WHOLISTIC HEALING PUBLICATIONS

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WHOLISTIC HEALING WHR RESEARCH

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Editor's musings

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Welcome to *The International Journal of Healing and Caring - On Line*.

The IJHC is a reader-friendly forum for exploring issues of wholistic, whole-person care - focusing on harmonization of body, emotions, mind, relationships (with other people and with your environment) and spirit. Perspectives of caregivers as well as those of the recipients of treatments will be shared, in the context of conventional and complementary/alternative medicine (CAM) therapies that are moving towards integrative care. Both research and clinical articles will be featured, including medical, psychological and spiritual studies.

Taking advantage of on-line facilities, for our lay readers we link more detailed explanations for key words that may not be familiar. For our health care professional readers we supplement basic materials with references and links to more detailed presentations. Extensive discussions on research, reference lists, and articles on wholistic healing are available on a sister website, www.WholisticHealingResearch.com.

A third version of some articles is envisioned, enriched with visual imagery. This will be optional because of the slow download time for web images.

The FAQ link at the WholisticHealingResearch site explains unfamiliar terms.

The IJHC is a forum for sharing personal, clinical and research observations about wholistic healing - the growth and development of body, emotions, mind, relationships (within yourself, between you and others, and between you and your environment) and spirit. Our focus will be particularly on issues in bioenergy medicine, spiritual awareness and healing, within the frameworks of integrative care.

Wholistic healing addresses "the person who has the illness, not just the illness the person has" (Osler). We tend to think of wholism as a modern innovation, but this is the common view of both traditional Chinese and Indian medicine and is familiar as well in many less known traditions. It is also of note that what we have commonly called *Western Medicine* is not really Western - but would be more properly called European. Numerous indigenous medical traditions of the Western hemisphere also address the person who has the illness and prescribe on that basis.

The IJHC also promotes healing for problems in our conventional medical care system. Doctors chafe over pressures to see more patients in ever-briefer time frames. Patients complain that their doctors don't spend enough time with them, don't listen to them, don't understand them, and don't explain their interventions.

Large numbers of people are turning to *complementary/ alternative medicine* (CAM) and *energy medicine*. This is both to fill in the gaps they experience in conventional medical services and to broaden their therapeutic options (Eisenberg 1993; 1998). This is also an increasing acknowledgment of the safety of CAM and of the dangers of conventional medicine.

Wholistic treatment means that we seek the best and most appropriate treatments wherever they are offered - in some cases it is through CAM, in other cases it is through standard allopathic procedures such as surgery, and in still others it may be a combination of the two.

Recent studies have shown that over 100,000 people die annually of side effects of medications. Lazarou, Pomeranz, and Corey reviewed 39 prospective studies from U.S. hospitals 1966 and 1996, summarizing the incidence of negative drug reactions leading to hospital admissions, or occurring while people were hospitalized - many of these reactions serious enough to be permanently disabling or resulting in death. They did not include errors in medication administration, overdoses, abuses, or allergic reactions.

They found an incidence of 6.7 per cent serious adverse reactions, and 0.32 per cent fatal reactions in hospitalized patients. They estimated that in 1994 there were 2,216,000 serious adverse drug reactions in hospitalized patients, with 106,000 deaths. This places adverse drug reactions between the fourth and sixth most common causes of death. Other types of medical errors may contribute to further negative effects and fatalities, for an estimated total of between 44,000 and 98,000 casualties due to effects of negligent medical care annually, as reported by the Institute of Medicine.

> *It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm.*
>
> *Florence Nightingale (1847)*

Dr. Barbara Starfield (2000) at the Johns Hopkins School of Hygiene and Public Health added to this estimate, pointing out additional deaths annually due to medical hazards:

• Non-error, negative effects of drugs	106.000 (Lazarou, et al 1998)
• Medication errors in hospitals	7,000 (Phillips et al 1998)
• Unnecessary surgery	12,000 (Leape 1992)
• Other errors in hospitals	20,000 (Lazarou, et al 1998)
• Infections in hospitals	80,000 (Lazarou, et al 1998)
Total annual deaths due to medical causes	225,000

This number exceeds the annual fatalities from highway accidents, breast cancer, and AIDS. Perhaps even more sobering, you are 9,000 times more likely to die under medical care than from firearms (Mercola). In contrast, the annual anticipated death rates from vitamins, herbal products, energy medicine and spiritual healing are zero.

