

FINDING THE RIGHT MEDICINE: SKILLFUL MEANS

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*The thoughts that are in the minds of living beings,
the different types of paths they follow,
their various desires and natures,
the good and bad deeds they have done in previous existences—
all these the Buddha takes cognizance of,
and then he employs causes, similes and parables,
words that embody the power of skillful means,
in order to gladden and please them all.*

The Lotus Sutra

Translated by Burton Watson

Yeshi Donden, in *Health Through Balance, an Introduction to Tibetan Medicine*, explains the classification of disease according to causes. According to the doctrines of the ancient Tibetan medical tantras, or texts, there are 404 diseases arising from four basic causes. The 404 diseases are further classified into 101 diseases by cause:

1. 101 disorders that are under the strong influence of actions (karma) in previous lifetimes;
2. 101 disorders of this lifetime—which have their causes in an early period of the life and manifest later in this same lifetime;
3. 101 disorders involving spirits;
4. 101 superficial disorders, so called because by simply following proper diet and behavior patterns one can correct them without having to resort to medications and accessory therapy.¹

While the taxonomy of Tibetan Medicine may seem obscure, it serves to stimulate speculation about the origins of illness in a particular patient and the uniqueness of therapy required to remediate a disease. If a patient with a spiritual illness takes a medicine or herb or changes his or her diet, there may be no effect. If a patient with the same outward disease has a “superficial disorder” caused by diet and behavior, spiritual healing will be ineffective. Finding the proper tool, technique, or practice for each person, as well as focusing on each patient’s

unique physical and metaphysical needs, will allow us to go beyond our current classification of diseases and use *skillful means* to apply the right medicine, whatever its derivation.

We have come to accept the vertical taxonomy of medical specialization as fact, and we use it to navigate diagnosis and treatment. Yet perhaps a horizontal taxonomy built on deeper understanding of basic processes that underlie all illness can help us practice “The Right Medicine.” The Tibetan view that the same illness may arise from different causes and may require entirely different treatments is at variance with the intimate link between conventional International Classification of Diseases, Ninth Revision (ICD-9) taxonomic diagnoses and prescribed therapies, be they pharmaceutical, surgical, or radiological. The question then becomes, “How do we find the right medicine—that is, the *right* medicine, at the right dose, for the right person, at the right time, and for the right amount of time?” What is the “right” or most appropriate relationship to a particular problem and what are the “right” means with which to handle it? Open inquiry might lead us to find that pharmaceuticals are most appropriate for treatment of an acute myocardial infarction, but that an improved diet, exercise, and meditation are the most effective means of preventing chronic atherosclerosis.

The concept of *upaya*, or “skillful means,” outlined in the Lotus Sutra (the original teachings of Shakyamuni Buddha) can guide us in moving from an us-versus-them, conventional-versus-alternative medicine polarity to a unified approach based on finding the most skillful means to treat a particular illness or disease regardless of the modality. The real question we must ask with each patient is: How is he or she both the same and yet different from all the others we have seen with the same condition? Why do two people with exactly the same diagnosis respond differently to the same therapy? Why does one live and the other die? What clues are there in the unique story that opens the door to “skillful means” in finding the cause and cure of their illness? How can we find the particular key to their healing—is it medication, a change in diet, surgery, vitamins, herbs, energy medicine, acupuncture, Tibetan medicine, Ayurveda, Traditional Chinese Medicine, prayer, psychotherapy, exercise, or exorcism? Skillful means, or *upaya*, is an appropriate perspective to navigate the confluence of many points of view and ways of seeing in the healing world in the early part of the 21st century. Skillful means will guide us to “The Right Medicine” beyond doctrine, whether it echoes from the deepest corridors of academia or the

highest meadow of the Himalayas. Once we embrace the notion that there is no one form of healing or medicine that is better or worse, more sacred or profane, then as a larger healing community we can find “The Right Medicine” for each particular person without prejudice. With this attitude of open inquiry and rigorous evaluation, the separation of the varied schools of healing will cease, and each will have their place and their time in the practice of “The Right Medicine.”

OLD WISDOM BECOMES NEW SCIENCE

*And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.*

—T.S. Eliot, “Little Gidding” (the last of his *Four Quartets*)

In 1947, Adele Davis introduced notions of healthy eating to a select fringe of the population with the publication of *Let's Cook It Right*.² In 1978, *The Holistic Health Handbook: A tool for attaining wholeness of body, mind, and spirit*,³ published by the Berkeley Holistic Health Center, opened the door to a different notion of healing to a select few at the edge of society who wore Birkenstocks, shopped in dirt-floored food coops, and eschewed convention. In 1991, the US Congress passed legislation that provided \$2 million in funding to establish an Office of Alternative Medicine within the National Institutes of Health (NIH). *Alternative Therapies in Health and Medicine*, the first peer-reviewed journal in the field of Complementary and Alternative Medicine (CAM) to be catalogued in the National Library of Medicine, was established in 1995. In 1998, the National Center for Complementary and Alternative Medicine (NCCAM) was established by Congress and now has a budget of \$123 million (<http://nccam.nih.gov>). Today, 27 major academic medical centers belong to the Consortium of Academic Health Centers for Integrative Medicine (www.imconsortium.org) and engage in research and train medical students, residents, and fellows in Integrative Medicine. Tindle and Eisenberg's article⁴ in the Jan/Feb 2005 issue of *Alternative Therapies in Health and Medicine* heralds a new time in medicine where alternative is not so alternative, documenting more visits to complementary and alternative practitioners per year than to conventional primary care doctors, and noting that 72 million Americans use some form of CAM. These milestones in the history of CAM mark a turning point in our culture, but one yet to be reflected in the practices of many physicians.

