

Holistic Approach in Traditional and Modern Medicine¹⁾

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ABSTRAK

T. Jacob -- *Penghampiran holistis dalam pengobatan tradisional dan modern*

Uraian ini mencatat adanya perhatian yang meningkat terhadap pengobatan tradisional di dunia didalam dasawarsa terakhir, dan berbagai macam reaksi yang timbul terhadap kebangkitan itu dari kalangan kedokteran modern. Penulis menganggap aspek holisma sebagai hal yang terpenting pada pengobatan tradisional yang harus diambil oleh kedokteran modern, diantara berbagai perbedaan yang terdapat diantara kedua system itu.

Aspek ini menjadi lebih penting, karena adanya hyperspesialisasi dan modernisasi dalam kedokteran, massifikasi pelayanan kesehatan serta industrialisasi, dan terutama terasa dalam kedokteran populasi dan kedokteran pedesaan. Dengan penghampiran holistis, pasien baik berupa individu maupun populasi dilihat sekurang-kurangnya pada tiga peringkat system hayat.

Holisma juga akan melihat manusia sebagai makhluk biokultural yang berevolusi dan memperlakukan tiap-tiap pasien secara unik dan utuh. Holisma tak dapat tidak akan memperhatikan ethika kedokteran dan keadilan distributif dalam pelayanan kesehatan. Berbagai proses dalam berhadapan dengan penyakit sejak dari diagnosis sampai rehabilitasi akan dilihat dalam matrix yang luas. Hal ini akan mempengaruhi dan perlu dicerminkan dalam pendidikan kedokteran.

Key Words: holism -- traditional medicine -- modern medicine -- concept of disease -- traditional anatomy

INTRODUCTION

In the last ten years, at least, traditional medicine has been attracting the attention of many, not only of the general public but also of the scientific community, including the medical profession. In part, this has some causal relations with the increasing interest in traditional medicine in the West, especially the United States and Western Europe, but the Indonesian public independently has shown an increasing need for traditional medical service in the cities, probably due primarily to the recent migration from rural areas. The phenomenon is reflected in medical journals as well as popular medical magazines.

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In the current revival of traditional medicine influence from abroad could be detected, such as the popularization of acupuncture, acupressure, sole manipulation (reflexology), radiaesthesia, etc. However, in many cases traditional medical practices from various provinces are revived in the urban areas. The most popular is the use of traditional drugs derived from herbs, known as *jamu*, so that herbal medicine dominates the field of traditional medicine (Agoes, 1980, 1984). Consequently, this particular aspect has attracted more attention in scientific research and application of traditional medicine. Other aspects have gained less interest, in fact are infrequently ignored or are considered as non-existent.

Various reactions have been expressed about the revival of traditional medicine. Some are in agreement and enthusiastic about it, others are against it and regard it as hampering the progress of scientific medicine, and still others are ambiguous or partially in agreement, either selectively or after careful screening as has been the usage in the past. Evaluation for acceptance concerns primarily the therapy, followed by the diagnostic methods.

A good number of physicians are not satisfied by the simplicity of medical diagnosis and therapy, and their patients may feel likewise psychologically. Other physicians are afraid that traditional medicine would erode the scientific attitude and objectivity of doctors, because it makes them work "amphibiously" in two dissimilar worlds of modern and traditional medicine; they are particularly apprehensive if those doctors also function as educational staffs of medical schools with subsequent implication on scientific ethics and the reproduction of the profession (Djoyosugito, 1982; Jacob, 1979; Pratiknya, 1983).

This paper attempts to look at whatever aspects of traditional medicine which could be recycled into modern medicine and why it is necessary and possible. The discussion is more directed towards the stimulation of thought rather than the promotion of a closely knit practical aspect to be implemented *en masse*.

TRADITIONAL AND MODERN MEDICINE

Traditional and modern medicine differ in many aspects, but are similar in their objective to manage a sick human being in order to enable him to function again as member of the community. The differences are encountered in:

1. the concept of disease, its etiology and nosology;
2. the diagnosis;
3. the therapy, food taboo, and drug dosage;
4. the prognosis;
5. the medical fee;
6. the sick role of the patient;
7. the prevention of disease and the promotion of health.

