

# The Art of Knowing in Medicine

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Before focusing on her issues, Christy took a moment to tell me about the rash her 10-year old son developed three days ago after a routine tetanus shot. Within a few hours, small, red, raised, hot bumps began popping up two inches below the injection site. The next day, these bumps became confluent, and the itching grew incessant. Three days later, now, his symptoms continued to intensify.

During Christy's appointment, another patient left a message about her son, also developing a rash, but of a different nature. While playing in the backyard, this 12-year old boy rolled onto a rusty nail. He, however, had received a tetanus booster six months earlier. His trauma site was neither itchy nor swollen, but cold and surrounded by red streaks.

One week after both of these events, I found myself speaking before third year naturopathic medical students in their case management class. I was interested in hearing their impressions about these two stories, given the little information with which I had to work. *What is the first thing that goes through your mind?* I was curious to know. Diagnoses and causes were tossed about – infection, MRSA, sepsis, expired tetanus vaccine. Some threw out suggestions of treatment, such as antibiotics or homeopathy. I wanted to explore their dynamic thought process, the complex philosophies that underlie every single assessment or decision they make, even while it may not be recognized or acknowledged.

For instance, in the first case, MRSA sprang to mind among several students. This differential diagnosis is a piece of a larger algorithm of reasoning, such as questions concerning the sterility of the setting in which the vaccination was given and the needles used. If this shot was given in a community clinic or hospital, the risk of MRSA might increase. And if it were MRSA, the situation necessitated *the use of stronger treatments, such as antibiotics, since natural treatments were less effective in severe situations*, or so went one person's rationale.

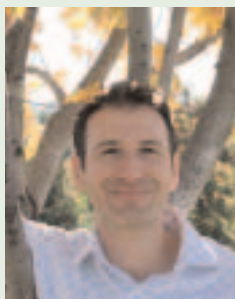
For the young man with the post-vaccination reaction, I had prescribed homeopathic sulphur. I told his mom to give the potency she had on hand, which happened to be a 200c. The first dose she administered around 7 PM, and the next was given around 9 PM, right before the boy went to sleep.

The next morning, the rash and all indications of its existence, had completely disappeared.

When I spoke to the second mom, two hours had passed from the time she left the message. This woman, armed with an acute homeopathic emergency kit, had taken decisive action. Living in the mid-west, and not surrounded by readily accessible natural health food stores or pharmacies, I'd sent her this kit years ago, to help her in situations such as this one. This kit, or homeopathy specifically, she claims, saved her child from requiring antibiotics a dozen times. When younger, her son suffered from recurrent respiratory infections which resolved with homeopathic care. Unable to reach me about the rash, she did a few minutes of contrast hydrotherapy, alternating hot and cold, followed by a poultice of baking soda, then gave her son two doses of homeopathic ledum, renowned for healing puncture wounds. Within an hour, all indications of trauma were gone.

*Placebo*, a few students mused. *How do you know this wasn't the placebo response?* My reply, *What if it were? Does it matter?* What fascinates me more is this – would the placebo response even be considered had resolution occurred after antibiotics, or some other treatment were administered? Modality is not the issue I am questioning here; belief is. Where do we put our faith?

With our scope of naturopathic practice and prescriptive rights expanding here in Washington State, I have witnessed providers opting for synthetic antimicrobial agents as a first line of defense for treatment of an array of conditions. For instance, a patient recently sought a naturopath for the treatment of his tinea corpus, or ringworm. After examination, the doctor prescribed ketoconazole cream as initial, primary therapy. When pressed by a shadowing student for a rationale, he claimed *Why not use what works?* With this comment and in one fell swoop, he invalidated the entire naturopathic armamentarium. I have heard from students, residents and practicing naturopaths that antibiotics, antifungals and the like are being prescribed with increased frequency. The belief being that synthetic medication works faster and better, that people lack the patience to wait for healing to take place, or physicians project their fears or wants onto the unsuspecting patient, such as when they claim *the patient really wants a*



