

# Health Insights Today

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## Comparing Health Paradigms Interview with Claire Cassidy, PhD, LAc

By Daniel Redwood, DC

Claire M. Cassidy, PhD, LAc, is among the most original thinkers in the field of comparative medicine. She has written extensively in academic journals and textbooks about the methods known as complementary and alternative medicine (CAM) and their relationship to mainstream or biomedicine. She has a special ability to translate complex ideas into language that non-experts can readily understand. Trained as a medical anthropologist, she later became a licensed acupuncturist and now practices in Bethesda, Maryland.

Dr. Cassidy is an associate editor of *The Journal of Alternative and Complementary Medicine* and has over 65 professional publications to her credit including books, chapters, and articles. She is the author of the textbook, *Contemporary Acupuncture and Chinese Medicine* (Elsevier, 2002). She co-chaired (with Wayne Jonas, MD) the National Institutes of Health's Office of Alternative Medicine Panel on Epistemology and Methodology in 1992-1993 and later served on the Planning Committee for the landmark 1997 NIH Consensus Panel on Acupuncture. She was Research Director at the Traditional Acupuncture Institute (now TAI-Sophia), near Baltimore, and while there she performed the first U.S. national survey of acupuncture users. In 1998 she entered Chinese medicine school in Bethesda, MD, graduated in 2001, and has since worked as a clinician.

Cassidy earned her interdisciplinary doctorate in Human Biology at the University of Wisconsin, and completed post-doctoral programs at the Smithsonian Institution (Anthropology) and the Johns Hopkins School of Medicine (History of Medicine). She served on anthropology faculties of the Universities of Minnesota and Maryland, pioneering courses in cross-cultural and comparative human medicine; and carried out medical and nutritional anthropology research in Mauritania, Sri Lanka, Belize and the United States, focusing on mother and child nutrition.

In this interview with Dr. Daniel Redwood, Dr. Cassidy discusses the nonjudgmental health worldview of anthropology, in which the world's healing arts are seen as a series of alternatives rather than a hierarchy. She looks at biomedicine, the politically dominant healing art in the West (and increasingly elsewhere), finding strengths, weaknesses, and paths for further evolution. She describes challenges faced by practitioners of complementary and alternative medicine, while foreseeing a changed landscape in which all healing arts are seen as alternatives rather than a hierarchy in which biomedicine always occupies the top rung.

*You started out as a medical anthropologist. What is medical anthropology?*

It is a specialty within anthropology in which the practitioners are interested in how people practice medicine anywhere in the world. They might be somewhere in a tribal situation, talking to people in a village setting, learning how they take care of themselves when they're ill, how they define illness, how they experience illness, what it means within the society, and what kind of training the practitioners get. Or, they could be doing exactly the same thing in an urban setting, with any kind of medicine, from what people like to call 'regular' medicine, which is more accurately called biomedicine or allopathy, to anything else, such as chiropractic or naturopathy or Christian Science healing or acupuncture.

*So this anthropological point of view allows us to understand and respect cultures different from our own.*

Yes, and to realize that this is a healing intentionality, as opposed to a harming one. There are many things like that which can be taken from medical anthropology. For example, in the Appalachian area, there are 'burn doctors,'

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although they're not that common any more. If you start talking to people and they feel safe around you, they will talk about the folk practitioners. Burn doctors are people who specifically are able to take away burns, especially the *pain* of burns. They do it with prayers. Another kind of health care practitioner, particularly a biomedical practitioner working in that area, might need to understand, and even work in parallel with, the burn doctor. So that on one side they're getting physical care and on the other side, they're getting what is essentially spiritual care for the burn.

*I recall reading in a textbook chapter you wrote, the story of a Mormon woman who went to see a psychiatrist and there were certain aspects of the Mormon faith that the psychiatrist recognized as being outside his worldview. So he understood that it would be hard for him to help this person and he made a referral.*

Yes. He made a referral to a Mormon bishop, who was able to apply the theology of Mormonism to heal this woman's intense fear. She was very fearful because she had realized that in her first marriage, she had been married for this world *and the next*, an eternal marriage to this man who had died just a few months after their marriage. She had subsequently remarried and spent her whole life up to that point (she was in her middle years) with that man. They had four children, and she considered him to be her real husband.

