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MARK GREENER
As always, to Rose, Rory, Ophelia and Yasmin
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Introduction

During the fourteenth century, an Italian priest called Peregrine Laziosi – now the patron saint of cancer sufferers – developed a large bone tumour in his leg. The night before a surgeon planned amputation, St Peregrine prayed intensely. He fell into a trance and saw a vision of Jesus Christ touching his leg. The following morning, the cancer had disappeared. By the time Peregrine died in 1345, at the age of 80 and 20 years after the vision, the malignancy had not recurred.1

Today, headlines regularly proclaim that a new treatment is a ‘miracle’, often based more on public relations hype than scientific evidence. Yet ‘real’ – medically inexplicable – miracles undoubtedly occur.

While I was writing this book, the International Medical Committee of Lourdes recognized the sixty-eighth miracle among pilgrims to the shrine in south-west France: an Italian nun who started walking after spending years paralysed despite several operations. The committee recognizes miracles only if current science cannot explain the recovery. And such recognition is rare. The committee approved the sixty-seventh miracle in 1999: an ‘inexplicable’ improvement in a middle-aged Frenchman with multiple sclerosis.

Nevertheless, ‘miracles’ occur every day. An apparently aggressive cancer that doctors expected to prove rapidly fatal enters remission for several years. Indeed, as we will see, spontaneous remissions of cancer are more common than you might expect. A severely injured person walks after doctors predicted life confined to a wheelchair. People ‘turn their lives around’ after years struggling against drug or alcohol addiction.

Atheists suggest that just because current medical knowledge cannot explain these ‘miracles’, you do not need to invoke divine intervention. They point to the rapidly growing scientific evidence highlighting the interactions between your mind, environment and lifestyle that cause, contribute to and help cure disease.

Some theologians counter that God might intervene by using these holistic ‘internal healing systems’ to give our bodies a ‘push’
along the path to health. And they point to the numerous scientific studies showing that spirituality and religion are critical for optimal health and well-being. This book looks at how a holistic approach can help you harness these inner forces – whether you feel they derive from a higher power or from biology, or both – to improve your health, well-being and resilience against illness and adversity.

This holistic approach builds on the foundation laid by modern medicines, but also encompasses the psychological, emotional, spiritual and social aspects of illness that may be just as – or even more – important to patients as their symptoms. Yet healthcare professionals often marginalize these intimate interconnections. Indeed, the continuing popularity of complementary treatments partly reflects dissatisfaction with modern medicine’s focus on diseases rather than patients. To take one example, between 17 and 78 per cent of people with cancer (depending on the patients studied) use at least one complementary therapy. While acupuncture, naturopathy and biofeedback seem superficially different, they share a common philosophy: better integrating the spiritual, mental, emotional and physical sides of a patient will optimize health and well-being (Figure I.1). In other words, complementary treatments are holistic and place the patient firmly back at the centre of health care.

![Figure I.1 The holistic view of health](image-url)
Seeing more and more about less and less

In many ways, doctors’ focus on diseases rather than patients – you still hear physicians on a ward discuss ‘the heart attack in Bed 6’ – is the inevitable consequence of the scientific revolution that saved countless lives and prevented untold suffering. To treat you effectively, doctors need to know ‘more and more about less and less’, which runs the risk of submerging individual patients in a tsunami of apparently esoteric scientific data.

This wealth of data has largely accumulated since the late nineteenth century as technological advances have allowed scientists to examine tissues in unprecedented detail. As a result, doctors increasingly split ailments that once seemed single diseases into constellations of subtypes based on, for example, genetic variations or abnormal proteins. Pharmacologists (scientists who study drugs) use these insights to create medicines that cure, prevent or manage diseases that terrified our parents and grandparents.

For example, in 1878, physicians from Vienna reported that only 1 in 20 women who underwent surgery for breast cancer lived three years. Modern drugs, radiotherapy and surgery mean that more than three-quarters of women with breast cancer in most Western countries survive at least five years. Even in metastatic breast cancer, where the malignancy has spread to other parts of the body, the number of women aged 60 years or less who survived for five years more than doubled from around 11 per cent of those diagnosed between 1979 and 1984, to about 23 per cent in 2000 to 2004.

