efficacy, let's stop and think about the other option."

The treatment was done, and one course was over. There was no change in the lesion of the cancer. There was no effect of anticancer treatment in the uterine cancer. At last, she realized that it was not working. If she had continued this kind of treatment, she would have suffered from side effects, making her condition much worse. But she couldn't give up her life. She asked the doctor if there was another option to treat cancer. So the doctor introduced another treatment, which wasn't approved by medical science. This was a treatment by the progesterone hormone. A hormone treatment, the progesterone is administered in European countries like Italy. This efficacy is not approved in Japan. But she was so desperate that she asked the doctor to try this treatment. The doctor agreed to start this hormone therapy and if side effects were observed, it would be discontinued, since the time is so limited. He started the hormone treatment in a large amount, and then they found that there was no side effects and the lesion of the uterine cancer diminished. After 7 months there was also no trace of the metastasis in the lung as well as of the uterine cancer and she could return to daily life. There was no reoccurrence of the cancer.

When the uterine cancer advanced, maybe hormone therapy is very effective, but this is not my point. When the medical society sets up the manual of "standard" treatment under prerequisite conditions for EBM, doctors' way of thinking tends to be restrained. The types of treatment are limited and doctors can't get out of this pitfall. This is one of the problems in today's medical field.

5

There is another example. A 25 year-old housewife gave birth to her first child. The first child suffered from a very serious handicap, spina bifid. The spine is split in two and water collects in the brain. The doctor told the mother, explaining the handicap of the baby, "According to academic reports, there is only one example of a handicapped baby like your son, who had lived for 24 months at most." This is very clear information supported by data to the doctor.

But to her, the doctor's explanation was just like a death sentence on her baby; her baby could live for only 2 years. Sooner or later her baby will die. The mother became so desperate that she thought about double suicide, killing the baby and herself. But her mother sensed her daughter Junko's crisis, and the mother told Junko, "You love your baby. Why are you so desperate?" Then Junko opened her eyes and she didn't consult with any doctor, nor any hospital, nor any institutions for taking care of her disabled child. She tried to care for the baby in her own way. However, intracra-

nial treatment is needed in order to get rid of the water from the baby's head.

The baby grew up. He entered elementary school, junior high school, although he had to use a wheel chair. He wrote a wonderful essay. He won the grand prize in an essay competition sponsored by the Ministry of the Education. "I have arms, I can do push ups my life being supported by my parents' love," he said. Those are wonderful sentences written by that boy. The doctor who looked at the neonate examined the situation of the baby made by a scientific decision and judgment. This is important but at the same time he had to think about the value of whole life or unexpected possibilities of life. But this kind of consideration is missing, so he only used the data published in the convention and made a declaration to the mother. This is a big problem the of way of thinking in modern medical treatments.

6

I happened to read a book written by Dr. Wile from Arizona University in Tucson, Arizona. He published "Spontaneous Healing." He works in the Medical School of Arizona University. Dr. Wile was participating in research supported by the NIH (National Institute of Health, USA) in the field of integrative medicine. In this book "Spontaneous Healing," there are seven strategies in order to be a very smart patient. He gave seven rules to be a smart patient. For instance, the first rule is "don't admit negative information". Even if the doctor tells the patient that he is making a prognosis on the patient's life for two months or so, don't believe that. Experienced in the case of Junko, the mother of the disabled baby, who kept on living, the spirit of never-giving-up, this positive attitude is quite important.

20 years ago I read a book which quite influenced my way of thinking. At the end of 1970's there was a very famous journalist, Mr. Norman Cousins. Immediately at the end of the war, atomic bomb victims in Hiroshima, especially women suffering from keloids were invited by him to the U.S. for treatment. Mr. Cousins was so humane that he became an honorary citizen of Hiroshima City. In the middle of the 1970's he suffered from collagen disease and the doctor told him that there was no radical treatment for the disease. The chance of curing is one out of five million. He formed a way of dealing with this situation in his own way. Mr. Cousins had many friends in the medical field as he was a journalist. He gathered all the information about medicine and health as he could. He realized that the will to live is the most important in order to cope with such illness. In the end he recovered with a strong will to live. As Dr. Andrew Wile says, patients shouldn't admit a negative forecast.

In the same way, cellist Pablo Casals, doctor Albert Schweitzer, are very important people who overcame cancers with a very strong will and desire to live.

7

Another important thing is that those people had a good sense of humor. They valued good quality of laughter. Mr. Norman Cousins also realized the importance of those things. When we get depressed, our health condition deteriorates and our life will be shortened. On the other hand, the opposite condition might happen. Though there was no medical data, observing people around him, he realized that people who are willing to live and have a full of a sense of humor enjoy a very healthy life. In other words they have a very positive attitude.

Mr. Cousins proposed three strategies against diseases, "Let's have a strong desire to live. Let's laugh every day. Let's use folk medicine." He studied a lot about folk medicine and selected something fitting. The most effective thing was laughter. He asked his friend working as a TV broadcaster to bring some comedy films. In those days there were no videos, so his friend working in a TV station brought a film of a variety program into his hospital. He watched the TV program and enjoyed and laughed a lot. Then he could sleep two or three hours longer than usual. He continued this routine and he could sleep much longer, and then his condition got better.

In his room he laughed very loud, so other patients complained because of his laughter. So he reserved a hotel room near by the hospital and he watched the film and read comic books there everyday. And sometimes volunteers visited him and read comic books for him. In two years he got over his disease and he became healthy again.

He wrote his experiences in a book entitled "Anatomy of an Illness". In the 1980's when I did interviews in



America, I happened to find this book, and this book impressed me very much at that time. As mentioned, Junko tried to rescue her baby in her own way, Mr. Cousins also had a very strong will to live and a very positive way of thinking. Those things helped him and that's why he could be healthy again.

So in the United States, many people study what state of mind to have or how positive attitude influences disease.

Also in Japan there is Dr. Itami in Kurashiki City, He studies the meaning of life for cancer patients. The people in his group concretely decide the possible goals to carry out their lives, for instance climbing up mountains in spite of cancer. And they think that even though they have cancer in their bodies, their hearts are not undermined by cancer. Their minds are still very healthy. They live positively against cancer.

8

I think the ideas of holism in the US and Japan are almost the same. But in contrast with the way of thinking of modern prescriptive medicine, modern medicine in Japan is not looking at this issue seriously.

I'd like to say that doctors don't try to choose methods they are not taught. They investigate for their specialties or papers very well, but they don't look at things outside their interests. For example, if the patient's condition doesn't agree with the doctor's clinical data, they are not interested in their patients.

My friend who was a chief editor suffered from colonic cancer. Finally it had spread to the liver. At the university hospital, he was receiving some treatment. He was already outside of the standard of medical treatment. One day 5 doctors came to his room, and the chief of them said, "An anticancer drug which is authorized by the medical association is not effective for you. There is another method for the clinical study. Can we use this?" He was surrounded by these doctors. He felt very frightened and he didn't know what to reply. After he talked with those medical doctors, he realized that what the doctors wanted to experiment on a human body. Even though the medical doctors didn't clearly mention the effects of the trial drug which was not yet proved, he realized their intentions.

When he said he didn't want to take that trial drug, the doctors told him to leave the hospital because they had nothing to do for him. If he had agreed with the trial treatment, he would have been able to stay in the hospital. However, he was no longer treated as a patient at that hospital because he refused the trial drug. Modern medicine refuses to help those patients who need it the most.

