

An Introductory Clinical Manual of Restorative Therapies

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Edited by

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I would like to thank my wife and my children for their patience with me and the time and commitment it has taken to put this manual together. My wife specifically deserves thanks for her support in many impromptu roles, often acting as a sounding board for my ideas, listening to my frustrations, helping me express what I struggled to articulate, and doing what was needed to give me time and space to write. I hope you find this book worthy of your sacrifices.

NOTE TO READER

Although this book was written with Primary Care Providers in mind—specifically Family Medicine specialists. The authors are aware that other medical professionals and those with minimal or no medical training will also read this book. I would like to address those with minimal or no formal medical training first.

The authors of this book have provided what they believe through their experience and education to be simple and safe procedures when performed properly. They wrote their chapters with licensed medical providers in mind with the expectation they would use appropriate clinical judgement. The authors cannot comment on the appropriateness of any therapy in this book, regardless of what is written, for your specific situation. The authors have provided common contraindications and potential red flags, but it is impossible for them to foresee every possible circumstance, situation, or outcome. For your safety, please consult with a licensed medical professional about the appropriateness of these therapies for your specific circumstance. If your situation is an emergency, please do not rely on these procedures, but seek proper emergency care.

To the medical professionals that are reading this book. Until you have obtained more thorough training, it is recommended to use these therapies as an adjunctive treatment to the standards of care in your specialty.

Thank you,
Corry Meyers, DAOM, LAC

PREFACE

As medical providers, we care deeply for our patients, and we try to provide the best care possible. The medical establishment and various medical disciplines often exhibit distrust, especially when it concerns Western and holistic medicine. Being an acupuncturist, my perspective on the body and approach to health and medicine differ from my MD colleagues. That does not mean that I am right, and they are wrong or vice versa, but rather we are both correct—our therapeutic approach is merely different. Distrust or apprehension often occurs in the medical field because of communication barriers. This miscommunication extends beyond foreign sounding words, but to the very philosophical foundations upon which therapeutic approaches are built. Holistic and standard Western medicine are inherently different and operate in a completely different way. This has led to much frustration and misunderstandings to say the least.

Very few books exist to introduce Western medical providers to a new way of thinking in a clinically relevant manner—a unique approach to understanding anatomy and physiology. Other books expect their readers to have a foundational knowledge of therapies and theory, and familiar with field-specific language and concepts. However, to the readers who are unfamiliar with these therapies, it is difficult to move beyond the specialised language and foreign concepts to understand, grasp, and appreciate the true value of these therapies. This had led many to dismiss these approaches to health and medicine as "hogwash," unscientific and unbelievable.

Therefore, the task at hand was to create an easy-to-understand manual for clinical practice. It was never intended to be comprehensive, but a brief introduction to various restorative therapies—to get your feet wet, so to speak. Our aim was to give you a steppingstone into the realm of medicine, where the focus is on collaborating with the various systems of the body to restore function and physiology. This manual uses the seeing-is-believing method to bypass communication barriers and establish clinical value.

With that in mind, we have attempted to minimize the use of field-specific language in discussing these therapies and their histories. Occasionally, specific terms will be introduced, but they will be used sparingly. Current research and supporting evidence have been offered to facilitate an understanding of potential explanations for therapeutic results. The authors encourage you to test the effectiveness of these therapies. These

protocols are designed to be simple and safe, and they frequently produce immediate results.

We hope this book and these therapies prove beneficial to you, your patients, and enable you to establish a shared understanding and trust with other approaches to medicine. We encourage you to consider additional training and collaborate with licensed medical professionals who specialize in these therapies, such as acupuncturists, naturopaths, chiropractors, and massage therapists.

FOREWORD

While serving as the leader of conventional and complementary medical schools, I was encouraged to observe that these two approaches to healthcare are connected on a common healthcare continuum, but saddened to observe the continuum clefts that sometimes alienated them from each other. That is why I am so gratified by the efforts of Dr. Corry Meyers in *An Introductory Clinical Manual of Restorative Therapies* to help mend what I call the “continuum clefts.”

