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TO YOURS  
WE WISH YOU THE HAPPIEST  
OF HOLIDAY SEASONS

## BOARD CHAIR COLUMN



By Dr. Zhaoming Chen, MD, PhD, MS, CFP, FAAIM, Chair of the American Association of Integrative Medicine Executive Advisory Board

### Put Excess Weight Behind You

Eating is a necessary daily activity and an enjoyable experience. People feel relaxed and energetic after eating. You are what you eat, however, and good health is dependent upon eating the right foods. In fact, good eating habits will prevent or delay a number of diseases, such as heart disease, cancer, stroke, and diabetes.

The Food and Drug Administration recommends the following foods as part of a healthful diet:

1. Calcium-rich foods that help reduce the risk of osteoporosis.
2. A low-sodium diet that reduces incidences of hypertension.
3. Food low in fat can reduce the risk of some types of cancer.

4. Foods low in saturated fat and cholesterol can reduce the risk of heart disease.
5. Fiber-rich foods, vegetables, and fruit can decrease risk of some types of cancer and heart disease.
6. Pregnant women should consume enough folic acid to lower the risk of spinal cord defects in their children.

Generally speaking, people should eat a variety of foods with different nutrients. Carbohydrates, which include grains, vegetables, and fruits, should account for up to 60% of daily calories. Breads, cereals, rice, pasta, corn, pancakes, and bagels provide plenty of carbohydrates as well.

Many studies show that a Mediterranean diet, which is high in fruit, vegetables, legumes, cereal, olive oil, and fish, can delay dementia. This diet is rich in mono-unsaturated fatty acids, vitamin B12, folate, antioxidants (vitamin E), and also

allows for a moderate amount of alcohol. The diet can also help alleviate hypertension. Suggested servings include:

- Grains: 6-8 daily servings, with a typical serving being one slice of bread or one-half cup of cooked rice or cereal.
- Vegetables: 4-5 daily servings, with a typical serving being one cup of raw leafy vegetables or one-half cup of cooked vegetables.
- Low-fat or fat-free dairy products: 2-3 daily servings, with a typical serving being one cup of milk.
- Nuts, seeds, and dry beans: 4-5 servings per week, with a typical serving being 1.5 ounces of nuts or 2 tablespoons of peanut butter.
- Fats and oils: 2-3 daily servings, such as one teaspoon of margarine or one tablespoon of mayonnaise.
- Meat, poultry, and fish: 6 or fewer one-ounce daily servings.

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## Put Excess Weight Behind You

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- Sweets and added sugars: 5 or fewer weekly servings, with a typical serving being one tablespoon of sugar or one-half cup of sorbet.

In addition to consuming quality foods, eating the right quantity is also important. Overeating is a major cause of obesity. The reason we eat is because we are hungry, and we enjoy the process of eating—especially in stressful environments. People should consume enough food to beat hunger, but excess consumption will add body weight. In other words, the appropriate amount of food is the key to controlling body weight. How do you find the “magic number,” or the right amount of food that will satiate but not add weight?

We all have our favorite foods, and we will eat more of them involuntarily just because they taste good. Our appetite will decrease when facing food with tastes we do not like. But as a matter of fact, foods you do not like should become your friend. Pick up a pen and write down the names of foods you do not like on a piece of paper (but avoid the foods you are allergic to). When you feel hungry, two choices are in front of you: either eat the food you do not like or fast. Drink water if you are thirsty. Sooner or later, your hunger will force you to eat the foods you do not like, and they may become delicious to you over time. You will stop eating once you do not feel hungry any more. Write down how many bites you have eaten, and repeat the process several

times. The average number is the magic amount of food your body really needs.

The food industry puts forth every effort to make food delicious for you, but it also creates a dilemma. While eating good-tasting foods is enjoyable, you worry about extra calories that require strenuous exercise to burn off. After knowing your magic number, you can feel relaxed and enjoy eating again because you won't have to think about calories in and calories out. Being overweight will be a thing of the past.