## about the author

Calling Seattle, WA his home, Brad S. Lichtenstein, ND spends his time practicing as a naturopath, yoga and meditation therapist, and core faculty at Bastyr University in the Counseling and Health Psychology Department. His approach to care emphasizes the cultivation of mindfulness and embodiment of the present without judgement. Brad continues to facilitate yoga classes and his *PranaPlay* workshops exploring the dynamic and conscious play of energy as it manifests in body, breath, thought, intention and action ([www.pranaplay.com](http://www.pranaplay.com)).

*pill or if we don't give them all these supplements now they won't come back.*

During my last conversation with Dr. Bill Mitchell, one of the founders of Bastyr University, he voiced how disheartened he was to witness a generation of naturopaths graduating without faith. They were impatient and mistrusting in the healing power of nature, the healing power of the medicine, mainly because they themselves haven't had the opportunity to witness it work during their training. Several practitioners quote John Bastyr who advised my class once to *give what works*. However, these words have been used repeatedly to justify the prescription of antibiotics over other naturopathic approaches. What works? Homeopathy, herbs, manipulation, craniosacral, food, biofeedback, meditation, Reiki, prayer, etc. They all work. People improve and heal. So what happened to our faith?

I know another doctor who was proud of her regular practice of prescribing amphotericin B nasal spray for routine sinus infections. *It works*, she declared, *and our treatments often don't, or they take too long*. This doctor has faith in amphotericin B, but why? Moreover, what prevents her from having faith in contrast hydrotherapy, a neti pot with hydrastis, or homeopathy?

*We know it works* (the *it* being synthetic medication), I am told, followed by, *and I haven't seen X work*, like homeopathy or herbs. I am curious, before the prescription of those *its*, whether ketoconazole or amphotericin, does the practitioner have direct experience with these substances? Do they know someone, maybe themselves, who had tinea corpus for whom all naturopathic approaches failed, only to be treated successfully by these so-called more powerful agents? Did they have a patient with a sinus infection who did not improve under the care of a naturopath, herbalist, chiropractor, etc? Was their faith in the ketoconazoles and amphotericins based on research, literature, advertisements, or the stories of allopathic physicians or pharmacists? Do they rely on the comments of other medical professionals? If I were to stand before them, declaring with utter conviction how I have treated dozens of patients with sinus infections without the use of

antibiotics or antimicrobals, would this test their faith? Anecdotaly, of course, I learned that most of these practitioners, in fact, have **not** had direct personal experience with these synthetic medications prior to prescribing them, yet they place their faith in them because they somehow have bought the paradigm; hook, line and sinker.

Several years ago, I worked with a man already immune compromised due to HIV, suffering with horrible sinus infections. By the time I saw him, he had undergone several sinus surgeries, taken a dozen natural and synthetic medications, had acupuncture, and tried naturopathic and chiropractic manipulation, all with some modicum of relief, but nothing sustained. Acupuncture did relieve symptoms, but he was unable to continue with those treatments. Not sure what I could possibly offer, I did craniosacral and suggested he do a twice daily neti wash, followed by a cayenne pepper nasal. After one of the first craniosacral sessions, before he received the pepper spray, he went home and was able to expel a large greenish mass, despite the repeated consolation of MDs that he had no infection. Sealing this blob in a container, he immediately marched it over to his MD for testing. To the surprise and horror of everyone, it turned out to be an aspergillus spore. Aspergillus in the sinuses, for an HIV positive man, is a serious situation.

He did start some antimicrobals, but he found the most effective protocol consisted of craniosacral, neti wash and cayenne pepper spray. I have patients order the cayenne pepper spray online. I have visited several health food and supplement stores and have never found it. Does this make it less effective? Without randomized clinical control trials to demonstrate efficacy, does it fail to work? Was it placebo? One snort of this spray and you know there is *something* potent in it. Does it clear sinuses? Mine were open afterwards. Does it relieve migraines, headaches, sinus infections? For at least six of my patients it did so. Is six too small a sampling to trust? Is this a placebo reaction any more than amphotericin B nasal spray?

