

A Participants Synopsis of

HUMAN HEALING:
Perspectives, Alternatives and Controversies
A Course Developed by Dr David Reilly
Pilot of a Special Study Module for 3rd year undergraduate medical students
at Glasgow University which took place from
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Foreword by Dr. David Reilly

This course hoped to tackle the fundamental but difficult issues around the construction of a transcultural view of human caring work. Can common ground be identified and cultured from the best of apparently different healing and medical traditions? What are the common ingredients in good and bad medicine? Might the phenomena of successful care and healing be described, understood, learned and taught - and those of bad care identified and so reduced - wherever they may have been discovered or developed? The divide of effective and ineffective care would be emphasised rather than East versus West or Orthodox versus Alternative and the like. Patient care and experience would be placed centrally, and the best of science and art embraced if we could.

It is an ambitious agenda, but one which I believe needs urgently tabled. The rise of complementary medicine is one of the major phenomena of western care this century - it is the second biggest growth in Europe next to micro-electronics. It has much to say about useful neglected practices but also much to teach about unsound nonsense. Couple that with the new research pointing to the impact of mind on body (like the psychoneuroimmunology research), and many carers and patients dissatisfaction with a medicine which to a measure has been de-humanised, and I believe there is an enormous opportunity to respond creatively with a fresh appraisal of what is needed for balanced, humane and effective care and healing.

So what is human healing, and how can it be moved or disrupted? Can our student colleagues be encouraged to take this enquiry further, developing their scientific, creative and humane strengths on route? This report is written by nine co-enquirers, 3rd year medical students who joined my colleagues and myself on the pilot of a new course I designed to tackle these questions. The course builds on ideas and pilot workshops developed over a number of years¹ and attempts to respond to long standing student interest in this area². The views and perceptions are the students, and I will not comment on them other than to say they have encouraged me to consider that an enquiry of this type is possible and is valuable.

I would like to thank my student colleagues for their help, friendship and teaching. Their enthusiasm was a blessing. They readily joined the pre-course planning meetings which I called (and thanks to our 2nd year colleagues who contributed here without being able to join the course) and they pushed and encouraged me out of my hesitancy. It was not easy for them. We pushed and stretched their capacity and demanded much. They responded superbly.

¹ Reilly DT, Taylor MA. Proposed Undergraduate Studies. Pages 34-35 of : Developing Integrated Medicine: Report of the RCCM Research Fellowship in Complementary Medicine, Glasgow University 1987-1990 Complementary Therapies in Medicine 1993; 1 Suppl 1. 1-50.

² Halliday J, Taylor MA, Jenkins A, Reilly DT. Medical students and complementary medicine. Pages 32-33 of reference 1.

I wish to thank all of the many presenters and teachers who gave generously of their time, skill and selves. Their students have benefited enormously. Similarly my thanks to the library team and the administrative team for their hard work and caring.

I would also like to thank the Faculty of Medicine at Glasgow University, and in particular Dr Bill Ferrel, who encouraged and supported this course. I recognise that there may have been some intrepidation -such a course could be abused and used as a vehicle for poor science and poor practice. I believe that this student report puts to rest any such worry. I would welcome comments and ideas on how what has been achieved could be taken forward.

David Reilly. September 1999

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CHAPTER 1

INTRODUCTION

CHAPTER 1: INTRODUCTION

1.1. Human healing – the five-week experience

The past five weeks have been an enlightening experience!! The SSM has gone far beyond our initial hopes and expectations and has opened our eyes to aspects of human healing to which many of us had not yet been exposed. It is difficult to capture the essence of this SSM using words on paper, it truly was something you had to experience.

We feel that the experience has highlighted areas of caring that the conventional medical course may not encompass - certainly the importance of looking at the whole person in the context of their internal and external environment has been demonstrated effectively. The course has provided a valuable insight into the healing potential of the patient - practitioner encounter and the strength of the therapeutic relationship. This has been made real to us through our observations of complementary clinical practice.

Many of us were surprised as to how much we could achieve with contemplation, discussion and reflection. Although we may have not learned as many hard facts in relation to individual complementary therapies, the experience has inspired us to continue our journey into these areas. If we had gone any deeper into any one therapy then we may have missed out on getting a taste of the many aspects of healing. Also, this module is about seeing the bigger picture - human interactions, perceptions of health and healing. We have now been equipped with new insight, and the power to evaluate new therapies with an open, yet challenging mind. The experience has demonstrated how orthodox and complementary therapies could be integrated and allowed us to form more educated opinions on the subject. The opportunity to watch complementary practitioners at work and to talk with patients has been an invaluable experience and allowed us to gain a more balanced viewpoint. At all times we have been encouraged to remain inquiring and even sceptical, and have enjoyed evaluating the evidence and theories of different therapies. The SSM vastly improved our skills in critical appraisal!!!

This has been a refreshing experience. It has come mid-way through our medical course, at a time when our enthusiasm was beginning to flag. Amid the business of studying the facts and practices of medicine we had little time to stop and contemplate what it means to be a good doctor. This course has given us that chance. The challenge now is for us to incorporate what we have learned here into our future work.

At times, some of us felt a little self-indulgent, even frustrated in that we were unsure as to what was expected of us. However, we all agree that our perspectives in relation to the role of a doctor, the power of the patient and the many factors that influence the healing process have been altered significantly.

1.2. Initial aims and objectives

The initial aims of the course were outlined on a handout in the very first session of the SSM. They were:

1. To deepen understanding of healing, and what helps and hinders it.
2. To consider and contrast differing approaches to healing including some of those not currently seen as orthodox within Western medicine.
3. To construct and pilot an SSM in this field.

Aims 2. and 3. incorporated the genesis of our individual reports, which encompassed a range of topics taken from the five weeks. A list of these projects is given in appendix II.

There was also a set of objectives in place prior to the start of the SSM.

They were:

1. To explore the impact for good or bad, and the limits of, human interaction on healing and the ways it can modify disease, suffering and illness.
2. A critical exploration of elements of non-orthodox and non-Western medicine.
3. In addition to the anchoring areas of objective 1., a somewhat deeper examination of a small subset of specific therapies, used as models, will be carried out.
4. Practical exposure to the issues will be attempted.

1.3. Outcome measures

The SSM was assessed on the basis of 4 outcome measures:

1. A 3000-word individual report on a subject of personal choice.
2. A 15-minute presentation reflecting the content of the report.
3. An A1-sized poster relating to some aspect of the individual project.
4. Individual attendance and contribution to the five-week period.

As this was a pilot SSM, all group members also agreed, prior to the start of the five weeks, to evaluate the SSM itself and produce this report.

1.4. Aims of this report

The aims of this synopsis are twofold. First, we aimed to reflect our experiences, both personally and as part of the group, and the changes in our perceptions of medicine over the five-week period. Second, we wanted to provide feedback to the course designers and contributors in order that this pilot SSM can be evaluated and possibly improved upon for subsequent years.

1.5. Generation of report data

This document represents the overall consensus views of the group concerning the teaching sessions that made up the course. Where appropriate, individual views which differed from consensus are also included. Feedback was generated on the in-house and guest sessions by filling in a comments form at the end of each session. The form allowed for comments on which aspects were good, which were not so good, and any suggestions for future improvements. It also included space to reflect on how each particular session had changed our perceptions and future practice, something which provoked a very useful mini-discussion to end each session.

A course web-site and an electronic group bulletin board were set up at the start of the SSM for use by the students and course organisers. Unfortunately there were a few teething problems with this, and in all, the group felt that they could communicate with each other well enough face-to-face throughout the five weeks and did not need to access the computer constantly.

A course reference manual, compiled by the Homoeopathic Hospital library staff, was made available to the students on the first day of the SSM. This manual, along with copies of the individual reports, is available from Glasgow Homoeopathic Hospital Library.