The concept of disease and illness is more coherent in traditional medicine and does not reveal high variability and complex classification. In general, illness is regarded as the disturbance of balance within the patient or with his environment, including his spiritual environment. The etiology and nosology are based on the nature of this imbalance and are explained on anatomical and physiological grounds. Traditional anatomy and physiology have not been inten-

sively studied in Indonesia, and the discrepancies they exhibit in comparison to modern anatomy and physiology could be amazing (Ellen, 1977; Kleiweg de Zwaan, 1910; Laughlin, 1961). For example:

- the liver and the heart are not sharply distinguished; the liver is sometimes described as beating and is located in the chest; on the other hand, it is considered to be the seat of feeling and sentiment;
- the kidney is thought to have sexual function and is somehow functionally connected with the testis;
- there is clear distinction of conscience, feeling, mind, soul, and spirit.

Based on nosology as viewed by the patient and his relatives, the decision is made whether to consult the physician, the medicine man (and which kind), or to apply self-medication.

The diagnosis is made in a more ritualized fashion. Anamnesis (medical history) is taken in a more holistic way by paying attention to all aspects of the patient, his personality, family, environment, his last activity and meal, his dreams etc. Diagnoses are occasionally aided by means of non-living things, living matter (plant or animal parts), spirit (medium), dreams, meditation and so on. The time for making a diagnosis is carefully chosen, and other requirements are fulfilled. Thus, the atmosphere in which the diagnosis is made is specially created for the benefit of the patient.

Therapy, of course, is related to diagnosis and could be similar for different diseases or dissimilar for the same disease suffered by different patients. Taboo is very important in therapy, especially food taboo. It is hard for the traditional patient to imagine that modern medicine has no food restriction in the treatment of a certain disease, particularly a serious one. The dosage of drugs is not very strict and the drug can be administered in high quantity and frequency, so that any deviation will not cause serious problems or iatrogenic diseases.

The treatment of difficult diseases is more ritualized; this concerns the atmosphere of drug administration as well as the search for the *materia medica*. The ingredients for the drug should be difficult to obtain because of their scarcity, and the time and place of obtaining them are unusual, *e. g.* at midnight, in the midst of the forest; they could be parts of a rare animal, available only in small quantity, they should be of a certain stage of development or of a certain variety, and available only in a certain season or region.

Therapy could be very disagreeable (such as a mud bath) or consists of matter ordinarily regarded as inedible. It could be in the form of a rite, a mascot, or a promise or pilgrimage to be fulfilled after recovery. Medication could be synchronized with religious rites, an old belief or a local custom.

Prognosis is closely related to diagnosis and therapy. The regularity of medication, the fulfillment of promises, internal discipline, and the absence of influences from other etiological sources determine the prognosis. Like diagnosis, prognosis depends on supernatural forces as well for a certain class of diseases. Prognosis has also a holistic character, and the influence of the environment on it is quite strong besides the influence of the patient's behaviour after diagnosis.

For the purpose of diagnosis and therapy the patient visits the medicine man's house with his family, and not infrequently stays there and prepares his own meals. Almost all aspects of the illness could then be discussed which in the end constitute the total anamnesis. It is not surprising, therefore, if the anamnesis forms a part of the treatment.

Payment to the medicine man is also ritualized. Payment is not or not only done after treatment. Sometimes it is performed before diagnosis in installments. Then again during the collection of the *materia medica* and after therapy. Not long after rechecking the progress of healing, payment could be done again. Occasionally the fee is included in or as part of the therapy. Not rarely it is in the form of material goods or *in natura*, such as animals, plants, jewelries etc. Payment is not felt as being expensive because it is integrated and ritualized in the treatment. If the patient fails to complete the payment, the outcome could be exacerbation of the disease or other members of the family could suffer the same disease. Paying the fee is usually done in a polite and inconspicuous manner.

Traditional medicine is aware of the sick role of the patient as a member of his extended family and his community. This indicates that the approach towards the patient and his disease is constantly holistic. The totality of the patient as a human being is particularly viewed above the individual level of the living system, *i. e.* from the organ or body part to the community. Modern medicine in general looks at the patient from the individual level downwards to the cellular level.

Prevention of disease and promotion of health in traditional medicine are carried out by means of maintaining the balance and harmony in life, such as between activity and rest, sleep and wakefulness, pleasure and unhappiness, self and environment, physique and psyche, man and supernatural power, individual and society, cold and warm, moderation in attitude and behaviour, etc.