There was also a similar case in a hospital in Tokyo. A patient, a factory manager, was in the hospital because of lung cancer. He was taking anticancer drugs, but the cancer had spread to his collarbone. The anticancer drugs were no longer effective for him, so medical doctors stopped seeing him. Since it was still metastasizing, it caused him severe pain. His doctors didn't have enough knowledge about palliative care and were not well trained for it. So even though he said he had severe pain, his medical doctors couldn't take care of his pain, and told him, "you are so old that you should withstand the pains" . Without sufficient explanation, the doctors conducted the treatment. After that, his attitude became very harsh and he vented his spite on his family because of pain. The relationship between him and his family got bad.

At that time his wife found an article in a newspaper. There was a doctor who could take care of this kind of cancer. He went to this doctor to have his cancer diagnosed. The doctor said home-care was possible for him and the doctor accepted him. So his wife took him home to provide the home-care. When he left the hospital, he was a little bit worried, but the doctor got a copy of his status of cancer from the hospital, and visited him at home and gave an explanation for his present condition.

The first question this patient asked the doctor was, "Why is this so painful?" The doctor responded, "That is caused by the metastasis of bones. Even though this pain originates from cancer, in your case, if you use unauthorized pills, a kind of morphine, they might relieve your pain." The doctor explained in detail. The patient was satisfied with the doctor's attitude and he accepted the sufficient explanation for his status of the disease. Since he understood the condition of his disease, he felt very easy. The next day after using this drug, he felt much happier and he became more active.

The next question which he asked the doctors was, "How long can I live?" The doctor said, "It is a hard question

to answer. Only God knows the answer. But judging from the progressive status, I could guess and tell how long you could live.” It was a cold winter and the end of the year. So the doctor wanted to answer that it would be nice if he could see cherry blossoms through the window. But the doctor knew he couldn't live that long. He tried to say that it would be nice if he could see plum blossoms, but he knew it was still impossible because the plum blossoms would bloom in March. So finally the doctor said, “There is not such a nice story (in Japanese UME HANASHI, giving warm humor) as you could live long until the season of UME blossoms.” UME means plum in Japanese and it also symbolized good in Japanese culture. It means there are not so many UME (good) stories. He spoke in a roundabout way with humor. When the patient heard that, he tapped him on his knee and said, “This is the special memorial day of notification for me. Give me some alcohol. It is celebration.” He had no problem with his digestive organs, so since that day he enjoyed some alcohol every night.

By receiving the warm care from his family, he always said, “I am very happy.” In the end of January he passed away. His wife told me that after changing his therapy to home-care, even though he couldn't see either cherry blossoms or plum blossoms he always thanked us and left beautiful flowers in our minds. He was able to spend very precious hours every day.

What I want to say is that in the university hospital he was not a patient whom medical doctors were interested in. He was not well taken care of by the medical doctors, but the new doctor provided him with home care that supported a patient who was dying without modern medical technology. It shows that even though orthodox medicine has its limits, medical doctors can still help dying people differently from a modern clinic. It doesn't require advanced technology or complicated dispensation of drugs, it requires a good relationship between the patients and the medical doctors such as holism.

In conclusion, we advise that medical doctors supporting the most advanced medicine should change their way of thinking.

9

Another thing that I want to say is that in modern medical science there is another pitfall. That is the importance of the consideration of a dying person or true information of death. It's not well recognized and we don't consider it very much. When medical accidents happen, we strongly recognize the meaning of death or the dignity of dying persons.

Two years ago at Toritsu Hospital in Tokyo, a housewife had an operation for articular rheumatism. The next day a nurse put the wrong intravenous drip into her by accident and she died. This kind of medical accident often happens.

In this case the hospital was very cruel and tried to hide this fact. Her rheumatism was not so serious, so she was supposed to go home in a few weeks, but she died suddenly because of a medical mistake. After she died, they took her body to the mortuary without her family knowing and nurses put her personal belongings in a paper bag and then they put it beside her body just like garbage. When her husband was going to her bed, a nurse said, “She is not there, you should go to the mortuary.”

There was no explanation of her sudden death. These terrible things occurred under the direction of the head of the hospital. In the end, this hospital received severe criticism from many people.

I don't think this is unusual, because two years ago I had a similar experience when my sister's husband died in a hospital. He had progressed esophagus cancer and he didn't know it, but he couldn't swallow food. So, he had an inspection at the hospital and he was hospitalized right way. He was in his mid 70s. He was very debilitated and after he was in the hospital he was a bit unsteady on his feet. On the second day, when he tried to go to the toilet, he fell from the bed and hit his head on the floor. That caused a brain contusion, he fell unconscious. In three weeks complications occurred and he suddenly died.

When he died, it was midnight and his family were not there. So the hospital called his family. When his family arrived at the hospital, he had already been taken to the mortuary. The doctor scribbled on the death certificate “caused by esophagus cancer”. The hospital hurried the family to call the funeral car and take the body away. At first, my sister

couldn't understand what was going on, but they had to rush. The hospital forced them to take the patient's body away. Also we couldn't understand the meaning of the reason written in the death certificate. It wasn't the direct cause of his death. The direct cause of his death was that he fell from the bed and it caused complications of pneumonia. But the hospital didn't want to mention this because it was afraid that it might be considered lack of attention to the patient. The doctor never explained to the family why he had died. The doubt of the cause remained in our mind since his death.

One year after his death the medical doctor finally explained to his family and I was there, so I asked, "What was the direct cause of his death? The general cancer didn't cause the death." But the medical doctor couldn't give us a sufficient explanation, I said, "Since esophagus cancer was not the direct cause of his death, then you should change the death certificate.

After that the medical doctor came to my sister's house and finally said he erased the cause of death and changed the death certificate from esophagus cancer to pneumonia. However when he came to my sister's house, he said the cause of his death was pneumonia, but he fell from the bed himself first. But in fact, there is no proof how he fell. This response by the hospital left a deep scar in my sister's mind.

In this way modern medicine and the medical circle have a lack in their consideration of dying persons.

10

This is not only a pitfall of medical treatment but also a pitfall of medical education. When I look through those cases, I can say there are 8 pitfalls in modern medical school.

First, medical doctors understand our life as subdivided: internal organs or cells or genes. They fail to see the total life from a holistic viewpoint. The medical school teaches these potential medical students what diseases are, but they don't teach those students what health and life mean as a whole.

Secondly, medical students are not taught about modesty or respect for the possibility of life but are taught lots of medical knowledge which gives them a superiority complex.

Thirdly, there is a teaching curriculum at the medical school. But the education doesn't emphasize the importance of individual characteristics or personalities as human beings. They just teach a generality about living patients. Students are not taught to see patients as total human beings.

Fourthly, a pitfall is lack of training in human ethics and theory .

The fifth point is lack of training for communication skills. It is almost zero. These days they talk about the importance of this skill that has not been considered enough. That's why informed consent hasn't been carried out well in Japan.

The sixth point is undeveloped stage of bioethics and theory structure in medical education.

The seventh point is the lack of a patient centered medical method.

The eighth point is that death education and meaning of death are not thought fully.

I propose these 8 pitfalls in modern medical education. These are very important for all people who are living, and especially for patients. Those points should be always regarded. But actually there is lack of these points, underlying the problems of medical education.

