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MAKING THE ROUNDS

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Case Story: Off the Beaten Path—Illness and “Unproven” Treatments

Kathryn Church

Seven times knocked down. Eight times get up. Without that spirit there really isn't a chance of accomplishing yourself. Determination and perseverance are the key. . . .

—old Zen master

I HAVE BEEN SICK FOR FIVE YEARS.

How extraordinary to write these words. They make it look . . . so simple! In actuality, my experience has been characterized by enormous emotional turbulence, intellectual labor, and spiritual opening. During this time, I have made two major shifts in understanding the nature of my “sickness” and in responding to it. The first was the most dramatic. It occurred when

**Fifth in a series
edited by Arthur W. Frank**

I abandoned orthodox (allopathic) medicine to treat a particular condition in favor of “unproven” (alternative) medicine. The second, less major and more recent, occurred when I broke through my initial “fundamentalist” obsession with a particular set of those treatments into a more flexible, less dependent process of rebuilding my body. Both shifts have been crucial parts of a relentless effort to restore my health on my own terms. Both have raised social, political, and ethical dilemmas that have troubled my daily life and the lives of people around me.

The First Shift

My illness began in a small way as fatigue, depression, and skin problems. I was 35 years old at the time and deep into doctoral research with people who refer to themselves as survivors of psychiatric treatment.¹ It was tremendously stressful work, which touched off complex processes of self-redefinition. The emergence of physical symptoms should not have surprised me—but it did. My primary response

was angry impatience. I had a lot to do and no time to attend to a body that would not function properly. After six frustrating months, I got fed up with my most visible symptoms and consulted a dermatologist. She diagnosed my condition as rosacea and prescribed tetracycline. There were no difficulties, she proclaimed, with the long-term use of antibiotics. So I took tetracycline three times a day for seven months. During that time, my situation became dramatically worse. My depression deepened. I suffered from hot flashes and increasingly severe panic attacks. I couldn't concentrate; I could barely sit still. In the spring of that year, Ross, my partner, took me for a holiday in Mexico. It was there that I hit rock bottom. Under the tropical sun, my face burst into a mass of painful blisters, and I suffered a suicidal collapse. Ross brought me back to Toronto heavily sedated on some very expensive Mexican valium.

Our holiday was a nightmare, but it did deliver one powerful lesson. The antibiotics I was taking had made me much worse instead of better. A week after our return and almost by accident, someone read me the list of tetracycline side effects for the first time. They include skin rashes, skin hypersensitivity, and anxiety. The drug acts on the central nervous system; it penetrates the teeth and bones. It affects food absorption and results in photosensitivity. Long months of confusion cleared abruptly. My steadily worsening physical condition was not the result of rosacea but of prolonged antibiotic treatment. I was experiencing a toxic reaction to the drug that superseded what it was prescribed for in the first place. I needed recovery now on two levels: from the symptoms that initially prompted me to seek medical help and from the “help” that had been delivered.

In Ken Wilber's account of his wife's life and death with cancer, he recalls how astonished they both were when they discovered that doctors would sometimes prescribe chemotherapy even when they knew it wouldn't work. This practice was justified in one medical text as keeping the patient oriented toward orthodox medicine. Wilber concluded that treatments affect “how one orients oneself toward the illness: the types of authorities one will listen to and the types of medicine one will accept” (1993:44). My alarming response to tetracycline precipitated a sharp intellectual and emotional break with allo-

(continued on page 3)

Kathryn Church is a postdoctoral fellow at the Faculty of Social Work, University of Toronto, Ontario, Canada.

In the media: Assisted suicide

The Rights of the Terminally Ill Act, a law allowing the terminally ill to opt for euthanasia, will take effect in Australia's Northern Territory on July 1. The legislation required education programs, which have now been completed. The territory's Health Services Minister, Fred Finch, has advised terminally ill people from elsewhere in Australia not to rush to the territory, noting that "it is important that people interstate understand the strict conditions of the legislation and don't simply uproot themselves from their homes and families to travel to the territory with false expectations."