To be fair, there are probably some fraction of these negative reactions that are from toxic CAMs. Because in the U. S. at least, Cam remedies are usually called "supplements" they aren't counted in the same grouping as toxicities/ adverse reactions due to negative reactions noted in conventional allopathic practice. As far as we know, however, negative reactions to CAM tend to be much less frequent and much less severe.

Confirming evidence of the fatal dangers of medical practice comes from the statistics of the mortuaries in Israel during periodic doctors' strikes. They repeatedly observed 15 to 50 percent fewer deaths during these periods (Fonorow).

CAM offers an enormous spectrum of treatments for physical and psychological symptoms and illnesses. CAM also offers new perspectives on promoting and maintaining health. For instance:

- *Acupuncture* can hasten recovery from strokes, relieve asthma, and alleviate pains (Birch & Hammerschlag). Acupuncture, within the framework of Chinese medicine, is a

complete system of therapy that goes far beyond symptom relief (Kaptchuk 1984).

- Qigong, a form of healing developed in China, can promote self-healing through gentle exercises and meditation, and can be supplemented with external-qi healing from a Master (Cohen 2000). *Qi* (sometimes spelled *Chi*) is the Chinese word for biological energy.

- *Homeopathy* is another complete system for treating illness (Linde et al 1997; Vithoulkas 1980). It can address many aspects of illness that conventional medicine has difficulty treating. For instance, homeopathy considers lack of motivation to be a treatable symptom.

- *Homeopathy* (Whitmont 1980) and *flower essences* (Kaminski and Katz 1994; Scheffer 1987) can also reach deep into your being to release blocks that create illness, and may open into spiritual awareness.

- *Craniosacral osteopathy* (Still 1992) can improve symptoms of neurological problems such as post-traumatic head injuries, cerebral palsy, and more. John Upledger (1995a; b), the founder of this approach, reports that experienced craniosacral practitioners can identify obstructions in chakras and acupuncture meridians and can use energy release techniques to correct these.

- *Spiritual healing* can be a primary treatment as well as a complement for almost any illness, and often opens into personal spiritual awareness (Benor, in press b).

Acceptance is growing in many parts of the world that CAM/ energy medicine and spiritual healing are potent and effective. Integrative care, the harmonizing of CAM with conventional medical treatments, is developing rapidly in the Western world. The IJHC supports and promotes these shifts towards whole person care.

People with physical and psychological problems need no further proof of the efficacy of CAM and energy medicine than their personal experiences of feeling better after seeing a CAM therapist -- but scientific study requires firmer evidence. Skeptical scientists are finding reassurance in the numerous randomized controlled studies that show spiritual healing (Benor 2001) and other CAM therapies (Benor in press, a) are effective. Open minded doctors are pleased when problems that have not responded to conventional therapies are helped by healers and other CAM therapists. Evidence that complementary therapies are widely used (Eisenberg 1993; 1998) and are cost effective (Pelletier et al 1991; 1993; 1999) is drawing attention.

This, the first issue of the International Journal of Healing and Caring - On Line features:

Healers' reports from several countries
It is both reassuring to note the similarities between practitioners from various cultures, and informative to learn of variations on the themes of wholism, healing and spirituality. Ancient therapeutic wisdom and newly developed treatment methods may be helpful to many more people if transplanted and cross-fertilized across national boundaries and cultures.

Else Egeland, a Norwegian nurse, describes the work of healers in Norway.

The successes of Ken "Bear Hawk" Cohen in facilitating improvements in one person with multiple sclerosis and in another with advanced cancer through American Indian healing should open doors for healers elsewhere to offer help to people with chronic and severe illnesses. Cohen's methodology is especially interesting in its attention to *place* and *group energies* as

factors in healing. Cohen's work also highlights that spiritual healing is about caring, not curing; about adding life to your days, not just adding days to your life.