CHAPTER 2
WEEK 1 :MIND-BODY MEDICINE

CHAPTER 2 : WEEK 1 MIND-BODY MEDICINE

2.1 A flavour of the week

The introduction to mind-body medicine began by challenging all our pre-existing concepts about human healing, what our job as doctors entails, and medicine itself. This came as a surprise to us all – this was not going to be your average five-week SSM. This was something different. We realised then that we were not merely going to learn about homoeopathy, acupuncture, and the like. We were going to learn the basic human skills of good doctoring, and we were also going to learn a lot about ourselves.

2.2 In-house sessions

2.2.1 Introduction to healing

Speaker: Dr. David Reilly

Format: Three-hour discussion session centred around exploring the concept of healing, illustrated with a video case history and handouts.

Summary: This session was a basic introduction to the concepts of healing, and to the very real differences between the Western orthodox view of medicine and the view of healing held by ancient Eastern cultures such as the Chinese and Tibetans. It was also a session which aimed to formulate questions concerning our beliefs and practices, which would hopefully be addressed during the rest of the SSM. The video was a follow-up consultation between Dr. Reilly and a patient who had benefited from his treatment. Our discussions were sparked off by the fact that a phenomenon had occurred – this man had been healed. How? We used our PBL skills but were encouraged to take them further to analyse an example of successful clinical outcome.

Reflections: Our perceptions of what we are trying to achieve by becoming doctors began to be subtly altered during this first session. We were presented with an entirely different view of “doctoring” than any we had been exposed to in our training thus far, and we liked what we saw. Dr. Reilly was an exceptional teacher, a new sort of teacher, I haven’t seen a group of students – especially the week after the exams – so rapt during teaching before!

References:

1. Reilly, D. (1998) Creating therapeutic consultations: some reflections. Transcript of a lecture.
2. Reilly, D. (1999) CAM in Europe: reflections and trends. Unpublished review.

2.2.2 The placebo effect

Speaker: Dr. David Reilly

Format: Three-hour discussion session exploring the concept of placebo, including a comprehensive introduction to the placebo literature.

Summary: In Latin, the term placebo means “I will please”. In the 1980s it was defined as “any response as a result of therapeutic intent rather than the physiochemical nature of the procedure”. The term has in the past been considered as the scourge of the clinical trial, and little thought has been given to the potential benefits of this effect and these can be exploited therapeutically.

In 1960 a study conducted by Beecher was published in *Science* (see references) claiming saline was as good as morphine for post-operative analgesia in 40% of cases. This was a placebo-controlled trial and if the claims in it are real, the implications of this are huge. The following issues would need to be addressed:

- current overuse of drugs, and unnecessary prescribing.
- placebo: a tangible phenomenon or effect of artefact?
- nocebo is a powerful adverse placebo effect; people have been hospitalised by placebo.
- the influence of awareness: do people know they are in a placebo-controlled trial? In Beecher’s case the answer is no. Nowadays it is considered unethical to carry out a trial without participant consent – does this knowledge impact on the outcome?

Currently there is an enthusiasm for evidence-based medicine, however this focuses on results rather than the explanation of those results. As scientists, our left hemisphere dominates; that is our brain craves categorisation and reduction of information into understandable chunks. For this reason we put our faith in the randomised controlled trial, though this should not be blind faith. Holism also includes right hemisphere thinking – to appreciate a flower one would also take it as a whole rather than just pull it into its constituent parts for analysis under a microscope. Holism supports the concept that medicine is both an art and a science.

Reflections: The speaker was excellent – interesting and animated; our enthusiasm for the subject was maintained throughout the session. The discussion created more questions than it answered. The group, though attentive and interested, were a little sceptical at first, and it was a surprise to us that so much literature about the placebo effect already existed. A thoroughly worthwhile and enjoyable session.

Handouts:

1. The placebo effect – transcript of a lecture by Dr. Reilly in 1991.
2. Self healing – some personal notes from Dr. Reilly in 1994.

References:

1. Linde, K. & Juni, P. (1996) The mechanism of placebo? *Forsch Komplementarmed* 3; 158-164

2.2.3 Healing Encounters – The Dream of a Horse

Speaker: Dr. David Reilly

Format: Three-hour discussion session continuing the theme of human healing, illustrated with doctors referral letters and a case history on video.

Summary: Dr. Reilly introduced us to some of his thoughts, theories and attitudes concerning the therapeutic encounter. To do this, he used a video and typed transcript of a previous consultation. The consultation was a follow-up meeting in which a lady was reflecting on what had happened as a consequence of her last encounter with Dr. Reilly. She described how immediately after the meeting, she went home and slept, experiencing a very vivid dream. The dream seemed to have many symbolic connections to her life.

She had had a troubled childhood with an alcoholic mother, and was now in a relationship with an unsupportive husband. She had low self-esteem and had felt unwell for months. In her dream she imagined an old, sick and ugly horse, and could hear her mother, talking to her in Dr. Reilly's voice, telling her to take more care of herself. The horse was an image used by Dr. Reilly during the first meeting to evoke sympathy in her, as she loved horses, and try to direct that sympathy at herself – "how would you feel about a horse if it were in your situation?"

The ensuing group discussion centred around several issues – the role of dreams, the universal properties of a therapeutic encounter, methods of communicating, and the possibility that illness and symptoms can be warning voices and not always isolated pathology.

Reflections: The session sparked a very lively discussion during which we all learned a lot and also raised a lot of as-yet unanswered questions. Dr. Reilly is a brilliant teacher. He facilitated the discussion session perfectly – he never imposes his own views on the group discussion. Instead he asks pertinent questions to stimulate generation of our own thoughts and issues. It was particularly useful that he had provided us with a list of references concerning the therapeutic encounter earlier in the week, so we had begun to do our own reading and formulate our own questions and opinions. An excellent session to end our first week.

2.3 Guest Sessions

2.3.1 Humanities in care

Speaker: Dr. Benny Sweeney, Glasgow GP.

Format: Three hour discussion session focussing on the links between medicine and the arts. Accompanied by poetry readings (poems provided in two handouts), slides of artwork and a video soundtrack of a piece of classical music.

Summary: The ice was broken initially with a short interactive session where the group made a list of all the alternative roles a doctor fulfils, e.g. carer, listener, scientist. The topic of medicine as both an art and a science was then addressed. Historically, art and medicine had close links, and it is only recently that the emphasis has shifted more towards the scientific. Dr. Sweeney gave us several examples of literature and poetry that relate to medicine and healing. He also impressed upon us the usefulness of reading novels, etc for gaining experiences of life “by proxy” as it were.

Reflections: An illuminating talk by a well-informed and well-motivated individual. The subject matter was interesting and the group participation also helped to hold our attention. It was both relevant and comprehensive and something that will not be addressed in any other part of the medical curriculum. It was felt that such a talk would definitely be of value to the whole year if possible. The section using the painting and music simultaneously was really effective. The poetry handouts were excellent for taking home and reading at leisure – a great selection of poems. The session reminded us all that there is a place for reading novels and poetry among all the textbooks and journal articles!

References: A list of further reading was to be made available to us at a later date although this has not happened as yet.

2.3.2 Psychoneuroimmunology

Speaker: Dr. Trevor Thompson, Glasgow GP.

Format: Two hour interactive lecture and discussion session with overhead projection and handout.

Summary: Dr. Thompson had a really good presentation style and engaged the group in a lively discussion of the roles of a doctor at the beginning of the session. The concept of the Western “lesional” model of disease was then introduced, where all disease is attributable to a definite lesion of some sort. He then introduced an alternative model of “susceptibility”, caused by emotional trauma, stress and a build-up of life events, leading to disease.

The suggestion is that our emotional reactions, which affect the brain directly, also indirectly affect our immune system and other innate defences resulting in a decreased efficiency of these defences. Some of these effects are thought to be attributable to circulating levels of hormones and neurotransmitters that have systemic effects, e.g. on lymphoid tissue.

Reflections: The content and delivery of the session were excellent, as was the handout. We were in two minds as to whether it would have been helpful to have been pointed in the direction of a review article prior to the session to give us some background information, or whether it was better to approach the session with an entirely fresh outlook. It was felt generally that at the end of week one, which concentrated closely on the therapeutic encounter and phenomena associated with mind-body medicine, it was good to have a session to tie that into the arena of physiology and molecular biology. This let us understand it all slightly better and feel more comfortable with it.

