How Chinese Medicine Became German
Holism, Systems and Free Flow
Chinese medicine
Holism
Systems
Reductionism
Parts
Structured
Rational
Prove it!
Hierarchy
Categories
Seperate
Future/past
Precise
Static
Male
Nosy
Seperate notes
Mechanic

Holism
Whole
Creative
Intuitive
Open mind
Synergy
Individuals
Connected
Now
Chaotic
Dynamic
Female
Selfcorrecting
Harmony
Organic

Left brain
Logical
Sequential
Rational
Analytical
Objective
Looks at parts

Right brain
Intuitive
Imagination
Emotional
Synthesizing
Subjective
Holistic

https://holisticsecurity.wordpress.com/2008/06/13/what-is-holism/
“The ancient Chinese had no need of systems theory. They possessed it already, because they cared above all for the commonwealth of creatures and things.”
整体观念

人体是一个有机整体
- 结构上-不可分割
- 功能上-相互协调
- 病理上-相互影响
- 诊断上-察外知内
- 治疗上-着眼全局

影响

人与自然环境
- 季节气候变化
- 昼夜晨昏变化
- 地理区域不同

人与社会环境
- 社会地位
- 文化信仰
- 经济条件
- 婚姻家庭
- 人际关系

人与外环境的统一性
How did Chinese medicine become holistic?
Cultural/conservativ
e holism
Kant, Herder, Humbolt
Organicism
Joseph Needham (1900-1995)
The Invention of Holism
Ecology, systems & empire
Scientific/progressive holism
Hegel, Engels, Lenin
“The whole of nature accessible to us forms a system, an interconnected totality of bodies, and by bodies we understand here all material existences extending from stars to atoms, indeed right to particles, in so far as one grants the existence of the last named.”
“Wholeness and Gestalt, the ruling ideas of the German movement, have become central concepts of German psychology . . . Present-day German psychology and the National Socialistic world view are both oriented towards the same goal: the vanquishing of atomistic and mechanistic forms of thought, vanquishing through organic thinking, in the structure of völkisch life here, in the researching of psychological reality there” (Sander, 1937, pp. 641, 643, 649).
How Chinese medicine became holistic
Part I: China
整體觀念

zhengti guannian
1950s
The Institutionalisation of Chinese Medicine
1955: first application of the idea of holism in the Chinese medical literature

1956: eleven papers on topic of holism in Chinese medicine published in Chinese medical journals

1959: Qin Bowei’s Introduction to Chinese Medicine (中醫入門 Zhongyi rumen) places holism at the very core of Chinese medicine
Qian Xuesen 钱学森 writes letter to Lü Bingkui 呂炳奎, Director of the Chinese Medicine Bureau at the Ministry of Health arguing that traditional western science “breaks apart the original wholeness of things” while Chinese medicine is part of Chinese science’s holistic perspective.
Systems dialectics 自然辯證法: optimising all aspects of society, from economics and social coherence to ideology and culture, war and peace, via a newly powerful understanding of systems

- Systems biology as emergent interface of Chinese medicine and systems science
How Chinese medicine became holistic

Part II: The West
• 1951: J Otto - ‘On the holistic perspective in the Chinese healing art’ (Über Ganzheitsbetrachtung in der chinesischen Heilkunst)

  • Chinese medicine as expression of Chinese culture
  
  • Holism as a concern specifically for the integration of body, mind and spirit.
The San Francisco Renaissance
American Academy of Asian Studies (AAAS)
founded 1951 https://soundcloud.com/integraleducation/5-michael-murphy-on-aaas/recommended
Frederic Spiegelberg
1897-1994
Alan Watts
1915-1973
Esalen
founded 1961
Holistic science
Systems theory, cybernetics & systems biology
C.G. Jung
Chinese metaphysics and quantum science
“The ancient Chinese mind contemplates the cosmos in a way comparable to that of the modern physicist, who cannot deny that his model of the world is a decidedly psychophysical structure. The microphysical event includes the observer just as much as the reality underlying the I Ching comprises subjective, i.e., psychic conditions in the totality of the momentary situation.”