Similarly, in 1880, infections and parasitic diseases claimed 33 per cent of lives. Even a scratch could kill. In 1941, Albert Alexander, a policeman in Oxford, developed septicaemia after scratching himself while pruning roses. After becoming the first person to receive penicillin, Alexander improved rapidly. Unfortunately, despite doctors extracting penicillin from his urine, supplies ran out and Alexander relapsed and died.

A few months later, in a Connecticut hospital, Anne Miller was dying from septicaemia after a miscarriage. The morning after her first dose of penicillin, Miller’s temperature had dropped from 106°F (41°C) to normal for the first time in a month and she recovered fully: the first life saved by the antibiotic. By 2008, infections and parasitic diseases accounted for just 1 per cent of deaths.
Despite such successes, patients are more than cancerous lumps, raging temperatures or broken bones. Our health responds to our environment. In one study, for example, patients who had a view through their window of a natural setting recovered more rapidly after surgery than a similar group facing a wall. Our health also responds to our social networks. Supportive friends and families, animal companionship and involvement in organized religion all help you stay healthy and live with chronic (long-standing) disease. And health responds to our psychology and spirituality.

The mind in medicine

Healers recognized millennia ago that the mind can produce dramatic physical effects. Writing around 200 AD, the great Graeco-Roman physician Galen noted that depressed women are more susceptible to breast cancer. More recently, some people who witnessed the torture and horrors of the Cambodian killing fields reported fuzzy vision or even blindness, yet doctors could find nothing medically wrong with their eyes. On the other hand, some patients seem able to postpone their death until after an important event. For example, according to The New York Times, the city's death rate in the first week of the new millennium rose by 50.8 per cent compared to the final week of 1999.

This book explores how a holistic approach can prevent disease, alleviate symptoms and, occasionally, cure. We'll focus on chronic illnesses, such as heart disease, breathing problems, arthritis and so on. According to Andrew Russell in The Social Basis of Medicine, about a third of people in the UK have a chronic illness and a fifth cut down their activities as a result. But rather than focusing on a specific disease, this book looks at the principles that let you control your chronic illness rather than allowing the disease to control you.

Four holistic health principles

Essentially, four principles underpin the holistic approach outlined in this book:

- Maintain an informed, enquiring and collaborative approach with your complementary and conventional healthcare professionals. Several UK surveys show that many patients do not feel as involved in decisions about their care as they would like. Nevertheless, your health and well-being is largely in your hands. However, that does not mean you are a victim or that you
are responsible for your illness – even if smoking, a poor diet or alcohol abuse contributed to the disease.

- Reduce stress, which contributes to numerous ailments including heart disease, diabetes, arthritis, migraine and ulcerative colitis (inflammation and ulceration of the colon and rectum).\(^\text{10}\) Even if stress doesn’t cause or exacerbate a disease, you’ll feel worse and less able to cope with your illness or problems more generally.

- Make health-promoting lifestyle changes. As we will see, holistic health means tackling four key lifestyle factors that contribute to ill health and developing supportive social networks and partnerships – even with your pets – that bolster your physical, emotional and mental defences.

- Create more efficient, more effective coping strategies by augmenting your spirituality, optimism and resilience. While some of us are naturally more resilient or optimistic than others, it is never too late to bolster your defences. Despite the rise of secularism and atheism, spirituality and religion remain central – to a greater or lesser extent – to the lives of most people in the UK.

In other words, understanding and implementing the principles of holistic health – the interrelationship between lifestyle, mind, body and spirit – improves your chances of a long, rich and fulfilling life.

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**A word to the wise**

This book considers general principles. So, the book *does not* replace advice from your doctor, nurse or pharmacist, who will offer suggestions, support and treatment tailored to your circumstances. You should always see a doctor or nurse if you feel unwell, or think that your disease is getting worse.

While I have included numerous references from medical and scientific studies, it has been impossible to cite all those I referred to. (Apologies to any researchers whose work I have missed.) However, throughout the book I have highlighted certain papers to illustrate key points and themes. Some of these may seem rather erudite if you do not have a medical or biological background. However, do not be put off. You can find a summary by entering the details here: [www.ncbi.nlm.nih.gov/pubmed]. Some full papers are available free online and larger libraries might stock or allow you to access some better-known medical journals.

