

Karl W. Kratky
Complementary Medicine Systems: Comparison and Integration
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Reviewed by Hisaki HASHI¹

The reflections of Karl W. Kratky in this publication focus on the goals and achievements of integrative medicine in our time of globalization. The author is concerned with the following central aspects: 1. The necessity of a discerning view of western systems of medicine, as opposed to systems developed in other parts of the globe; 2. A critical and self-critical reflection on the integration of different ways of thinking into a more discriminating philosophy; 3. To achieve this goal, physicians and intellectuals must become aware of what are their own preconceived thought processes and must be willing to integrate them into other thinking systems, developed by other civilizations. This would proffer the basis for a reformed system of successful medical therapy.

Modern science and technology are committed to a large extent to the so-called Cartesian dualism, which holds that the mind is a nonphysical substance. The major criteria of how a human body functions and how medical techniques work on the physical parts of a biological organism are greatly indebted to Descartes' philosophy. The advancement of western medicine is firmly grounded in these principles. In this system the mechanical and instrumental parts are given maximum attention, whereas other aspects may be neglected, for example, that the organic functions of the human body depend on a complex interplay of body and mind. Without psychological knowledge the working of the mind cannot be understood. Without an integrative method combining psychology, medicine and philosophy the complexity of the human body and mind and its potential of recovering/self-healing cannot be fully grasped.

When modern medicine from Western Europe was introduced in East Asia in the 19th century, intellectuals and scholars were astonished by the effective methods of western medicine, its rationality and technical advancement – but the essence of its thinking system was not grafted on to the native philosophy. Anyway, modern medicine relies on the methods: a) diagnosis of the symptoms of an illness that are reproduced by the human body, b) coordination of diagnosis and medication, c) observation of the patient's response to treatment, to determine how far causal factors have been reduced or eliminated. These methods are similar to those of natural sciences, insofar as the body affected by an illness is perceived as an object equated with a mechanical and instrumental system. Modern "science" has followed these thinking and acting principles from the very beginning up to our times.

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However, this aspect of mechanical “functioning” as the “principle” to build up the whole “system” is connected to a fundamental error, even if natural science and medicine are bound to rely on pragmatic principles: “If something is doubtful, it must not be carried through in a hurry, insofar as the whole system keeps up its working functions”. But in this case, the working “system” may become subject to even greater errors. The reason is hidden in the untreated phenomena, because the fundamental thinking method of medicine and natural sciences is based on an analysis, which examines only those parts of the object in question which are observable and reproducible. What is often neglected in contemporary thinking is the idea that the human body is an integrative system of physical mechanism and psyche, a complex organism of both body and mind. The mechanical system of the body and the organic system of the mind depend on each other. The Cartesian dualism pointed the way to a further development of an investigation of the mechanical/instrumental system of the human body: What has not yet been achieved is the full integration of the mechanical instrumentalism and the psychic organism, which should be systematized step by step. The desired “system” includes not only a logical constructive system of thinking, but also a *self-conscious view of one’s own actions, both in one’s professional and in one’s private life*: This would be an important turning point in the revitalization of medical treatment.

The author’s approach to self-critical attention accorded the western-style medicine is based on the above-mentioned aspects. In Chapter 1 he affirms that medicine relying on purely natural-scientific methods would often diagnose a typical symptom quasi by compulsion, because any other factor which cannot be primarily classed as a symptom would automatically be ignored. Ignoring the psyche of the patient, a medical doctor may arrive at a diagnosis which is not justified, thereby instilling false hope or despair in the patient. Physicians must be made aware of this tendency to erroneous diagnosis or treatment – which may be regarded as a ‘*symptom*’ of the “thinking and acting ‘*system*’” of the medical profession.

Chapter 2 presents the central subject for a conscious recognition of the other partner in a dialogue and the interdependence between one’s own cultural background and that of other cultures and societies. It addresses also the problem of aging accompanied by changing mentality. Table 2.1., “Various perspectives or approaches to reality”, contains several interesting hints for a better understanding of people from various cultures and in different situations of life, even if this kind of table might be extended by other authors to an easy typology. Any effort made to grasp the situation and the background of a patient is in any case a highly relevant method to realize a co-existential relationship between physician and patient, one of the important principles of East Asian cultures. In my viewpoint of interdisciplinary research based on comparative philosophy, Chapter 6, “Feedback Diagnosis and Feedback Therapies”, opens up a high-level integration of medicine and interdisciplinary thinking. Combining different approaches to healing based on natural scientific and philosophic thinking, the “system” of thinking and acting

pursued by a physician in this light aims at a realization of an “embodied cognition”, which is a goal of current interdisciplinary philosophy.

In the “Advancement of the Cross-Cultural Model” (Chapter 9) the author introduces the principal elements of TCM (Traditional Chinese Medicine, including part of *Tibetan* medicine): metal, fire, wood, earth, water, *flora*, circulating with the energy of *yin* and *yang*, into the circulation scheme, describing their difference through the functional relation of a triangle function (sine and cosine) in mathematics. Applying this basic scheme, various phenomena explained in TCM can be mathematized: For example, the graduation of basic colours can be transcribed in a circle; within the circulation of the different colours their different frequencies and wave lengths are indicated (9.3., p. 147–152).

The mathematizing of TCM is a new approach which might assuage several prejudices voiced against TCM today. This kind of reinterpretation of TCM and other Asian traditional medicines opens a new dimension of cross-cultural thinking, in which many elements of the traditional cultures of East and West are placed in interdependent complementarity: What TCM lacked so far in order to be acknowledged as a modern system of natural science was the process of mathematizing the inherent factors. What western medicine lacked was the holistic thinking that the human body is a micro-cosmic unity in harmony with the mezzo- and macro-cosmos of nature. In the thinking of western medicine the objective observer must keep a distance to the object under observation. In TCM a different position is upheld: The thinker/observer occupies a cross-dimension together with the patient in the field of a “system co-existential to the healing process”. Vice versa, TCM lacks the mathematized exactness of a rigorous scientific verification on the level of pure logic; thinking and acting are not free from subjectivity. In his experiment of thought the author demonstrates his capacity to integrate different thinking systems in a cross-over of different civilizations, avoiding any tendency of syncretism or levelling down of cultural characteristics.

Chapter 10 deals with applied aspects, describing the general behaviour of man in his daily life, when the TCM method is transmitted to the logical formalization of physical mathematics. In Chapter 12 the stimulus of the cortex described in physical data is seen in analogy to TCM, transferred to the circulation of the basic factors of nature and their relationship in the coupling of *yin-yang*-complementarity. If this principle is valid, human emotions and the activity of the cortex are stimulated by the basic factors of nature: Earth and its beings are integrated into the circulation of natural factors. Beings and nature are united in the mezzo-cosmos. Also human emotion and human thinking are in correspondence with the natural order of the universe. This idea of TCM has often been opposed on the grounds of the query, if and how far this kind of stimulation of nature and the human body can be verified by modern natural science. The author solves this query by his original method of integral thinking, by crossing different systems and different cultures. This way of “crossing cultures and thinking disciplines” results in his unique thought of a new “system for a holistic integral medicine” – a significance of this publication.