(Chicago Tribune, 11 April 1996)

In a *Des Moines Register* poll of Iowa adults, 51 percent of those surveyed oppose the state's new law making assisted suicide a crime; 38 percent favor it; and 11 percent are undecided. While the attitudes about the law vary little according to sex, age group, or occupation, they do vary according to religious affiliation. Protestants who do not consider themselves to be fundamentalist or born again in a spiritual sense oppose the new law 62 percent to 28 percent. Fundamentalist Christians support the ban 48 percent to 40 percent, while Roman Catholics are almost evenly divided on the issue, with 46 percent opposed to the law and 43 percent in favor of it. Opposition to the law is high among Iowans with annual family incomes of more than \$50,000, among those who believe abortion should remain legal, and among Democrats.

(Des Moines Register, 6 April 1996)

"Most Michigan physicians prefer either the legalization of physician-assisted suicide or no law at all; fewer than one-fifth prefer a complete ban on the practice. Given the

choice between legalization and a ban, two-thirds of the Michigan public prefer legalization and one quarter prefer a ban."

(New England Journal of Medicine, 1 February 1996)

Acknowledging that recent court rulings may make doctors more vulnerable to lawsuits, Dr. Howard Grossman, one of the three doctors who successfully challenged a New York law prohibiting physician-assisted suicide, adds that if health professionals are going to be held accountable, "there must be clear guidelines of what constitutes a terminally ill patient." He goes on to note that some people argue physician-assisted suicide should remain illegal because patients who decide to commit suicide one day may change their minds the next. He rejects that argument, saying, "It's incredibly arrogant to say nobody's going to be careful so we shouldn't let patients make this decision for themselves."

(Time, 15 April 1996)

Members of the nation's largest group of not-for-profit health care facilities under a single form of sponsorship, the Catholic Health Association of the United States, have expressed their rejection of participation in any form of assisted suicide:

"Catholic healthcare providers support all legal, medical, and social efforts to help the terminally ill maintain their personal dignity through the natural dying process. At the same time, the Catholic health ministry will continue to advocate unequivocally against the legal sanctioning of physician-assisted suicide and join in an expected appeal of the Ninth Court of Appeals' decision to the U.S. Supreme Court.

"The opposition of Catholic providers to assisted suicide is based upon fundamental values of respect for the sacredness of life

and respect for the integrity of the medical, nursing, and allied health professions. The Catholic health ministry believes individuals are stewards of their own lives and that they may not unduly prolong nor hasten the natural process of dying.

"In providing holistic and compassionate support for dying persons and their families through the final stages of life, Catholic providers are committed to:

- fully providing and supporting patient self-determination through the use of advance directives;
- offering hospice and other supportive care to patients and families;
- providing effective pain management; and
- offering a full range of other social, spiritual, and pastoral care support services."

(News release, Catholic Health Association of the United States, 11 March 1996)

"Physicians do not fulfill the role of 'killer' by prescribing drugs to hasten death any more than they do by disconnecting life-support systems," writes Judge Roger Miner [for the U.S. Court of Appeals for the Second Circuit]. This is pernicious nonsense. There is a great difference between, say, not resuscitating a stopped heart—allowing nature to take its course—and actively killing someone. In the first case the person is dead. In the second case he only wishes to be dead. And in the case of life sustained by artificial hydration or ventilation, pulling the plug simply prevents an artificial prolongation of the dying process. Prescribing hemlock initiates it."

(Charles Krauthammer, Time, 15 April 1996)

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pathic medicine. I had reached a point where conventional treatments for rosacea had nothing more to offer me, and my experience made me wonder whether allopathic remedies were prescribed for other conditions for which they were inappropriate.