Thinking about the background of such problems, the leading people of universities or medical schools think much of school grades, especially in a country like Japan. We encourage people to compete with the Western world. They are educated to study hard and do as much research as possible. Those people who survive this competition became professors in leading universities or medical schools. I think that is the very serious background to the pitfalls.

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Among these problems, I would like to focus on three things. First, the understanding of human beings and, secondly, communication skills and thirdly, how to keep healthy. I would like to focus on these three points today.

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Understanding human beings is quite difficult. In philosophy, psychology and literature, we have been trying to understand and discuss human beings since ancient times.

Now, I would like to talk about that point from the practical viewpoint in the medical field. I work as a writer and I try to express human feelings in my works. I am applying what I have observed in the medical field.

Concept is that you shouldn't be preoccupied or rigid in your own way of thinking, or your own sense of value when you deal with other people. If you are preoccupied with things like ideas of common sense or your sense of values too much, you are going to stereotype people and you are not paying much attention to individuals.

These days, nurses know that terminal care patients have very different individual personalities and their own view of life and their own approaches to death. It's true the people who know about their own life don't necessarily study academic things. These are ordinary people. That is what I am thinking of. This is the theme which is talked about by Rokusuke Ei in his book. I feel the same way.

Concept is that unless you ask, you don't know the inside of the person. That is a very common thing. Sometimes we try to predict or analyze a person in our own way.

I have a humorous story. About 20 years ago, at the National Cancer Center, there was a professor, Dr. Hasegawa who was a surgeon. I know him very well. He used to cure hepatic cancer and he was a very unique person. Twenty years ago he was already wearing loose socks, which are very popular among high school girls in Japan nowadays. Those loose socks were cotton, made of thick fabric held up with an elastic band. He was wearing two pairs of socks at one time. Of course it didn't look good, so the nurses thought Dr. Hasegawa wasn't paying attention to how he looked.

One day I asked him why he was wearing those socks. I thought it was just because he was a strange person. In those days operations took a long time, 8 hours or more. So while he was doing an operation for long hours, the blood circulation would be restricted. If he had been wearing thin nylon socks, the blood circulation would have been reduced, and that would lead to reduced functioning of the brain. The operation on the liver required very close attention, so he had to be in good condition.

When he woke up in the morning, he ate a big breakfast and went to the hospital and wore thick cotton socks not to cool down his legs. That's why he wore two pairs of socks. Dr. Hasegawa was paying close attention in order to do a good job. He wasn't a person who didn't pay much attention to what he wore.

Unless I had asked him, I would never have known his real personality. It is very hard to understand the deep thoughts of human beings.

As far as human understanding is concerned, I would like to introduce one case. I had a friend who suffered from ALS (Amyotrophic Lateral Sclerosis) and died 10 years ago. He was a reporter for the Tokyo newspaper, Bishu Orikasa. He was completely paralyzed and even his lips were paralyzed. He communicated by Japanese alphabet with his eyes. His wife could read the alphabet with his eyes. He wrote Haiku, Japanese poems. He was very good at making them.

One of his poems described a scene where his wife was trying to move his paralyzed body in order to change the direction of his body. His wife put a red orchid whose color was so beautiful at his bedside that he also described the situation in Haiku. His other poems described flowers by the window that he couldn't look at due to his unmovable neck. This particular flower was brought by his wife from his house. But actually he could see the flowers' reflection on a bottle of an intravenous drip. He saw the scenery of his house on the bottle.

At midnight there was a faint fluorescent light in his room and a nurse came by once in a while. It was a very silent night. The window was closed, so there was no breeze. But there was a flower waving by the bedside. When he was breathing through a life support machine, the intravenous drip bottle was vibrating and the vibration was passed along the flower. The vibration expressed his worry and anxiety about his death. But the nurses couldn't notice what was going on inside his mind. Nearing his death he read this very artistic Haiku full of sadness.

One day his doctor happened to bring a technologist from a medical equipment company to his room and at his

bedside the doctor said to the technologist that this patient was just eating food, that was all he could do. The doctor didn't have any malicious intention, but he was just trying to explain to the technologist about the possibilities of certain medical equipment.

Of course, the patient was hurt because of the doctor's inhumane words. His mind was in agony. Mr. Orikasa told his wife using eye signs what to write down in the diary he felt. Even she couldn't imagine what was going on in his mind. The doctors who are just looking at organs don't pay any attention to the whole existence of patients. So they can't realize the real feeling of the patients and they don't even try to imagine it. The patient is regarded as a person who is just eating food without doing anything spiritual. To understand the spiritual feeling of patients better, doctors should communicate with them as sensitively as possible.

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The next point is methodology. You can't understand what a patient feels unless it is expressed. As a writer this is what I feel strongly. I interview and talk to terminal patients taking lots of time and then I can write about them. When nurses write the nursing record, if they don't look at the patients carefully, they can't write about them totally. I have never seen such careful records that are written giving full attention to the background of the patient or inner feelings.

The doctor's medical record is the same thing. The agony of mind or life styles of individuals are never described in the medical records. From such medical records you cannot grasp total human beings.

The medical doctors don't look carefully at the patients so they can't write medical records which describe the patient's real mind. At the end of the day, the doctors write only chemical data as a routine. If they paid attention to what the patients said and wrote down those words in the medical records, it would be very effective. They are hearing but they are not actively listening to patients. Unless they make it habitual, they can't write complete medical records.

14

Before talking about the "wide angle lens" view, I'd like to show you some picture books. This book was written by Yoshihiro Koizumi. This is like a comic book.

There is a small pig and a young pig. When they came back from school, they left their school bags and the small pig reported to his mother, "I was able to perform one PE (Physical Education) exercise." But his mother was very busy and she didn't even respond. So the pig was very sad.

The next day he was bullied by his friends at school. So he talked to his father and his father said that he had to be tough and strong. He thought, "I am not strong enough to be strong." Finally he felt stomachache. His mother and father were fighting and the son thought, "they were fighting. Is it my fault?". He felt serious isolation and thought, "When mom and dad are mad at me, where can I go?" He couldn't find the place to be. He was completely isolated without communication with his parents.

On the other hand, there is another book. This is a book written by Hiroshi Ito. "Okay, Okay; My Grandpa's Magic." My grandfather and I take a walk together. My grandpa knows everything about nature. He teaches me how to talk with a little cat and how interesting seeing the line of ants is. My grandpa is always communicating with everyone. I learned a lot from him. Sometimes, I come across scary things like a snake and a traffic accident. But all the time my grandfather gives me magic words, "Okay, Okay, everything will be fine." Those words make me happy. In time, my grandpa becomes bedridden. It is my turn to make him happy, "It's Okay. Everything will be fine."

These two picture books seem to be too contrasting. But I think they represent and reflect modern family life or child rearing situations.

I, myself, was raised in this latter way. My mother used to say "It's gonna be Okay." My favorite phrase had a great influence on my optimistic character. Every time I face a very difficult question, I think it will be okay.

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Next, I would like to talk about the importance of viewing with the wide-angle lens.

At Seiroku Hospital Dr. Hosoya worked in pediatrics for the first time, but his first patient died because of leukemia. He was very shocked and described his mind in Haiku. He wrote ten poems and I'd like to introduce two of them. In one Haiku he described his shocked feeling. He did his best but the child passed away. When he held the dead child in his arms, the child was very small and light like a doll. In another one he described a patient's death which was unavoidable.