Handout: Comprehensive notes from the presentation including reproductions of several key overheads and posing some questions for our own personal reflection at a later time.

References:

1. Sternberg, E.M. & Gold, P.W. (1998) The mind-body interaction in disease. Scientific American.

2.3.3 Practical relaxation

Speaker: Mrs. Margaret McIntosh

Format: One-hour session made up of a short presentation on the role of the Occupational Therapist and a practical session on personal relaxation technique.

Summary: The first part of the session provided a good, very thorough overview of the nature of occupational therapy (OT). It emphasised the holistic approach and the role of OT in facilitating self-healing mechanisms. A strong sense of the relationship between therapist and patient came through during the talk, promoting wellness, choice and control by emphasising the person-centred approach. Two case studies were used to illustrate the principles of OT, and these served to put different OT strategies into perspective.

The second part of the session focused on relaxation techniques, which had been addressed and put in context during the first part of the session. Relaxation training is only one small area of OT. There was a brief introduction to the different techniques available, then the session focused only on the autogenic method. The group experienced a practical relaxation session, lasting approximately 20 minutes, given as it would be to patients within the hospital setting. We were encouraged to practice our new relaxation skills throughout the five week period, and report back with our findings. In practice, this never occurred.

Reflections: There was a huge amount of information to be packed into the hour, and the session could usefully be split into two sessions, one for the background presentation and one for the practical session. The case histories were a very good way of illustrating the role of OT in different cases. The handout was very comprehensive although no specific references for further reading in the area were given.

Handouts:

1. OT in homoeopathy – a summary of the overheads used.
2. Relaxation notes which are given to patients who attend the classes.

CHAPTER 3
WEEK 2 :ACUPUNCTURE &
CHINESE MEDICINE

CHAPTER 3: WEEK 2 ACUPUNCTURE & CHINESE MEDICINE

3.1 A flavour of the week

This week, although entitled "Acupuncture", was in keeping with the open nature of the SSM. Three of the six facilitated sessions were related to acupuncture and Chinese medicine, and we learnt about the concepts, history, background and research. The theme of human healing ran through the entire week, with more discussions which challenged our perceptions of "doctoring" and examined our own beliefs and prejudices. There were three sessions that were very practical and highly spirited as the following summaries reflect. An exciting week!

3.2 In-house sessions

3.2.1 Introduction to acupuncture

Speaker: Dr. David Reilly

Format: Ninety-minute discussion session introducing the phenomenon of acupuncture, illustrated with a video of a successful treatment with auricular acupuncture.

Summary: With no prior introduction, we were shown a video (starring a young Dr. Reilly...) of a phenomenon associated with acupuncture. A haemophiliac with a painful, fixed elbow received auricular acupuncture. His range of movement in the elbow increased by about 40° immediately after treatment.

Having watched the video we discussed our feelings about it as a group – did we think a phenomenon had occurred? Did we believe what we had seen? Could we explain it? This was a very animated discussion and brought up lots of issues relating to scientific method, to acupuncture and placebo, and much more. Following the debate we were introduced to some of the theories of how different types of acupuncture, and acupuncture in general, might work.

It was clever to use the introduction of a completely new and alien technique to illustrate the process of “scientific” inquiry. It was also an excellent way to introduce the topic of acupuncture and stimulated some very lively discussion.

Reflections: Dr. Reilly was, as always, an inspiring speaker, facilitating the group to consider the broader field of scientific inquiry as well as the topic of acupuncture. The session definitely brought our scepticism to the fore, but also convinced us that the phenomenon of acupuncture is real. It taught us how to be inquiring about things and not to a) take things at face value and swallow them whole, or b) dismiss things out of hand. It was a good first introduction to the topic, and was useful to explore different methods of acupuncture and the different theories of how they work.

3.2.2 The interactive collage

Format: Three-hour session continuing the theme of human healing, but taking a slightly different approach....

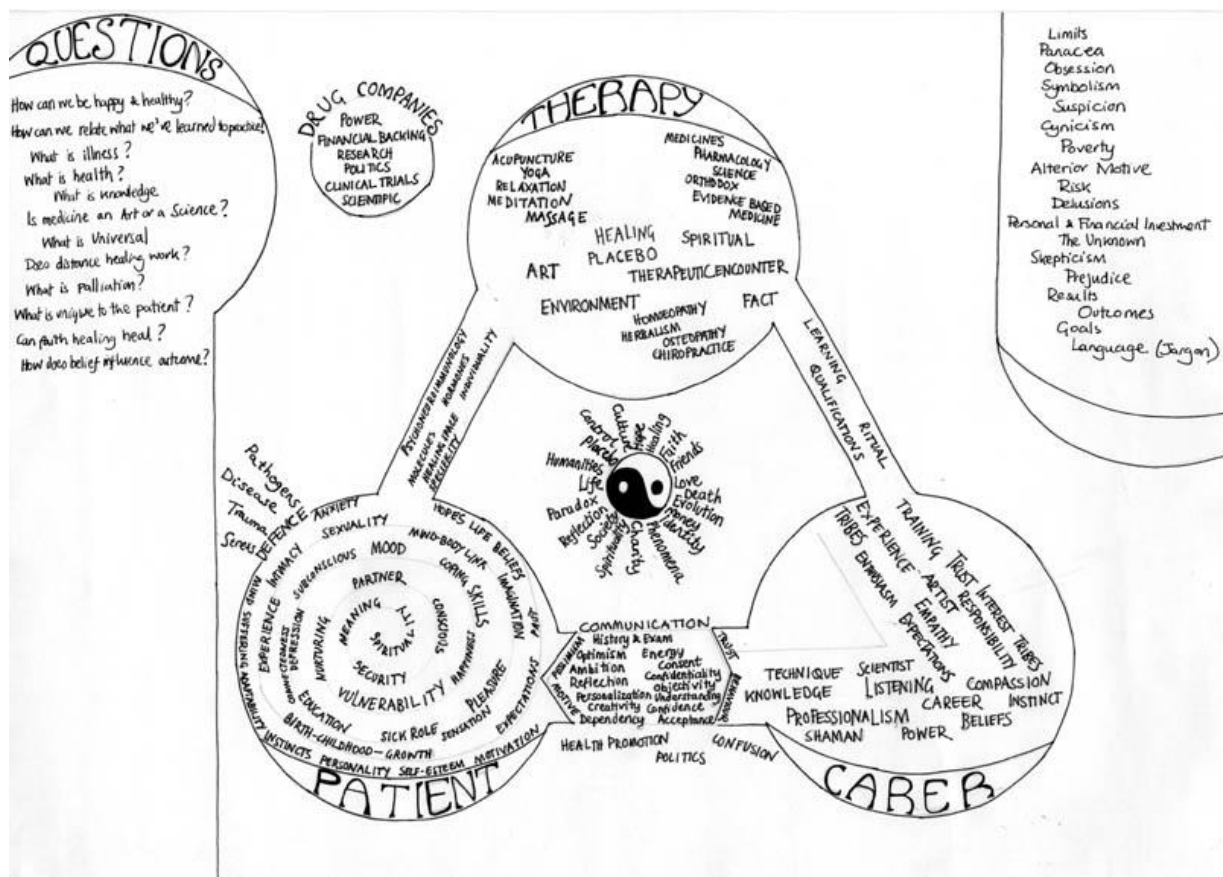
Summary: The session aimed to review the topics covered over the previous two weeks and bring together our thoughts. We hoped to organise the issues covered thus far into a mind map on healing and felt that in doing so, we would become clearer on what, in particular, we wished to gain from the next three weeks. Stemming from the discussion, we hoped to make individual decisions regarding the topics of our personal projects.

We began by drawing individual mind maps and by jotting down ideas for our personal projects. One member of the group (David: actually it was our editor Helen) had the innovative idea to create a grand scale mind map collage, using pieces of paper arranged on the floor, to encompass all our ideas on aspects of healing and factors influencing them. The collage allowed the flexibility of being able to move our thoughts around and add to the map throughout the course of the module.