Contact details for all the organizations mentioned can be found in ‘Useful addresses’ at the end of the book.
The limitations of modern medicine

Better sanitation, clean water, improved nutrition as well as effective and relatively safe vaccinations, medicines and surgical operations mean that we are, in general, healthier than any previous generation. We no longer fear that a scratch could prove fatal, a cough could herald tuberculosis or our children will contract polio while swimming.

And, on average, we live longer than ever. During the seventeenth, eighteenth and much of the nineteenth century, life expectancy was just 30 to 40 years. Government statistics estimate life expectancy for children born between 2008 and 2010 at about 78 years for boys and 82 years for girls. Indeed, 32 per cent of boys and 39 per cent of girls born in 2012 in the UK can expect to celebrate their one hundredth birthday.

However, as mentioned in the introduction, the marginalization of the ‘whole patient’ is a consequence of the same scientific revolution that transformed our health and longevity. Appreciating modern medicine’s limitations helps you understand why you need to take control of your health using a ‘holistic’ approach and helps you work proactively with your doctors, nurses and other healthcare professionals to optimize your health. But this raises a fundamental question: what is ‘health’?

The ‘health’ enigma

You know when you’re under the weather: you feel out of sorts, lethargic, run down. The symptoms of many serious ailments are more obvious: angina’s crippling chest pain; flu’s raging fever; the discomfort and disability of a broken limb. Yet defining health and disease is more difficult than you might expect. Indeed, Tikkinen and colleagues note that ‘disease’ ‘can be as difficult to define as beauty, truth or love’.1
Health – the word derives from old English for ‘being sound’ (hoelth) – isn’t simply not being ill. In 1948, the World Health Organization defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. The definition underscores that a holistic perspective – encompassing physical, mental and social aspects – is essential for ‘health’.

A fundamental problem
Yet this apparently simple definition raises fundamental problems. Most doctors would regard me as reasonably healthy. My blood pressure and other vital signs are normal. Thankfully, I don’t currently suffer from any serious diseases. I don’t drink excessively or smoke, my diet is reasonably healthy and I exercise fairly regularly. Yet I am constantly niggled by aches, pains and anxieties, and do not have either the time or the money to participate in a ‘full social life’. Even on a good day, I’m a long way from being in a state that I would regard as ‘complete physical, mental and social well-being’. In other words, I feel dissatisfied with many aspects of my life.

Worryingly, some studies link ‘dissatisfaction’ with an increased risk of ill health. In one investigation, British civil servants who said they were moderately or highly satisfied with their life were respectively 20 per cent and 26 per cent less likely to develop heart disease (allowing for other risk factors) than those who reported low levels of satisfaction. Indeed, satisfaction with their job, family life, sex life and themselves each reduced the risk of heart disease by around 12 per cent. But how many doctors would regard dissatisfaction with your sex life or job as being ‘ill’? Fortunately, as we will see throughout this book, you can change the way you react to life’s frustrations.

The impact of culture
To complicate matters further, patients’ view of ‘complete physical, mental and social well-being’ can differ dramatically. A constellation of symptoms that Peter may regard as ‘healthy’ can leave Paul under the weather. Doctors regularly face the worried well: people who fear a minor ache or pain could be the first sign of a serious illness. On the other hand, some people soldier on with remark-
able fortitude despite overwhelming physical or mental handicaps. And our attitudes change as we age. Russell points out that some people – particularly young men – tend to regard health as synonymous with fitness. Older people tend to focus on function: whether they are well enough to take part in their work, hobbies and other activities of everyday life.

Society also strongly influences our definition of ‘complete physical, mental and social well-being’. In her fascinating book _The Cure Within_, Anne Harrington notes that Japanese does not even have names for hot flushes (also called hot flashes) or the night sweats experienced by many Western menopausal women. In part, the absence of these symptoms may reflect the fact that female ageing in Japan does not usually carry the same connotations of ‘diminished status and worth’ as in North America or Europe.