When the patient dies, the doctor has to write a death certificate, and nurses have to perform certain procedures to clean the body and return the body to the family. Most of the time doctors go back to their office after signing this certificate.

But Dr. Hosoya didn't like that. He didn't immediately go back to his office, he was looking out of the window and saw a winter rainbow. From this fact we can know that he observed not only the dead child, but also the family in their sad state or a scene like a rainbow after falling rain. He was looking at the whole thing. The child's family was also looking at the rainbow and they thought their child went to heaven beyond that rainbow. This is an indication of the wide view. I would like to call it the wide-angle lens.

In the medical field, people have been trained to have a scientific viewpoint. Suppose that there is a girl who injures her head. She is taken to the hospital by ambulance. Doctors try to do everything to treat her. They determine the condition of her brain and make a decision whether she should have an operation or not, utilizing numerous methods of diagnosis like CT or MRI. Their attention is focusing on the structure of the brain. But when it comes to the girl's family, her dying body reminds them of the memories of her whole life story and the relationship among them. Her pretty eyes, hair, and hands, every part of the body has precious meanings to them. Especially to her mother, all the memories are engraved deeply in the girl's body. But, however humanly her family think about her, she is just a patient and an object of treatment to the doctors. Doctor tend to neglect the whole personality. The most necessary thing is to have a wide angle lens. To have humane medical treatment, we should have this wide angle lens to look at the patient's whole life and personality as well as the story engraved in the body instead of a microscopic view to focus on organs, genes or cells.

This is Miss Elizabeth (in the slide). Her style of conversation with patients at the terminal stage deserves to be praised. Her eyes are looking at the patients' eyes, and her hands are holding the patients' hands. She is actively listening to the patients' words. This is why her patients adore and trust her.

What is more, I would like to stress the importance of understanding patients by communication with medical professionals such as nurses and medical team as well as doctors. Every person lives in his or her own story. Understanding their own stories is very important to grasp the nature of human beings. When a person falls sick, this would be a very important stage for him or her. Life is a long story. It is hard for us to know which chapter the patient is living in. For a patient at the terminal stage, this will be the final chapter. We have to understand what kind of story and what kind of chapter he or she wants to write and what kind of assistance can be provided to him or her. by the medical professionals. It is not until we understand the patient's thought that we can provide meaningful care and treatment and establish a reliable relationship among medical professionals, patients, and their families.

The next topic is communication skills. I am a writer, and I am very interested in communication skills because I have to interview so many different people. I try to improve my communication skills all the time so that I will be a better interviewer. In medical field and clinical situation, there are five important issues in relation to communication skills. First, the interview should be done, including patient's lifestyle, by a medical professional. The second important point is the daily conversation. Thirdly, risk communication. Fourthly, communication at the spiritual level. Fifthly, psychology which is necessary for active-listening.

Firstly, as for an interview, it should be conducted in order to explore the inside of a person based on lifestyle. If the patient has a stomachache, the doctor just asks which part is painful. But this is not meaningful. The doctor has to understand the patient's lifestyle, and then, their personality. However, in my experience, doctors think interviews should be done in order to grasp the physical condition. Dr. Hinohara told me about a case of a housewife suffering from rheumatic heart disease. Regarding this kind of heart disorder, the doctor asked what kind of lifestyle she had. She lived on the fifth floor and there was no elevator in her apartment. She had to use the stairs many times in daily life. Such a lifestyle was really hard on her. The doctor in charge suggested her to move to another room on the first floor or to an apartment which had an elevator. She moved to the first floor, and she didn't have to go up and down any more. Her disease got better and better, and she didn't have to come to the hospital often, either.

The key to treating her disease was not medical treatment or medicine but changing her lifestyle. Doctors should understand the patient's lifestyle as well as physical condition through a medical examination.

Secondly, I would like to talk about the daily conversation between doctors and patients. Communication is very important to establish a reliable relation between doctors and patients, but, sad to say, the doctor's attitude in talking with his patient is neither friendly nor dependable. Doctors think ordinary patients should obey their advice because patients don't have specialized knowledge, and don't know how to deal with the situation or how to treat diseases. The doctor is inclined to think he is a teacher. So he has to give instructions to a pupil. He tends to be directive, giving a lot of instructions. So his way of speaking sounds instructive. And so patients try to protect themselves or try to avoid the words of the doctor. Patients keep doctors at a distance because they are always instructing and teaching and don't allow patients to make their own choices.

A different communication method should be possible. This other type is a compassionate conversation. If the doctor shows this kind of attitude, the response from the patient will be dramatically changed.

I would like to give one specific example. Dr. Kousei Kido published a book and wrote many examples of communication skills. I would like to tell you about one example. A patient was hospitalized. When a doctor visited the patient, he said, "I couldn't sleep for a minute last night due to lower back pain" and then, what kind of response came from the doctor? "Oh! your life doesn't change even if you couldn't sleep at night." The patient would be speechless. Or if the doctor said, "You are too sensitive. That is why you could not sleep. You should be more relaxed," the patient would think "It is my fault."

But another type of conversation is possible, which is an acceptable conversation.

The patient: "Doctor, my back is painful. I couldn't sleep."

The doctor: "Oh, that's too bad."

P: "Am I suffering from cancer?"

D: "Oh, you are very worried that you might have cancer."

P: "Yes, I am very worried about it. Because my mother who passed away from cancer had similar symptoms to this condition."

D: "What kind of pain did your mother have?"

P: "She couldn't sleep due to the pain."

D: "Oh, it was terrible. Which part of the body was painful?"

P: "Lower back and left side of the neck."

D: "How about you? Is the left side of your neck painful?"

P: "No. There is no pain in my neck. But I'm concerned that a similar situation will be coming soon."

D: "Oh, you are very worried."

P: "Am I OK, Dr.?"

D: "Your pain is different from your mother's pain. Your pain is happening because of other reasons. So your pain is different from her pain."

P: "I see. I am very relieved to hear that."

This compassionate and acceptable conversation allows the active conversation between the two persons. The patient is relaxed and opens his or her mind and gives much information to the doctor. The doctor could find a solution to the patient's problem. But the doctor needs to be trained in order to have this kind of active conversation,

Unfortunately, in clinical situations as well as in a medical school, there is no formal training in communication skills. Most doctors are very instructive, forceful and non-accepting. Even the doctor couldn't tell whether his way of speaking is suitable. Ms. Hideko Suzuki is a writer on healing and published a book entitled "Communion of Love and Feeling." She refers to the words of Tomas Gordon, a psychologist who established twelve types of non-accepting words. People are very much pre-occupied with their feelings and prejudices and those words. Pre-occupied people don't open to other people's minds.

For example, the first type is imperative and warning, the second is instructive, and the third is pushing and so on. "You should. Stop that!" These are such kind of words. They are advice imposed on the other person. Giving advice is easier than doing it as the doctors do. If we are directed and instructed by another person, we feel insecure. By directing and instructing patients, doctors feel secure themselves. Doctors actually know that ordinary people including themselves can't carry out their impossible advice. This makes patients confused. Mr. G. Bateson asserted a "double bind" theory. This double bind is a kind of contradiction. The attitude of the doctor puts the patient in a double bind as in G.B. Bateson's theory.