By then my life was extensively broken. I experienced serious limitations to the most basic of my physical movements and daily activities. I had a lupus-like butterfly rash across my cheekbones and over the bridge of my nose. I couldn't tolerate sun or fluorescent light. I had almost no energy and relentless pain in my cheek and jaw bones. I had difficulty talking and eating and was in agony socially because of the radical change in my appearance. Overwhelmed with self-loathing, I began to avoid any situation that required me to confront my own reflection: getting my hair cut, shopping for clothes, riding the subway. I withdrew from people, projects, and speaking events. I canceled holiday plans, declined dinner invitations, and generally sought isolation. I became a frightened shadow of my previous self. Ironically, given the nature of my work, I built my own crazy reality.

There is no doubt in my mind that one of the routes open to me then was into the mental health service system as a patient. I knew from my own training that the behaviors I had acquired were diagnosable. While vulnerable in this direction and feeling helpless, however, I was also protected. Key structures in my life remained solid, and people who were important to me respected my desire to forge a different route through my difficulties. Although deeply distressed, I was never admitted to the hospital, never took psychotropic medications, and never underwent electroconvulsive therapy (ECT). I had a safe home, understanding friends, and a wonderful partner who picked up the pieces of our life and held them together. These resources, not available to everyone, were what kept me in the "normal" during a long stretch of time in which I could not actually live it. My desperation drove me to explore some unconventional treatments, and my resources permitted that option.

My body broke down under orthodox medical treatment. To "fix" it I had to rethink it radically, to hear and trust my body's intelligence as I never had before. I began to work with a conventionally trained and licensed physician who currently practices alternative medicine. He engaged me in a number of therapies to relieve and strengthen my body so that it could heal itself. A basic tool of his practice is hyperbaric oxygen or ozone, a blood purifier. During the most intensive part of therapy, I took two vials of ozone by intravenous injection twice a week; once a week I did an ozone sauna. In addition, I took an experimental substance, also intravenously, which was intended to boost my immunity.²

As I worked with these and other therapies, I also learned to interpret my situation differently. My initial symptoms had been key indicators of environmental illness (multiple chemical sensitivities), which the tetracycline triggered in its full-blown form. I experienced alternative treatments as very demanding—in sharp contrast to their gentle public image. Both types of ozone treatment are tiring. Doing intravenous ozone takes about 30 minutes depending on how easily my body absorbs it; I control the rate of intake myself. Patience is important because injecting too much too quickly results in pro-

longed fits of coughing. The sauna involved sitting and sweating inside a machine filled with ozone-laden steam. The immune booster elicited a strong bodily reaction, which, in my case, lasted four to six hours: fever, chills, headache, nausea. This meant that for about eight hours twice a week I was either in treatment or recovering from treatment. I have engaged in these practices, alone or in combination, for more than four years. Nothing in my life so far has been more difficult. What sustained me was a slow but steady decrease in symptoms and a growing perception of emotional and spiritual as well as physical healing.

My new doctor's approach to bodies was markedly different from anything that my previous "patienthood" had prepared me to expect or accept. When I began, I knew nothing about methods of healing that attempted to activate the body's healing responses rather than to suppress symptoms. I had no way of "locating" my new healing experiences in a social or conceptual framework that made sense. Even now, having built at least pieces of such a framework and being no longer a novice in this territory, I continue to ask myself if I am doing the right thing. To the Western ear, it all sounds so improbable.

My doubts coincided with the doubts of people around me. This dynamic was sharpest in my relationship with Ross. Throughout my illness he has been tremendously supportive of anything I wanted to do to change my situation. At the same time, he was ambivalent about my plunge into alternative medicine. At first, it was difficult to tell whether any progress was being made. Ross's chief desire was that my pain be eliminated, but he did not have access to the subtle physical confirmations I received that this was beginning to happen. Whenever I fell into my own doubts, he would pressure me to get a second opinion or some other form of treatment. Then I would fight back to reassert my original decision. So there was an ongoing tension between us made doubly difficult by the high cost of what I was doing. Since their efficacy is not scientifically established, "unproven" treatments are not covered under the Ontario Hospital Insurance Plan (OHIP).³ This meant that I was asking Ross, the chief wage earner by default, to fund a very expensive treatment over a long period of time when it was difficult for him to tell whether it was helping. The length of time involved has been much greater than either of us could have imagined. Indeed, I am looking at a lifetime of careful attention to my body—a chronic illness. The guilt I feel about putting Ross through this is tremendous.