Dr. Meyers has effectively employed several cleft mending strategies in this remarkable book. First, he begins with a wonderful chapter that describes the reasons for and the value of diverse perspectives in restorative medicine. Second, he identifies nine contemporary and highly pertinent circumstances in which restorative medicine practices are successfully used in both conventional and complementary medical practices. Third, he has enlisted the expertise of successful and highly regarded practitioners from a diverse array of conventional and complementary healthcare professions to author those chapters. Finally, he and the chapter authors have assembled comprehensive bibliographies of scientific publications to justify the restorative therapies about which they write.

I found *An Introductory Clinical Manual of Restorative Therapies* to be a well written and highly credible work that has value as a health sciences textbook, a practitioner’s reference manual or a patient’s source of self-instruction. I recommend it to anyone who wishes to integrate the best of both conventional and complementary medicine.

Clyde B. Jensen
Professor Emeritus

THERAPIES OF RESTORATIVE MEDICINE

CHAPTER 1

SOCIETY'S NEED FOR MEDICAL PLURALISM AND AN INCLUSIVE MEDICAL PARADIGM

CORRY MEYERS, DAOM, LAC

Introduction

In 2001, the Institute of Medicine (now the National Academy of Medicine) concluded that the U.S. healthcare system was so flawed that it could not be fixed, and an overhaul was required.¹ According to the executive summary on High-quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution published by The Lancet Global Health Commission:

Changing health needs, growing public expectations, and ambitious new health goals are raising the bar for health systems to produce better health outcomes and greater social value. But staying on the current trajectory will not suffice to meet these demands. What is needed are high-quality health systems that optimise [optimize] health care in each given context by consistently delivering care that improves or maintains health, by being valued and trusted by all people, and by responding to changing population needs.²

Western medicine demonstrated its strength and significantly decreased deaths due to infectious diseases on a global scale from 1980 to 2010. Yet, it showed its weakness in preventing and reducing deaths due to chronic diseases such as ischemic heart disease, stroke, and diabetes.³ According to the World Health Organization (WHO), chronic diseases are responsible for 74% of all deaths globally.⁴ In the United States, they represent over 90% of the nation's 4.1 trillion dollars annual healthcare expenditures.⁵ Despite the trillions of dollars spent on these diseases, it is projected the prevalence and costs of chronic diseases in the U.S. will continue to increase well into the future.⁶

What if the mechanistic approach of Western medicine is ill-suited for addressing complex chronic diseases? Could it be that this method is not the most effective for such conditions? What if tackling these challenges requires an entirely different mindset? Should overhauling the healthcare system also involve rethinking its philosophical foundations and treatment strategies?

Is bypassing the body's natural healing abilities to impose an artificial correction truly the best way to manage complex chronic diseases? Can we instead cultivate and harness the body's innate healing potential? Is it possible to leverage this capacity to restore proper function to dysfunctional physiology and, in doing so, facilitate genuine healing for complex chronic conditions?

Foundational Principle of Traditional Healing Systems

Vis medicatrix naturae (the healing power of nature) references the innate ability of the body to heal itself and a core principle of naturopathic and other traditional and indigenous medicines.^{7,8} A similar idea is expressed in the basic tenets of osteopathy.⁹

The idea of *vis medicatrix naturae* is understood through various terms depending on the medical system.¹⁰ The definition given by the American Association of Naturopathic Practitioners reads thus "The healing power of nature is the inherent, self-organizing, and healing process of living systems which establishes and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent".¹¹ The naturopathic [holistic] physician's role is to support, facilitate and augment this process by identifying and removing the obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.¹² A similar idea is expressed by the 4 tenets of osteopathic medicine. These 4 tenets, as given by the American Osteopathy Association, are as follows¹³:

1. The body is a unit; the person is a unit of body, mind, and spirit.
2. The body is capable of self-regulation, self-healing, and health maintenance.
3. Structure and function are reciprocally interrelated.
4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.

