A NEW SCIENTIFIC PARADIGM

Damir A. Shakambet explores a new medicine for a new millennium.

Modern medical science has created a myriad of treatments and it seemed realistic to expect that by the end of the 20th century we should have been able to cure most diseases. I still remember blurred black and white images on the wooden-case Grundig television set of the first heart transplant performed by Christiaan Barnard in Cape Town in 1967. My father was a specialist of internal medicine at the time, and he had decided to take up the emerging subspecialty of cardiology. By specialisation, medicine has leapt to success, creating Übermensch physicians with expertise in small, specialised fields. Seemingly, there is nothing wrong in having an expert physician performing specialist procedures. Medicine has also developed well-organised teaching and research, standardised worldwide so that new discoveries are swiftly incorporated into daily practice.

Two years after Barnard's transplant, Neil Armstrong landed on the moon, thereby epitomising scientific advancement. But Armstrong died last summer from pancreatic cancer. We are well into the 21st century, 50 years after conquering extraterrestrial land and with no radical breakthrough in cancer treatment.

So, what went wrong?

To understand medical practice today we ought to look into Aristotle, the founder of empiricism. He moved away from the rationalism of Plato, who preferred knowledge based on relationships rather than relying on logical mind to process information received from limited and deceiving senses. Descartes also found empirical views limited, but he added the concept of the 'human machine'. Problems in science have never been down to accuracy, since Newtonian laws are proven beyond any doubt. Medicine faces limitations by applying rigid empirical laws to living beings, who do not adhere entirely to these principles.

On the other hand, Plato's idealism and rationalism did not match up to experimental testing and the relativistic nature of the human being in respect of feelings and relationships with Nature. The divorce between mind, body and environment left no room to explore interaction between physiological systems. Some medical movements outside empiricism have survived at the scientific margins, applying undeveloped forms of systemic medicine such as acupuncture, which rose from Taoist philosophy, and anthroposophical medicine in the West.

Issue 282
January/February 2014
Benevolent Universe

Web Exclusives
Article

A New Scientific Paradigm

by Damir A Shakambe

Cover: The Ghosts of Their Departed Leaves 4 © Natasha Newton www.natasha-newton.co.uk

The biggest problem in medicine today is unpredictability and side effects that may entirely change the course of treatment. The number of complete cures in statistical terms is disappointing, and although success varies with the type and stage of cancer, the average survival rate could be as low as 2.1%. Many degenerative conditions, such as Alzheimer's, are without any curative treatment. This strategy has been doomed to fail from the very beginning, because complex diseases defy empirical foundations, as their mechanism stretches across various systems. We have now reached a point of paradigm shift in medicine because of the need for treatments based on the true nature of human organisation as a system network.

A new medical paradigm

While empiricism gave birth to modern medicine, Plato's medically defunct philosophy remained outside the mainstream. In ancient China around 600 BCE, Lao Tzu also looked into relational principles by observing basic natural laws. Both Plato and Lao Tzu preferred relationship rather then causal principles, and they are the precursors of the systems theory thinkers of the 20th century, culminating with Norbert Wiener. Wiener, Ludwig von Bertalanffy and others established a general systems theory whereby functionality is achieved by the interaction between components. In other words, humans are self-organising beings, able to learn and evolve from experience. To Wiener's non-medical mind, self-regulation (homeostasis) was a perfect example of system intelligence and ability to adapt and survive in different circumstances. Understanding biological systems creates possibilities for new treatments by tapping into the self-corrective mechanism known to Hippocratic medicine as vis medicatrix naturae (the healing power of Nature).

In order to effect the transition into systems biology a fresh view about disease classification is needed. The World Health Organization lists all diagnoses in decennial formularies but now admits a need for new definitions of diseases based on multisystem involvement. The classification of psychiatric diseases has an even more colourful history, as it is compiled by a small group from the American Psychiatric Association, which has been arbitrarily choosing mental disorders in closed soirée sessions. The problem is more serious than it seems, as these formularies are widely used as research guides to devise drug protocols. Since diseases are divided into arbitrary categories while every patient shows different symptoms, this rigid classification has no real therapeutic value.

The revival of bioregulatory medicine

Increased life expectancy and environmental changes have shifted the predominance of diseases towards degeneration and cancer. Dietary and environmental habits have changed dramatically from deficiencies towards abundance and toxicities. Our metabolism is suddenly facing huge amounts of saturated fats and sugar, while our immune systems have to deal with over 200,000 new synthetic chemicals. The inner 'biological terrain' is a crossroad between the external ecosystem and the internal biosystem, and any environmental changes alter this finely tuned information highway of neural impulses and bioactive chemicals. Max Gerson stated: "The environment is our external metabolism." Any toxic residue in the tissue slows down signalling, leading to degeneration. Further dissemination of toxic substances inside DNA leads to mutation and cancer.

The botanist Arthur Tansley used the word 'ecosystem' to define the interaction between living creatures and their environment. The system view of the environment has taken a while to be fully understood and applied. A full grasp of the ecosystem was achieved once we started looking into system organisation between all living systems. Medicine is yet to make the same leap from a linear view to that of the human biosystem. The Biomedic Foundation in London is a research and education medical charity with a team of doctors practising on a relational system scientific platform of bioregulatory medicine, creating an integrative model of health based on these principles.

What is bioregulatory medicine?

Disease was described in the British Bioregulatory Medicine Formulary for the first time as a network failure. Bioregulatory treatment works on different levels to induce homeostasis aimed at the biological terrain and

other body systems.

The biological terrain is treated by nutritional or detoxifying methodology, by eliminating accumulated toxicity, and by the substitution of over a hundred compounds and minerals needed for normal function.

Modern lifestyle has divorced us from the fine ability to bring peace and harmony. Lack of inner awareness creates misperception and stress, which is translated by the language of bioactive molecules as interference with cellular function. Wilhelm Reich said: “People who are brought up with a negative attitude toward life…acquire a pleasure anxiety, which is physiologically anchored.” Psychosomatic process causes disease as a narrative of our problems in life translated into sensations of pain.

The opposite mechanism to this morbid pattern is placebo, or ‘belief in a cure’. As a young physician I was drawn towards the psychoanalytical type of clinical hypnosis and discovered a subconscious potential for treatment. Lack of interest in efficacious and cost-efficient techniques puzzled me. It took me years to realise that placebo and perception simply do not fit into empirical mechanistic models of medicine and that the problem is with the paradigm itself!

Medicine has always been an art of intuitive diagnosis and patient management based on understanding and communication. We now need individualised medicine, since we have different kinds of patients, who are increasingly aware and informed. Bioregulatory medicine enables patients to participate actively in their treatment rather than be passively on the receiving end. Patients are now ready to participate in order to attain and maintain health, and the medical profession has to respond to this need.

The prevalence of malignant and degenerative conditions is rocketing health-care costs and even threatening the balance of society. The answer was always going to be in science, but the kind of science capable of effecting cure in the face of chronic degenerative and malignant diseases. There is a need for medicine that can prevent and treat of these complex diseases. The bioregulatory medical model provides a new scientific paradigm fit for the diseases of this millennium.

Perhaps the body is after all, as Descartes thought, a human machine, but with far more complexity then he ever envisaged: rather a biodigital computer in a physiological systems network than a simple Newtonian mechanical toy.

Damir A. Shakambet is co-founder and Chairman of the International Society for Bioregulatory Medicine. He is a practising doctor in the Biomedic Centre in London. www.biomedic.co.uk