The collage was a fascinating work of art in itself and we made substantial progress concerning where we would like to take the module from here. We also formulated a plan of action for developing the course and creating an overview and evaluation of the module to be of use in future years. By the end of the session, although remaining bemused by the sheer complexity of the module, the group felt slightly clearer on what we had achieved thus far and what we still hoped for in the course of the module. All members had also come to a decision on an area of personal interest that would be suitable to investigate for their individual project.

Reflections: This was a valuable session, giving us the opportunity to learn from one another and work together as a team. It proved an extremely enjoyable exercise and generated a great deal of enthusiasm as well as some previously unrecognised or long dormant creative skills. It seemed so natural, on a Friday afternoon, to be crawling about surrounded by a mass of bits of paper which covered the entire floor of the seminar room. By using a different method to address the issues, we seemed to get a fresh release of enthusiasm and ideas generated. It brought us closer together as a group, too, and that felt good.

Map of Human Healing



3.3 Guest sessions

3.3.1 Acupuncture in practice

Speaker: Stephanie Wilson

Format: One hour session giving some of the theory behind acupuncture and traditional Chinese medicine, with a practical demonstration.

Summary: Stephanie, one of the hospital's physiotherapists, has completed numerous courses in acupuncture and frequently uses her skills to provide pain relief for both inpatients and outpatients at the homeopathic hospital. She gave a fascinating introduction to the basis of traditional Chinese medicine and the meridian theory. She then went on to discuss the concepts of Western Acupuncture, those conditions which may benefit, and those which may be contraindicated. The few side effects associated with acupuncture were also discussed. Stephanie explained the physiological mechanism by which acupuncture is thought to provide an analgesic benefit and the session was finished after allowing us to practice our newly acquired acupuncture skills on one another.

Reflections: The session provided a concise introduction to the history, concepts and underlying principals of Western “Anatomical Acupuncture” which inspired some to go and investigate the topic further. The practical experience was valuable and quickly corrected any misconceptions that it may be a painful or even uncomfortable experience. The talk was well presented although it did end very promptly and some of the group were disappointed that there was no time for questions.

Handouts:

1. Introduction to Traditional Chinese medicine – good basic concepts such as the energies and the five-element theory.
2. Illustration and background information on the LI-4 acupuncture site.

References:

1. Rapson, L.M. (1984) Acupuncture: A Useful Treatment Modality. *Can. Fam. Physician* 30; 109-115. A useful review summarising the modern approach to acupuncture following its introduction to the West in 1971. The established neurophysiological explanation for acupuncture’s effects are clearly presented. It refers to research investigating the clinical efficacy of anatomical acupuncture and suggests ways in which to incorporate acupuncture into family practice.

3.3.2 Living arts

Speaker: Richard Coaten

Format: Hour long interactive demonstration session.

Summary: Richard works primarily with elderly nursing home residents, usually those with advanced dementia. The aims of his work include: providing opportunity for self-expression, combating isolation and boredom, sparking off of individuals own memories and experiences, improving self-esteem and gaining self-confidence.

After a brief introduction, Richard took us through a forty minute session similar to those he performs in the nursing homes. We looked at old photographs and spoke of any of our own experiences they reminded us of. We also explored the use of mime and props to achieve the same sort of reminiscence. Richard then put on some music and we sat in a circle holding on to a giant circle of elastic and began to move it in time to the music. We all felt completely ridiculous to begin with but before long we were all laughing and getting into the spirit of things. He explained that feelings of belonging to a group can be missing in the demented elderly, along with the fact that many are wheelchair-bound and haven’t moved a muscle in years. By putting the elastic into their hands and other members of the group moving it for

them, patients could again experience the feeling of motion, and feel included in the group's activities too.

We then moved on to creating an imaginary day out to a Caribbean beach. We had huge pieces of blue fabric that we stretched across the room and rippled and billowed to represent the sea, and yellow ones to be the shore. We were given big feathers to play with and listened to music from a steel band. The music, fun and togetherness can open up even the most reticent individuals.

Reflections: No-one really had much idea what the session would entail, and at the start we all thought "this guy is a nutter"! By the end of the hour we were completely enchanted and in awe of the work he does and the power he holds to bring a bit of quality, humour and life back to people with advanced dementia. Richard was a dramatic, expressive and enthusiastic man and we couldn't help but be drawn into the session's activities. His approach was simple but effective. He was a genuine, caring person and the session was fascinating. Some students managed to go along to his sessions and see him in action as a clinical attachment.

Perhaps a longer session might be good in order that as well as the hour-long "practical" we might have time to browse the huge amount of literature which was brought along on this truly fascinating subject.

Handout: Reflection on the relevance of creative arts to health and well being and in particular to older people with advanced dementia.

3.3.3 Acupuncture research

Speaker: Dr. Kim Jobst

Format: Ninety-minute discussion session continuing the themes of acupuncture and human healing. Several journal articles were provided as handouts.

Summary: Dr. Jobst is a Senior Registrar who, during the 80s, explored the efficiency of acupuncture as a treatment for pulmonary disease, especially asthma. Although he brought slides in order to present the data to us, we elected as a group to have a more informal discussion session. This included an overview of his trial, including how he came to be interested in acupuncture and the response of his senior colleagues to his interest.

The trial was conducted as a placebo-controlled study. Placebo consisted of acupuncture at “non-relevant” sites e.g. the knee. After three weeks the treatment group were subjectively in better health, although objective measures of lung function were unchanged in either group.

The discussion also included the story of his own involvement with traditional Chinese medicine, with a brief introduction to pulse diagnosis. He was a very charismatic speaker and he presented his views and anecdotes in a very digestible format. There was a relaxed feel to the session especially during the last hour.

Reflections: For once there was a somewhat mixed reaction to the session. Some people felt it would have been more useful to see the slide presentation and critique his own and possibly other studies of acupuncture, concentrating on the scientific evidence, as it were. Others preferred the more intimate anecdotal journey through the phenomena of human healing, among which acupuncture was a prominent theme.

We had varied opinions about the format, but agreed that the session as was had been helpful. Dr. Jobst also offered to come back and speak to us again if we felt it would be beneficial.

References:

1. Jobst, K. (1995) A critical analysis of acupuncture in pulmonary disease: efficacy and safety of the acupuncture needle. *J. Alt. Comp. Med.* 1 (1): 57-85.
2. Jobst, K. *et al.* (1986) Controlled trial of acupuncture and disabling breathlessness. *Lancet* 8521 (22) II: 1416-1419.
3. Linde, K. *et al.* (1996) Randomised clinical trials of acupuncture for asthma – a systematic review. *Forsch Komplementarmed* 3: 148-155.
4. Linde, K., Jobst, K. & Panton, J. (1996) Acupuncture for the treatment of asthma bronchiale. Unpublished review.
5. Kleijnen, J., ter Riet, G. & Knipschild, P. (1991) Acupuncture and asthma: a review of controlled trials. *Thorax* 49: 799-802.
6. Jobst, K. *et al.* (1987) Acupuncture for respiratory disease. *Lancet* April 4: 802.

3.1.1 Practical massage

Speaker: Mrs. Carla Baldwin

Format: Two-hour session comprising a presentation about massage and a practical session on massage technique. One handout was supplied, plus several leaflets on different aspects of massage.

Summary: The initial presentation listed the beneficial effects of massage. It promotes mental and physical well-being. In addition, it releases chronic tension and pain in muscles, improves circulation and increases joint flexibility. Using the various massage strokes, the sense of touch, which is so often lacking in Western culture, is reawakened. Carla also answered questions about her training in Seattle.

The practical massage session began with a demonstration by Carla of a Swedish back massage performed on a seated individual. She then went on to pair us off and we practised the techniques on each other. The strokes taught included efflourage and pettrissage and deep pressure, and covered the upper back, shoulders and neck.