Similar tensions regarding my illness and treatment built up in other relationships. My mother was particularly concerned that I was not seeing a "proper" doctor. I was not able to make her understand that my doctor was indeed trained in the way she thought he should be and then some. In the initial stages of my illness, she pressured me repeatedly to "come home" where I could get some rest and some good prairie air in my lungs. She based her opinion of what I should do on a combination of old-fashioned "good sense" and the dominant notion of "modern medicine." The kind of illness I was experiencing and the personal changes it elicited were incomprehensible to her. As a result of encounters such as these with a variety of people, I became quite reticent about the alternative treatment. When I did speak, what I said was often met with silence or suspicion.

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At many points in this process I seriously considered giving in and going to a conventional physician or a specialist just to see if I could get some relief from inflammation and pain. In all likelihood I would have been prescribed anti-inflammatory medication and painkillers, and my response to tetracycline had convinced me that I might eventually have problems with these medications too. My physical situation was already complex. I didn't want to increase the confusion by taking still more medication on the basis of still more expert advice. So I didn't give in to the pressure I was under to be treated "properly." This wasn't a decision I could sustain alone. The hour I spent with my therapist each week was dedicated to making the emotional (and the political) shifts that allowed me to continue alternative therapies.

In therapy, I talked through my doubts about the treatments and got in touch with my desires for this process, separating them as much as possible from the desires I conceived in relationship to other people. My therapist had been through a three-year illness herself and was familiar with what I was facing. She understood the kind of damage which I had sustained, and she validated my health care decisions. While this built up my personal resources, it also created tension as the acceptability of decisions I made in therapy then had to be negotiated with Ross and in other relationships. As a sociologist, I understood that what I was grappling with was the extent to which we had internalized the power of orthodox medicine. This perception did not make living the struggle as a wife and a daughter any easier.

The Second Shift

In 1993, after five years of virtual unemployment, I got a job. My doctorate, the major intellectual product of my illness, was complete. Our bank accounts were empty. I was incredibly fortunate to land a two-year contract doing participatory research for a network of community groups engaged in economic development with low-income people. I had flexible hours, and the office was only a ten-minute walk from home. Even so, moving back into the workforce was a big challenge. In the virtual solitude of the previous years I had lost many social skills. I was anxious around strangers because of what I continued to perceive as the mutilation of my face. While considerable healing had occurred, my self-confidence was still badly damaged. I remember, for example, the first time I was supposed to meet someone about the job. He was late and having to wait for him threw me into a panic. I bolted out of the building and was halfway down the block before I got a grip on myself. I had to force myself to go back and face up to things.

The early days were like that. I got up and went to the office, but my tolerance for being there was limited. I frequently left at noon to work at home in an environment with gentle lighting and good air circulation. This also gave me the privacy to rest for a couple of hours and to do some pain management—necessary practices that I preferred to hide from my employers. I worked hard at "passing" for normal—a good example of what sociologist Erving Goffman refers to as "living on a leash."

The discreditable person stays close to the place where [she] can refurbish [her] disguise, and where [she] can rest up from having to wear it; [she] moves from [her] repair station only that distance that [she] can return from without losing control over information about [her]self. (1963:90)

The limitations of this strategy were obvious. To get around them I created a story about my illness that I thought would be understood in my workplace (not an easy thing to do with environmental illness) and began telling it.

The story was important because it gave the people around me some way of accounting for peculiarities such as my unpredictable absences, my cautious scheduling of meetings, and my red-faced, stressed-out appearance under what appeared to be normal conditions. It also connected me to participants in the research. Most were members of labeled or marginalized groups who were

attempting to sustain themselves through small-business development. The fears and barriers that they faced were similar to the ones that haunted me; the overlap lent an air of the uncanny to my investigation. In that sense, Toronto's social and economic margins were an excellent place for me to "come out" with my illness, to take my disabilities on the road. The job itself called out of me skills and knowledge that I

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had forgotten I possessed. Becoming useful and valued again was fundamental to my healing.