- C.G. Jung, Forword to the English edition of Wilhem’s Yijing
Ludwig von Bertalanffy (1901-1972)
Cybernetics

or

Control and Communication in the Animal and the Machine

by

Norbert Wiener

Professor of Mathematics at the Massachusetts Institute of Technology

and Investigator at the Instituto Nacional de Geología de México,

Paris
Hermann & Cie, Éditeurs

The Technology Press, John Wiley & Sons, Inc.

Cambridge, Mass.

1948
‘Stewart Brand once called the Tao Te Ching, written by the Chinese sage Lao Tzu, the “first systems theory book.” And today, “Taoism for managers” is considered a natural part of the ideological furniture of neoliberalism.’

(The Whole Earth: California and the disappearance of the outside, HKW, 2013)
Fritjof Capra and Pier Luigi Luisi

The Systems View of Life
A Unifying Vision
Integrated medicine “maximizes the potential of the physical and social environment, so that healing and better health can thrive.”
Systems biology
A Holistic Approach

Systems biology is a relatively new research model, pioneered by Seattle BioMed President Alan Aderem, Ph.D., and a handful of his colleagues. Instead of analyzing individual components of an organism, systems biologists use a holistic approach to analyze all of the components and interactions within and among organisms. The collective data gives scientists a broad picture of how an organism operates, how it affects systems, and how other biological processes respond to an organism. With this deep knowledge, scientists can better understand and interpret data, thereby making more accurate predictions about the human immune system’s response to disease. Ultimately, systems biology, with its use of revolutionary tools and new technologies, provides a holistic model to predict, prevent, and treat infectious disease.
Fig. 3 Illustration of systems thinking in Western science and in the Chinese Taoist traditions. The left panel shows a network of correlations between metabolites, genes and proteins revealing the complex interactions related to the onset of atherosclerosis. The right panel shows the Neijing Tu, a chart of the inner landscape of the body from the White Clouds Taoist temple in Beijing. The Taoist school of Highest Clarity envisions the body as a complete world unto itself that is also a reflection of the world.
Perspective paper

Ethnopharmacology and systems biology: A perfect holistic match

R. Verpoorte • , Y.H. Choi, H.K. Kim
But is Chinese medicine really holistic?
Western science, specifically since the scientific revolution, predicated on attempting “to introduce order into that which changes, by fixing its static, eternal foundations.”

Chinese sciences are not holistic because they do not seek to describe, regulate or analyse complexity.
“Skilful action relies on customary rules [of practice]. Reality, however, is never constrained by such rules.”

Fei Boxiong 費伯雄 (1800-1879)
MARGINAL GAINS

High-level professionals make small changes to improve their performance.

- Choosing clothing without a large, flappy hood.
- Wearing elaborately designed helmets.
- Reducing upper body on the bike.
- Number of slices at the stop.

By considering these small changes, cyclists can optimize their performance.
Calculating life or Nourishing the vital 養生
What is in the tin, when *holistic* is written on the package?
<table>
<thead>
<tr>
<th>LOWER RISK</th>
<th>FACTORS</th>
<th>HIGHER RISK</th>
<th>SUGGESTED INTUITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Suicide &amp; self-harm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Drug misuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Social isolation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Significant life events</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

No concrete plans but increasingly intuition thoughts.

LET ME SPEAK!
The H word

You are a truly superb doctor and I have learnt a lot from your holistic consultation. The H Word.
Graph these comma-separated phrases: Holistic

between 1800 and 2000 from the corpus English with smoothing of 3

Search lots of books
mental health needs, those with substance misuse challenges and those with multiple and complex needs, as well as those with more general housing and homelessness concerns. The Horn of Africa Health and Wellbeing Project supports vulnerable, homeless and insecurely housed adults descending from the Horn of Africa, with the aim of improving access to healthcare, addressing barriers to good health and increasing health knowledge. We provide culturally sensitive one-to-one holistic casework, based around a support plan, liaising with, and referring to, other professionals where appropriate.
“Research suggests that interventions that successfully reduce inequalities in health outcomes are generally multi-faceted and 'holistic' in approach, and align with local priorities, local ways of working and existing services.”