Potent spiritual healing interventions may occur with nothing more than a simple laying-on of hands. More may be achieved when spiritual healing treatments are combined with other approaches. Elizabeth Stratton recommends counseling combined with healing, and describes her personal development at a healer and teacher of healing.

Self-healing is often overlooked in medical care. Because of the strong research orientation in conventional medicine, placebo reactions have a bad name and have been viewed mostly as a nuisance. These effects of suggestion make it more difficult for doctors to assess the true efficacy of medications and other interventions. Experimental interventions have to do better than the usual 33 percent of positive response that occurs naturally with almost every treatment. Conventional medicine often completely overlooks the fact that placebo reactions represent *self-healing*, a vast potential latent in all of us.

Self-healing will be a major feature in the *IJHC*. In this issue, the *IJHC* editor, Dorothea von Stumpfeldt and Ruth Benor share an imagery technique for self-healing, using the powerful energies of love, healing, acceptance and forgiveness.

The healee/client/patient is a neglected resource in understanding treatments of all sorts. Wherever possible, the *IJHC* will feature experiences and views of recipients of therapies. In this issue, Peter Clothier describes his transformative experience with massage. Two book reviews highlight organ transplant patients' reports of cellular memories that were acquired along with their new organs, suggesting that consciousness resides in every cell in your body - not just in your brain. Wherever possible, experiences of healees will be featured, complementing reports of caregivers. Likewise, experiences of students in varioius healing systems will round out the reports of teachers

Integrative care: A sub-theme in this issue are the questions of the relative importance of the healee, the healer, and their higher selves or a spiritual awareness in bringing about healings. Ronald Banner, an American internist (GP), discusses some of the challenges faced by physicians in their education and healing ministrations, and in later parts of his paper suggests ways in which spiritual awareness can be helpful to doctors as well as to patients.

Tamara Merritt, a third year medical student, shares some of the challenges of a caregiver bridging between wholistic approaches and the conventional medical system.

Caregivers and patients often complain and even despair about the dehumanization that is prevalent in many conventional medical settings. Jackie Schirn, a nurse in a cardiac stress lab, shares how she works hard at maintaining her caring role in a setting that too often is far from conducive to caring interventions.

The creative arts offer avenues for healing and for helping caregivers to maintain their connection with their feeling awareness.

Christiane Corbat and BetheAnne DeLuca-Verley describe ways in which the creative arts can be helpful to people with serious illnesses such as cancer. At this time of national and personal soul-searching following the terrorist attacks, we can take inspiration from people who find ways to transcend their personal health challenges and grow through facing and dealing with them.

Harold W Horowitz writes of his use of poetry in the course of doctors' hospital rounds.

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***Research*:** This is a research-oriented journal with a difference. Research in these pages will feature personal reports and individual cases, in addition to more structured and formal studies with statistical analyses favored by conventional medical practice. The spectrum of studies will include:

1. Personal experiences - individual, personal, direct, and immediate inner awarenesses of people on both sides of therapeutic encounters:

Personal experience is the rich, fertile soil of all learning. Linear, logical learning is given the greatest emphasis in Western society. While analytical thinking is necessary for dealing with many practical situations in everyday life, it ignores the more wholistic feeling and intuitive aspects of awareness that connect us more immediately with the worlds within and outside ourselves. *IJHC* will feature reports and discussions on:

Personal growth - the growing edge of exploring how to be and to become more open, at peace, whole.

Self-healing **-** ways to deal with challenges of stress, old hurts, difficult relationships, illness, and existential questions. In this issue of *IJHC*, self-healing is illustrated in the potent imagery technique that invites love energies to deal with fears, hurts, and other negative experiences.

Receiving healing - experiences of receiving support/ assistance/ treatment/ healing to deal with challenges. In this issue, Peter Clothier shares how a deep, healing massage reached into the depths of his psyche to release far more than his physical tensions.