There is an example of a double bind. There was a patient suffering from schizophrenia. His mother came to see him in the hospital. His condition was very bad. His mother told him, "I love you. I love you from the bottom of my heart." But actually she didn't love him at all. She expressed her love in words, but it was clear that her attitude showed rejection to him. Her behavior contradicted her words, which made him confused and worse. The son tried to kiss her, but his mother refused his kiss. And then, the mother escaped from him. This is a "double bind". Communication given by medical professionals sometimes contains this double bind.

The third point of communication skills is communication risk. This is quite important in order to prevent any medical accident. I don't have enough time to talk about this topic in detail but I'd like to explain the conversation for confirmation. Confirmation is quite necessary. For example, when a patient is to be moved from one department in the hospital to another, we have to make a confirmation very carefully.

For example, in communication between a pilot and a controller, the pilot says we are going down to 6000 feet, and then the controller repeats you are going down to 6000 feet for confirmation. This kind of confirmation by repeating the same information is quite important. But sometimes people neglect the importance of confirmation by repeating. A small mistake like this can cause a big medical accident as well.

The fourth point is spiritual conversation. This is very difficult to train, but very important. Especially when you are working in hospitals or engage in terminal care, this psychological conversation is quite important. But if you think of this as a difficult task, you cannot practice it. You can do it naturally.

Dr. Fumio Yamazaki, working at St. John's Hospice in Tokyo is a doctor who is good at spiritual conversation with patients. One day a patient said to him, "Doctor, do you believe in another world after death?" Dr. Yamazaki has taken care of thousands of patients in the hospice. He himself doesn't believe in any kind of religion. There are some co-workers who are Christians at St. John's Hospice but Buddhism is closer to him if anything. He replied, "I don't have any conviction about another world. But there might be another world." This was his true feeling. He didn't refuse this spiritual question. He tried to face this question and answer, looking in his eyes. And the patient responded, "Oh, you don't have any conviction, but I have a strong conviction. There is surely another world." So the doctor asked the patient, "Is there any proof or evidence?" The patient responded, "Well, I will show you after I go to another world. When you light a candle, if it is flickering without a breeze, this is my sign". This patient passed away, and Dr. Yamazaki didn't forget his words. All the time, he looked at the candle light, but the candle light didn't wave. When his family visited the hospice and came to Dr. Yamazaki, they asked him, "Did you see the candle light flicker?" He replied honestly, "Not yet." But at that moment, one thought came up his mind. He found that every time he watched the candle light, he was, waiting for the candle light to wave. He never forgot him since his death. He realized that as long



as the patient was in his mind, the patient would live in this world.

Anybody can have a spiritual conversation, but we prefer medical professionals who can be engaged in spiritual conversation.

The fifth point is active listening. There are volunteers who are teaching active listening. University hospital, Prof. Murata teaches volunteers about the importance of active listening. There are numerous classes for volunteers for active training. We have to listen to the other person's voice, and we shouldn't criticize other people and we shouldn't impose our values on other people. We just listen to the words of the dying person. The dying person looks back over his life so far, while he tells his story. He tries to express his inner world through psychological communication. This story is accepted by somebody else and then, the patient can quickly accept his destiny of dying. Of course, doctors who are working in the clinical situation, cannot spare much time to do active listening. We have to depend on volunteers. This skill of active listening has much to do with daily conversation. It is important for the medical professions to listen to the patients psychologically in daily conversation.

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In conclusion, what health is, or what life is, that is the essential issue. I'd like to talk about it briefly. What I'd like to mention is the necessity to change the sense of value.

As Mr. Ototake who is handicapped in arms and legs says, "A handicap is inconvenient but not unhappy." This way of thinking challenges our traditional ideas of health. I'd like to suggest two types of standards in measuring how health we are. The first type is the standard of social healthy and the second is that of spiritual health.

As for social health, we can measure it by how comfortable and convenient the city is to everyone including elderly and disabled people, and by how active and lively citizens can live there.

For example, there is an NPO corporation, Citizen Funds Kobe, which is supporting volunteer groups. Ms. Yuko Kubota, establisher of the NPO, has been working for Kobe's reconstruction since the Awaji-Hanshin Earthquake. She found that many volunteer groups tried to make a contribution to the reconstruction of Kobe, but they couldn't work well because of lack of funds. So she established the organization to support volunteer groups with a relief fund of 20 million yen.

40 volunteer groups variously provided support for earthquake suffers or handicapped people, or the reconstruction of Kobe, or child welfare applied for funds to carry out their purposes. They made a presentation of their volunteer activities at an open screening committee. At that time 10 groups of them were selected and sponsored from fifty thousand yen to a hundred thousand yen.

Owing to the funds, each group became more lively. Such lively activities of social welfare indicate social health more than economic indices.

Speaking of the standard of spiritual health, even if a person is sick, he or she might have a very active and positive life. It means the person is spiritually healthy. The person who can still live an active life before his or her death is regarded as having a spiritually high level of health. Level of health has something to do with spitualization.

We have to change our sense of value in order to recover humanity in clinical treatment by means of holistic thought, or integrated medicine.

## **6. Keynote Report**

## Integrated Approaches Concerning Medicine

Dr. Kazuhiko Astumi, Emeritus Professor, Tokyo University

1

I would like to talk about integrated medicine. Yesterday, Dr. Ellen Hughes talked about Integrative Medicine in the United States. I also enjoyed hearing about the situation in Canada from Dr. Nancy Turner. So I would like to eliminate some points of the feature which are overlapping with the previous speakers. Can I have the first slide, please?

2

This is a very busy figure of four thousands years of the history of medicine. Since the appearance of human beings onto the earth, people have suffered from injuries as well as diseases. At that time, there was no science of medicine. People believed, "This is a curse of God." So, all they could do was prayer. And then, ancient people found herbs, and they found animals used some kinds of herbs and they tried to pay attention to their diets, and then people began to use the same herbs for medical benefits. People gradually gained knowledge of medicine. About four thousand years ago, this knowledge developed into Ayurveda or Chinese medicine as well as Yunani which is the ancient medicine in the Islamic world. These medical traditions were brought to Greece and Rome. And they were developed into the bases of Western medicine. Western medicine can be traced back to Ayurveda.

In the medieval times, there was a nightmare. This is in the Age of darkness. There was a delay in the development of medicine during medieval times. Only phlebotomy, vomiting and laxative were the techniques used during medieval times as Ms. Mari Anne talked about. Blood-letting was done because they believed diseases were caused by some toxius in people's blood. So blood was shot. Vomiting, maybe, something is wrong with the food. The patient was forced to vomit. Up to several hundreds years ago, homeopathy and osteopathy were started especially in Europe. Those modern types of medicine have survived.

Modern medicine started only several hundreds of years ago. Then disinfection was developed in order to kill bacteria. Infection can be prevented by disinfection. Blood transfusion technique was developed. Determining blood type either A,B,O, or AB, and anesthesia, utilizing ether, were also developed. And then, thanks to those developments, operation could be carried out. This is the start of Western medicine.

About one hundred years ago, the X-ray was invented. And the EKG (electro cardio gram) and hemoanalysis and antibiotics were developed, which made a great contribution to modern medicine. Modern medicine has a very short history of about a hundred years. In contrast, traditional medicine has quite a long history. They could distinguish what is good and what is bad empirically. Those traditional medicines survived and then people began to realize the virtue of traditional medicine. They try to combine traditional medicine and modern medicine. This is the movement we are experiencing. Also there is genetic therapy, maybe in the future, then there would be the age of integrative medicine.