While supervising the HIV shift at Bastyr Center for Natural Health several years ago, I had a practice of asking the stu-



dents to talk to the herbs. While there were one or two naysayers who rolled their eyes at such an assignment, the majority were excited to get out of their analytic brain. It worked like this: a patient would present with a specific complaint such as fatigue, diarrhea, fungal infection, herpes, etc. The student would express an interest in using herbal medicine as one of the main modalities. This was usually followed by a recitation about specific herbs used for particular disease processes, and then a regurgitation of details about biochemical constituents and actions. While I value the validity or utility of such information, I also wanted to include the soul of the medicine, the soul of the herbs. The students then were instructed to stand before the wall of herbs in the dispensary, whether in loose leaf or tincture form, and observe; to notice what arises, listen for guidance, and tap into intuition.

Prescriptions were not based on this exercise alone. After the herbs presented themselves to the students and a formula was created based on intuited amounts, proportions and dosages, then the “scientific” study began. Textbooks, journals, class notes and other practitioners were consulted during the evaluation of this formula. In almost all the cases (I hazard to provide a specific percentage, lest it be inaccurate, but well over 95%), the prescriptions were well indicated not only for the main ailment, but for the constitutional as well.

How did they know? Where did they experience this sense of knowing? From where did they receive their guidance? Is it valid? How do we cultivate it? Do we put faith in it?

In my late teens and early twenties, before attending naturopathic medical school, a strange thing started happening when I would be around my mother, who happens to have muscular dystrophy. About five – ten minutes after entering a room in which she was present, I would develop aches and pains in certain areas of my body, particularly my arms, neck or head. Several times the intensity grew to the point I was unable to move my arm. One incidence stands out vividly in my mind when I met my parents for dinner. My parents already seated, I waltzed in ten minutes late to the restaurant. Within ten minutes my arm was throbbing, and nothing would alleviate it. Finally, I asked my mother, *Did your arm*

*hurt before you got here? And does it hurt here?* pointing to the exact location of the throbbing. Although this had happened on numerous occasions by this time, she still was amazed. *How did you know?* she would ask. To which I would reply, sometimes angrily, *because my damn arm hurts now!*

My acupuncturist from the Five Element tradition, hearing about our dinnertime transference, wanted to know more. *Did this happen with other people? Could I pick up their feelings, pain, etc.? What did I do to get rid of the pain?* Most of these questions I couldn’t answer, for it was not in my conscious awareness. She then asked me to assess her. I took a breath, and then proceeded to tell her about a slight headache, its location and a mild nausea. Surprisingly to me, although she remained unfazed, this is what she was feeling at the time. Fortunately, I did not take on these sensations.

Was any of this real? Did it happen? Did I accurately assess the situation? Was it placebo? Do you have a theory as to how that happened? I don’t. I can invent one, but that would be a creation, part of the reductionist approach to medicine – creating a theory to explain a process, and that theory may or may not be accurate. We fit our experiences into a theory to give it validity; yet, in the end, it may be faulty. I do not purport to understand what happened. I don’t know the mechanism of action. What I do know is that for many years, I feared placing my hands on people, since I would apparently absorb their energy.

What do you put your faith in? In one of the latest *Scientific American, Mind Section* articles on depression, it states that most of the prescription of antidepressants are off-label, meaning these treatments are not based on randomized, double-blind, clinical control studies. Most of the public, if not practitioners, do not know that much of medicine is empirical. Yet do we trust in our own observations, our own experiences? Where is our faith? In what do we place it? And what shakes its very foundation? All I ask of you, dear reader, is to raise the questions, to look inside and listen. What arises in you?

