Abstract Modern medicine focuses on the hardware systems of the physical body (the hardware body) and has not accepted the concept of ‘software being’. However, making this shift enables a larger view of health, illness and pathology, enabling additional approaches to help patients get better. Historical thinking actually supports this step in thinking – as long as narrow attitudes that block ‘out of the box’ thinking are put aside. An example of a specific therapy is given.

Keywords Vibrational Medicine, Allopathic Medicine, Flower Essence Use

1. Introduction

Perhaps we should first remind ourselves of the definition of ‘medicine’. The Concise Oxford Dictionary defines it as the “art of restoring and preserving health, especially by means of remedial substances and regulation of diet etc., as opposed to surgery and obstetrics” or a “substance, especially one taken internally, used in this” [1].

‘Vibrational medicine’ is a term popularized in 1988 by Richard Gerber’s text of that name [1] which surveys the whole range of the subject. ‘Vibrational medicine’ refers to an “evolving viewpoint of health and illness that takes into account the many forms and frequencies of vibrating energy that contribute to the “multi-dimensional” human energy system” [2].

Energy Medicine is a title used by James Oschman in 2000 for a more compact text that adds valuable insights to Gerber’s work [3]. A second work, Energy Medicine in Therapeutics and Human Performance, provides many deeper insights into the subject [4]. Gerber and Oschman both look at the prevailing Newtonian paradigm in biomedicine, the scientific advances especially in physics that can inform the functioning of the human body and electronic “circuitry” in the body. From this they develop a rationale for a coherent structure of the body at an invisible level and present a range of ways in which science already uses Vibrational Medicine, such as in EEG and ECG machines. They go on to discuss different healing systems and tools such as homeopathy and acupuncture, among others, that have developed over the
centuries, as well as looking at up-to-date applications and newly developed techniques.

Gerber and Oschmann are both at pains to point out that vibrational medicine and allopathic medicine are two aspects of healing that complement each other. An analogy might be that allopathic medicine has reached great peaks of achievement in medicating and rebuilding the damaged or diseased hardware of a computer. Vibrational medicine takes account of this and also looks at the function of the software programmes, especially paying attention to the principles of retuning and re-harmonizing an out-of-balance programme with a light touch. It may be helpful to define ‘vibrational’ and ‘allopathic’ and to re-examine the origin of the second term.

This article is simplistic and personal, written by a general practitioner with an interest in complementary medicine as well as orthodox medicine, and it will be seen to have failings on both accounts. However, it is an attempt to provide a coherent overview of an area likely to be of important and perennial interest.

2. Vibrational Medicine

Vibrational Medicine has four components. Greatly simplified, these are:

1. Firstly, “anatomical” insights into the energetic nature of atoms and molecules within our bodies and the ways in which they interact coherently and harmoniously in cells [many authors detailed in 3,4].

2. Second are “physiological” theories in which flows of energy within the body are observed, using modern research: these theories appear to correlate with ancient wisdom about the meridian system and the chakra system [5], from Chinese and Indian traditions respectively. These theories are not limited to the physical body but include mind and spirit [2,3,4].

3. Third are the observation of patterns of disharmony, leading to disease “pathology”, first manifest at an invisible level. Disharmonies come both from within and from without, including sources such as electromagnetic fields and emotional traumas [2,3,4,6].

4. Fourth are systems of “therapeutics”, based on re-harmonizing patterns of imbalance using the phenomenon of entrainment. The coherence of water molecules in the body and the crystal-like structures of cells may be crucial in this process. The therapeutic modalities include, but are not limited to, acupuncture, healing, homeopathy, flower essences, magnet therapy, bodywork and others [2,3,4,6,7,8].

None of the above statements replace traditional medical science or therapies; rather, they augment the system of healthcare by taking account of new advances and insights from physics [2,3].

‘Allopathic medicine’ is a term coined in the 19th century by doctors in the US opposed to the great sway that homeopathy held at that time. The derivation of the term merits examination because it was founded upon battle lines drawn between two camps in competition for the trade of patients.