To use *vis medicatrix naturae* as a foundational principle requires an understanding of the laws governing the evolutionary biology of the human

organism. This sentiment is heralded by Dr. Benedict Lust, a medical doctor, osteopath, and naturopath,¹⁴ who played an outsized role in the early 20th-century history of naturopathic medicine:

Health is the most precious heritage of man. It can be had by strict observance of and obedience to the law of his being, and in no other way. The body of man is governed by Natural Law, which is just as positive in its operation and requirement as the man-made law governing the mechanism of a watch. No man can violate this unfailing and unalterable law of Nature, which is older than the race itself, and expect to escape suffering the penalty by simply swallowing some poison drug.¹⁵

Applied evolutionary biology is the clinical application of *vis medicatrix naturae*. Instead of working on the body by inducing artificial corrections, as often found in the mechanistic approach of Western medicine. Applied evolutionary biology is to understand the natural laws that govern the human entity, and according to those laws, work with the body to modulate the biological systems involved in its innate healing capabilities in order to restore proper function and physiology.

Scientific Inquiry

To adopt and include other philosophical systems and approaches into standards of care does not mean throwing caution to the wind. It does not mean opening the floodgates. Instead, it is an invitation to study non-mechanistic modalities according to the scientific method of observation, experimentation, and testing of hypotheses. According to Hans A. Baer, a medical anthropologist, non-mechanistic medicines can be successfully tested and examined with the scientific method.¹⁶

In 2005, the IOM presented a detailed report that exceeded 300 pages, examining the use of holistic therapies in the United States. The report provided valuable insights into the emerging scientific, policy, and practice issues. The report considered the development of new and innovative approaches to research as essential.¹⁷ In the same year and in a separate article, the IOM Committee Chair issued a challenged to medical researchers on Complementary and Alternative Medicine (CAM):

Ignoring CAM [natural and traditional medicine] is not an option. The widespread use of CAM [natural and traditional medicine] by patients is a mandate to the scientific community to improve our relatively weak scientific understanding of CAM [natural and traditional based] practices. Moreover, health professionals have a duty to their patients to bring these 2

worlds of contemporary medical practice together. The path to this outcome begins with adopting the same standards of evidence.¹⁸

The caveat is that the scientific inquiry needs to be cognizant and operate within the studied medical system's own paradigm. To do otherwise, according to Rachelle Bradley ND in the chapter titled *The Philosophy of Natural Medicine* from the *Textbook of Natural Medicine*, will only produce flawed results, clinical applications will be suspect, and any success, will be entirely fortuitous.⁷ Bradley explains further that non-mechanistic approaches to medicine were not designed to operate according to a simplistic model of linear causality, but within a complex living system (i.e., holism and circular causality/feedback loops). When research acknowledges and accounts for this complexity, these medical systems can become verifiable, reproducible, and therefore scientific.

Medical Pluralism

The acceptance and use of the mechanistic method or the dynamic approach of holistic medicines is not a zero-sum game; the study or use of one approach does not negate the necessity of the other. They are two sides of the same coin. This idea of multiple medical systems coexisting is not new. Hans A. Baer calls it medical pluralism. He states, "... complex or state societies manifest the coexistence of an array of medical subsystems or a pattern of medical pluralism." Hans continues to state that "... medical pluralism is part and parcel of [the] socially stratified and culturally diverse nature of state societies."¹⁹

Building on this understanding of medical pluralism, Clyde Jensen, PhD, a former president of multiple medical schools, proposes the concept of the Health Professions Continuum. This bidirectional framework visually represents the interrelationships of healthcare professions by plotting them according to their philosophical foundations and scopes of practice. By fostering a deeper understanding of these relationships, the continuum serves as a valuable tool for promoting interprofessional collaboration and evidence-based policymaking.²⁰