THE EVOLUTION OF ONE DOCTOR

My own evolution in medicine maps the changes in the field—from 1979, when I first read the *Holistic Health Handbook*, experimented with yoga and vegetarian food, studied nutrition and the theoretical basis of Traditional Chinese Medicine at Cornell, and read *Nutrition Against Disease*⁵ by Roger Williams, to the time when I created my own independent study program on “Planet Medicine” and learned from

Bernie Siegel the power of *Love, Medicine and Miracles*⁶ in treating cancer patients. The ripening of my own work in this field came after swallowing the conventional medicine paradigm whole in medical school. After my own illness compelled me to explore non-traditional therapies in China and the United States, I recognized that what I learned in medical school was not always the right medicine for every problem. This led me back to the study of nutrition, mind-body medicine, and alternative forms of healing, but with a renewed intention to find the origins of illness: to find some new cohesive model of understanding that didn't discard the valuable learning and tools I gained in my conventional training, while openly inviting other therapies that could pass through a more scientific filter based on genomics, molecular biology, biochemistry, and psychoneuroimmunology. Addressing the question of what works best is now the basis of my inquiry with patients so I can, with skillful means, find the right medicine for *them*.

Two patients came to see me recently, both with idiopathic heart failure and reduced ejection fractions. Both had thorough conventional evaluations, but neither the cause, nor the right therapy, was revealed in either case. The first had just lost his beloved wife of 40 years and he was literally heartbroken. The other had no such history but had very high levels of mercury.⁷ For the first, the right medicine may be therapeutic touch to relieve the stored grief;⁸ for the other, it may be reduction in tissue concentrations of mercury.⁹ Our current descriptive medical naming system frequently fails to guide us to the right medicine. Replacing it with a *medicine of skillful means* that embraces the best science of the last 25 years in mind-body, nutrition, and alternative therapies, combining it with the best tools of conventional medicine, and engaging in an open inquiry and evaluation of all modalities will provide us with an unprecedented opportunity to find “The Right Medicine,” the medicine that many of our patients long for.

THE ROLE OF ALTERNATIVE THERAPIES IN DEVELOPING THE FIELD AND SHAPING SCIENCE AND PUBLIC POLICY

The global burden of chronic disease is accelerating, with over 29 million deaths a year from cardiovascular disease, cancer, diabetes, dementia, and other degenerative diseases. While we have been successful in managing acute illness, our current healthcare system has neither focused its attention on, nor been effective, in the realm of prevention or treatment of these lifestyle diseases.

The field of alternative and complementary medicine is no longer alternative or complementary, but must take a place in the practice of “The Right Medicine.” It must be among the primary tools we use to deal with the pandemic of chronic disease. Ninety five percent of our healthcare resources are spent on acute-care medicine, yet 75% of our healthcare problems arise from lifestyle-induced chronic disease. Therapeutic modalities that address the causes of chronic disease, including nutrition, exercise, mind-body therapies, nutraceuticals, and both ancient and newer modalities that restore balance and improve function

must be tested and evaluated. *Alternative Therapies in Health and Medicine* has built a team of experienced academic physicians who seek to rigorously examine newer therapies, promote active discussion of controversial topics, provide continuing medical education, elevate the level of scholarship, and create a credible academic resource and platform for “The Right Medicine,” whatever its origins.

Alternative Therapies in Health and Medicine is the forum for research and discussion that helps us focus on the needed changes in healthcare and medical practice. Creative solutions are needed to correct the failures of our health insurance system, diagnostic and coding system, and pharmacological interventions in effectively addressing the healthcare needs of an aging population. The field of “The Right Medicine” has the potential to reshape the conversation with a focus on prevention, offering an approach to restoring and supporting health rather than simply suppressing symptoms. The editors are committed to raising the bar of scholarship in this field while recognizing the limitations of many current analytic methods for assessing integrative modalities; there is an urgent need for newer research designs and pattern analysis to effectively evaluate lifestyle and integrative therapies. It is our belief that in another 10 years there will be only one medicine—good medicine—

the right medicine for each individual in that moment; even now, the boundaries between alternative, integrative, complementary, and conventional medicine are beginning to blur.¹⁰ When we can move beyond these artificial boundaries, we believe that medicine as a whole will have made great strides toward identifying the most effective tools for assessment and treatment of the many chronic health problems that afflict our patients, our friends, and our families.

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