3

What is integrative medicine? Modern, Western medicine has enjoyed great development because of the scientific viewpoint. It is very objective. And this is quite universal. Something practiced in the States is practiced in Japan. The same results can be reproduced. This is one of the features of Western medicine. It is scientific. The other is statistical. This is another feature of contemporary medicine. Thanks to these features, Western medicine has developed rapidly, making a great contribution to the progress of the science of medicine. Nobody denies that.

But as we heard yesterday and this morning, there has been a great development and progress of Western medicine, but people began to realize the defects of this modern type of medicine. The defects are that people tend to forget the

importance of the spirit and the mind. Technology was developed in order to treat diseases. This kind of treatment method was developed, but in such circumstances, practitioners of modern medicine don't pay much attention to patients themselves and how patients can be treated. That is why this science is at a turning point. In comparison, complementary and alternative medicine have a history of thousands of years. This medicine is intuitive and individualized. Those are the main features.

4

According to American statistics, if you smoke, you have a chance of getting lung cancer. And a heavy smoker has a 30% chance of developing lung cancer. But there are heavy smokers who are not suffering from lung cancer. And non-smokers are sometimes diagnosed with lung cancer. Those people are regarded as exceptions. This is a way of thinking of Western medicine. So Western people, Japanese people, adults and children, they respond in the same way, based upon the statistical way of thinking. However, in complementary and alternative medicine, medicine should be more personalized or individualized. This individuality is one factor attracting many people's attention to this kind of medicine.

5

This is Dr. Eisenbrooke, an epiphytologist of Harvard University. We organized a symposium in Gifu Prefecture and invited this doctor. The next slide, please. He made a survey. In 1990, 34% of the patients in the US used complementary medicine, in 1997, this percentage went up to 42% as we heard from Dr. Hughes, maybe this percentage will go up to 50%. Even in the States, the most advanced nation of Western medicine, 50% of the patients are utilizing some kind of alternative medicine. So NIH (National Institute of Health) or the American Congress were very much surprised at the data, and they started to grant money to a project. They established the Center for Complementary Medicine. How about the situation in Europe, Germany, France? In 1999, in France, 49% of patients and in Germany, 46% of patients used alternative medicine. In other European countries, from 20 to 30% of patients used alternative medicine. So Chiropractic, acupuncture and herbal medicine are the common types of alternative medicine.

6

What is the definitions of complementary and alternative medicine? When it comes to complementary medicine, we mean anything which is not conventional medicine, that is, Western medicine. This is the medicine which is complementing and regular, conventional medicine. What are the other types of medicine except for conventional medicine? They are very diversified. I visited NIH in the States four times. There was a very thick book, seven hundred pages about the definition of complementary and alternative medicine. Today, medicine in general diagnoses a patient and treats a patient's disease.

But more important is to prevent diseases. To maintain health is the more important. This kind of preventative medicine should be started in a full swing. So the demarcation line between the different types of medicine would get much larger. If you take this herb, your immunity system will be enhanced and cancer can be prevented. So utilizing herbs is more beneficial than having an operation in order to get rid of cancer. NIH started the research center in order to study complementary and alternative medicine. NIH is a Mecca of modern, Western medicine. There are twenty one centers dealing with hemoanalysis and so on. And as the twenty second center, they established a National Center of Complementary and Alternative Medicine in 1999.

What are alternative and complementary medicine? The first type is, what we call, traditional medicine such as acupuncture, Ayurveda, Tibet medicine and others. Second is magnetic medicine, bio-magnetic application. So the shaman prays in order to assist patients, so maybe the shaman used magnets. The other is diet, change in lifestyle. This is a kind of regimen. If they keep this kind of regimen, people's diseases can be prevented. It's much better than treating sick people. So by changing our lifestyle, we can encourage patients to have certain types of regimen, of food

and drink, therefore diseases can be reduced by 54%. So changing lifestyle is more important for the future. The study of lifestyle might be incorporated into medicine. And then, this change of lifestyle is one type of alternative medicine. These things would be further encouraged. So, there is no accurate definition of complementary and alternative medicine. Of course, herb therapy is one of them. Other types are regimen, massage, chiropractic and so on. There are a great number of spots on the sole of the feet, which correspond to different organs. By pressing those spots, we can cure some diseases of the organs. Pharmacological and biological therapy such as anti-oxidant drugs something like that.

Mind and body control is quite important. Psycho therapy, hypnosis, bio-healing by counseling, meditation, yoga and art therapy, music therapy and dance therapy and humor therapy, those things are all included. This is expanding and the lists are getting longer and longer. In order to have physical health, mental health is quite important. NIH already understands that. There are refractory diseases, very difficult diseases such as cancer and AIDS. There are limits to treatment by Western medicine for those difficult diseases. Rather we have to enhance people's resistance, then diseases could be prevented. The way of thinking has seen revolutionarily change. There are many effective ways to improve people's resistance through alternative medicine. And there are numerous side-effects for different drugs. In order to control the side-effects, we can use acupuncture for example.

If we utilize the most advanced and very expensive medicine, national government would go into bankruptcy. We have to have a holistic medicine which will try to harmonize the mind and the body. We have to value the lifestyle which allows people to live naturally. People have begun to realize the importance of this. That is why alternative medicine is attracting so much attention. This is the medicine of Asia and China in particular. Spot-pressure, regimen, herbs, acupuncture and massage. There are many other areas which are included in Western science. This is the study done by Tokyo Prefecture Government.

There are plus and minus images. There are some plus images about alternative medicine. They are differently beneficial to people's health. There are minus images, negative images, too. This is not based upon science. But alternative medicine survived over 4000 years. Today's science is not perfect. So just denying alternative medicine because of the lack of scientific evidence is very problematic. One virtue of alternative medicine is natural healing. Any living organism has the power to heal on its own.

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I am a surgeon and I sew up a wound. There is an open wound and I sew it up. One week later, the wound would be closed naturally. This is because of natural healing capability. This helps a patient's wound close. In medicine, we utilize people's natural healing capability. Through complementary and alternative medicine, we might enhance this natural healing.

Our challenge is how to measure this. This slide is a pulse examination, for example. I was invited by SONY corporation. I developed a machine to measure the pulse. There is a transfuser which was developed by SONY, and it is very sensitive to sounds that can be detected inside the blood vessels. We can get a curve as in this table. So, this methodology of diagnosis is different from the diagnose done by direct pulse examination, usually done in Western medicine. Not necessarily is there 100% correspondence. We doctors and patients believe there is only one option; that is Western medicine. But it is not true. There are many other options.

One is Ayurveda. We have three kinds of neurohumors called "dosha." These three dosha determine people's pre-disposition or physical constitution. When the three dosha lose balance, people will become ill. Accordingly, we have to think about our way of breathing, eating and taking herbs in order to maintain good balance among the three dosha. This is Ayurveda.

People are different from each other in terms of physical constitution, so the type of herbs to use is different. The type of food to be eaten is different, too. This is a very personalized and individualized medicine. Since we were educated by Western medicine, we focus on statistics, forgetting individual uniqueness. And another feature is that there is a close connection between the mind and the body. If balance is lost, lifestyle becomes unhealthy and this

becomes the cause of disease. This is the teaching of Ayurveda.