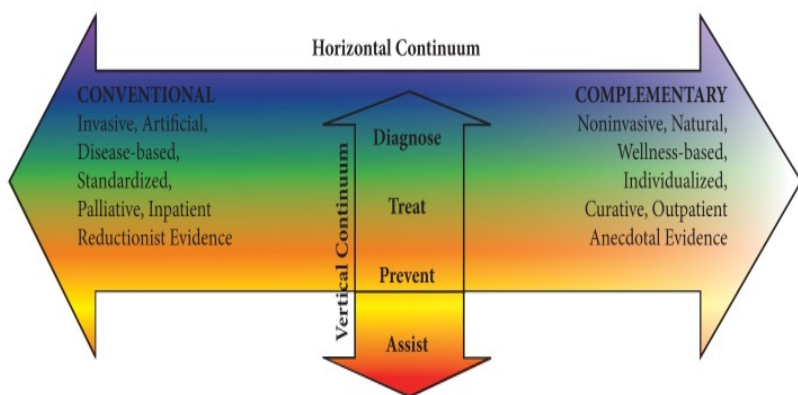


Figure 1-1

Like a rainbow, the Health Professions Continuum is bidirectional. The vertical continuum represents scope of practice, and the horizontal continuum represents philosophies of care.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4566463/>

The vertical continuum of the health professions represents a spectrum of practice scopes, beginning with entry-level roles that support other providers and extending through increasingly specialized levels focused on prevention, therapeutics, and diagnostics. In contrast, the horizontal continuum reflects the diversity of healthcare philosophies and values—ranging from conventional to complementary approaches—which form a critical component of the professionalization process and often serve to distinguish one health profession from another.²⁰

An illustrative example of the development of medical pluralism at a national level can be seen in China. In the mid-20th century, with the advent of Western medicine, the traditional medicine of China was no longer the only "medicine" and became known as "Chinese Medicine" to set it apart from the imported medical approach of Western civilization.²¹ In modern Chinese society, both traditional and Western medicine are utilized.

Worldwide, many case studies and surveys have highlighted the significance of traditional medicines in providing primary healthcare services. A study conducted in a rural region of West Bengal has revealed that folk therapies serve as an effective form of prevention and treatment for ailments like cuts, skin conditions, fever, dehydration, diabetes, hypertension, and liver disease.²² Indigenous medicine is an important component in primary healthcare for rural areas of Meghalaya in preventing/managing common illnesses.²³ In India, as of April 2013, there

were 3,100 hospitals with 57,056 beds dedicated to the use of traditional medicines native to India,²⁴ and according to Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization "Traditional and complementary medicine (T&CM) is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of aging populations."²⁵

However, in the United States of America, the relationship between mechanistic and natural/traditional approaches has historically been less than amicable and often hostile. In August 1945, just before his death, Dr. Lust penned his thoughts on the state of naturopathy, for the 49th Annual Congress of the American Naturopathic Association:

...But there are others who claim to be Naturopaths who are woeful misfits. Yes, and there are outright fakers and cheats masking as Naturopaths. That is the fate of any science—any profession—which the unjust laws have placed beyond the pale. Where there is no official recognition and regulation, you will find the plotters, the thieves, the charlatans operating on the same basis as the conscientious practitioners. And these riff-raff opportunists bring the whole art into disrepute. Frankly [,] such conditions cannot be remedied until suitable safeguards are erected by law, or by the profession itself, around the practice of Naturopathy. That will come in time. Now let us look at the future. What do we see? The gradual recognition of this true healing art—not only because of the efforts of the present conscientious practitioners but because of the bungling, asinine mistakes of orthodox medicine—Naturopathy's greatest enemy... [The] increasing lack of confidence in the infallibility of Modern Medicine will eventually make itself felt to such an extent that the man on the street will turn upon these self-constituted oppressors and not only demand but force a change...²⁶

On the other side of the antagonistic aisle, the American Medical Association (AMA) during the 1960s and early 1970s went to great lengths to eradicate the chiropractic profession. They were methodical and organized in their attempt. This involved prohibiting medical doctors from sending patients to chiropractors and from receiving patients referred to by chiropractors. Chiropractors were prevented from obtaining access to hospital diagnostic services and membership on hospital medical staffs, medical physicians could not teach at chiropractic colleges or engage in any joint research, and any cooperation between the two groups in the delivery of health care services was unacceptable.²⁷ The AMA made it unethical for a physician to associate with an "unscientific practitioner" with its House of Delegates specifically labeling the chiropractic profession as an unscientific cult.²⁸

The ongoing feud between qualified, licensed healthcare providers of natural therapies and modern medicine is hindering the progress of the field. Cultural, intellectual, and philosophical hubris only serves to harm patients. For medicine to reach its full potential and for physicians to provide the best care possible, it is essential that both holistic and mechanistic approaches to medicine work in unified collaboration.