Offering healing - a broad spectrum of healing traditions can provide help for many problems. See articles by Ronald Banner, Ken Cohen, Else Egeland, Jackie Schirn, and Elizabeth Stratton.

Intuition - how your mind, feelings, and intuition guide your life

> Vision is freely given to those who ask to see.
>
> *Course in Miracles*

Personal spiritual awareness - a sense of being an intimate part of something transcendent, vastly greater than yourself

HELPFUL REFERENCES on personal experiences: Braud & Anderson; Merriam; Stake; Yin

Although research starting with personal reports is the richest in details of healing experiences, it is often limited because of the subjectivity of the reporters. A multitude of possible factors can contribute to problems and to improvements in your state of health.

Factors on the side of illness may include: infectious agents (bacteria, viruses and parasites) that may precipitate illness or may weaken your system so that you are more prone to other problems. Metabolic disorders such as low or high insulin or thyroid hormone levels can manifest as illnesses or contribute to a spectrum of symptoms and other problems (such as hypertension and anxiety). Toxic agents in food, water or air may poison you, and exposure to electromagnetic radiation may injure or weaken you. Allergic reactions may cause your immune system to over-react or may overwhelm it. Physical trauma can damage your body, causing pain and impairing function. Emotional trauma can cause tension, upset the balance of your hormonal and immune systems, and bring about blocks or excesses of bioenergy flows. Abnormal growths, from polyps to cancers may cause pain, interfere with body functions, or even kill you. Degenerative processes with acute or chronic excessive strain can damage tissues, causing pain and impaired function.

On the side of health, your genetic constitution may endow you with particular strengths or weaknesses that reflect on your health and your abilities to deal with health challenges. You may have constitutional strengths in your immune system that protect you from certain infections or degenerative processes. You may have emotional stamina or flexibility that enable you to withstand stress or to deal with it in particularly successful ways. You may have supportive relationships that ease your stresses. You may be able to muster hope, faith, forgiveness, acceptance, love or spiritual awareness that help you to deal with challenges to your health.

When improvements coincide with the introduction of CAM therapies, particularly in chronic conditions, there is a strong suggestion that these were the agents for change. You may have suffered with an illness for many months or years and may have had numerous treatments that brought about little or no change, and you may have experienced marked improvement following a particular CAM treatment. This is highly suggestive evidence for the efficacy of that treatment, though never conclusive -- in view of the multitudes of other possible contributing factors. The IJHC will feature personal reports in this research category. Therapists who write about their approaches will be encouraged to submit a report from one or more clients to round out this side of the therapy equation.

However, any and all of the above elements that promote health or predispose to illness may shift without your even noticing them. You might go to a healer just at a time when such shifts towards a healthier balance occur, and you could then attribute your improvement to the healing treatment when the healing may have had little to do with it.

With so many possible factors influencing how you deal with stresses and challenges to your health, it may be hard for you to convince a skeptic that a particular treatment was the principal factor contributing to your recovery from an illness. Coming from a place of illness, your health may improve through combinations of the many factors listed above. Shifts may occur in your environment and relationships to relieve stressors that were contributing to emotional and physical tensions. Your nutrition may improve, toxins, allergens and infectious agents may be eliminated, and hormones may shift towards healthier balances.

For these reasons, additional research approaches may provide a greater certainty about the causal relationship between treatment interventions and their contributions to improvements in health.

Look at Ken Cohen's report, and ask, "What might have contributed to these healings?" Look at David Aldridge's summary of healing research and ask, "What richness of detail is in Ken Cohen's report that is missing from the more formal research?

2. Anecdotal reports - Educated caregivers may explore aspects of healing that those who are observed might not think to ask. Here we begin to formulate questions about how healing works. As accounts of similar experiences begin to accumulate, directions for more focused research are suggested. Under Book Reviews, the personal report of Claire Sylvia on the memories of the heart lung-donor that were transplanted along with the physical organs is supplemented by the collected observations of Paul Pearsall, that extend and confirm Sylvia's observations.