It had occurred to her one day, like a bolt out of the blue, that she was married to a stranger for eternity. She became terrified and even horrified, because she wanted to spend eternity with her current husband and their children. So that threw her into an emotional tailspin and sent her to the psychiatrist. And he, not being Mormon, could not fully comprehend the issue though he could see it was serious. So he referred her to someone who could fully comprehend the issue and could resolve it.

*Someone who could work with her within the framework that she lived in, so to speak.*

That's a great way to put it. To work within her reality structure, so as to relieve her fear and her distress and allow her to go back comfortably to living her life as it presently was.

*It seems to me that in a country such as our own, and increasingly a world such as our own, with such diversity and such an increasing degree of interaction among different cultures and peoples with different beliefs, that this kind of thoughtful, respectful perspective is incredibly valuable.*

I think so, yes. There are some excellent books on this subject. There's a psychiatrist named Arthur Kleinman who has written a lot about cross-cultural medicine and how to deal with it. Then there's this fascinating book, *Medicine and Culture*, by Lynn Payer, which talks about cultural differences within the practice of biomedicine. People have a tendency to think that biomedicine is scientific and culture-free. Well, science is not culture-free and biomedicine is emphatically not culture-free, or objective, or any of those other words that people like to use. This is a really fascinating book, because she compares biomedicine as it's practiced in the United States, England, Germany and France.

*What are some of the most dramatic examples, or most meaningful examples, that she describes?*

One that I particularly enjoy involves the question of what issue particularly concerns both the MDs and the patients in any given country. The Germans are very worried about their hearts, and some remarkable proportion of prescriptions in Germany are written for heart medications.

*More so than here?*

Far more so than here. The French are worried about their livers. The British are concerned about their guts,

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particularly their large intestines and whether they are constipated or not. Americans are worried about whether their immune systems are working properly. Now, every human being in the world has all these parts and every medical system deals with them in one way or another. And yet, culturally, the medicines—and this is all biomedicine we're talking about—have been biased toward these cultural concerns. And Lynn Payer's discussion of this is very, very interesting. And very funny, too.

*Is it that the doctors are meeting the desires of their patients or are the patients being influenced by their doctors? Or is there some kind of circular feedback loop here?*

Each society has a cultural issue. In Germany it happens to be the heart, in France it's the liver. In Britain, it's the intestines and in the U.S. it's the immune system.

*I want to ask why, but I'm not sure that "why" is even an appropriate question.*

I have no idea why. That would be a difficult historical issue and I'm not a historian. Here's another example—suppositories versus injections versus pills. The way you're going to deliver the medicine. There are biases toward preferring one or another.

*In the United States, I assume it's pills.*

Oh, yes. Some places like injections and some like suppositories, which Americans really hate.

*Moving outside the realm of biomedicine, casting our gaze more widely ... in the last 20 years or so, we've all gotten used to hearing certain health professions, or certain procedures, referred to as mainstream or conventional or regular, while others are called alternative or complementary. How do these names, these identifiers, influence the way people think about these different methods?*

I can't speak for others, but as for me, I dislike the dichotomy, which is a typical American way of thinking. It creates yes and no, black and white, up and down, and never anything in between. The idea that biomedicine is the standard and that everything else is 'other' or alternative is a remarkably primitive idea. But, of course, it reflects the sociopolitical power of biomedicine in the U.S. For nearly a hundred years, biomedicine has been in the leadership position.

That hundred years is, I believe, coming to an end. But it's still a very powerful system that is taken as the norm or standard or regular. Those words all imply that it's real and normal and that everything else is 'different.' They used to say 'unorthodox' or 'nonconventional.' Those are really fairly insulting to practitioners who feel that they are not unorthodox at all, but that they are practicing a different orthodoxy. But the point I want to make here is that this grouping of everything that is not biomedicine into one category is ridiculous. Specific therapies such as garlic pills for high cholesterol should not be tossed into the same comparative category as an entire medical system such as Ayurveda or chiropractic.