“My diabetes, my care”, CQC Report 2015
…”MDT – a team of healthcare professionals with the full spectrum of clinical skills to deliver **holistic** care to patients with complex problems” (NICE guideline 83 Rehabilitation after critical illness)

**Holistic** principle: “The diagnostic task in dysfunction is to determine the pathogenetic chain and to assess the correlation and relevance of its individual links” (Lewit J Orthop Med 1993 16 73-76)

“The **holism** of chinese medicine did not develop psychology as a separate realm of discourse” (Kirmayer and Young, Psychosomatic Medicine 60:420-430 (1998))

“I also gives due consideration to health care providers who should be enabled and supported to provide effective, **holistic** and compassionate care.” (People at the centre of health care: harmonizing mind and body, people and systems. Geneva:World Health Organization, 2007)

“…clinically appropriate onward referral..as might be applicable to support high quality holistic patient management” (H&F MSK Tender document 2008)

The Peckham Experiment “They adopted a **holistic** approach to medicine by encouraging a healthy lifestyle long before it became fashionable” (BMJ Vol 338 4/09 pg 790)
<table>
<thead>
<tr>
<th>Nature</th>
<th>Atomistic Approach To Child Protection</th>
<th>Holistic Approach To Child Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Narrow: tending to concentrate on individual parts or elements</td>
<td>Broad: elements seen as standing in relation to each other</td>
</tr>
<tr>
<td>Perspective</td>
<td>Isolated ‘problems’</td>
<td>Whole system</td>
</tr>
<tr>
<td>Cause and Effect</td>
<td>Looking only at immediate and/or proximal effects</td>
<td>Separated in space and time</td>
</tr>
<tr>
<td></td>
<td>Short chains of causality</td>
<td>Long chains of causality, ripple effects, unintended consequences, feedback effects</td>
</tr>
<tr>
<td>Style of Recommendations</td>
<td>Regulation and compliance</td>
<td>Strengthening professionalism</td>
</tr>
<tr>
<td></td>
<td>Technocratic</td>
<td>Socio-technical</td>
</tr>
<tr>
<td>Results (observed and sought)</td>
<td>Narrow range of responses to children’s and young people’s needs</td>
<td>Requisite variety in responses to meeting children’s and young people’s needs</td>
</tr>
<tr>
<td></td>
<td>Defensive management of risk</td>
<td>Acceptance of irreducible risk</td>
</tr>
<tr>
<td></td>
<td>Command and control management; frameworks and procedures, squeezing out professional discretion</td>
<td>Supportive and enabling management</td>
</tr>
<tr>
<td></td>
<td>Compliance culture</td>
<td>Learning culture</td>
</tr>
<tr>
<td></td>
<td>Focus on standardised processes, frameworks and procedures</td>
<td>Focus on children, their needs, appropriate pathways, beneficial outcomes</td>
</tr>
</tbody>
</table>
Brief overview
Reductionist hermeneutic strategy

- Reduction of complexity
- Reduction into compartments or single entities
- Templates and protocols
- Specialisation
- Bureaucratisation
- Standardisation

Etymology

- Jan Smuts “Holism and Evolution” 1926
- Longstanding dissatisfaction with enlightenment project
- Romanticism
- Vitalism
- Revival in 70s
- New Age Boom
“The therapeutic paradigm was fundamentally an ancient one: the body was perceived as a complex system connected to the surrounding environment through inputs and outflows and in a state of dynamic equilibrium when healthy.

Illness was a form of imbalance. Therapeutics thus concentrated on re-establishing equilibrium, usually by acting on input and outflow.”

TAKE NUMBER FOR HEALING
The H word
Systemic thinking
Emergence

- “The emergent is unlike its components insofar as these are incommensurable, and it cannot be reduced to their sum or their difference." (Lewes 1875  Problems of Life and Mind (First Series), vol. 2, Trübner , p. 412)
- "... the totality is not, as it were, a mere heap, but the whole is something besides the parts ...", i.e., the whole is greater than the sum of the parts. (Aristotle Metaphysics Book 8.6. 1045a Pg 8-10)
Narrative turn

- Loss in process of reductionism: Meaning, interactive qualities of caregiver/careseeker relation, sense of coherence
- Opposition against reductionist biomedical paradigm is heterogenous
John Launer, Consultant in family therapy and expert in narrative based primary care
Primary care
The quest for a contextually sensitive medicine
Who is at the centre?
Biopsychosocial assessment