Inputs of trained observers are crucial to clarifying how healing occurs. For instance, laypeople often marvel at cures that rid them of warts. While conventional Western rids cutts, cauterizes, and freezes them off, you may eliminate warts by painting them with tar or red food coloring, burying a coin in the light of the full moon while you wish them away, or by praying for them to fall off. The common denominator in all of these treatments is the suggestion that the warts will fall off. It turns out that suggestion alone will do the trick (Surman; Ullman). You don't even have to be a good hypnotic subject. If a caregiver with an air of authority makes the firm suggestion that warts will go away, then within two weeks they often fall off. (How such suggestions contribute to self-healing will be the subject of later issues of the IJHC.)

> *The most exciting phrase to hear in science, the one that heralds the most discoveries, is not "Eureka!" (I found it!) but "That's funny."*
>
> *Isaac Asimov*

Without the discerning screening of knowledgeable health care personnel, much that might appear to be the effects of spiritual healing or other treatments may actually be due to suggestion or other known causes.

Therapists' clinical descriptions will be welcomed in the IJHC.

Many of the CAM therapies, such as spiritual healing, have seen few clinical reports by physicians that detail medical diagnoses and clinical responses. The IJHC will feature integrative reports that include physicians' diagnoses and treatments along with CAM interventions and patients' reports.

3. Qualitative research - systematic studies of subjective experiences of small groups of people. Here, a start is made towards exploring more systematically the commonalties across the experiences of groups of individuals who share a common problem and/or treatment. These studies provide a marvelous richness of detail, distilled in successive stages towards core concepts that suggest how healing happens.

A wealth of qualitative information has been gathered by Therapeutic Touch healers on the perceptions and experiences of their healees.

> HELPFUL REFERENCES on Qualitative Studies: Charmaz; Glaser and Strauss; Strauss and Corbin

4. Observational studies - surveying larger groups of people

a. Individuals and groups are elected by outcome and compared for prevalence of experiences which might explain the outcome.

Several surveys of spontaneous remissions from serious illnesses illustrate this approach.

Brendan O'Regan and Caryl Hirshberg (1993) compiled an outstanding collection of reports from medical literature that document how people can recover without known conventional interventions from a spectrum of illnesses, many of which are considered incurable, such as malignant growths, leukemias, infectious diseases, circulatory system diseases, immune and endocrine disorders, and many more.

Caryl Hirshberg and Marc Barasch (1995) flesh out the medical reports, almost devoid of consideration of *subjective* aspects of spontaneous remissions - with a broad spectrum of personal stories. They observe:

> We spoke to a large number of remarkable recoveries, many of them verified in the medical literature. It made sense to try to determine what, if anyhing, they might have in common. In our search for similar threads within the different stories, we had considered mechanisms of biology, aspects of the mind-body connection, even spiritual beliefs. But the more interviews we conducted, the more we were struck by the sheer force of individual personalities, by how people's approach to healing ahd been a reflection of their own unique selfhood. (p.145)

Each approach shines a light through a different window of the house of healing, revealing different aspects of how healing may occur.

b. Individuals and groups are selected by treatment and followed for outcomes.

Observational studies can be relatively straight-forward and not difficult to do. Gordon Turner, a British healer, tabulated the results of 1,000 healees treated at his spiritual healing center (1969a; b). He found that when healees experienced intense heat, cold or tingling during laying-on of hands and distant healing treatments, they were more likely to report cures of their problems.

This is interesting information for two reasons. First, it suggests that the sensations reported by healers and healees during healing treatments may represent bioenergy transfers. Many healers believe that a major way in which spiritual healing works is through shifts in the bioenergies of healees, releasing blocks and promoting normalization of body functions. Second, it hints at a prognostic sign of success following healing treatments. It is as yet unclear why some people respond and others do not when they receive healing. Contributing factors could be the intensity

of the bioenergy transfers; the openness or receptivity of the healees to accepting treatment; or the sensitivity of the healees to that particular healer's bioenergy intervention.

HELPFUL REFERENCES on Observational Studies: Fowler; Mishler; Sudman & Bradburn.

5. Controlled studies - include a treated group and one or more comparison groups so that one can know the effects of the treatment relative to no treatment or to another treatment. There are various types of controlled studies.