While these changes were happening, I continued to see my doctor twice a week at the end of my workday. I remained committed to that regimen but from a much more active, less housebound position. Strenuous and costly treatment continued to yield slow but steady gains. The markers of my success were relatively simple: starting to shop for clothes; doing lunch again; putting in a full eight hours at the office; getting strong enough to do two meetings a day; staying out in the evening. These mundane pleasures made me want more! They made me "remember" my life before I became ill. As I regained my work and social life, I began to wonder if there wasn't something more or different that I could do to break open the whole pattern of my illness.

In his most recent book, *Spontaneous Healing*, physician and holistic health advocate Andrew Weil summarizes what allopathic medicine can and cannot do. It *can* manage trauma better than any other system of medicine; diagnose and treat many medical and surgical emergencies; treat acute bacterial infections with antibiotics; treat some parasitic and fungal infections; prevent many infectious diseases by immunization; diagnose complex medical problems; replace damaged hips and knees; get good results with cosmetic and reconstructive surgery; diagnose and correct hormonal deficiencies. It *cannot* treat viral infections; cure most chronic degenerative diseases; effectively manage most kinds of mental illness; cure most forms of allergy or autoimmune disease; effectively manage psychosomatic illness; cure most forms of cancer. His advice? "Do not seek help from a conventional doctor for a condition that conventional medicine cannot treat and do not rely on an alternative provider for a condition that conventional medicine can manage well" (1995:225–26).

A significant portion of my initial illness was taken up with discovering these distinctions for myself, getting properly located, and justifying my choice. Only when I knew I had won that battle could I begin to evaluate how well my alternative treatments were actually working. About four months ago, I decided that I had already experienced the maximum benefits from my initial decisions. I was functional again but still living with far too many symptoms and limitations. On the advice of a friend I went to another alternative health practitioner (not a licensed physician this time) who is skilled in nutritional counseling. Using kinesiology, she checked the state of my organ systems and suggested that I had extensive subclinical lesions in the lining of my stomach and small intestine. I appeared to her as a classic "mal-absorber," unable to digest much of the food I ate and consequently seriously undernourished. In a sense, I was starving. Her words had enormous resonance with me. (I read later that ulcerative colitis is commonly known as "the graduate student disease.") I began the specific carbohydrate diet which she recommended (Gottschall 1994) as well as a rigorous program of vitamin and mineral supplementation. These steps brought a number of improvements, most noticeably the normalizing of the color and texture of my skin, the increased mobility of my face, and a higher energy level. I have been able to reduce my ozone treatments to once every 10 days—something I found inconceivable only a short time ago. It will take at least a year of intensive dietary work before I see pronounced improvement, but this is hardly a burden. Another door has opened, and I have stepped through.

Closing Reflections

It is very difficult for me to distill any single message from this account of what has been a long, complex, and often sorrowful

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journey. There is no closure here for me. I am, as Arthur Frank would say, a member of the "remission society" (Frank 1995:8), fated to endless self-monitoring. I am still angry about the part that orthodox medicine played in bringing me to this place. I trusted the dermatologist in both her diagnosis and her prescribed treatment. Through whatever combination of circumstances, she let me down. Mistakes happen; I know that. But this mistake is written on my skin and my bones. As a result, it is hard to let go of. If other people are to be spared similar suffering, we must become more aware of the possibilities for iatrogenic (doctor-caused) and environmentally induced diseases. This means developing a much more skeptical "patienthood"—the kind that questions and investigates authority, medical or other. Much of my energy has been taken up with understanding the shifting nuances of this problem. With time and healing, I have reached a point where I am once again open to conventional medical advice, but my body's response to any intervention has become my first point of reference.