Reflections: The oral presentation at the start of the session was excellent – clear, comprehensive and very interesting. It was a very thorough introduction to the history and physiology of massage, pitched at our level. It was concise and to the point, which was great – there was no need to spin it out just for the sake of it. There could maybe have been a little more about the different types of massage and their uses. We all liked the practical massage session (a lot!). The sight of half the class wrapped in white fluffy towels and draped over chairs was certainly different...! It was much better to teach us a few simple techniques that we would remember and maybe use in the future, rather than trying to pack in full body massage and us remembering none of it! Carla was excellent in the way she took the time to come round and teach us all each technique individually. The session length was just right.

Handout: Exercises for myofascial neck pain.

CHAPTER 4

WEEK 3: HOMOEOPATHY

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4.1 A flavour of the week

Having gleaned certain morsels of homoeopathic information during the preceding two weeks' clinical attachments and reading, we were champing at the bit to get our formal teaching on the subject. As was true of the rest of this SSM, the teaching was definitely not formal and benefited greatly from not being so. We did gain rudimentary knowledge of homoeopathy but the teaching experience itself was far more useful than the material. We honed our newly sharpened skills of critical appraisal, not only critiquing the background “science” of homoeopathy, but also our own attitudes and reactions. The additional sessions on “the creative process” and herbalism gave the week a nicely varied flavour.

4.2 In-house sessions

4.2.1 Introduction to homoeopathy

Speaker: Dr. David Reilly

Format: Three-hour discussion session introducing homoeopathy, with video presentations.

Summary: Three videos were used to introduce the concept of there being homoeopathic “states” which people can decompensate into when they are unwell. Genetically, everyone has the ability to decompensate into any state, as we each have a bit of everything in us, however some people are predominantly genetically one thing or another. The example used was Lachesis – a state represented by such things as “loquacious, libidinous” and “aggressive, violent” and associated with symptoms such as high blood pressure, menopausal flushing and sweating, and waking in the night feeling as if they are choking or suffocating. Lachesis people tend to be physically warm all the time and can have an intolerance for tight collars or other things which sit close around the neck.

We were shown the homoeopathic description of Lachesis, which mentioned all the above qualities, and we were struck with how non-orthodox the terms and descriptions used were. We were a little sceptical at this point, but on watching three video clips of women who had been ill and displayed Lachesis traits, we began to see the sense in it all. They all had certain qualities in common, even down to their basic body shape and the set of their jaw. And all had benefited greatly from being prescribed homoeopathic Lachesis, which is prepared from snake venom.

The golden rule of homoeopathy is to treat like with like, in order to kick-start the body’s own intrinsic defences towards the problem. In essence this is similar to vaccination, or allergen desensitisation. All this seemed highly reasonable and sat quite comfortably on top of our Western medical training. Until Dr. Reilly casually dropped into the conversation the fact that

these three ladies received a medicine which didn't actually contain any Lachesis at all – merely water...

Reflections: An interesting introduction – “thought provoking” - the session brought all our prejudices to the surface. It was a much more exciting way to introduce the topic, “in at the deep-end” as it were, rather than a basic lecture on the history and theory of homoeopathy. We were given the basics about how homoeopathic medicines are prepared and the sorts of things they are prepared from, and were introduced to the concepts of qualitative versus quantitative research along the way. As always, Dr. Reilly's delivery of the relevant information, and his facilitation of the ensuing discussion were just right for us to gain maximum benefit from the learning experience.

References:

1. Reilly, D. (1999) The evidence for homoeopathy (unpublished review). Conference Reference.
2. Vallance, A.K. (1998) Can biological activity be maintained at ultra-high dilution? An overview of homoeopathy, evidence and Bayesian philosophy. *J. Alt. Comp. Med.* 4(1): 49-76.
3. Linde, K. *et al.* (1997) Are the clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials. *Lancet* 350: 834-843.

4.2.2 The creative process

Speakers: Dr. David Reilly & Ms. Jane Kelly

Format: Three hour session, including a presentation from Jane, the artist who helped design the new Homoeopathic Hospital.

Summary: At this stage in the SSM, the group were encouraged to choose a topic for their individual project due in at the end of the five weeks. We were to write an essay, give a 10-15 minute presentation and make a poster. So many issues had been raised during the course of the SSM that many of us didn't know where to begin or what to include or the form it was going to take. Therefore, during this session, Jane kindly came to talk to us about her work and to answer questions and offer guidance regarding our projects.

Jane gave us a slide show of photographs taken on the theme of water, fire and air. She took us through her own creative process, from the initial stimulus to the beginnings of an idea, through the development of the theme and finally to the finished product, whatever shape or form this might take. She also showed us some of the stages she goes through along the way – scrap-books, sketch pads, etc.

Jane illustrated her work to us vividly and in a way that we could understand. It was an inspiration to see how the seed of an idea can be built upon to become a unique masterpiece.

We were also treated to a joint “chat” by Jane and Dr. Reilly about the design and creation of the hospital. Everything about the building was planned and thought out so as to co-ordinate with and add to the overall creation of a place of “beauty and healing”. The building itself is the artwork, removing the need for “bolt-on art” to achieve this aim.

Reflections: The afternoon was quite informal and relaxed, which added to its appeal. Although not directly related to our course material, it did complement this beautifully. We were struck by the immense amount of thought that was put into every aspect of the décor, furniture, lighting – a far cry from the usual horror of an NHS hospital! The story of Dr. Reilly’s passion and determination to build a beautiful place which people would want to come to and which would make them feel relaxed and at ease was fascinating. We considered that not many people could have triumphed in the face of such adversity. Let us hope that out of the dedication and ultimate success of one voice against the many, somewhere, somehow, some lessons may be learned, if only for the planning of future hospitals.

4.3 Guest sessions

4.3.1 Homoeopathy

Speaker: Dr. Tom Whitmarsh

Format: Three-hour discussion session.

Summary: Dr. Whitmarsh constructed the discussion session around three contrasting homoeopathic case histories. The first was a case of chronic cystitis and dyspareunia, the second was severe headache and the third a bad case of acne. Each case was described in homoeopathic terms and we were encouraged to ask questions throughout. The session was supplemented with additional reference material.

Reflections: It was an illuminating and at times very humorous session which we all thoroughly enjoyed. The speaker was excellent and we were impressed by his great humility. We were again faced with the fact that homoeopathy truly seems to work. It was nice to get a good sized chunk of actual homoeopathy teaching – after all, this was held at the Homoeopathic Hospital! The only slight bad point was that the session was 40 minutes late in starting.

References:

1. Whitmarsh, T. (1997) When conventional treatment is not enough: a case of migraine without aura responding to homoeopathy. *J. Alt. Comp. Med.* 3 (2): 156-162.

4.3.2 Herbalism

Speaker: Mr. Keith Robertson

Format: Three-hour discussion session incorporating an outdoor analysis of the native herbage...

Summary: The session started with a general open discussion, emphasising our pre-existing knowledge and opinions of herbalism, and introducing aspects of how herbalism is a natural part of our lives and our heritage. We explored the fact that many orthodox drugs have their origins in plant extracts, e.g. aspirin and digitalis. The speaker contrasted herbalism with homoeopathy, which was very interesting as many plants are used in both, and often with similar effects. The need for Herbalists to be recognised both officially and within the community was highlighted, although there was no clear advertisement of the fact that herbalism is a non-medical specialty.

The afternoon finished off with a tour of the outlying soon-to-be garden area, looking at many native plants and trees and discussing their uses. We never realised the therapeutic potential of our common weeds!

Reflections: An interesting Cook's tour of herbalism and naturopathy. The session addressed the way people treated their bodies in health and illness in the broadest sense. It was interesting to hear the opinion of a naturopath/vegan on this subject, and it sparked some lively discussion.

CHAPTER 5
WEEKS 4 & 5 : HEALING REVISITED

CHAPTER 5: WEEKS 4 & 5 HEALING REVISITED

5.1 Flavour of the weeks

Lots of this week was devoted to working on our individual projects, posters and presentations. We were also very busy trying to collate information for this SSM report. Our enthusiasm for attending the scheduled sessions remained high, and we were rewarded with more high quality teaching and lively group discussion. The final session on healing encounters effectively drew together most of the threads which had been running through the course so far.