Randomized controlled trials (RCT) - methodically comparing several groups of subjects who are randomly assigned to receive different treatments and then observed for differences between the groups to assess the efficacy of the treatments. Methods are precisely described (including randomization in assignment of subjects to groups, so that extraneous variables have a low probability of influencing the results), measurements clearly defined, and data are detailed-- so that replications will be possible. Statistical analyses define the probability that the observed results could occur by chance. The chances of accepting a therapy as a truly potent intervention when actually it is no more than a placebo is lower with RCTs.

Spiritual healing is a prime example of a CAM modality that has demonstrated its efficacy for several problems in numerous RCTs, reviewed in Benor 2001(a; b). Out of 191 trials, 83 produced effects that could occur by chance less than one time in a hundred, and another 40 at a level of statistical significance between twice and five times in a hundred.

RCTs must be done with very careful attention to the details of research design. Too often, lack of rigorous design or omission of details from published reports make it impossible to properly assess, much less accept, the results of research studies. The research on spiritual healing is a good case in point. Out of 191 controlled studies of healing, only 50 met the minimal criteria required for proper assessment of the reports (Benor 2001a, b). (This percent is conservative, as most of the master's theses and doctoral dissertations reviewed were assessed only from their abstracts, which often omitted details required for rigorous assessment.)

RCTs provide the most precise evidence about healing, but this comes at a cost. In order to be precise, the focus must be narrow. For instance, several studies of healing on anxiety limited the interaction of the healers to brief time intervals -- one of them even to 30 seconds. While this narrow focus provides greater control over variables being studied, it also can lead to rejection of a therapy as ineffective when actually it is a potent intervention. The research methods described above help to counterbalance this type of error.

Another possible error is that there might remain significant differences in unanticipated factors between experimental and control groups, despite the randomization. Other designs can reduce the risk of this error, as in self-controlled studies, below..

In this issue of *IJHC*, David Aldridge reviews spiritual healing research, focusing on the spiritual component.

Self-controlled studies

If people with chronic illness serve as their own control group, there is less likelihood of introducing confounding extraneous variables due to differences in the participating subjects. It is common to measure relevant variables (such as pain or depression) over a baseline period prior to treatment. During and ffollowing treatment, the same measures are repeated. If there are significant differences, it is likely they were caused by the treatment. Assuming that the target symptoms, untreated, would otherwise remain constant over the course of the baseline and treatment periods, some studies discontinue the treatment and observe for another comparison period. This is sometimes labeled an ABA design, where the "A" periods are without treatment and the "B" period includes treatment. However, here, too, it is possible that extraneous variable could contribute to any observed changes. There is no research design that is certain to produce valid results.

Jeffrey Cram presents a self-controlled study of flower essences for depression.

6. Outcome studies - following subjects after treatment for longer-term outcomes, including side-effects, quality of life, and cost-effectiveness.

This is an area of Wholistic healing sorely lacking in reports.

One preliminary study in England showed spiritual healing for 25 patients over a period of six months for chronic illnesses in a primary care physician's (GP's) office could save the equivalent of $1,500 (Dixon 1994).

On setting up research studies

You don't have to be a research scientist to engage in studies of types 1, 2, 4, or 6. Anyone who has had a massage, flower essence, or a laying-on of hands healing could share how that felt and what effects it had. Any clinician can systematically report on the outcome of a series of treatments. Peter Clothier's experience of his massage and Gordon Turner's tabulation of healee responses illustrate the value of such reports.

Nevertheless, collaborative inputs of health care professionals can markedly enhance such reports, particularly with the inclusion of medical and psychological diagnoses and technical reports of the treatments that were provided. You may be very pleased that your severe headache or chronic backache went away with spiritual healing or another CAM treatment. A health care professional would want to know many more details, such as:

> Was there a known or suspected cause for the pain, perhaps a physical trauma, arthritis, or emotional tension?
>
> Had any tests been done to establish a precise diagnosis?
>
> How long had the pain been present?:
>
> What treatments had been used previously, with what results?