I am a staunch advocate for "unproven" treatments. I know at a very deep level that conventional drugs are not the primary solution for the range of problems that I live with. My journey has taught me practices that open up different ways of working with illness and the body. So I continue, ceaselessly, doggedly, and sometimes even euphorically, to carve a route outside the mainstream. After almost five years of intense labor, I know that this is not a simple task. Perhaps that is why I have become a bit more mellow lately toward orthodox medicine. Ross and I have a friend who was recently diagnosed with acute leukemia and is currently undergoing intensive chemotherapy. As grim as I feel about this process, I will not join the small troop of people who gravitate to his bedside and hold out various natural alternatives as the surefire cure. I understand in all too tangible terms the implications of the choice they offer. □

NOTES

I wish to thank Arthur Frank for his very helpful comments on an earlier draft of this story.

1. It is very difficult for me to write this story without reference to my involvement as a mental health professional with psychiatric survivors in their efforts to change mental health policy in Ontario. My illness developed in the context of this collective struggle. There is a sense in which becoming an activist made me ill, while becoming ill made me an activist. I consider this dynamic fundamental to the larger story, but it is far too complex a narrative to be described in the space allowed here. Readers who are interested in a more in-depth discussion are encouraged to read my book *Forbidden Narratives* (1995).
2. As I write this I am conscious that I must be careful in my description of this process. Some of the treatments I did or do regularly here in Canada are illegal in the United States; doctors there have been prosecuted for using them. My own doctor walks a fine line legally, and I do not want to disrupt the low profile he maintains for this reason. Along with many others, I continue to need and benefit from his skills.
3. Because my doctor is an accredited physician in the province of Ontario, however, the costs of my office visits were reimbursed (albeit in a leisurely manner) by OHIP. Without this legacy of Canadian social policy, lack of money would have forced me to take my chances again with a mainstream doctor.

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Commentary: Into the Heart of Healing

David Edelberg

It is difficult to determine a starting point in the harrowing narrative of Church's healing path, which sounds much more like a grail quest than a patient's history. Her struggle with conventional medicine, her positive responses to alternative therapies, and ultimately her guarded willingness to bridge the two is a story I have heard from new patients at the holistic health center where I work as medical director. (I should give some background. I am a conventionally trained internist, but some years ago, I perceived definite shortcomings with the orthodox approach to a patient. The system seemed flawed by its being (1) mechanistic; (2) invasive; (3) very expensive; (4) narrow-minded; and (5) disease oriented rather than person oriented. I began working with a variety of alternative practitioners, and today the American Holistic Center in Chicago is the country's largest of its kind. Five M.D.'s work together with some 40 alternative practitioners representing a wide variety of complementary therapies.)

From Church's point of view, many aspects of what went wrong with her care are attributable to conventional allopathic medicine, and her healing finally came about by a sojourn into the unconventional. Yet speaking as a holistically oriented physician, I would say that we'll never really know what made the patient better, simply because what brings about real healing is more elusive than we think.

Holistic medicine, although not a specialty recognized by the American Medical Association, is more of a philosophical approach than a specific therapy. Holistic medicine addresses issues of mind, body, and spirit as a seamless whole when determining how a disease came about and where the best chances for healing lie. Those who are planning therapies consider such concepts as "patient responsibility and empowerment," "personal transformation," and "lifestyle" as they map out a healing path. The *hol* root gives us words such as *health*, *heal*, *holy*, *whole*, and *hale* of "hale and hearty." Most unique about holistic medicine is willingness on the part of otherwise conventionally trained physicians to incorporate a variety of unconventional therapies, although the holistic physician himself may not be an "alternative" practitioner. (I myself am an internist and consider life too short for me to start learning traditional Chinese medicine or homeopathy.)

From a holistic point of view, Church's problems began well before her skin rash. Nobody would argue about the deleterious effects of stress and fatigue on one's overall well-being. The facial eruption was the visible manifestation of a great deal more than a simple rash. On her face was a message which no one, including at first the patient herself, was able to read. Something dramatic needed to change in her life, but (and here's the major failing of

conventional medicine) the therapeutic approach was merely to suppress the symptom. Clear her face up, everything would be just fine, and she could return to business as usual. But this approach failed, as it so often does. Church had received a message from her body to change something in her life. Not knowing (or possibly even denying the fact) that she was receiving the message, she sought to suppress it, and the method failed. In other words, if someone's calling to let you know that your house is on fire, taking the telephone off the hook is not a very good idea.