This has been like no other SSM for working as a group – we have all been pleasantly surprised at how open and honest we have been with each other during our discussions of deeper, more personal, issues.

5.2 In-house sessions

5.2.1 Homoeopathic research

Speaker: Dr. David Reilly

Format: Three hour discussion session centred on the initial homoeopathic research studies performed by Dr. Reilly in the 1980s, and their subsequent publication.

Summary: Dr. Reilly spoke in depth with us about his own journey into homoeopathy and other complementary medical specialties, and the presentation was almost in the form of a story. He took us through how he had devised, conducted, and subsequently published, his research studies into the use of homoeopathy in hayfever and asthma. He showed us slides of the data, which included the tools used to measure outcomes and the results of those studies. Dr. Reilly then told us of his battle to get the studies published, and the lengths he was made to go to in order for this to happen. It was a fascinating privilege to be allowed insight into this personal journey, and it taught us a great deal.

The fact that Dr. Reilly had not prescribed any homoeopathy prior to conducting the first of these studies sparked discussion about the role of “belief” within clinical practice. The influence of the pharmaceutical companies and their role in sponsoring research studies was also discussed in depth, drawing on Dr. Reilly’s own experiences throughout his career to date. Some of the group resolved to never eat a drug rep sandwich again!

Reflections: The session had the informal atmosphere of a cosy chat, but with the inclusion of slides containing hard data. The discussions that arose around the topic were excellent – our inquiring instincts were used to their limits. We were not only given an inside look at the way rigorous scientific research is conducted, but also we got a small insight into the attitude of orthodox Western medicine, represented by its core journals such as Lancet, towards

complementary medicine and to homoeopathy especially. The whole story was both fascinating and inspiring, and left the group with an appreciation of reaching for your goals and setting high standards – despite confrontation along the way. It was good to hear about obstacles that exist in the real world, and the practicalities involved in standing up for what you believe in. Dr. Reilly comes over as a person who is hugely passionate about his work, and indeed his teaching, and it is a pleasure to attend his sessions.

5.2.2 The Shaman Video

Speaker: Dr. David Reilly

Format: Three hour discussion session about healing and what it is to be a human being, illustrated with a 20-minute video clip.

Summary: The video was of a travelling man, a “Shaman” performing what appeared to be some sort of ritual in front of about 60 people in a hall. There was a rug full of photographs, personal effects, jewellery and roses in the centre of the floor. It had two large white lighted candles in the middle. There was a soundtrack of very hypnotic tribal dance music, with drums and chanting. Both the Shaman and the audience began dancing and stamping about five minutes into the clip.

The central part of the “ritual” involved the Shaman holding his hands into the centres of the candle flames for three minutes continuously, without any damage to his hands. He then took people from the audience and laid his hands on their faces, still dancing and twirling.

We watched the video without any introduction as to who he was or what he was doing, and we were then encouraged to explain what we had just seen. It was very interesting that we mentioned everything, from the type of building to the colour of the carpet to the man’s shirt, the type of person in the audience and even which country we thought it took place in. However we hardly mentioned the fact that he was able to hold his hands into flames without getting burnt.

Eventually after an hour’s discussion, Dr. Reilly prompted us to a) consider how we had explained things without addressing this phenomenon, and b) to finally address it! We attempted to explain it away in terms of trickery – his hands weren’t in the flame, the flame was flickering away from him, he was using a protective coating substance on his hands, etc. However, when we re-watched that section of the video, it was clear that his hands were indeed at the centre of the flame. We could not explain it. Yes, he could have entered a trance-like state in which he would not feel pain, but how could he stop his flesh from burning using only the power of his mind?

Reflections: A truly engrossing session. It was fascinating to occasionally sit back and take stock of the attitudes and feelings of the group throughout the discussions; it taught us so much

about ourselves and our culture in such a short time. We explored the limitations of our own belief systems and the consequences of these. Being able to share and explore our own thoughts in such a safe and unthreatening fashion was a truly unmissable journey. At the end of this session we were not much nearer to being able to understand or explain what we had seen, but we all thoroughly enjoyed the process anyway!

5.2.3 Healing encounters – “The Walk”

Speaker: Dr. David Reilly

Format: Three hour discussion session addressing functional disorders and the power of the mind. Illustrated with a video case history.

Summary: A video was shown of a young girl during a consultation with Dr. Reilly. She had an acute asthma attack two years ago and was admitted to hospital for treatment. After this episode she lost the use of her legs so that walking was difficult. She had been to see numerous consultants and had all manner of investigations, but no-one knew what was wrong with her legs. The problem would not go away.

During the consultation with Dr. Reilly it emerged that she had never been able to air her views or voice her own concerns about her condition, despite visiting a great many different doctors. We also learnt that she had had a very traumatic childhood and never been able to deal with it. She was very insightful, and Dr. Reilly helped her explore her feelings and anxieties and even let her reach her own conclusion, with help and support throughout, that maybe her leg problems were a manifestation of psychological distress. It was suggested that her physical symptoms were a protective outlet that her body used to stop her from suffering a breakdown. Throughout the consultation video, Dr. Reilly paused and explained the techniques he was using, both verbal and non-verbal.

After just one consultation, the patient began to improve rapidly. Forty-eight hours later she could climb up and down stairs quite normally, and walked without a limp.

Reflections: We could not help but be awe-struck by the enormity of the events seen on the video. It really brought home the enormous power of the human mind and its capability to influence the body even to the point of shut down. Dr. Reilly’s teaching was once again excellent – the breakdown of the consultation with explanations for each bit was tremendously useful and enlightening. Although we cannot hope to learn everything from one video, or indeed from five weeks, this session certainly gave us food for thought and something to work towards and aspire to.

5.3 Guest sessions

5.3.1 Qualitative research methodology & life in Tibet

Speaker: Dr. Stuart Mercer, Dept. of General Practice.

Format: Informal, interactive discussion of qualitative research methods.

Summary: This session was scheduled in an attempt to provide the group with a tool with which to measure our journeys, personal and collective, through this SSM, and to quantify and changes in our perceptions along the way.

The session began with a general discussion of the qualitative research methods that Dr. Mercer has used, to illustrate their uses and applications. There was no pre-existing structure to the session, which meant that we were able to interrupt with questions as we went along, and thus tailor the session to suit the specific needs of the group. The session ended with a short reflection on some of Dr. Mercer's individual experiences whilst working in Tibet for six months. It was an interesting insight into how another culture perceives the issues surrounding health and illness.

Reflections: This was a useful session but there was room for a more comprehensive approach to qualitative research methodology. This could perhaps include some handouts with examples of the use of certain techniques and concepts. The session made us aware of other methods of scientific investigation.

The brief chat about life in Tibet was fascinating, and could easily have filled a session on its own merits. It would have been nice to be able to see some slides or photographs for those of us who have never been to Tibet.

5.3.2 Spiritual healing

Speaker: Dr. Martin Innes, GP in Johnstone.

Format: One hour informal talk by Dr. Innes, followed by 90 minutes of group discussion.

Summary: Dr. Innes spoke to us about the use in his practice of what he referred to merely as "healing". The technique involves the laying of his hands onto his patients, while focussing on re-channelling their inner energy to assist the patient's recovery. The technique itself is similar to spiritual/faith healing or therapeutic touch. He explained how he had been introduced to spiritual healing, and his own personal beliefs, and also the course that he had attended in order to learn how to perform this type of healing. It is apparently quite rare for a spiritual healer to be a qualified doctor, most are lay healers. He then explained how he fitted it into his GP

practice, and the somewhat negative attitudes of his partners towards his activities in this area. It appeared from his talk that he has benefited many of his patients using this technique.