Homeopathy is the “treatment of disease by medicines (usually in minute doses) that in a healthy person would produce symptoms like those of the disease” [1]. The American Institute of Homeopathy was formed in 1844. At the time, homeopathy was widely used in the US, both by doctors and in the home, and only reached its peak of popularity in the 1870s. At the turn of the 19th century, there were more homeopathic hospitals in the US than any other kind. Allopathy is the “curing of disease by inducing an action of a different kind (to homeopathy)” [1]. The American Medical Association (AMA) (of doctors) was formed in 1847 to promote surgery and (non-homeopathic) medicine, and specifically aimed to overcome homeopathy in the US. A member of the AMA could be struck off for consulting or even being married to a homeopathic physician. Other therapies such as electrotherapy - also popular - were not targeted in the same way at that time – the Flexner report debunking “non-scientific medicine” did not appear until 1910 [9].

Great thinkers from the arts have made certain relevant comments.

George Bernard Shaw discussed medical theories in his preface to The Doctor’s Dilemma of 1906, in which play he makes fun of surgeons and the habit of removing the appendix at any opportunity (and thereby gaining a large fee for it). He wrote that “medical theories are so much a matter of fashion, and the most fertile of them are modified so rapidly by medical practice and biological research, that the play is already outmoded.”

“The savage opposition which homeopathy encountered from the medical profession was not scientific opposition; for nobody seems to deny that some drugs act in the alleged manner. It was opposed simply because doctors and apothecaries lived by selling bottles, and boxes of doctor’s stuff to be taken in spoonful’s or pellets as large as peas; and people would not pay as much for drops and globules no bigger than a pin’s head” [10].

The retired Surgeon-General of the US, C. Everett Koop, reflected upon this state of affairs in 1996: “During the 19th century American medicine was an eclectic pursuit where a number of competing ideas and approaches thrived. Doctors were able to draw on elements from different traditions in attempting to make people well. Perhaps there is more to this older model of American medicine than we in the 20th century have been willing to examine” [11].
Anatomy    | Vibrational: takes account of electromagnetic effects of atoms, molecules, body tissues and organs. Understands that structure is dynamic as well as apparently static. Builds on allopathic understanding. | Allopathic: concerned chiefly with visible structure. Attempts to understand structure from a paradigm of static rather than dynamic equilibrium (cables and wires alone rather than electronic circuit boards, with “wireless” communication as well)

Physiology | Vibrational: observes and theorizes about energy flows within the body at many levels. Understands that invisible body functioning and communication may owe more to electronic theory than just electrical theory. | Allopathic: agrees with gross analysis such as ECG or EEG measurements. Makes no conceptual leap from gross electrical disturbances to minute potentials akin to electronics for the majority of body functioning

Pathology  | Vibrational: imbalances in flow and disharmonic patterns are the basis of pathology. External vibrational influences can be important at many levels, from ionizing radiation to more subtle types, and also in minute doses. | Allopathic: pathology is only related to physical structure and function. Recognizes some electromagnetic influences as important (e.g., ionizing radiation), but usually only if gross physical pathology occurs.

Therapeutics | Vibrational: accepts the need for surgery and pharmacology, etc. It also seeks to re-harmonize the organism using the phenomena of coherence and entrainment, recognizing that function may improve as a result. | Allopathic: confined mainly to physical interventions, although in psychological areas counselling and analysis are widely used. Does not accept the theory of re-harmonizing, though many practitioners will “entrain” their patients’ thoughts and feelings with positive attitudes on a daily basis unconsciously.

Figure 1. Table of Differences and Similarities between Vibrational and Allopathic Medicine

3. Vitalism and Mechanism

A brief historical overview may be relevant. Watkins [12] points out that during the evolution of scientific medicine there has always been a tension between the followers of vitalism and those of mechanism. An understanding of these concepts is useful. Vitalism can be seen to be the precursor of vibrational or energy medicine, whilst mechanism fits in with the steady development of allopathic (physical) medicine.