### References:

George Blackburn, food for health and healing, 1999  
*Neurology Today*, September, 2009

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## Heart-protective Whole Grains



By Shashi K. Agarwal, MD,  
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### Introduction

Several studies have demonstrated cardiovascular benefits of a vegetarian diet. Certain ethnic diets, the Mediterranean diet in particular, have specifically been associated with a reduced incidence of heart attacks and strokes.<sup>1</sup> These benefits have been attributed to the absence of heart-damaging ingredients, as well as the presence of heart-protective elements. One of the latter is whole grain. The evidence supporting the cardiovascular benefits of whole grains in any diet is very well documented and very compelling.<sup>2</sup>

Humans have consumed grains for thousands of years. They are seeds of plants belonging to the grass family. A typical grain is multilayered and made of an outer layer of bran, a middle layer of endosperm, and an inner layer of germ. The bran is multilayered and tough and protects the inner layers of grain from environmental assault. The majority (50-80%) of the minerals, including iron, copper, zinc, and magnesium, along with fiber, B vitamins, protein, phytonutrients, and many other bioactive components are contained in this layer. The endosperm is the middle layer and comprises about 85% of the whole grain by weight. It is loaded with proteins and carbohydrates—food supply required for the young plant during germination and early sprouting. It also contains small amounts of B vitamins. The germ is the embryo of the grain. It is rich in trace minerals, unsaturated fats, antioxidants, phytonutrients, and B vitamins. Common edible grains include rice, wheat, corn, barley, oats, millet, spelt, amaranth, and rye.

### Epidemiological Evidence

Traditionally, grains were ground between two large stones, resulting in flour that contained three ingredients, namely the bran, endosperm, and germ in the same proportion as in the whole grain. During the last several decades, advances in technology allowed large-scale separation and removal of the bran and germ, which produced refined white flour that was popular in baked goods that had a softer texture and longer shelf life. However, refining also removed the healthy nutrients. The harmful effects of this practice became evident just prior to World War II when many servicemen were found to

be deficient in certain B vitamins and iron. As a result, the government mandated the enrichment of white flour with B vitamins (thiamin, riboflavin, niacin) and iron, and more recently, folic acid. However, the addition of nutrients to refined grains did not duplicate the synergistic effects of naturally occurring vitamins, minerals, fiber, and phytonutrients. The first major step towards restoring whole grains in the diet occurred in 1989 when the National Academy of Sciences released its report “Diet and Health: Implications for Reducing Chronic Disease Risk,” which discussed the role that whole grains play in reducing the risk of heart disease and certain types of cancer.<sup>3</sup>

### The Evidence from Clinical Trials

The Adventist health study, published in 1992, showed a remarkable association between eating not only nuts but also whole wheat bread and the reduction in the risk for coronary heart disease.<sup>4</sup> Four other large prospective cohort studies have similarly shown that the intake of whole grains is associated with significant reductions in coronary heart disease (CHD) risk.<sup>5,6,7,8</sup> In general, the risk is about 20-30% lower in those with the highest intake of whole grains (about three servings daily) than those with the lowest intake, after adjusting for other heart disease risk factors. These findings were duplicated in 85,000 male physicians, who were monitored for five years.<sup>9</sup>

Those consuming at least one serving of whole grain breakfast cereal daily benefitted by a 20% reduction in death from cardiovascular disease when compared to those who rarely ate whole grain cereal. Cardiovascular benefits have also been documented in females. In the Nurses’ Health Study, 75,000 women were monitored for 12 years.<sup>6</sup> Those consuming an average of three servings of whole grains daily lowered their risk of ischemic stroke by 30% when compared to women who rarely consumed whole grains. Another major trial, the Atherosclerosis Risk in Communities Study, examined almost 12,000 male and female participants.<sup>10</sup> This again confirmed that the whole grain intake was inversely associated with total mortality and incidence of CHD.

### The Mechanism

There are a number of possible explanations for the cardioprotective effects associated with

higher intakes of whole grains and lower intakes of refined grain products.<sup>11</sup> In general, the cardiovascular risk reduction of a whole grain diet ranges from 30-37%. Several mechanisms come into play:

- **Soluble Fiber:** Whole grains are rich in soluble fiber. The lipid lowering effect of fiber is a major potential mechanism and may account for a risk reduction by 25-34%.<sup>12</sup>
- **LDL Oxidation:** Antioxidant effects of several whole grain components such as vitamin E, selenium, phenolic acids, lignans, phytoestrogens, and phytic acid inhibit oxidative cardiovascular damage.<sup>13</sup>
- **Vascular Reactivity:** Lignans (especially enterodiol, enterolactone, and matairesinol) and phytoestrogens may retard the atherosclerotic process by promoting a favorable vascular response to stress by increasing vasodilatation and decreasing the blood vessel response to injury.<sup>14</sup>
- **Coagulation and Fibrinolysis:** The high-fiber content of whole grains may lower the risk of atherosclerosis and thrombogenesis by reducing plasminogen activator inhibitor type 15, 60 and factor VII coagulation activity.<sup>15</sup>
- **Insulin Sensitivity:** Whole grains reduce hyperinsulinemia, hyperglycemia, and hypertriglyceridemia, thereby reducing cardiovascular risk.<sup>16</sup>
- **Homocysteine:** Whole grains reduce homocysteine, another potential mechanism in the beneficial cardiovascular effect.<sup>17</sup>