In conventional medicine, we are taught to diagnose illness.

This means we unearth the name of a patient's symptoms and then follow an established protocol of treatment. In the reality tunnel of this particular system, something measurable (skin and blood physiology, determined by biopsy and lab tests) has gone awry, and a limited number of tools (mainly drugs) are available to set things

right. By this system, the conventional one, the diagnosis of acne rosacea may well have been correct. By the toolbox of mainstream medicine, tetracycline, proven effective in several well-controlled studies, was an appropriate treatment.

At my last count, there were 160 different fields of alternative health care. Depending on whose reality tunnel you enter, Church could equally have suffered a chi imbalance, a subluxation of a cervical vertebra, a chakra block, a soul theft, a sluggish liver with accumulated toxins, multiple chemical sensitivities (this diagnosis from the reality tunnel of her own ozone therapist), intestinal hyperpermeability (from her nutritionist), an imbalance of her vital force, deletion of her essential fatty acids, and, believe me, folks, the list can go on.

If this isn't daunting enough, I've seen acne rosacea (the terminology for her condition from my camp) respond to conventional antibiotics, herbs, megavitamins, irrigation of the colon, acupuncture, Reiki, homeopathy, liver detoxification, relaxation techniques, and the addition of hydrochloric acid to each meal as a digestant. I have not seen any positive (or negative) results from ozone therapy, but only because anyone practicing that therapy in the United States risks losing his or her medical license. Here, though, I cannot deny having some skepticism about any therapy that costs a small fortune, requires weekly treatments, and has taken four years to show what sounds like equivocal results. Such a criticism includes my antipathy toward decades of psychoanalysis. The unconventional physician did alert the patient to one important aspect about herself, namely, that beneath the skin rash she's a whole lot more complicated than she may have appreciated.

So Church knows her skin is improving with the ozone therapy. The patient is getting better. If I have learned one thing in my work at a holistic center, it's this: just because you, as a physician, may not understand how a treatment works, never ever argue with a patient who has discovered an effective healing path. If my own field once treated mental illness with prefrontal lobotomies and currently passes out broad-spectrum antibiotics as if they are M

**Most patients place themselves in the hands
of their physicians in the same way
that they turn over their carburetor problems
to the corner mechanics and hope for the best.**

David Edelberg, an internist, is medical director of American Holistic Centers, Chicago, Illinois.

and M's, then who am I to criticize a patient whose arthritis is relieved by sleeping on magnets or who wears tacks in her earlobes to stop her from smoking?

If a multiplicity of both conventional and unconventional treatments may (or, equally, may not) be effective in treating a condition like acne rosacea, how actually did Church get better? For me, the method, the ozone therapy, was irrelevant. Church is just not the same person she was during the months or years before her problem began. Consider the situation. Stressed and fatigued, she develops a painful skin rash and enters a medical system that promotes utter passivity. Her initial encounter with the dermatologist is probably measurable in seconds. Then she consumes a large dose of antibiotics for seven months before reading about the side effects that finally and dramatically manifest themselves. In the United States, every bottle of tetracycline carries a warning about the effects of exposure to sunlight while taking the drug. But most patients are like Church, sort of "detached" from their bodies, regarding the breakdown as a temporary problem that doesn't really involve them. They place themselves in the hands of their physicians in the same way that they turn over their carburetor problems to the corner mechanics and hope for the best. Most patients don't read the side effects of what they swallow and keep refilling their prescriptions whether or not they perceive any improvement.

At the epiphany during her vacation in Mexico when her skin rash explodes, she spiritually changes, she is truly transformed, and only then does her body begin to heal. I believe that at this point, she could have entered any field of alternative medicine and gotten a good therapeutic response. On the other hand, I suspect that the whole experience in Mexico engendered so much anger toward the conventional approach that additional mainstream therapies would have been of little value.