Vitalism postulates that there is a spiritual force that pervades the universe and that an aspect of this vital energy is what animates a physical body, making it alive rather than dead. At death, the vital force ceases working through the body: “He bowed his head and gave up his spirit” [13]. Disharmonies can arise in the flow of this vital force, which give rise to illness. Skilled healers, priests, shamans and other tribal doctors in the early history of vitalism would have been the ones to help bring back harmony, often through touch. Aristotle, in Western tradition, wrote of the four basic principles of fire (hot-dry), air (hot-wet), earth (cold-dry) and water (cold-wet). Chinese medical tradition is predicated upon the flow of chi or energy through a body and the ways of re-harmonizing this using acupuncture, herbs, and qigong (mind-body adjustments) [14] (see also a critical evaluation of research on qigong by Yan et al. in [15]). It looks at such occurrences within the body as a microcosm that echoes the greater macrocosm of the universe. The universe, and therefore the state of the body, is subject to and influenced by universal principles such as yin and yang, the five elements and chi [14]. Chinese principles assert that there is an invisible energy structure that provides the blue print for physical form, such as that of the body: “when the Chi of the Elements settles, things acquire form” [16].

Mechanism emphasizes the physical causes of illness. Hippocrates was an early advocate, and then Galen. Later, scientific rationalism in the West developed, influenced by Newtonian theories of cause and effect. The universe was governed by determined laws, such as gravity, and so could be thought of as a giant machine.
The same analogy was applied to the body [12]. The growth of reductionism furthered this cause, as steady scientific progress revealed first the organs, then the tissues and then the cells of the body, and outside pathogenic agents such as bacteria were identified. Much of the ‘science’ of modern medicine and biomedical research is based upon reductionism and mechanism, as opposed to the ‘art’ of healing people. The great flaws of reductionism are, firstly that - of course - the sum of the parts is greater than the whole and, second, that by focussing primarily on structure and function, as a consequence error can creep in.

This error is that although structure does dictate function, this is only a partial truth – actually structure informs function rather than dictating it. Conversely, function also informs structure (the whole of Darwin’s evolution of the species supports this) – and furthermore, there has to be a ‘plan’ that informs function. Physics would describe this plan as a holographic blueprint – but common sense tells us that before we build something, we first have to have an idea of structure and function, then solidify the idea into a plan, and only then create the physical reality. Furthermore, this physical reality may, like a computer, have dynamic functions that cannot even be guessed at from anatomical dissection.

The irony is that both vitalistic and mechanistic theories are important in arriving at a coherent overview – and to inform aspects of health, such as the World Health Organisation definition of ‘health’ as being a harmony of mind, body and social well-being [17]. Some would expand this to harmony of mind, body and spirit.

4. Human Software Programs

The challenge for biomedical science is to fully integrate Einstein, Bohm and Heisenberg’s - among others - insights from physics, together with those of Jung and Berne and their followers from psychology, and develop a new understanding of simple ways to help people heal. Here are just a few insights:

<table>
<thead>
<tr>
<th>Einstein</th>
<th>$E=mc^2$ – that is, energy and matter are inextricably linked.</th>
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<tbody>
<tr>
<td>Bohm</td>
<td>The observer and the observed are intricately entwined together, even across time and space.</td>
</tr>
<tr>
<td>Jung</td>
<td>Consciousness is larger than our body. There are universal archetypes that we can access with our mind. We all have a shadow of unresolved issues.</td>
</tr>
<tr>
<td>Berne</td>
<td>The science of interpersonal energy transactions (namely, ‘energy flows’).</td>
</tr>
</tbody>
</table>

For a fuller referenced discussion of the implications of recent research in physics, biochemistry and other research on health, life and biomedicine, see [18]. Chopra, in numerous publications, has explored mind-body medicine extensively [19].