### The Recommendation

Compelled by the clinical data, the FDA promoted the use of the following health claim in 1999 on product labels of foods that contained 51% or more whole grain by weight: “Diets rich in whole grain foods and other plant foods that are low in total fat, saturated fat, and cholesterol, may reduce the risk of heart disease and certain cancers.”<sup>18,12</sup> In 2005, the sixth edition of the *Dietary Guidelines for Americans* further emphasized the value of whole grains with the following statement: “Consuming at least three or more ounce-equivalents of whole grains per day can reduce the risk of chronic disease and may help with weight maintenance.

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## Heart-protective Whole Grains

Thus, intake of at least three ounce-equivalents of whole grains per day is recommended by substituting whole grains for refined grains.<sup>19,15</sup>

If a food label states that the package contains whole grain, the "whole grain" part of the food inside the package is required to have virtually the same proportions of bran, germ, and endosperm as the harvested kernel does before it is processed. Some whole grain products may also carry the American Heart Association Certification Program seal of the red heart and white check mark along with the statement: "Meets American Heart Association food criteria for saturated fat, cholesterol and whole grains for healthy people over age 2."

Whole grains include: amaranth, barley, brown rice, buckwheat (kasha), flaxseed, millet, oats, popcorn, quinoa, rye, spelt, triticale, whole wheat, and wild rice.<sup>20</sup> They may be eaten whole, cracked, split or ground. Examples of one serving (one ounce) of whole grain are: 1 slice of whole grain bread; ½ whole grain English muffin, bagel or bun; 1 ounce of ready-to-eat whole grain cereal; ½ cup of oatmeal, brown rice or whole wheat pasta (cooked); 5-6 whole grain crackers; or 3 cups of popped popcorn.

### Summary

Cardiovascular diseases, including heart attacks and strokes, are the leading cause of death in most of the world. They not only decrease life span but also are disabling and disruptive to a normal life. The incorporation of whole grains in the diet greatly reduces cardiovascular morbidity and mortality. The benefits also extend to reductions in certain cancers, better diabetic control and improvement in body weight.<sup>21</sup>