BORROWING FROM TRADITIONAL MEDICINE

From the above it is evident that there are many factors that can be recycled in modern medicine from traditional medicine which are beneficial and do not contradict scientific principles. From the point of view of the *materia medica* it is clear that drugs derived from plants can be tested and screened by laboratory methods, and when and if the pharmacologically active substance is discovered, the process is completed, and the drug is accepted as a modern drug.

From the point of view of diagnosis, the techniques and instruments used are not many for our consideration; traditional medicine is weak in diagnosis. Anamnesis, as mentioned earlier, is sometimes a part of therapy. However, the most important thing is the approach in diagnosis. The patient is encountered as a total man with due consideration for his social, biological and physical environment. Diagnosis, not infrequently, is already known to the medicine man before anamnesis.

As regard to therapy, mention should be made about the traditional orthopedist. His experience and sensitivity are very important, as in the case of massage and reduction of dislocation.

In the in-house treatment, again the total patient is taken into account whether the care is carried out in his own house or in the house of the medicine man. Not only the care of the sick body is focused upon, but also other needs of the patient, such as his spiritual and family needs, his food desires and so on.

Finally, we can conclude that the most basic aspect which can be borrowed from traditional medicine is the holistic approach, especially in the present age of overspecialization and modernization of medicine continuing into the unforeseeable future. This kind of approach has paled in the face of limitless subspecialization, high technology in medicine, massification of public services, urbanization and industrialization, and the march of science in general. Holistic approach is of utmost importance in population and rural medicine.

Therefore, for some time we have been thinking about developing this approach in medical education beginning from family medicine and ending in international health care. By so doing, a human being in need of medical care is considered at least at three levels of the living system, and a human population is viewed at all levels of the system from the cellular to the supranational level (Jacob, 1979, 1980, 1981).

THE HOLISTIC APPROACH

We all agree that man is the primary object of medicine, not his sick body part or his disease. Man, as we are aware of, is a biocultural creature who tightly integrates all his subsystems and at the same time is strictly integrated in his suprasystems. Disease is a disturbance of the balance between man and his environment, at all levels of the living system. To overcome the disturbance we should pay attention to all linkages between these levels. In this endeavour we should focus our attention to man as a biocultural creature, and hence, his biological as well as his cultural aspect. Therefore, medical science as well as medical art should be utilized, including medical technology and medical craft (McWhinney, 1978). In this manner the patient is taken care of as a unique person, and at the same time, the physician shows himself as a unique individual owing to the art of medicine he applies which is unique and personal. Science is considered by many traditional patients as being too mechanistic and impersonal. and for this reason the art of medicine will be more satisfactory to them.

Holism at the population levels will not neglect the ethical aspect of medicine, including for example the distributive justice in health services and the birth rights which are sometimes not considered to be very important. As regards to etiology, we could observe that the insult at one level of the living system will influence other levels as well, depending on the nature of the insult. Similarly, in therapy we observe that intervention at one level will show effect at other levels, either the therapeutic as well as the side effects.

In addition, holism allows us to regard man as an evolutionary episode, a product of his genetic system interacting with his environment in time and space. Diseases, therefore, are also evolutionary products, the results of interaction between man and his environment in time and space. Man is a member of his ecosystem, varying in vertical and horizontal axes, and his disease is the disturbance in balance and harmony he experiences. Thus, our outlook of man

and his disease is necessarily wide-angled. Disease is not regarded as monocausal, and occurs only at one level of the living system, and consequently, intervention against it should take these into consideration.

This kind of view on medicine will in its turn influence medical education. Medicine cannot be regarded just as an exact science, or even just biology or physical chemistry, or on the other hand, just as a social science. Medicine is both, being situated on the boundary between the two in the spectrum of sciences. Medicine should be viewed as a means to overcome the disturbance in balance and harmony of man at various levels of the living system in the biosocial matrix, by employing natural and behavioural sciences. By so doing, it is hoped that our achievement in medicine will exceed what have been obtained either by traditional or modern medicine by itself. By applying the holistic approach of traditional medicine (and early modern medicine) we could satisfy both patients and physicians alike, and finally the community at large.

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