Although Einstein and others have described the world as a mass of energy vibrating at different rates, much Western biomedical research has been focussed on the anatomical model of static equilibrium, even down to molecular levels. Thus, for example, how nerves conduct impulses, the molecular formulae of neurotransmitters and other hormones [20], and the structure of mitochondria and arterial walls, are all known – the ‘hardware’ of the body has been investigated in minute detail.

However, ‘software programmes’ have not been investigated, at least until recently. This is because our human software – our feelings and thoughts – are invisible states, impossible to define anatomically and shifting rapidly from one phase to another. Newer techniques such as dynamic PET scanners are starting to illuminate the rapid manner in which neurotransmitters ebb and flow in the body. However, we are only just appreciating that perhaps thoughts and feelings (represented by neurotransmitters and nerve impulses) are actually a manifestation of a lightning-fast software system that represents our consciousness. Actually, it may truly be ‘lightning’ – because we now know that under tension the crystalline structures of living cells, with their high electrical potentials, emit photons of light [21] and pulses of energy [2,3,22]. This is directly analogous to the software systems running on a computer and the phenomenon of piezo-electricity (quartz crystals emit energy when squeezed – upon which fact the whole industry of computing is built).

Human software programs consist of a sequence of rapidly changing frames of mind with accompanying feelings, and a huge amount of subliminal autonomic processes ticking over in the background [23]. These are processed at both the conscious and unconscious levels, with reference to present and past experiences, and also to feelings, moods and temperaments.
Such software programmes rely on a stable platform of physiologically balanced hardware, with regular rhythmic breathing that promotes cardiac coherence [12], adequate refreshing sleep, appropriate nutrients, and so on. However, at an invisible level, these software programs can, like a musical instrument or an orchestra, go out of balance or out of tune. Musical instruments individually - or in a group - benefit from rebalancing or ‘tuning up’. Perhaps our thoughts and feelings, and our invisible software, can do so too.

Psychologists now use techniques such as eye movement desensitisation and deprogramming (EMDR) [24] and emotional freedom therapy [25] to process emotional trauma. Servan-Schreiber [26] provides a useful overview of the subject in Healing without Freud or Prozac.

Nature provides patterns of harmony to the ear or the eye that make us feel better – just think of the calming and uplifting effect of strolling around a beautiful garden, watching the sea or the clouds, or listening to the rustle of the wind in the trees. Everybody knows this instinctively! Moreover, if you feel better, you heal better! Science has observed this in the US research that showed that post-operative stay was reduced for those who could see a tree from their hospital bed [27].

5. Bach Flower Remedies – Tuning Forks from Nature?

Dr Edward Bach, the originator of Bach Flower Remedies, has made certain key observations. The first, at a dinner party, was that different people had different temperaments. The second, using his own intuitive faculties, was that certain flowers would catalyse a resolution of specific patterns of emotional imbalance in him. His third innovative thought was to prepare a stable vibrational pattern from the relevant flowers using water as a carrier, preserved with brandy [28,29,30]. This is analogous to burning a compact disc, which after all is merely a piece of plastic. However, CDs carry vibrational imprints which, played in the right hardware with the correct software, will produce music or pictures - coherent patterns produced onscreen or in the air. In effect, Dr Bach recognized the calming and healing power of nature, identified imbalanced frames of mind in himself, chose the specific tuning forks to retune and resolve the imbalance, and developed a method of capturing and passing the “vibes” to pass on and be used [31,2,3,32].

Science is only now starting to investigate how coherent patterns such as music can make us feel better, let alone act as a catalyst to resolve stuck frames of mind – of course, this is a highly speculative concept, but a concept that is in tune with our daily experience of life. Another experience that we all have is that of travel – a very mind-expanding experience, yet there is precious little scientific evidence on any benefit that it may bring to enrich life even though, qualitatively, we can all speak on the subject! At one level, Western biomedical investigation has predominantly concentrated – with magnificent discoveries, including the life-saving treatments for severe depression, infection and so on – on the hardware that supports life rather than the software to help our life’s experiences go well.