1. Personal history of depression
2. Family history of mental illness
3. Comorbid mental health or physical disorders
4. Any past history of mood elevation (to determine if the depression may be part of a bipolar disorder)
5. Any past experience of, and response to, treatments
6. The quality of interpersonal relationships partner/children/parents
7. Living conditions
8. Assessment of social support
9. Awareness of sources of help
10. Employment/financial worries
11. Alcohol and substance abuse - current and past
12. Current symptoms including duration and severity (the use of formal assessment questionnaires such as PHQ9/HADS/BDI2 is encouraged but not mandated)
13. Suicidal ideation
14. Discussion of patient's views of the cause of their symptoms
15. Discussion of treatment options
16. Discussion of need for follow up

H/O: depression

- Family history of mental disorder
- Launch: Comorbid physical/mental...
- Previous antidepressant use...
- Launch: Previous treatment...
- Launch: Past Hx mood elevation?

H/O: alcoholism
- No history of substance abuse
- Alcohol abuse
- Current drug use

PHQ9 Assessment - NAL CCGs

- Suicide risk
- Launch: Views discussed...

Follow up
The H word
<table>
<thead>
<tr>
<th>Lower Risk</th>
<th>Factor</th>
<th>Higher Risk</th>
<th>BRIEF DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract ideation, no firm plan or means, no recent prior attempts</td>
<td>1. Suicidality &amp; Self-Harm</td>
<td>Expresses preference to die or self-harm. Concrete plans, has means, prior attempts</td>
<td>No concrete plans but increasingly intrusive thoughts</td>
</tr>
<tr>
<td>No significant recent history of violence or abusive behaviour</td>
<td>2a. Violence &amp; aggression</td>
<td>Plans, with means, to cause harm, or through incapacity, unintentional neglect</td>
<td></td>
</tr>
<tr>
<td>No known dependents, safeguarding risks</td>
<td>2b. Safeguarding</td>
<td>Safeguarding risks</td>
<td></td>
</tr>
<tr>
<td>No history of MH problems (NB: 1st symptoms later in life may be a high risk factor), no history in family</td>
<td>3. Mental Health History</td>
<td>Has been under the care of specialist MH services, especially In-patient/HTT in last 2 years, history of SMI in family</td>
<td></td>
</tr>
<tr>
<td>Little or no drug/alcohol use, no significant physical co-morbidities</td>
<td>4. Co-morbidity</td>
<td>Significant drug/alcohol use, physical health problems</td>
<td></td>
</tr>
<tr>
<td>Positive, supportive relationships with immediate family, mutual reciprocity and dependable ‘caring’ duties</td>
<td>5. Relationships</td>
<td>Strained or broken down with partner, parents, children, siblings, close friends, significant others</td>
<td></td>
</tr>
<tr>
<td>Socialises regularly, has access to and uses community groups and networks</td>
<td>6. Social Resources</td>
<td>Socially isolated, with little or no access to social opportunities and low desire to attain</td>
<td></td>
</tr>
<tr>
<td>None, or minimal, significant negative changes in recent history or near future</td>
<td>7. Significant life events</td>
<td>One or more significant events that might add to distress: e.g. death, illness, divorce, relationship breakdown, changes at 8 – 10</td>
<td></td>
</tr>
<tr>
<td>Has work (paid or unpaid) that is secure and contributes to well-being and sense of purpose</td>
<td>8. Employment</td>
<td>No employment, imminent threat to employment or works in role that’s contributes to distress</td>
<td></td>
</tr>
<tr>
<td>Has secure place to live (tenancy, home), with no known threat to tenure, rent or mortgage arrears, etc.</td>
<td>9. Accommodation</td>
<td>No secure place to live, sleeps rough, ‘sofa surfs’, living conditions contributes to distress, tenure imminently at risk</td>
<td></td>
</tr>
<tr>
<td>No offending history, or moderate/petty with limited threats to 1 – 9</td>
<td>10. Offending</td>
<td>Recent or planned behaviour may result in custody, jeopardising 1 – 9</td>
<td></td>
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### 7. BIO-Psycho-social Risk Identification

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<tr>
<td>Socialises regularly, has access to and uses community groups and networks</td>
<td>7. Significant life events</td>
<td>Socialised, avoids, or engages in social activities that have a negative effect on health or functioning</td>
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<tr>
<td>None, or minimal, significant negative changes in circumstances in recent history or near future</td>
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</table>

Physicalist

Humanist
“Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

Virtue signalling
Thank you

Acknowledgements
John Launer
Kath Lovell

References