The Symbolic Language of Medicine

Western medicine is a mechanistic medical model with its foundation rooted in Cartesian philosophy.²⁹ Descartes believed that the universality of mechanics could analyze nature and the human organism:

Just as engineers rearrange parts of matter to create machines that are capable of moving on their own accord, so to nature and her laws, subordinated to the infinitely superior craftsmanship of God, is able to make from matter alone all the self-moving things that operate in the natural world. All we need do is reverse engineer those self-movers made by hand to uncover the very same principles by means of which all living things operate.³⁰

However, living in a pluralistic medical society, we know that this cannot be the only developed philosophical system available with an associated science. This is not the only approach to medicine and healthcare. Other philosophical systems, sciences, and medical methods exist. Cultures such as those in China, India, Africa, Indigenous America, and others—who have maintained traditions closely connected to the earth and nature—have developed profound understandings of applied evolutionary biology over centuries and millennia, using the scientific approach of observation, experimentation, and the formulation and testing of hypotheses. These cultures have established medical systems that are integral to their broader socio-cultural frameworks. To the Western paradigm-trained mind, their stories may seem fanciful, rituals unusual, and explanations uneducated. Still, the unfamiliar does not negate their correctness and centuries of observations nor justify an implication of inferiority. In fact, when approaching an unfamiliar system, it would be wise to follow the premise established by the French Egyptologist R.A. Schallwer de Lubicz (1887-1961) and French philosopher René Guénon (1886-1951) and elaborated on by Heiner Fruehauf an expert in classical Chinese philosophy:

"When the labyrinth of seemingly nonsensical code—snakes and water lilies and scarab beetles; wood, fire, earth, metal, and water; taiyang, yangming, shaoyang, taiyin, shaoyin, jueyin; the hexagrams of the Yijing (Classic of

Changes)—bewilder us, we should assume that this sentiment reflects our own ignorance on the subject matter; not that of its creators."³¹

This statement is true whether a person is struggling through their 1st-year of Western medicine school or studying traditional and indigenous medicine. Knowledge can only be communicated through culturally based symbols and until the symbols are fully understood within their context, the knowledge it contains will forever remain elusive. In some traditions, the passing of knowledge is oral, and in other cultures, such as in Chinese medicine or Ayurveda, their understanding of applied evolutionary biology has been recorded and preserved in written texts. The Huang Di Nei Jing is the foundational text for Chinese medicine, and the Charaka Samhita, Sushruta Samhita, Ashtanga Hridayam, and Ashtanga Sangraha are the foundational texts of Ayurveda. These texts give a holistic picture of human life, including birth, growth, reproduction, and death, and discuss the impact of geography, climate, and seasonal influences on the human organism. Rooted in anatomy, physiology, and the laws that govern the human body, these texts have, for centuries, used culturally significant symbols and theoretical constructs to guide treatment, pathology, and the cultivation of health.^{32,33}

Public Desire for Healthcare

While Dr. Lust's remarks referred to previously may be controversial and scathing towards modern medicine's approach to standard medical care, his statement was accurate and prophetic regarding the current state of affairs in 21st-century medicine. Medical error is the third leading cause of death in the United States of America³⁴, while up to 25% of patients prescribed opioids for pain relief develop a lifelong addiction.³⁵ In 2015, opioid-involved drug overdoses accounted for 33,091 deaths in the United States, approximately half of those involved prescription opioids.³⁶ Acetaminophen toxicity is the second most common cause of liver transplantation worldwide, the most common cause of liver transplantation in the US,³⁷ and accounts for close to 50% of acute liver failures.^{38,39} Modern medicine demands therapies of traditional cultures to be vetted with high-quality evidence. Yet, fewer than 10% of the American College of Cardiology and American Heart Association guidelines are based on Level A evidence (i.e., evidence based on data from a single large, randomized trial or multiple randomized trials), and 41.5% is based on expert opinion only.⁴⁰ David Rakel MD, a Family Medicine physician and the editor of the textbook *Integrative Medicine and Textbook of Family Medicine*, wrote: The public has started to realize the limitations of Western medicine and

wants more attention paid to health and healing of the whole person... patients are demanding less aggressive forms of therapy, and they are especially leery of the toxicity of pharmaceutical drugs.⁴¹ He further explains that people want to move beyond stabilization, pills, and surgery; they want to work with the body through dietary adjustment, botanicals, manipulation, meditation, massage, and other therapies that have been downregulated to "alternative or complementary" or dismissed altogether.