However, modern physics tells us that even our physical body - which we perceive as solid - is “merely” a coherent pattern of waveforms, a packet of “quantum energy” as it were! Such waveforms can go out of tune, out of balance, and benefit from re-harmonizing - retuning - at a vibrational level to reform the coherent pattern. The phenomenon of harmonic resonance, using the principle of entrainment [33,34], allows this to happen. In essence, a tuning fork provides a pure coherent note to which aspects of imbalanced patterns can retune and regain their coherence.

Just as a flock of geese in flight entrain to their leader, so cells can pick up the tune from one another. Moreover, in the same way that a flock of ten thousand starlings move coherently as one in the sky, so it is axiomatic that the body’s trillions of cells work in concert rather than against each other – they work in cooperation rather than competition – which begs the question: “How?”

Bach’s philosophy was to assist the body in healing itself by retuning our temperaments, as it were. He felt that his 38 remedies merely aided this process, and chose appropriate ones for individuals (up to five or six at a time). For instance Impatiens might be used for a person with a quick mind who is impatient and easily irritated by others, especially if they are slower than himself. Taking Impatiens over a period of days restores tolerance and patience. Holly, on the other hand, helps resolve the pattern of imbalance which manifests as jealousy, envy, revenge, suspicion and greed, bringing a pattern of love. Bach worked empirically and noted his findings in order to codify his research and produce a system that he felt was complete [31,35].

Today, Bach Flower Remedies and other flower essences are used worldwide by millions of people in over 33 countries [36]. Prof. Julia Tsuei of Taiwan presented a summary of over 4,000 cases at the 2006 Bach International Conference. In India, Vohra [37] has published 270 cases, while from Germany Scheffer [38,39] provides some of the most authoritative guidance for Bach users.

Twenty years ago in the UK, few had heard of them, let alone the most well-known – the combination Rescue...
Remedy – whereas now many have done so, and may have used them irrespective of the absence of trial data. Rescue Remedy and other combinations with the same recipe, other Bach Flower Remedies, and combinations made by other makers - both British and from abroad - are now available in most pharmacies, some supermarkets, and just about every health food store in the UK. Many people keep Rescue or other emergency combinations in their handbag or emergency cupboard. Twenty years ago, few of us had our own computers or mobile phones...

There seems to be a society-wide phenomenon of flower essence usage, almost completely outside the influence of the nursing and medical professions.

Using the analogy of music and travel, the whole area of flower essences is being researched on a personal and experiential basis by members of society. It is a challenge for biomedical research as to whether to investigate the insights achieved on a personal basis, a challenge that is made more difficult by the following five paradigms. These same paradigms apply to the whole of vibrational medicine

6. Paradigm Problems:

6.1 The Paradigm of Insularity

In the medical, nursing, pharmacology and other schools, a huge amount of knowledge has accumulated and we can easily fall into the trap of thinking that this means we have all the answers – and that other truths or thoughts about the workings of the body, etc., must be incorrect, especially when we achieve many successes, save lives, and are sometimes put on a pedestal by a grateful society. We may permit ourselves unwittingly to take on the role of ‘rescuer’ from Karpman’s drama triangle of victim, rescuer and persecutor, one which every health professional and scientist should be aware of [40].

It is easy to forget that Western health traditions (and after all, in the UK in 1945, 75% of GP prescriptions were herbal-based) are very recent and that fashions change. It is also easy to forget that Indian culture, with Ayurvedic medicine, and Chinese culture, with acupuncture and herbal medicine, have long-established traditions that have developed and been validated over thousands of years [14,41]. Moreover, tribal cultures of healing and other techniques have transcended culture over thousands of years, including touch. Brennan has written extensively about healing through the human energy field [42].