The discussion session following the talk explored issues such as whether the group members “believed” his story, and whether this type of healing could work. The discussion widened latterly to incorporate other phenomena such as distant healing and kinesiology. During the session the group came to the consensus that kinesiology was not a real phenomenon, and that its practice, for the most part, was folly. This illustrated once again the need for caution when being introduced to new “phenomena”, and reinforced the need for proper scientific evaluation of all such techniques.

Reflections: This was a very interesting session about a more unconventional form of treatment. The discussion session following the talk was very spirited. It obviously took a lot of courage for Dr. Innes to come and speak to us about his healing. Although he was personally convinced that spiritual healing works, he had very little background knowledge of it, e.g. results of published studies, or theories as to how it works. Dr. Innes came across as a largely conventional GP who has a particular interest in patients with psychological problems, and has simply found that spiritual healing works for most of them.

**CHAPTER 6:
CLINICAL
ATTACHMENTS**

CHAPTER 6: CLINICAL ATTACHMENTS

6.1 Format for Attachments

On Tuesday and Thursday morning of each week, pairs of students spent a morning at each of the teaching venues. Everyone rotated round the placements each week. Some placements ran over two days and others were only for one morning session.

6.2 Data collection for attachments

Students filled in feedback forms individually for each clinical attachment they went to. The forms prompted comments on what was good and bad about the sessions, and students made suggestions for future improvements. The issue of whether attending the session had altered our perceptions of medical practice was also addressed on the forms.

6.3 In-house ward rounds at Glasgow Homoeopathic Hospital

GOOD:

"Excellent morning. Seeing the doctors in practise was excellent."

"Very interesting to be part of though I felt like I had little knowledge."

"Contained a lot of information but it was well explained. It was interesting to see the follow up of patients. "

"Dr. Reilly is an excellent teacher – he took time to discuss the patients with us beforehand, and discussed the consultation afterwards – inspirational stuff."

"Good to see a different approach in a consultation. Interesting to watch attempts to influence a patient's perspective on their illness. Explanation of mind influencing health was tactfully given without threatening the patient."

"Nice to see a new approach to treating patients. Their style of ward round definitely has a place in conventional treatment."

"Very enjoyable and interesting to see Dr Reilly with the patients. Able to see how he puts into practise the issues we have been discussing. A lovely atmosphere among staff who were all very helpful. Seeing two sessions was very beneficial."

BAD:

" I wasn't able to sit in on many consultations. Very intense - one was very upsetting."

"My placement was in week one, so I understood little of what was being said, homoeopathically. Started late."

"In many cases it was not appropriate that I watch the consultation - so there was lots of waiting about."

"I would've got a lot more out of it if I had known some homoeopathic background beforehand, though this was unavoidable for those of us who went on the ward on the first Tuesday."

SUGGESTIONS:

"More time was needed to allow complete understanding."

HAS THIS CHANGED YOUR PERCEPTIONS?:

"Yes - I can take some of the principles of the therapeutic consultation and try to apply them to future clinical practise."

"Yes - to see a therapeutic encounter first hand cannot fail to change your perception. It was mind-blowing."

"I won't ever view a chronically "physically" ill person the same way again."

6.3 The Herbalist

GOOD:

"A good insight into herbalism - if only it were a bigger taster session! It was useful that other herbalist students were there - there was more time to discuss the cases etc."

"Students were friendly. It was fascinating to experience the atmosphere (building, environment, smells) and to sit in on a consultation, comparing it to consultations I had seen before."

BAD:

"I think it was just bad luck on my part that I attended on a day with few patients. Otherwise I am sure this experience would be very valuable."

"Students had clinical exams coming up so most of the morning was spent practising their skills. It was helpful as I'm sure I need all the practise I can get but it was nothing new (i.e. history and exam). Interesting to compare their techniques with those we have been taught."

"Lots of students in the consultation room - felt a bit awkward/sorry for the client. Learnt about the idea of herbalism but was definitely uncomfortable with the non-medical aspect - thought they missed things/symptoms/diagnoses."

HAS THIS CHANGED YOUR PERCEPTIONS?

"Yes - I had not realised that herbalists carried out true clinical exams."

6.4 The GP Homoeopath

GOOD:

"Seeing Homoeopathy helping patients in the community rather than at a specialist hospital was useful. It was useful to contrast the consultation between a patient and their GP who has known them for years with that at the Homoeopathic Hospital where often patients are meeting doctors for the first time."

"Dr. Pettigrew was inspirational!"

"Excellent to see use of homoeopathy in a setting we are used to. The homoeopathic computer programme was demonstrated - it's very interesting. "

"Very impressive GP consultation bringing homoeopathy into a primary care setting."

"Inspiring! Good to see homoeopathy in the GP environment and nursing home. "

"Interesting to see how homoeopathy was used in "ordinary" practise. Good too to observe homoeopathic history taking - though brief."

"There was a variety of cases. GP explained characters in depth and how treatments were tailored to this. Visiting nursing home seemed like a good setting as homoeopathy is most appropriate for chronic conditions."

"I found it particularly good to see homoeopathy used in general practise. The doctor was very interesting and an enthusiastic teacher."

BAD:

"Difficult to get back to class on time after seeing all of the morning surgery."

"Difficult place to get to/from because it was so far out, but well worth it."

SUGGESTIONS:

"Maybe needs more time at the GP practise in comparison to the pharmacy."

"Tell people to leave early - Greenock is miles away!"

HAS THIS CHANGED YOUR PERCEPTIONS?:

"Yes - Saw homoeopathy helping everyday people with common problems large and small."

"Learnt about the kind of people homoeopathy won't help."

"The GP had a refreshing attitude to problematic cases and showed concern for these patients. She made it obvious that she was going to take the patient seriously. This made me realise that ignoring the problem isn't the solution."

"Yes - it was made clear how relevant/successful homoeopathy is in general practise work."

6.5 The Homoeopathic Pharmacy

GOOD:

"Good opportunity to read."

"Brief introduction into homoeopathy. A first explanation which fuelled my interest."

"I loved the shop itself - very old fashioned. The staff were friendly and were keen to answer all our questions - even the stupid ones."

"Interesting to see a pharmacy set up for homoeopathic recommendations. Good to talk to a homoeopathic pharmacist."

"The pharmacist was a lovely man."

BAD:

"There were no patients and little to do."

" My directions to Greenock. Quite far to go for a one hour session."

SUGGESTIONS:

"Less time should be allocated to this placement."

HAS THIS CHANGED YOUR PERCEPTIONS?:

"Yes - Pharmacist explained how popular and in demand homoeopathic remedies are."

6.7 Outpatient Clinics

GOOD:

"Dr T. was very compassionate and the patients were obviously comfortable. They explained feelings and predicaments which they did not share with many others. We observed more complex diagnoses and the use of computers in this."

"The doctor achieved good rapport and all patients appeared satisfied when they left."

"Saw kinesiology in practise. Observed homoeopathy being used for common medical illnesses and symptoms e.g. hayfever, eczema. "

"Very good subject matter (cancer palliation and homoeopathy). A caring and understanding individual."

"A fascinating insight into how a good, caring therapeutic relationship can really benefit patients. Very valuable to see a homoeopathic history being taken and how suitable remedies are chosen. A great help to talk to patients and hear how homoeopathy helped them."

"A highly emotional session. Brilliant. Inspiring."

"It was good to see how someone who has practised conventional medicine for a long time has an affinity to homoeopathy. A very interesting man."

"Good follow up session to the class talk given by this lady. Beneficial to see relaxation therapy. Has greatly added to my knowledge about OTs." (following a morning with an OT)

BAD:

"Felt sceptical afterwards. Not entirely convinced that there is any scientific fact/theory behind this practice." - concerning a doctor's use of kinesiology.

"At times I felt awkward - as if I was invading the patient's space. The consultations were very emotive and personal and I wonder if to have two students in was a little overwhelming for the patients?"

SUGGESTIONS:

"I need to know in advance where and when to be there."

"Perhaps only one student at a time in one consultation room?"

"Possibly because we spent most time in this session, it was amazing. Saw how homoeopathy can be used in palliative care cases."