Mainstream physicians would attribute her improvement with ozone therapy to a placebo effect; if she has triggered her own healing response, the problem must have been a psychological issue. Right? But from my point of view, that oft-heard dismissive comment brings all sensible communication to an end. What we've really observed is yet another instance of how the essence of healing continues to elude us. I believe that Church (a perfect surname, considering our attachment to the body-as-cathedral metaphor) underwent a spiritual crisis during which the healing of her skin came about by some ineffable energetic force that she, through self-empowerment, opened herself to receive. This healing was enhanced by her significant other, her complementary practitioners, and her well-meaning friends. A Reiki therapist I work with, both a remarkably intuitive diagnostician and a profound healer, regards herself as nothing more than a conduit of healing energies that exist throughout the universe. She is convinced she does no

healing on her own. Is this same connection occurring at the insertion of an acupuncture needle, at the moment the surgeon's scalpel opens the skin, or when a mother's kiss comforts a toddler's bruise and pain mysteriously vanishes? From the perspective of a holistically oriented Jewish physician's reading of the New Testament, Church tapped into the same field that Jesus did at the moment the blind man's sight was restored.

Any foray into the many realms of alternative medicine should be accompanied by some words of caution from someone like me who works on both sides of the fence. It is too easy to get mad at conventional medicine and become an ideologue. For every case I hear of someone who made a nearly miraculous recovery using alternative medicine, I can relate a case where an important diagnosis was overlooked or inappropriate treatment rendered, often with much unnecessary harm done to the patient in the process. In

the past 24 hours, I've seen a breathless asthmatic whose symptoms resolved when I added a boring inhaler from Walgreens to his years of generally useless nutritional regimen. Yet I've also seen a young woman with debilitating rheumatoid arthritis who has done remarkably well with diet changes, affirmations, and homeopathy.

**If someone's calling to let you know
that your house is on fire,
taking the telephone off the hook
is not a very good idea.**

Too often I find myself "apologizing" to a seeker of alternative medical therapies when I'm compelled to write a prescription for an antibiotic or tell a patient that alternative medicine just won't work in her particular condition and she'll need surgery. Conventional mainstream medicine is the ultimate ideology currently providing health care in the West, and it's the physician's fixation on a single delivery system he's spent a fortune in time and money to acquire that prevents him from broadening his capabilities. Sadly, the wide variety of alternative practitioners (and their patients) can be equally ideologic and narrow-minded, serving no one's best interests at all.

If I could posit an "ideal" approach to illness, it would be neither a conventional nor an alternative path but rather a spiritual one. If illness can be considered not as an isolated mechanical dysfunction but rather as a message, then any condition, no matter how mundane—a headache, a sprained ankle, a cold—can prompt some personal reflection. More often than not, intuition will bring forth the real source of the problem.

But say that intuition draws a blank. Now someone skilled in mind-body therapies, or sensitive to perceiving issues of soul, might be the very best person to effect a personal transformation and bring about healing. A preoccupation with the mechanics, whether conventional or alternative, could inadvertently evade the real issues at hand.

Nothing occurs accidentally; even illness has a purpose. Healing necessitates a quest, often as serious as the quest for the grail, in order to discover that purpose and bring about a change. □

In this issue

Case Story: Illness and “Unproven” Treatments

“My new doctor’s approach to bodies was markedly different from anything that my previous ‘patienthood’ had prepared me to expect or accept. When I began, I knew nothing about methods of healing that attempted to activate the body’s healing responses rather than to suppress symptoms.”

—Kathryn Church,
Case Story author

“If my own field once treated mental illness with prefrontal lobotomies and currently passes out broad-spectrum antibiotics as if they are M and M’s, then who am I to criticize a patient whose arthritis is relieved by sleeping on magnets or who wears tacks in her earlobes to stop her from smoking?”

—David Edelberg, M.D.,
Case Story commentator