When I went to Europe, there was a clinic of Ayurveda in a suburb area, Frankfurt in Germany. When butter is boiled, the transpiring oil is extracted. This oil is used to clean the eyes. This kind of oil is used for Ayurveda in a German clinic. I experienced and enjoyed an oil massage.

70 different kinds of herbs are put into the oil which wrapped my body. Then I am at the climax of happiness. To provide the climax of happiness and peace of mind is the objective of Ayurveda. Let the patient go to heaven, it takes two hours. I took a shower and took a nap for about an hour. I realized myself as fully relaxed and recovered.

So, this is very individualized medicine, different from Western medicine. But in Western medicine, people began to realize the importance of tailored medicine. When genetic science was developed, people began to understand the differences between individuals. This means that its science could be applied more to personalized medicine such as alternative medicine. Even if the disease is the same, the personal condition is different. Then, medicine and treatment would be tailored to the individual patient.

For this, genetic science would be very beneficial. There is a connection between the development of Western science and traditional science. I have engaged in the most advanced science. But this traditional medicine embodies the most advanced science.

This slide is manotherapy such as massage and others. Massage has a very long history. When I read a book written by Hippocrates, he wrote, in order to be a good physician, one has to develop the skill of massage. So massage therapy has been surviving for thousands of years.

What is the difference between alternative medicine and modern medicine? In modern medicine this treatment focuses on organ. Suppose there is a heart problem. Okay, let's treat the heart, and let's remove the bad part. Let's do surgery in order to get rid of the bad part. Let's use drugs. This procedure is scientifically proven.

However, this is not very comfortable, it is painful, and it is very expensive. We need to turn to alternative medicine. This is holistic health. Preventive medicine is important and the enhancement of natural healing is the key to change, and improved lifestyle is the key. But those procedures are not necessary scientifically proven. So, if it is possible, we can try to prove the efficacy and safety scientifically. If it is not possible, we have to explore some other way. We have to set up a different type of concept in order to support this kind of convenience medicine.

This is a picture taken in the States. This is in a drug store selling diet supplements. They are selling many supplements, herbs ginseng melatonin, which is good for insomnia, and aloe, which is good for constipation. Thousands of natural drugs are available in the US as well as Japan. Regarding herbs, there are from two hundred and fifty thousand to five hundred thousand species of plants. But only five hundred species of plants are utilized as herbs. There are more possibilities for them. As we heard from Dr. Turner, if we listen carefully to the wise elders of the first nation, we can utilize those herbs better. Their efficacy of herbs is different. They could replace antibiotics, killing viruses. European and American pharmacy companies are paying attention to herbs' efficacy, but Japanese pharmacy companies have almost no interest in herbs.

Talking about medical cost, in conventional medicine, in order to do bypass heart surgery of the artery, several hundred thousands of dollars would be needed. In case of diet or changing of lifestyle, only five thousand dollars would be needed. In general the cost of alternative medicine is one fifth or one tenth of conventional medicine. If we try to pursue the most advanced medicine, our government will go bankrupt. The American government realized that and they tried to change its direction. If it is good, let's utilize it into our practice. This is the way of thinking of the NIH. They see the herbs utilized in the States, such as the leaf of the ginkgo tree, ginseng and others.

The Next tale is Europe. The ginkgo tree is utilized as well, but horse chestnut, hawthorne and others are available. The types of the herbs are different between Europe and the States due to the difference of vegetation.

But heavy metals are detected in herbs. That is the problem. The soil was exposed to pesticides and farmers used insecticide chemicals, so we have to think about this. People believe in herbs unconditionally. There might cause some problems due to the content of heavy metals.

There is another issue concerning the bad interaction between herbs and conventional medicine. There is St. Johnswort, this is a popular herbal medicine. There are drugs which prevent coagulation of the blood such as Bufferin. If Bufferin is co-administered with St. Johnswort, the efficacy of the Bufferin might be supplied by the herb. So the doctor should be told by the patient about what kind of herbs they are utilizing. Otherwise, very severe side-effects may occur.

Talking about cancer, treatment of cancer is the ultimate objective not only in Western medicine but also in alternative medicine. Why are we so much afraid of cancer ? Because this is a very detrimental disease and it is painful, causing great suffering. So people have the greatest level of fear about cancer. I wonder if we can naturally heal cancer. In 1960, there was a report; one out of a hundred thousand cases of cancer disappear without any medical intervention. In 1993 there was another report done by Noetic Science. They studied thirty five hundred cases. More than one out of a hundred thousand cases of cancer might be cured naturally. Yesterday in the lecture by Dr. Hughes we heard about psycho-neuro-immunology. This might be one factor for the cure of cancer. A very positive spirit to fight against cancer might be very helpful.

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Co-existence is another major issue. Talking about the relationship between the universe and a person, and the relationship between the environment and a person, they are inseparable. We are allowed to live on the earth and in the universe. And when we change our way of thinking, all of a sudden, the condition or the symptoms of diseases are reduced. When we think about the existence of the inner universe within a person, this is very much related with spirituality. If there are cancer patients who were cured naturally, we have to think about what was beneficial. But those are the cases which were abandoned as exceptions in Western medicine, but maybe we have to go back to such an important point as spirituality.

I have something to mention. The Japanese type of researches to which grants are provided. If we submit such kind of proposals for studies of alternative medicine to the Japanese Ministry of the Health or the Ministry of Education, these proposal will never be accepted because a screening committee never understands the benefit of integrated medicine. But American people have a challenging spirit. They would say, "Let's do that, let's try that. If it turns out to be very good, let's use that." But this way of thinking is missing among the Japanese.

This picture shows one of the studies utilizing ten patients who are suffering from skin cancer, cellular skin cancer. Energy therapy was done and four patients showed efficacy of this therapy. This is a main part of the body, and there is an interrelationship between the mind and the body. Meditation, image therapy, bio-feedback, yoga, dance therapy, there are many other therapies. As those therapies have been studied in the United States for the past ten years. In Japan, we began to utilize words for music therapy or dance therapy, but no official money was channeled into these studies.

This is meditation therapy and this is my wife. She is enjoying meditation. When meditation is practiced there is a reduction of blood pressure and the cholesterol level goes down. This shows how important yoga meditation is. This is medical data supporting the efficacy of meditation. When I go to the States in order to attend an alternative medicine conference, we will go to the beach and learn about taijigu practice.

As for music therapy, every time I attend a conference, I enjoy listening to music as part of therapy. There are numerous experts of music therapy in the States as well as in Europe. They seriously think of what kind of music should be played at the terminal stage. But not so many in Japan, unfortunately.

We have to think about the third avenue of medicine or the third type of medicine. We have various choices such as modern medicine, psychosomatics, Chinese medicine and so on. We need to think which medicine is beneficial to maintain health, protect from diseases or treat acute diseases and trauma. When it comes to acute infection or acute treatment. Western medicine would be beneficial. As for the other areas, they are not so effective. When there is a patient with a broke "bone," aroma therapy or acupuncture are not beneficial for this patient. In that case, surgical procedure is needed. In such an acute case, we have to depend upon Western medicine. After surgery, we try to administer antibiotics. Some antibiotics are very dangerous for the patients. In that case, we could use herbs, hypnosis, maybe, aroma therapy would be utilized.