*There are healing arts that started out at the margins of mainstream health care and have moved, through various methods of professionalization, of research, of expansion of numbers of patients seen, to something more closely approximating a position in the mainstream. Is there a certain point at which a healing art stops being alternative or complementary and gets over the hump, so to speak, and enters the mainstream? How would we recognize when something like that had happened?*

That's a really interesting question. Most of the countries of the world peacefully accept that there are many different

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ways to practice medicine. Though recently, in the last 25 or 30 years, most of them have decided that so-called Western medicine, or biomedicine, is the most powerful.

*Is that a synonym for 'the best'?*

I don't know. For a lot of people who haven't thought much about it, it *is* a synonym for 'the best,' instead of looking for what it does well. The point is that in countries where people have a lot of choices and it has been built into the system for what is, often, many centuries, they are very astute about knowing where to go for what. So if they have an infection or they need surgery, they go to the biomedical practitioner, assuming they can afford that practitioner. But if they have a spiritual or emotional issue, they would not go there. They would go to some other form of practice that they believed would help them. If they had a dietary issue, ditto. And if they were pregnant and needed some pregnancy help, ditto. They'd go somewhere else. And it would vary with the society, which is why I haven't given a specific example.

*So, in a sense, you would have a level playing field, or at least something more horizontal than vertical, as opposed to a hierarchy in which one approach is the best and we work our way down from there.*

Yes. In the U.S., biomedicine was anointed 'the best' in the early 20<sup>th</sup> century, in part through the money of Rockefeller. He also anointed certain medical schools the best, the ones that were formulating themselves on a German model. The Germans had decided that the model of disease involving germs or infectious organisms was extremely explanatory. Earlier, in the 19<sup>th</sup> century, people didn't know about infectious organisms. Then, starting with Pasteur in France and then Koch and some others in Germany, it proved to be a wonderfully explanatory model, for a while.

*In that era, the diseases that were most feared were, for the most part, infectious diseases which responded well to treatment within that model.*

Absolutely. During that time they also developed anesthetics and therefore became fascinated by surgery. Surgery required them to be very clean, so they were involved in the whole process of understanding microorganisms, infection, cleanliness, and surgery all at once. It was a very powerful set of actions that got focused in biomedicine. And those that had less power were simply put out of business. That was because of the movement of money and political power. So biomedicine rose to the top, it took on this cloak of scientism and it proceeded to push a lot of bright ideas out as it pushed the idea of infection. Now infection is a very good idea, it's a very powerful model of reality, but it's not the only powerful medical explanatory model.

*What do you mean by scientism?*

Scientism is science that hasn't been fully understood or is being applied inappropriately. Just like a legalism is something different from a law.

*What got pushed aside during the great rush to apply the infection model so far and wide, to problems for which it was well suited and problems for which it wasn't?*

There was a lot of very interesting exploration of endocrine systems and hormones in the 1930s. At the time they didn't have the wherewithal to treat people who had endocrine issues like diabetes. But they recognized it. People were trying to treat with something called *glandulars*, which are the glands taken out of animals that had been slaughtered for meat or other purposes, and feeding those glands in a purified form to sick people. And it worked pretty well. But that whole model disappeared with the push for the pharmaceutical model, in which the idea is to find

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the single most powerful component of an herb, or a gland.

*The so-called active ingredient.*

Yes, the active ingredient, which is then turned into a pill. Or an injection. The push was not toward exploring glandulars but rather toward finding these purified substances. Today only alternative practitioners use glandulars. As far as I know, most MDs have never heard of them.

Back around the same time, there were many extraordinary discoveries about what we today call vitamins and minerals, their effects on the body, and what happens if you are lacking one or more of them. This goes back to the 17<sup>th</sup> century, when they started having sailors eat oranges, lemons and limes. They didn't know why those fruits helped, but early in the 20<sup>th</sup> century, they figured it out. That is to say, Vitamin C in these citrus fruits was preventing scurvy. There are a whole number of other conditions that were fairly common at the time and now are very rare because we understand that they were nutrient deficiency diseases.

We now can buy those nutrients, which have been 'purified' based on a pharmaceutical model. So you can go out and buy a lozenge of Vitamin C. Now, if people think they need more of it, they can buy a chunk of it and eat that rather than lemons and limes and oranges ...

It is very odd that biomedicine never picked up on nutrition and nutrient therapy, even though it is solidly bioscientific. So all of nutrition, strangely, has been categorized into CAM [complementary and alternative medicine], and MDs who do nutrition counseling are considered CAM practitioners. But at least it means that we non-biomedical practitioners can use nutrition, and that is a good freedom to have.