‘Scio’ means “I know”, so science is the art of honest enquiry into knowledge. Unfortunately, the scientific community has just as much ego and prejudice as the rest of the population, as witnessed by a friend who said, “Andrew, if you showed me a hundred studies that proved homeopathy works, I still wouldn’t believe it.” Karpman’s ‘rescuer’ flipping into ‘persecutor’? Perhaps we scientists and doctors are just as prone to prejudice and being trapped within a paradigm as anyone else? Shaw’s comments above are relevant to this.

It would be dangerous to become complacent about our successes, for this can foster a subliminal paradigm of “NIH” (not invented here), i.e., “we didn’t learn it, think of it, so it can’t be true!”

6.2 The Paradigm of Competition rather than Cooperation

In life, we can cooperate or compete. At one level, competition can involve “winning” at someone else’s expense – rather than achieving what is best for everyone. In effect, rather than accessing our own security and energy source, we steal energy from other people to bolster ourselves.

Western business culture is partly based on patent law and profit at the bottom line. Whilst not denying that rewards should come to those who deserve them, this can skew ‘medical’ research – and certainly pharmaceutical research - into finding molecules (altered from nature – if not, they cannot be patented) that you can sell at a £1 a day, or some such amount, preferably for a long-term condition, with a patent for as many years as you can stretch it. Intriguingly, some pharmaceutical companies spend huge amounts on research and development, but then go on to spend twice as much again on marketing.

Of course, homeopathic tablets that sell for three pence each make little profit for anyone, and so are unlikely to be researched with the same enthusiasm that a new (patentable), possible block-buster life-saving molecule at the cost of hundreds of pounds is likely to be.

Profit at the bottom line is not the only important outcome for society – some now recognize the concept of the four-fold bottom line of consumer well-being, employee well-being and environmental well-being all being important as well as traditional measures of profit.

The tragedy is that although the pharmaceutical industry has done a fantastic job with many illnesses - especially infections and others, such as the invention of ACE inhibitors, antibiotics and many others – unfortunately, the medical profession has occasionally allowed itself to walk up the garden path just a little too far, believing that because previous rabbits have come out of the hat, perhaps everything that comes out the hat will be another rabbit. This misconception partly stems from a society enamoured by the physical. “Why?” we ask.
6.3 The Paradigm of the Mind-Body Split

The mind-body split occurred in Western tradition during the Renaissance. Scientists asked for the permission of the authorities to examine the body – which was granted on condition that the authorities (the medieval Church) kept the soul. The majority of Western medical scientific tradition then developed with a worldview that excluded the soul. The Newtonian physics of cause and effect became pre-eminent. Tremendous technological advances in the material world were based on newly discovered laws of physics and chemistry. Cultural advances depended on these technological improvements in the visible physical world – and dazzled our eyes to the point that we could forget the existence of the soul, along with the rest of invisible reality.

Effectively, much of Western Medicine has looked exhaustively at the hardware of the body, whilst ignoring the software of the circuits of the consciousness (our invisible thoughts and feelings) running on the hardware! Moreover, it may mistake the effects of thoughts and feelings (neurotransmitters and neural impulses) for the causative factors. Pert has published extensively on this [20].

However, even in Western tradition, some of our greatest thinkers have considered the position; it was Leonardo da Vinci who stated in 1499 that:

“By the law of the Almighty
The body is the work of the soul
Which fashions its outward appearance
By hammering it from within
Like a goldsmith embosses his material.”

More recently, Elmiger [43] has suggested that “life is nothing but the unfolding of vital energy” and that the challenge for the physician is to detect and remove the barriers to this process that contribute to disease.

However, obsession with the physical can be a coping strategy of displacement so as to avoid deeper issues of spirituality and other uncomfortable paradigms, such as those outlined by Da Vinci and Elmiger, among many others.

The mind-body split seems predicated on the dominance of the left (rational) brain over the right (intuitive) faculties – why so?