HAS THIS CHANGED YOUR PERCEPTIONS?:

"Yes - it encouraged me to think about the importance of listening to the patient. The doctor barely spoke throughout the consultation, but managed to obtain so much information."

"Yes - I can now see that homoeopathic remedies can be applied for common ailments."

"Yes - I didn't realise the extent to which consultation can have an effect on patient care."

"Yes - I have seen that palliative medicine does not have to be depressed and stressful at all times. It too has benefits."

"Yes - I saw how the doctor dealt with very difficult situations."

"Yes - It broadens your perspectives when dealing with patients whose complaints may then be taken less seriously, e.g. concerning M.E."

6.6 The Chiropractic Clinic

GOOD:

"Excellent morning. Thoroughly enjoyable and informative."

"Learned some anatomy of the back and neck muscles – didn't realise they did so much medicine in their training – in fact I didn't realise they trained for so long."

"Got a different viewpoint on health maintenance. Made me very aware of my posture."

"A fantastic introduction to the world of chiropractic. Valuable to be able to see the types of problems which can be treated."

"Encouraging to hear how very knowledgeable the practitioners were. In other words no danger of missing life threatening/serious diagnoses. Also good to see for myself that any misconceptions of painful treatment were definitely false."

"I found this gentleman extremely helpful, approachable. Hands-on/watching shows more than any book. "

"Chiropractor was very helpful in explaining the job, its value and its place within the NHS."

"Interesting to see a variety of cases. There seemed to be a significant psychological aspect to some of the cases – I had previously thought chiropractors treated only the physical/mechanical."

BAD:

"Perhaps one session would have been adequate and no introduction to the basics of chiropractic before the first patient."

"Room was freezing and no coffee break."

SUGGESTIONS:

"An enjoyable session but one session is perhaps adequate."

"Maybe useful to have a slight introduction before the first patient."

HAS THIS CHANGED YOUR PERCEPTIONS?:

"Yes - I now see just how effective chiropractic can be if used in the correct situation - there is actually help available for the huge population of patients with a perpetual bad back for which orthodox medicine can do little. And chiropractic is useful for so many other ailments too."

"Yes - Further understanding of input they can have on patient care - they don't just work on backs."

"Yes - I don't think it is something I would want to use on my patients though it is good to see the practise is successful."

“It would be nice to see some sort of NHS referral system in the future for the treatment of these very common basic ailments treated by chiropractors.”

6.8 Chinese Medicine

GOOD:

"Very interesting to see acupuncture in use. The practitioner was good at explaining what was happening without criticising orthodox medicine. Able to find out patient views on orthodox medicine."

"Valuable to be able to chat to patients and gain their perspective on the experience. Very helpful to see the consultations - the pulse diagnosis and tongue diagnosis - very interesting - but an explanation would have been helpful."

"Fascinating to compare Chinese and Western medicine. I finally saw electro-acupuncture in action."

BAD:

"A little explanation would have been useful."

HAS THIS CHANGES YOUR PERCEPTIONS?:

"Yes - Fascinating news articles, letters of thanks and photographs relating to patients who have had successful treatment - especially of skin disorders. I had no idea the Chinese Medicine could be so effective in such circumstances and encouraging as orthodox medicine does not appear very helpful for some - side effects etc."

6.9 Living Arts

“Richard’s job is very valuable and revelatory – the effects of simple mental stimulus on improving mental function were amazing.”

CHAPTER 7: PERSONAL REFLECTIONS

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INITIAL REASONS PEOPLE EXPRESSED FOR DOING THIS SSM SAMPLED AT THE START OF DAY 1

1. To get a good basic grounding in complementary therapies.
2. To understand who qualifies and who the therapies work for.
3. Interested to see how people's minds affect their physical state.
4. To know what options are available for patients who have not been successfully treated with conventional medicine.

"Initially I wanted an easy life- science is easy and requires little thought; this stuff makes your brain work!!"

"This module has illustrated of art and science can and should be brought together in medicine, a concept that I am particularly warm towards."

REFLECTIONS FROM THE END OF THE COURSE

"Over the five weeks I feel we have shifted full circle, back to the most basic, fundamental concepts- being alive, being an individual- a microcosm, but also part of the macrocosm. The journey of the past five weeks has helped me - not to travel further afield, but further inside in many respects and reconnect with the reality of life:

"YOUR MOST IMPORTANT RELATIONSHIP IS WITH YOURSELF AND WITH LIFE"

"The past five weeks have been fantastic. We have questioned our preconceived notions about healing, medicine and the qualities of a good doctor"

"We are all richer for our experiences... this course completes a void in our medical education, a gap which only years of experience or a self initiated search would have otherwise filled."

"We have all left feeling positive and more fully prepared to meet the challenge of caring for and sometimes healing our future patients, although we have also realized that the power of healing lies within the patient, we just help them along the way!"

"Realising the importance of intuition, *listening* to a patient and giving their story, however unlikely, credibility"

"Trying to have a more open, questioning mind"

"Overwhelming impression is the difference in patient treatment. A lot of the basic principles are things most Doctors already know but do not always pay much attention to."

"Excellent to see complementary therapy integrated with orthodox medicine.... I found it more beneficial than simply learning about C. A. M."

"I have never worked anywhere so relaxed- yet I have been working really hard. There is not the same intensity and competition in the air as I have experienced in other hospitals."

"Did not think we could achieve so much by purely reflecting on and discussing issues."

"A breath of fresh air."

"This has been a reawakening as to why I am doing medicine in the first place - the thing is, I never thought I was asleep!"

"We are not trained to love. We are trained to suppress our love, to don a protective uniform especially for work – a uniform that keeps us at a safe distance from our patients, so that meetings are those of professional and client, not of the frail human beings we all are"

Cassidy S 1988 *Sharing the Darkness. The Spirituality of Caring.*
London. Darton, Longman & Todd

APPENDICES

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APPENDIX I : COURSE TIMETABLE

WEEK 1	0930 1300	1100	1400	1700
Monday	Introduction & Orientation		Human Healing	
Tuesday	<i>clinical attachment</i>		Placebo	
Wednesday				
Thursday	<i>clinical attachment</i>		Humanities in Care	
Friday	Psychoneuro- immunology	OT & Relaxation	Healing Encounters – The Dream of a Horse	

WEEK 2	0930 1300	1100	1400	1700
Monday	(public holiday)			
Tuesday	<i>clinical attachment</i>		Acupuncture Introduction	Practical Acupuncture
Wednesday				
Thursday	<i>clinical attachment</i>		Living Arts	Acupuncture Research
Friday	Practical Massage		Review of Healing with Collage	

WEEK 3	0930 1300	1400	1700
Monday	Group Review & Admin	Homoeopathy Introduction	
Tuesday	<i>clinical attachment</i>	The Creative Process	
Wednesday			
Thursday	<i>clinical attachment</i>		
Friday	Homoeopathy	Herbalism	

WEEK 4	0930 1300	1400	1700
Monday	Homoeopathic Investigation	Qualitative Research	
Tuesday	<i>clinical attachment</i>	Group Admin	
Wednesday			
Thursday	<i>clinical attachment</i>	Spiritual Healing	
Friday	Shaman Video	Group Admin	

WEEK 5	0930 1300	1400	1700
Monday	Group Admin		
Tuesday	<i>Healing Encounters – The Walk</i>		
Wednesday			
Thursday		Yoga	
Friday	Group Presentations	Group Debrief	Party

APPENDIX II : INDIVIDUAL REPORTS – held in GHH Library

Complementary and Alternative Medicine in Palliative Care

Helen Bryden

Prayer and Healing: A perspective

Dianne Buchan

Promoting Health with Complementary Therapy

Lisa Collin

Health is Based on Happiness!!

Ann Donnelly

"Laughter-the best medicine?" A prescription for good health

Sameer Jauhar

East & West - Integration or separation?

Tansy Harrison

Human Healing - Perspectives, Alternatives and Controversies

Fran MacIvor

A Human Encounter

Jenny Patterson

The Unity of Mind, Body and Medicine

Hannah Smith

A video of the authors' presentations is available from Dr. Reilly.