In fact, there is a growing desire for medicine that more closely aligns with personal "values, beliefs, and philosophical orientations toward health and life".⁴² This echoes the sentiments of the Lancets Global Commission as quoted at the beginning of this chapter and the 2005 IOM report. These sentiments are truly raising the bar for all medical systems and paradigms. Our current delivery system can no longer deliver the best care to most people. In fact, it may collapse totally because of its inability to provide what the public, the profession, and the purchasers want and need.⁴³ Modern medicine is ill-equipped and lacks the knowledge to be a purveyor of medicine that cultivates the body's innate ability to heal. Medical schools provide little training or exposure to modalities outside of Western medicine.⁴⁴ This lack of exposure and lack of interdisciplinary relationships with licensed providers of holistic systems, combined with institutional biases, has led to a breeding ground of woeful misfits, outright fakers and cheats, plotters, thieves, and charlatans, who are taking advantage of the ignorance of the medical establishment and patients alike. Instead of turning to medical professionals, people are turning to social media, bloggers, influencers, and those with dubious credentials or reputation for their medical information.⁴⁵⁻⁴⁷ To address these challenges, there is an urgent need for a more integrated medical system that bridges gaps between paradigms.

A More Proper Integration of Medical Paradigms

To achieve integration across diverse medical paradigms, it is essential to acknowledge the divisions and tensions that exist along the health professions continuum. These divisions, referred to as "Continuum Clefts," were identified during the development of the bidirectional continuum model. They represent gaps between differing professional philosophies and values across the healthcare spectrum.

This interprofessional divide is perpetuated by efforts within healthcare professions to protect their members by maintaining professional silos, thereby isolating competing disciplines within what can be described as "professional cysts." Though the term may sound unconventional,

"professional cysts" effectively capture how adjacent professions often work to restrict scope-of-practice expansions and limit patient access to other providers—ostensibly to protect patients from perceived risks associated with unfamiliar or rival approaches.

However, these professional cysts contribute to the fragmentation of healthcare delivery, impeding interprofessional collaboration and continuity of care. The consequences are not merely theoretical; they create costly, potentially harmful gaps with real clinical implications. Patients, aware of these divisions, may withhold or alter information when interacting with providers from different ends of the spectrum, fearing judgment or misunderstanding regarding their medical choices..⁴⁸

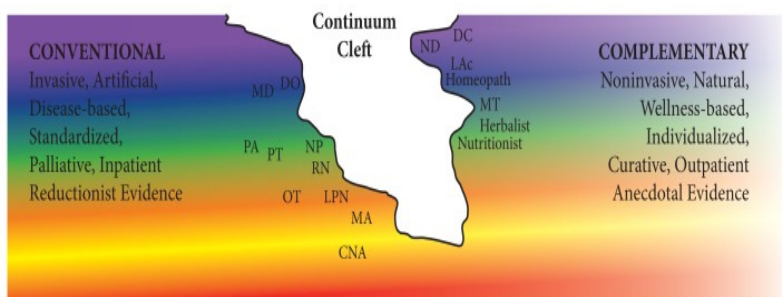


Figure 1-2
Continuum Cleft in the Health Professions Continuum
<https://pmc.ncbi.nlm.nih.gov/articles/PMC4712853/>

According to the CDC, over 73 million individuals refrain from disclosing to their providers that they utilize both ends of the philosophical spectrum of health care. This lack of disclosure contributes to an estimated \$7.7 billion in underutilized health care resources, ultimately impeding the delivery of safe, effective, and cost-efficient care.⁴⁹ Therefore, the question arises: how do we mend this cleft?