6.4 The Paradigm of Intuition – Squashed!

Allowing the left-rational mind to dominate the right-intuitive faculties can be dangerous. How often do we wish we had listened to that quiet little voice that told us to go this way rather than the other? Furthermore, do we live our lives minute to minute according to protocols and an evidence base, or according to our intuition or our soul’s dictates? Ideally, logic and intuition should be in balance together, working in harmony, so that the will can be guided by intuition and wisdom. Intuition is sometimes described as our “in-tune” station, and is the faculty that is enabled by such unscientific phenomena as the practice of listening during prayer.

A professor of medical ethics said: “Logic may inform, but it is the Intuition that Guides.” He went on: “Logic unguided can most elegantly lead you up a blind alley!”

Add to this the fact that much of our behaviour is governed by our invisible thoughts and feelings, yet we do not formally learn about the invisible physiology of the emotions to use them on a daily basis.

Nonetheless, through our childhood and lives we learn to conform and suppress our own inner knowing in order to conform to our parents, society and others. Love is given to us or withheld with the effect that we become conditioned into thinking the way other people want us to. We adopt self-limiting beliefs that rob us of joy and cause needless suffering [44].

6.5 The Paradigm of Life as a Journey of Learning

“If we separate Illness from Health, Health from Life, and Life from Living, we deceive ourselves, and conspire to create the fiction of a reality which is not”. Anon.

“Where is the Life we have lost in living?
Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?”

Eliot, TS, The Rock [45].

Life is a journey of learning, and human beings are natural learners [Bach 35 among others]

Perhaps, as physics tells us, the whole universe is composed of vibrations dancing in and out of tune with each other, and as Eastern traditions tell us, consciousness underpins and pervades all matter – perhaps we are all aspects of consciousness experiencing life in a human frame. Perhaps we do not live life, but rather life lives through us.

What could be more interesting than to look at people, see how they tick and what makes them tick better, and see how to help them do this? [46]

To look at this area would be in line with the spirit of the age – for we now have an articulate, well-educated
population in the West, with ample scope for satisfying our material needs, the lower rung of Maslow’s hierarchy of human needs [47]. Much of the population in the UK and in the US is interested in personal development, and are using complementary approaches to health. So, now might be the time to look at self-actualisation and how to facilitate it – to help people feel better in simple low-tech ways. After all, if you feel better you heal better – scientifically proven – as well as ‘common sense’!

What supports and nurtures us to feel and heal better, to learn, to reflect and to move forwards? How is it that nature – a garden – flowers – a view – clouds in the sky – the sea – music - can all uplift yet calm and centre us? What is the nature of the calming, healing vibes hidden in nature that can achieve this? How does music make us feel better?

These are exciting questions to ask for the field of health – and perhaps, courageously – even for the culture of medicine. Other exciting questions might be: Does attention to health on a population basis reduce the incidence of illness? What if we teach everyone (to read)? Does this have benefit for society? What if we teach everyone (information technology)? What if we teach everyone simple self-help health technology to retune their own software? What if everyone learns to use the healing power of nurture from nature, even if only to enhance our own self-healing power – to harness the immense power of ‘placebo’ – in reality the action of the invisible force that maintains Claude Bernard’s milieu interieur – to feel better?

What if inexpensive flower essences (whose action as the “Healing power of dew,” Paracelsus, the ‘father of medicine’ described, and which Dr Edward Bach elaborated in the 1930s) and homeopathy really work? How do they work? What is the science behind their mode of action? Interestingly, Cuba, isolated for many years from affordable access to pharmaceutical agents, has recently invested in training over a thousand health professionals in flower essence therapy [48]. Admittedly, there is little English language published peer reviewed evidence on their action – one recent review notes that few studies are published in English (but does not comment on Tse from Korea or extensive South American work, among others) [49] – but there are many millions of users who believe they work for them worldwide, whilst my library shelf has 96 different books on the subject. Scientific investigation may be lagging behind widespread personal use.

Searches for published evidence on the health benefits and life benefits of travel have unfortunately failed to reveal any peer-reviewed material.

Perhaps physics - which can now show us how words and thoughts can influence patterns in water [50] at a vibrational level - has answers that we in the biomedical sciences have unfortunately ignored because we have been focussed on a particular mind-set.