*It seems that we are coming full circle on the use of isolated nutrients, realizing that the so-called purified versions actually lack context and lack various co-factors which may turn out to be extremely important. It appears to me that we are coming back, ever so slowly, to the idea that the fundamental unit, the basic building blocks that we should be dealing with in nutrition, are the whole foods themselves rather than the various chemical constituents (vitamins, minerals, antioxidants and so on) into which scientists can break them down.*

Yes, so the pharmaceutical model and the cultural desire for purity, which is very strong among Americans, very strong, has led to a model of medical reality in which we look for the single active agent, or the most active agent, in some natural substance. And then we give that to people. People are now realizing that something is missing. So using whole foods (or whole herbs) turns out to have some benefit.

Chinese herbal formulas don't contain one herb, they contain multiple herbs. And why is that? It's because they understood that if you took one herb, you were likely to get side effects. It was going to create an imbalance in the movement of energy or the function of the body, the physiology. Therefore, they would always add other herbs to counter excess and to create a relationship among all the herbs, an adaptive relationship. So they were dealing with synergism. These are complex formulas and they have integrated into them an awareness of the synergistic actions of all the functions of those herbs.

*It strikes me that if this is true of a single herb having those undesirable side effects, it's amplified many times over when you're dealing with an isolated pharmaceutical.*

Which is why people have learned to expect side effects. And, unfortunately, side effects are of mild worry to doctors who recommend pharmaceuticals. They are aware of them, but they generally counter them by giving another drug.

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*Which may in turn have other side effects.*

Exactly. It would be revolutionary if the pharmaceutical profession began to use a model which is characteristic of herbal prescriptions. That is to say, combine substances from the get-go to minimize side effects and maximize adaptive effects.

*Is there any indication that this is happening at all?*

No, I don't think so. There is a continuing focus on purification.

*You've written some very interesting commentary on the relative invasiveness of different health care methods. As a chiropractor, I have for years heard chiropractic referred to as noninvasive, presumably because it doesn't involve breaking the skin and thereby "invading" the body. But in your writings, I found a very thought-provoking model in which chiropractic adjustments lay somewhere in the middle of the invasiveness spectrum. We included your model in my most recent chiropractic textbook, Fundamentals of Chiropractic. Could you describe it?*

I was so delighted the day that that hit me, straight between the eyes. At one end, the most invasive is surgery that goes deep into the body. An example would be working on the valves or the blood vessels of the heart. Or going in deeply and changing around the intestines. At the other end are treatments where there is no touch between the practitioner and the patient. It might be prayer or distant healing.

*I remember music therapy and art therapy being near that noninvasive end of your scale as well.*

Medical systems all over the world, the ones with long histories, like Ayurveda, Chinese medicine, Persian medicine, biomedicine, have tried and developed a lot of different ways to affect the functioning of the body, which vary in their level of invasiveness. Taking a pill is also invasive, because you're putting something into your body that wasn't there before. Acupuncture is invasive because you're being needled. Chiropractic is in the middle because you're using your hands, or an instrument, to move vertebrae and other parts of the body as well, and on this basis performing a lot of interesting diagnostic and reparative processes. But the skin is not broken. So it's somewhere in the middle and so is massage.

*What writing or research projects would you like to do in the future?*

Presently I am conducting interview research with acupuncture practitioners. From there I intend to expand to interviewing a wide variety of medical practitioners, including chiropractors, osteopaths, naturopaths, biomedical practitioners including nurses, and probably some others, to slowly build up a large data set about how different kinds of practitioners view medical reality. I will publish my findings. After that? One useful thing would be to develop an intake questionnaire that could help link patients with practitioners who share a similar worldview, because such similarity should contribute to improved communication, willingness to participate actively in self-care, and finally, a better outcome. That's a big goal, but as the song says, "Step by step the longest march can be won, can be won ..." Besides, talking to practitioners is fascinating and rewarding!

For further information on Dr. Cassidy: [www.acuhealingworks.com](http://www.acuhealingworks.com)

**Daniel Redwood, DC, the interviewer, is editor-in-chief of *Health Insights Today*.**