Since 1983, Portland's health science colleges—representing allopathic, naturopathic, chiropractic, and Oriental medicine—have been recognized as one of the most comprehensive and diverse educational communities in the United States. In 2003, with support from the National Institutes of Health (NIH), the Oregon Collaborative for Complementary and Alternative Medicine was established to promote integration between conventional and complementary health sciences. Later renamed the Oregon Collaborative for Integrative Medicine (OCIM), the organization became a 501(c)(3) nonprofit by 2010, with founding members including the National College

of Natural Medicine and Oregon Health & Science University. This unique collaboration has positioned Portland as a national leader in developing strategies to bridge the divide between conventional and complementary medicine. As a result of these efforts, seven key guidelines have emerged to inform and advance integration across the Continuum Clefs:

1. Respecting the distinct scopes of practice for each profession
2. Reinforcing shared interprofessional standards for evidence and accreditation
3. Employing entry-level practitioners as intermediaries to bridge gaps
4. Promoting interprofessional clinical training
5. Incorporating both conventional and complementary professions into collaborative educational programs
6. Preserving the historical heritage of each field
7. Recognizing all health care professions as part of a unified health professions continuum.⁴⁸

Additional efforts to bridge this divide have included the incorporation of Integrative Medicine tracks into medical residency programs, designed to expose healthcare professionals to a broader range of holistic and complementary care paradigms. However, while these tracks offer valuable insights, it is impractical to offer comprehensive training in other medical systems within Western medical education standards. The learning load would be too great. While some providers pursue fellowships in integrative medicine and others spend years gaining in-depth knowledge of other medical systems, it is not reasonable to expect extended learning from all physicians. To integrate medical systems is not to create encyclopedic physicians. The knowledge is too vast, and the time is too short. Instead, it is to create an encyclopedic medical system wherein modalities and philosophies do not compete but coexist and support each other, providing additional views, angles, and options while acknowledging their limitations. The practice of medicine in its various paradigms should be based on the most appropriate treatment for an intended outcome at a given time. Whether the intended effect is the stabilization of an emergency, the application of palliative care, or the restoration of function and physiology.

Conclusion

To transform our healthcare system for the 21st century, we need an innovative approach grounded in medical pluralism—one that is inclusive and pushes the boundaries of scientific inquiry. This paradigm, called

Restorative Medicine, offers a pluralistic framework capable of integrating all paradigms, philosophies, therapies, and treatments. From the most extreme experimental emergency care to the humblest prayer, Restorative Medicine shifts the focus beyond emergency interventions and symptom suppression to prioritize restoring proper function and physiology. Its guiding principle is clear: replace when necessary, but restore whenever possible, with healing as its foundational intent.

Restorative Medicine leverages the strengths of all medical systems while minimizing their individual weaknesses. By encouraging unbiased scientific exploration within each system's unique context, it fosters deeper understanding, sparks novel innovations, and improves clinical outcomes. This approach promises to transform modern medicine by fostering interdisciplinary relationships across paradigms, limiting opportunities for charlatans, and restoring trust in the medical establishment. Ultimately, healing and restoration will become the norm rather than the exception.

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CHAPTER 2

WHOLE-BODY SYSTEMS

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Prologue/Summary

In the dynamic landscape of modern healthcare, the quest for comprehensive and patient-centered approaches has led to the emergence of integrative medicine. This book embarks on a journey through the realm of whole-body systems, offering medical professionals a glimpse into the potential benefits and insights an integrative medicine approach can bring to their practice and patients.

Through this book, we aim to spark curiosity and open doors to a broader understanding of healthcare possibilities that extend beyond conventional allopathic methods and provide you with tools to be able to integrate these holistic approaches into your clinical practice.

Introduction

As medical professionals, our training often emphasizes specialization within discrete areas of the body. However, the human body is a marvel of interconnectedness, with myriad systems working in harmony to maintain health. These systems collectively enable our bodies to maintain equilibrium, respond to stimuli, and carry out essential functions for survival.

To truly comprehend a patient's health, it is vital to consider the interplay between various systems. Understanding the functional relationships between the nervous, cardiovascular, respiratory, musculoskeletal, endocrine, and immune systems can provide a more profound insight into disease processes and treatment strategies. That is the essence of a whole-body approach.