Without such information, an anecdotal report may be unimpressive because it leaves open the possibility that the cause of the problem could have been muscle spasm due to physical and/or emotional tension, and the mechanism for reduction of the pain could have been self-healing through placebo suggestion effects.

Laypersons who want to encourage the use by others of treatments they have found successful for their own problems would do well to invite scrutiny of their observations by a health care professional. Even with improvements in a serious disease such as cancer there are many factors that a professional would want to know before accepting the report as worthy of serious attention.

The *IJHC* will accept anecdotal reports from people who have had good results from CAM treatments, but will usually ask for accompanying reports from professional caregivers to round out the picture.

In contrast, rigorous randomized controlled studies and qualitative studies require highly technical knowledge and very careful attention to details in their design, execution, and reporting. Without meticulous, precise adherence to established protocols for the studies and for analysis of results, enormous efforts may come to naught because of flaws in design, execution, or data analysis. Anyone wanting to pursue such research must either have training or consultation in research methodology.

New studies and challenging areas for research

The frontiers of science advance endlessly, no matter how far researchers and clinicians advance in exploring them. The IJHC will feature new studies and promising, innovative treatments and clinical approaches that have not yet been researched. Larry Lachman will have

a regular column, Wholistic News Reviews: Traditional, Complementary, Alternative, and Psycho-Social Modalities of Treatment. In this issue of *IJHC* he summarizes various approaches in dealing with for cancer.

Practical suggestions for wholistic healing
Annemarie Colbin discusses healing with food, as treatment for several problems. This will be a regular column in *IJHC.*

Other wholistic approaches will also be featured in future issues.

Ethical practice of wholistic integrative care
Why all this emphasis on research approaches in a journal that intends to feature personal reports of healing?

One of the aims of the IJHC is to promote wholistic integrative care by bringing together medical researchers and CAM practitioners. Each can learn from and with the other.

Ethical practice of any caregiving profession requires research. Physicians and nurses have honed the methods of research to fine tools. Many CAM practitioners are unfamiliar with research methods and with how research can promote progress in treatment. Some may even view the demands of conventional medicine for research as an obstructionist tactic, delaying or preventing the acceptance of CAM practice in conventional medical settings. While some conventional authorities have required research in ways that have had such an effect, a contributing factor is that many CAM practitioners claim benefits for treatments that they have not confirmed through research. The *IJHC* will promote further CAM therapies studies.

The truth of the matter is that the greater part of treatments prescribed by physicians have also not been researched through randomized controlled trials (Feinstein and Horwitz). Confrontation over issues of integrative care is raising awareness of these deficits in allopathic medical practice. To be consistent, if not to be fair, conventional medicine should not set demands upon other therapies that do not apply to conventional medical practice. Conversely, these explorations may heighten awareness of the need for closer scrutiny of all therapies.

Some physicians suggest that "new" (i.e. CAM) therapies should be administered differently from medical therapies that have been used over several decades and have established their safety record. This is not a valid criticism. Many of the CAM therapies have been used over hundreds or even thousands of years and have far fewer and far less serious side effects than conventional medical treatments.

Many patients will not tell their physicians that they are receiving CAM therapies. Many conventional caregivers will not ask whether people under their care are using these approaches (Richardson et al 2001). Not only is this an unfortunate splitting of care, but it can be dangerous as well. In some cases there are negative interactions between CAM and conventional therapies, as with various herbal remedies and allopathic medications.

It our hope that through forums such as the IJHC we can bridge and heal these conceptual and therapeutic divides and enhance patient care.

Ethical care often challenges caregivers to re-examine their personal opinions, values, and their professional roles. Tamara Merritt, a third year medical student, shares conflicts between her professional role as a caregiver and her personal opinions regarding epidural anesthesia during labor and delivery. Ronald Banner, a family practice physician, shares his views on the doctor-patient relationship.

REFERENCES on Ethics in CAM and Healing

Looking ahead: The *IJHC* will be published tri-annually at first, then quarterly. Photographs and graphic arts will be added.

Please contact us if you have questions or suggestions for improving the *IJHC*.

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