### References

1. Panagiota N. Mitour, Victor Kipnis, Anne C.M. Thiebaut et al. Mediterranean dietary pattern and prediction of all cause mortality in a US population: results from the NIH-AARP diet and health Study. *Arch Intern Med.*, 2007;167(22):261-8
2. Jacobs DR, Gallaher DD. Whole Grain Intake and Cardiovascular Disease: A Review. *Curr Atheroscler Rep.* 2004;6(6):415-423.
3. National Academy of Sciences, National Research Council, Food and Nutrition Board. Diet and Health: Implications for Reducing Chronic Disease Risk. Washington, DC: *National Academy Press*; 1989:669-80.
4. Fraser GE, Sabate J, Beeson WL, Strahan TM. A possible protective effect of nut consumption on risk of coronary heart disease. The Adventist Health Study. *Arch Intern Med.* 1992;152(7):1416-1424.
5. Pietinen P, Rimm EB, Korhonen P, et al. Intake of dietary fiber and risk of coronary heart disease in a cohort of Finnish men. The Alpha-Tocopherol, Beta-Carotene Cancer Prevention Study. *Circulation.* 1996;94(11):2720-2727.
6. Jacobs DR, Jr., Meyer KA, Kushi LH, Folsom AR. Whole-grain intake may reduce the risk of ischemic heart disease death in postmenopausal women: the Iowa Women's Health Study. *Am J Clin Nutr.* 1998;68(2):248-257.
7. Liu S, Stampfer MJ, Hu FB, et al. Whole-grain consumption and risk of coronary heart disease: results from the Nurses' Health Study. *Am J Clin Nutr.* 1999;70(3):412-419.
8. Jacobs DR, Jr., Meyer HE, Solvoll K. Reduced mortality among whole grain bread eaters in men and women in the Norwegian County Study. *Eur J Clin Nutr.* 2001;55(2):137-143.
9. Liu S, Sesso HD, Manson JE, Willett WC, Buring JE. Is intake of breakfast cereals related to total and cause-specific mortality in men? *Am J Clin Nutr.* 2003;77(3):594-599.
10. Jensen MK, Koh-Banerjee P, Hu FB, et al. Intakes of whole grains, bran, and germ and the risk of coronary heart disease in men. *Am J Clin Nutr.* 2004;80(6):1492-1499
11. Slavin J. Why whole grains are protective: biological mechanisms. *Proc Nutr Soc.* 2003; 62(1):129-134
12. Behall KM, Scholfield DJ, Hallfrisch J. Lipids significantly reduced by diets containing barley in moderately hypercholesterolemic men. *J Am Coll Nutr.* 2004;23(1):55-62.
13. Miller HE, Rigelhof F, Marquart L, Prakash A, Kanter M. Antioxidant content of whole grain breakfast cereals, fruits and vegetables. *J Am Coll Nutr.* 2000;19:312S-319S.
14. Mendelsohn ME, Karas RH. The protective effects of estrogen on the cardiovascular system. *N Engl J Med.* 1999; 340:1801-11.
15. Marckmann P, Sandstrom B, Jespersen J. Favorable long-term effect of a low-fat/high-fiber diet on human blood coagulation and fibrinolysis. *Arterioscler Thrombosis.* 1993;13: 505-11.
16. Steffen LM, Jacobs DR Jr., Murtaugh MA, Moran A, Steinberger J, Hong CP, Sinaiko AR. Whole grain intake is associated with lower body mass and greater insulin sensitivity among adolescents. *Am J Epidemiol.* 2003;158(3):243-50
17. Jensen MK, Koh-Banerjee P, Franz M, Sampson L, Gronbaek M, Rimm EB. Whole grains, bran, and germ in relation to homocysteine and markers of glycemic control, lipids, and inflammation 1. *Am J Clin Nutr.* 2006;83(2):275-283.
18. Food and Drug Administration. Whole-grain foods authoritative statement claim notification. Docket 99P-2209. Washington, DC; July 1999.
19. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans 2005. Washington, DC: U.S. Government Printing Office; January 2005. *Home and Garden Bulletin No. 232.*
20. Van Horn L, Liu K, Gerber J, Garside D, Schiffer L, Gernhofer N, Greenland P. Oats and soy in lipid-lowering diets for women with hypercholesterolemia: Is there synergy? *J Am Diet Assoc.* 2001;101:1319-1325.
21. Slavin JL, Jacobs D, Marquart L, Wiemer K. The role of whole grains in disease prevention. *J Am Diet Assoc.* 2001;101(7):780-785.

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## The Relevance of Phenomenology for Integrative Medicine



Jerry M. Kantor, Lic. Ac., CCH, MMHS

While integrative medicine (IM) flourishes, we might pause to introspect for a moment regarding its origins as well as certain methodological issues. To the extent to which the Integrative Medicine agenda concerns patient-centered and holistic care, let us recognize that a debt of gratitude is owed to the introduction and burgeoning popularity of non-traditional systems of medicine such as Traditional Chinese Medicine (TCM) and classical homeopathy within which these features have long been hard-wired.

One of IM's challenges thus appears to be how to subsume desired benefits attending established though non-conventional modalities while continuing to resist enmeshment with unfamiliar and scientifically questionable modes of knowing?

Acupuncture is better known now in 2009 than when first introduced to the American public in 1972. At that time, New York Times writer James Reston reported that acupuncture treatments he received in China relieved pain he was experiencing following abdominal surgery. Traditional Chinese Medicine's mode of diagnosis, relying on the appearance of the tongue, palpated qualities of the pulse, and use of unfamiliar concepts such as stagnant qi, hyperactive Yang, and deficient Yin, served to alienate acupuncture from western medicine. Conventional medicine authorities, viewing acupuncture as non-scientific, distanced themselves from its mode of knowing.

Though endemic to American medicine, homeopathy has received much the same treatment. This has to do with homeopathic medicine's non-scientific sounding insistence that symptoms represent the expression of an energetic entity known as the vital force. As we shall see, the fact that qi and vital force are essentially qualitative as opposed to quantitative entities continues to pose a problem for conventional biomedicine.