The Western menopausal symptoms illustrate that some people express emotional problems by developing physical symptoms – called somatization. For example, Russell notes, depressed people often complain of vague symptoms, such as aches and pains ‘everywhere’, tiredness, headaches and dizziness. In English-speaking countries, our bowels bear the brunt of somatization – we’re ‘sick with fear’, have ‘the runs’ or complain of ‘butterflies in the tummy’. Chinese people complain of somatic symptoms in their liver, spleen, heart or kidneys. In Iran and the Punjab, the heart tends to be affected. These symptoms, Russell points out, offer a ‘socially acceptable way of indicating emotional distress’.

**Napoleon’s menstruating men**

A striking example of society’s impact on symptoms regarded as ‘normal’ emerged when Napoleon Bonaparte invaded Egypt in 1798. Bonaparte found ‘a land of menstruating men’, Russell reports. A parasitic worm – schistosomiasis – can invade the bladder. So, infected patients often pass copious amounts of blood in their urine, inspiring Bonaparte’s comment. Even today, young boys in rural Egypt sometimes jump in the red urine of infected people to catch a ‘disease’ they regard as ‘normal’.
Given the multitude and diversity of factors that influence health and disease, it’s not surprising that doctors strip away the social, subjective and emotional elements leaving a core of scientifically identifiable and treatable ‘abnormal’ biology. Essentially, doctors focus on the levels in Figure 1.1 from ‘patient’ down. For example, mould in poor housing commonly triggers asthma. Unemployment, debt and economic uncertainty can increase the risk of heart disease and psychiatric illness (page 17). Understandably, doctors tend to alleviate symptoms with drugs rather than try to improve housing or tackle the country’s economic woes. (Nevertheless, GPs often refer people to medical social workers to help with benefits and other support services.) But, in some people, tackling the symptoms and not the causes papers over the cracks.

**The foundation of modern medicine**

Modern medicine is objective, rational and scientific. Doctors use objective signs (e.g. blood pressure and heart rate) and symptoms (e.g. pain or a rash) to diagnose and prescribe. They evaluate a treatment’s success based on measurable changes – such as a reduction in blood pressure or cholesterol level, or an obvious improvement in symptoms. Furthermore, as Roberta Bivins notes, a ‘potent combination’ of laws, regulations, commercial and political interests, culture and public expectations support and sustain this biomedical
The limitations of modern medicine

approach. And the biomedical approach is our most powerful technique to identify the medicines that we rely on. Russell notes that in any 24 hours about half of all adults in the UK probably use a prescribed drug.

Nevertheless, Exploring Reality, a thought-provoking and inspiring book by John Polkinghorne (a theoretical physicist who became an Anglican priest), notes that ‘science describes only one dimension of the many-layered reality within which we live, restricting itself to the impersonal and general, and bracketing out the personal and unique’. In particular, Polkinghorne adds, the biomedical approach ‘has difficulty accounting for psychological, sociological, and spiritual factors that influence most, if not all, illnesses’. Holistic approaches restore the ‘personal and unique’ by encompassing the psychological, sociological and spiritual factors.

Indeed, Polkinghorne notes, complex systems – such as the human body – generate patterns of effects that studying the individual components would not predict. (The technical term for these patterns – which may include consciousness and life itself – is ‘emergent phenomena’.) For example, we know that certain parts of the brain seem to change in alcoholic people. We know the chemical processes that the body uses to break down alcohol. We know that around 50 to 60 per cent of the risk of developing alcoholic liver disease or becoming addicted to drink depends on the genes you inherited from your biological parents. But that’s a long way from examining the systems and knowing who will develop a drinking problem, how much they will imbibe on a particular night and their chances of recovery.

And while science is capable of profound insights and stimulating remarkable technological advances, medicine still cannot explain how every effective treatment works. A paper in the prestigious Archives of Internal Medicine considered 31 studies – which included almost 18,000 patients – and reported that acupuncture roughly halved the intensity of chronic pain caused by back, neck and shoulder problems, osteoarthritis and headache. Yet, the paper points out, ‘there is no accepted mechanism by which [acupuncture] could have persisting effects on chronic pain’.

The limitations of modern medicine
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