We have to select the best treatment among various medicines, which is the most fitting to the particular patient. This is a very personalized and individualized medicine, combining those different medicines. This is, what I call, the third medicine. This is something we have just started. In the past, we believed Western medicine was the only option, but it is not true. We can incorporate other medicines, because each patient is different. One prefers to have herbs or acupuncture, but some others prefer to have antibiotics.

If we try to explore the possibility of the third medicine, we have to change the Japanese medical system. Japanese medicine is covered by the national insurance system which is based upon Western medicine. Chinese medicine, acupuncture and others are partly covered by the insurance investment. But they tend to eliminate them.

Coming to the end of my presentation, if we try to practice integrated medicine, we have to utilize medical techniques of Western medicine. At the same time we have to utilize environmental medicine, psychosomatic therapy, traditional medicine, herb therapy, and we have to utilize behavioral science. Those different contemporary medicines will be incorporated.

Japanese people are inclined to be ill mentally and physically. If you look at young Japanese people, they are often sitting on the floor and they easily get tired all the time. Physically and mentally, Japanese people are ill as it were. In order to treat that, we have to utilize integrated medicine. Society and individuals are suffering from diseases mentally and physically. In order to treat them, we cannot depend only upon Western medicine.

We have to make use of the other options as well. When we try to practice integrated medicine, we have to change the education system. Also we have to change the medical system. Mixed medicine, half covered by insurance and half covered by the patient. International corporation is needed for medical research. All medicines should be integrated into one.

We have to change our way of thinking to be more patient-centered. We have Western medicine and alternative medicine, so they could be combined. Then, we would have integrated medicine.

In conclusion, we have to use holistic medicine on top of that, we have to think about spirituality and the individual characteristics of the patient. We have to think about where we came from, and where we are going and what we want to achieve.

I used more time than was mine. I would like to close my talk. Thank you for your kind attention.





## **7. Oral Presentations**

(Reference to Proceedings)

## **8. Poster Presentations**

(Reference to Proceedings)

## **9. Summarization of the Conference**

(Reference to Proceedings)

# Report of The 4th International Conference of Health Behavioral Science : Integrated Approaches to Health

Fumiaki Taniguchi

Secretary General, The 4th International Conference

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The 4th International Conference of Health Behavioral Science was successfully held under the theme "Integrated Approaches to Health" at Konan University, Kobe, on August 24-27, 2001. 477 people participated in this conference and we enjoyed a great deal of fruitful, active, positive discussion in each session; speeches, oral presentations, workshops, symposia, and a party for friendly exchange of participant's information.

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This conference was introduced by the Keynote Address given by Dr. Tsunetsugu Munakata, President of the Japan Academy of Health Behavioral Science, on the 24th, and carried forward by Dr. Ellen Hughes' Special Speech "Integrative Medicine Programs in the USA." Workshops by Dr. Hughes and Dr. Nancy Turner offered encyclopedic knowledge and concrete examples of integrative medicine to us on the 25th. In particular, Dr. Kazuhiko Atsumi's participation in Dr. Hughes' Workshop "Clinical Education and Holistic Care" drew a significant conclusion which 'integrated' alternative, complementary and traditional medicines of the USA with those of Japan. Furthermore, Dr. Turner indicated the relevance between the topic of "Herbal Therapy: North American First Nation" and "Nature and Environmental Education in Canada" at the Satellite Symposium.

On the 26th the two Memorial Speeches and the Symposium were the highlights, including the results of all of the Oral & Poster Presentations, Speeches, Workshops, and Satellite Symposia. Mr. Kunio Yanagida's and Ms. Mari Anne's presentations supported by reliable and plentiful experience led to earnest remarks and discussion from the floor. We could direct our attention to humanistic medicine by Mr. Yanagida's Memorial Speech "Warm Care for Humanity from a Holistic Viewpoint," and also, Ms. Mari Anne's "Ayurveda is Scientific Wisdom Nurtured in India's 4000 Year-History" aroused our response. Additionally the Symposium "Integrated Approaches Concerning Medicine" was excellent, like one of Socrates' dialogs, as all participants gathered together exchanging frank opinions and enlightening each other.

On the 27th we visited the Fast Cure Facility on Awaji Island with 17 participants from Canada, India, Britain, Russia as well as Japan. We could experience a demonstration and talk on holistic medicine by Dr. Shingo Sasada.

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Through the whole conference we came to ascertain four concepts of integration; integration of Western medicine and alternative medicine, that of mind-body in human beings, that of human and environment, and that by transition from 'integrated' to 'integrative'.

Firstly, we have the definition of integration of Western medicine and alternative medicine such as supplementary, complementary, traditional, oriental, and folk medicines.

Secondly, the object of medicine is the total human in which the individual should be integrated from mind-body dualism into whole personality. Mind and body can be scientifically separated but they have to be integrated from a holistic viewpoint. Such holistic humanity, grounded in spirituality, is nurtured by a sound environment including

family, society and nature.

Thirdly, integration of humans and environment is very important. Humans have their own eco-system inside the body as a microcosm in which mind or spirit exists and, on the other hand, the outer environment has its own eco-system in nature as macrocosm in which humans and society exist.

Considering both microcosm and macrocosm, they have the same root in the cosmic-system, so we can understand that issues on bioethics and environmental ethics come from the same source. The relationship between humans and the environment is, as it were, that of a photographic positive and a negative. They are both aspects of the same thing. If we humans destroy the environment, then, in turn, the environment will destroy the human body and mind through the mechanism of the recurring eco-system. Therefore, we should establish the integration of humans and environment with the idea of a symbiotic relationship.

Fourthly, at the beginning of this conference we used the word 'integrated approach' in the title, but as the conference progressed we became familiarized with 'integrative medicine.' We have to note the difference between 'integrated' and 'integrative' so as to establish a kind of comprehensive system. This system is actually 'integrative medicine,' because 'integrated' merely means mixed without any theoretical medical system.

In conclusion, the fruits of The 4th International Conference of Health Behavioral Science : Integrated Approaches to Health are that we have to try to establish the concept "integrative medicine," which shows us the vision of holistic medicine in the 21st century.

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The above is a brief report on The 4th International Conference of Health Behavioral Science. I greatly appreciate the support of the president, guest speakers, members of the secretariat, as well as members of the executive committee. Moreover, I would like to put great emphasis on my gratitude to those who earnestly participated in this conference. I am very grateful to you all.

## Organizations

Organizer	Japan Academy for Health Behavioral Science
Co-organizers	International Sociological Association, RC 49 Japanese Society of Health and Medical Sociology Japan Academy for Mental Health Sociology Japan Academy for Health Counseling International Association of Earth-Environment and Global-Citizen
Sponsors	The Association for Preventive Medicine of Japan Japanese Association of Alternative, Complementary, Traditional Medicine Japan Holistic Medicine Society The Japan Dental Association Japanese Nursing Association
Supporters	Japanese Society for Hospice and Home Care Home Care Ensuring Clinic Network in Japan The Japanese Society of Environmental Education The Japanese Medical Association
主催	日本保健医療行動科学会
共催	国際社会学会 日本保健医療社会学会 日本精神保健社会学会 ヘルスカウンセリング学会 「地球環境と世界市民」国際協会
協賛	日本予防医学協会 日本代替・相補・伝統医療連合会議 ホリスティック医学協会 日本歯科医師会 日本看護協会
後援	日本ホスピス在宅ケア研究会 在宅ケアを支える診療所全国ネットワーク 日本環境教育学会 日本医師会

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