This desire for distance is expressed in the terms

“alternative” and “complementary” that are attached to IM's antecedents, namely “Alternative Medicine,” and then more recently, “Complementary and Alternative Medicine” (CAM). A fly in the ointment is the fact that acupuncturists and homeopaths credit these very same questionable-appearing modes of knowing with their achieving what are more often than not, remarkable treatment outcomes.

I shall argue against unequivocal acceptance of solely quantifiable data, and rejection of soundly derived intuitive knowledge. Continued opposition to the validity of long-established but non-conventional means of knowing hinders IM's progress. Moreover, perseverance in this direction is foolish since in the end, informational overlap admits between even the most diverse schools of medicine.

Within the Western intellectual tradition, a conceptual bridge happens to exist, one by means of which the gleaming techno-city of biomedical science and its cross-river neighbor, the old-world city of non-conventional medicine may be linked. Our methodology not only shields the scientific enterprise from undisciplined applications of the intuitive method such as found in poorly formulated versions of the Doctrine of Signatures, but assists Integrative Medicine in coming to terms with problematic, holistic means of knowing.

### Definition

Phenomenology concerns theoretical approaches toward understanding how people experience the world they live in and create. It has also been defined as an analysis of human existence without prior assumptions by the term's originator, the early 20th century philosopher Edmund Husserl. Phenomenology helps us with the question: can we possibly analyze human existence without presuppositions? Its literature reflects the study of human experience and consciousness in everyday life, as well as the idea of “being,” rooted in physical and social space.

### Advantageous Features for IM

Phenomenology can be thought of as intuition subjected to rigorous discipline. In practical terms its application utilizes inductive reasoning, or the building of an overwhelming case of circumstantial evidence. The following

features characteristic of phenomenological investigation serve to provide a legitimizing context for culture-specific, and dialectically oriented schools of medicine.

#### • Bracketing off of prior assumptions.

Phenomenology is perhaps the first formal academic discipline not only to make a point of sequestering or bracketing off the investigator's own ideological, cultural, and even “investigator-related” bias, but to study the difficulties attached to doing so. The methodology has proven foundational within the social sciences and especially within homeopathy and psychotherapy, wherein failure to recognize the impact of one's own role, as in transference reactions, or self-investment in a particular outcome undermines a clinician's effectiveness.

#### • Envisioning a phenomenon in its unity before its components

In 1988, a Royal Society of Medicine study about acupuncture point Pericardium 6 detailed its effectiveness in treating a specific symptom, emesis of pregnancy. In 1998, many eyebrows were raised when studies indicated that moxibustion (heat) stimulation to the acupuncture point Urinary Bladder 67 was effective in provoking a fetus in the breach position to alter its fetal position in the womb. Whereas medical journal publication of these CAM outcomes was hailed as a triumph of evidence-based methodology, what also came to light is a glaring deficiency within the prevailing paradigm: Despite thousands of years of supportive clinical research in China, the greater acupuncture meridian system to which the acu-points P6 and UB 67 belong has yet to be completely validated in the west. Within the currently standard investigative model, a potential 367 years of documentation concerning individual acu-points would still fail to reveal what the Chinese have long ceased to question, that the meridian system of qi circulation is real.

#### • An antidote to Common Sense Realism

As opposed to Common Sense Realism (CSR), a view unequivocally accepting of direct observation, phenomenology provides us with a more reasonable perspective on what we think of as evidence. It offers a safe haven to rational doubt and questions whether adoption of an external perspective in regard to our

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## The Relevance of Phenomenology for Integrative Medicine Continued from page 5

humaneness is at all possible. This matters when: we seek to enter the perceptual world of another species of life, or when accepting data merely because it is quantitative, we fail to examine prior assumptions at play in a dataset's creation, or the fact that data-gathering instruments merely extend the reach of our own faulty sense receptors.

A disturbing example of CSR is found in the writings of the renowned Daniel Dennett, a neurological investigator unable to recognize—much less question—his own bias in favor of a heavily culture-bound notion that the brain is a computer. In consequence, for Dennett, the world of human consciousness is a trivial matter, the mere hum of machine!