6.6 Paradigms added together = “The Narrow Now”

The Narrow Now: The trouble with Paradigms is that they can limit us to a ‘narrow now’. Even worse, we will fight tooth and nail to justify our own special narrow now. A scientist, when challenged, like any other human being sometimes starts to argue not from logic but from gut feelings justified as logic. This response may result in a rejection of evidence on the grounds that mechanism is obscure. To accept evidence that challenges existing paradigms may require considerable courage and ability to think outside the box of conventional wisdom. There are parallels with the story about the Philosopher Fish, who asked the Student Fish “Consider the ocean which surrounds us”. The Student replied “What Ocean?” – that is to say, the student was as yet unable to conceptualise the existence of paradigm problems, let alone transcend them.

So, perhaps the way forwards is to be aware of all these paradigms, and to try and transcend our own baggage – for paradigms can actually be “systemic baggage” as well as useful ways of looking at the world.

The biggest paradigm shift for all will be to truly recognize, as many now assert, that “Health is Harmony of Mind, Body and Spirit” – and for biomedicine, along with society, to honestly embrace the invisible as well as the visible and acknowledge invisible anatomy, physiology, pathology and therapeutics. Honour and acknowledge diversity, and learn from it! The alternative is narrow-thinking that can lead to scientific fundamentalism.

7. Conclusion

Vibrational or energy medicine builds on the strengths of allopathic medicine and surgery in trying to do the best for our patients. There is a sound rationale and body of modern evidence that underpins an understanding of the subject but which is not currently taught in medical or nursing schools. Embracing new concepts, especially across disciplines, is always a challenge, especially at a time when much clinical and research practice appears to be even more specialized. Thus, concepts of “software” that are uncritically accepted if relating to the computer on our desks, can find great resistance in the biomedical fields, largely because the information is new and challenges tightly held and deeply cherished beliefs about the way the world and human beings are constructed. The irony is that we live our lives supported by material technology predicated upon microelectronic circuits and
fields, use text messaging, the World Wide Web and cloud computing, but we find difficulty in accepting that any of this might apply to our bodies or our beings.

If we concentrate only on allopathic approaches to disease, and look only at the physical, we may miss the point of health, life and living, and the British National Health Service will end up an unaffordable disease service – which is doomed to fail the unconscious and unarticulated health (mind, body and spirit) needs of its patients, despite ever more superb efforts by dedicated and expert technicians.

The answer? Education, education, education, inquiry and investigation at a personal level, to look at and examine these paradigms and attitudes, to recognize that we are each on a journey of learning in our lives, and to learn how to transform these paradigms and our own emotional and cultural baggage. Then, perhaps, we shall find how energy/vibrational medicine can illuminate a way forward for us.

After all, logically-applied evidence can most elegantly lead us up a blind alley...

Oschman [3] states: “Progress slows for a variety of reasons that can be attributed to “human nature”:
- A tendency to ignore anomalies.
- A tendency to ask the wrong questions.
- A tendency to look for answers in the wrong places.
- A tendency to create disciplinary and political boundaries.
- A tendency to conceal information by creating incomprehensible vocabularies.”

Perhaps it is time to look at these paradigms and tendencies, to transcend them, and to find out interesting truths that have until now eluded us.

Declared interests:
Andrew has been a GP since 1989 and has used flower essences personally since 1992. He has been published as below, and was the first Chair of the British Association of Flower Essence Producers, and a former chair of the British Flower and Vibrational Essence Association. He is a member of the British Holistic Medical Association and of the Scientific and Medical Network: he reviewed Gerber (2000) for Network, their journal. A sometime member of Somerset LMC and South Somerset PCT Professional Executive Committee, he has taught on the Exeter University Masters in Integrated Healthcare, and has lectured in Britain, Holland and Japan. He has particular interests in patient safety and physician health as well as taking a holistic approach with his patients.

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