### Other CSR biases:

- Biomedical research's rejection of the reality of qi within TCM or of Vital Force within homeopathy. This is due to a paradigm-specific belief that force fields must be both quantifiable and NOT subjectively experienced. Thus, despite detectable electrical potential levels measurable at the surface of the skin that offer quantifiable evidence of its activity, qi's characteristic feature, that it is subjectively experienced effectively disqualifies this mode of energy from scientific investigation. The same is true of homeopathy's vital force, which expresses itself via subjectively experienced symptoms.
- The distinction between "anecdotal evidence," on the basis of which a report to the effect that an acupuncture treatment effectively reduces pain or enhances function is pejorative; while "evidence-based," a term for exactly the same idea bathes a physician's perception of an unusual therapy's effectiveness in the warm glow of acceptance.

Though we must admit that one of our most highly esteemed sciences, physics is inherently objectivist, its founder, Isaac Newton was himself a product of a world in which a more phenomenological approach, Natural Philosophy, ruled the sciences. Newton's introduction of mass, force and gravity was initially resisted as these novel concepts at that time suggested unnatural, magical entities. Nor, since the meaning of his equations had first to be interpreted, were any

of Newton's precise calculations alone, sufficient to cement the case for gravity. At a time when philosophical questions suggested by scientific investigations were still viewed as honorable, Newton, once having succeeded in his quest for truth, remained thereafter committed to alchemy and spiritual pursuits.

Curiously enough, with the modern advent of String and Superstring theory whose core assumptions persist in defying empirical verification, the physical sciences have themselves, come full circle with Natural Philosophy: In the absence of confirmatory data, we are left with no choice but to compare the aesthetic merits of interpretative models of subatomic activity.

Conceding biomedicine's deliberate obtuseness with regard to natural philosophy (resistance to accepting the benefit of breast feeding a child, or the desirability of good nutrition, both examples of common sense wisdom that no Randomized Double Blind Study has yet managed to validate) we might infer that the demise of Natural Philosophy has hurt as well as advanced biomedicine.

### • Recognize emergent natural phenomena

Emergent phenomena, because they express creativity, exceed the sum of their parts. Thus, the relation they hold to their constituent (or more accurately, antecedent) elements is almost impossible to explain.

The physicist Werner Heisenberg's famous Indeterminacy Principle gave a theoretical limit to the precision with which a particle's momentum and position could be simultaneously measured. This struck a blow against the belief that the more we reduce phenomena to their smallest components, the more accurately we predict the movement of atomic and subatomic particles. Deprived of this certitude, we are left with only the jumbled and unpredictable "phenomena" themselves to discuss.

Likewise, the Scottish philosopher David Hume discovered a dirty truth about cause and effect explanation: We are never able to satisfactorily demonstrate that one phenomenon is actually the cause of another. Hume found when speaking in cause and effect terms, we are instead postulating an

association between two unrelated phenomena. Since cause and effect do not exist, the best we can manage to do is model relationships between phenomena. Models sound flimsier than fundamental laws but they are more reliable and durable when it comes to explaining what takes place in the universe.

Whether we like it or not, we know scarcely the first thing about the greatest "whole" of all, organic life, at least not with regard to the mysterious and sublime events at work during embryological development. For all our talk about incremental evolution and an organism's seeking of evolutionary advantage, little that is meaningful can be said concerning the engine in charge of life, consciousness; why living things even bother to seek evolutionary advantage; or the fact that organic life is explosively and spontaneously creative.

### • Excavate levels of meaning in language

How is it that some of our most powerful myths, such as those of Greek antiquity, perfectly describe subconsciously experienced illness processes? Why do we say, "he went blind with rage," as opposed to "deaf with rage," or "lost his sense of smell with rage?" Why is the expression, "Go with the flow..." associated with the 1960s? What is the reason that in moments of illumination we report hearing the voice of God as opposed to seeing God?

Myths do not endure in culture, nor do metaphors entrench themselves within language unless they embody an enduring truth. This holds true especially in homeopathy where a patient's pet expressions reveal much about the nature of his or her inner reality. Homeopathy in fact, can be viewed as the land where metaphorical expression is literal.

A chief proponent of phenomenological language excavation was Martin Heidegger, the philosopher responsible for characterizing language as the house of Being. While shaping phenomenology to my own purposes, my forthcoming book, *Interpreting Chronic Illness, the Convergence of Acupuncture, Homeopathy and Biomedicine* provides answers to the questions I have posed above, as well as a general method for interpreting the inner meaning of symptoms experienced by individuals afflicted by chronic illness.