# THERAPEUTIC INTENT AND THE ART OF OBSERVATION

**By Stephan A. Schwartz**

Therapeutic Intent. The idea that consciousness can have a direct effect on a living organism is an ancient and culturally universal belief. The shamanic cave art of Altimira, Tres Freres, and Lascaux presents compelling testimony that our genetic forbearers had a complex view of spiritual and physical renewal, one that has survived to the present unchanged in at least one fundamental respect. The intent to heal, either oneself or another, whether expressed as God, a force, an energy, or one of many gods, has consistently been *believed* to be capable of producing a therapeutic result. Why?

The answer must surely be that regardless of ideology or religion, culture, or race, the manifested result of Therapeutic Intent has compelled belief. It has survived and been used for thousands of years because people get better and the various practices seem worth preserving from generation to generation. This can be said, while still acknowledging that many people get well simply because of the self-correcting nature of Nature; or, to a more limited degree, from psychophysical self-regulation. And, from at least the third millennium BCE on, many more have regained their health because of the intervention of their civilization's health system. The high civilizations of the past, like those of the present, possessed a very sophisticated armamentarium. How they got it may still hold lessons worth learning today.

Modern scientists and clinicians have attained their understanding largely through instruments that quantify; objective measurement is our age's hallmark. The systems of the past relied on meticulous human observation, and clinical experience, passed down from generation to generation; in ancient medicine the practitioner was the instrument. It was an approach not to be sneered at. The Ebers, Smith, and Kahun Papyri, medical texts dating to 2,500 BCE, demonstrate the pharmacological sophistication of these ancient systems, and it is very impressive. In spite of the fact that Egypt is essentially a desert, with only a thin lifeline of green along the Nile, through trading and careful cultivation, Egyptian physicians knew about one-third of the botanicals listed in the modern pharmacopoeia. Equally significant, they used these botanicals for



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the same purposes for which we employ them today. They also understood naturally occurring antibiotics, and incorporated them into their practices.[1,2,3]

Nor were the Egyptians alone in these attainments. The Sumerian, in what is now Iraq, for instance, also possessed a sophisticated practical health system. Cuneiform records from the Nippur Valley make this point.[4] It is a conceit to believe that until modern western technological medicine developed there were no meaningful therapeutics.

Two examples, both from Egypt, give some sense of the flavor and the subtlety of the achievements attained by these ancient therapeutics: Dynastic Egyptian workers were fed a diet emphasizing radishes, onions and garlic. To the archaeological community, and the other scientists who first examined the papyri recommending this, in the early decades of the last century, this diet was too medically sophisticated to be appreciated by the western medicine of the day. It was dismissed as an unscientific magical peculiarity from the past. The worldwide explosion of medical research which resulted largely from the demands of World War II, however, began to reveal a different story. Although it was conducted without reference to the Egyptian texts, it explained just how valid and relevant that ancient diet really was, and how important it is to explore ethno-historical source material from an interdisciplinary perspective.

In 1944, American researchers, Pederson and Fisher, reported on the antibacterial properties of onions, which were found to contain the natural antibiotic allistan, as well as other vegetables.[5] In 1946, Rao, Rao, and Venkataraman of India and de Torrescasana in Spain published on the natural antibiotic principles of garlic.[6,7] A year later Ivanovics and Hováth in Hungary, and Schmid and Karrer in Switzerland, described a naturally occurring antibacterial substance in radishes, which the Hungarians named Raphanin.[8,9,10] It had antibiotic properties specifically active against, *cocci* and *coli* bacteria.[11] We can now see what early 20th Century physicians could not. Such a diet was exactly what would be needed in the crowded worker villages of the Giza Plateau to reduce the occurrence of gastrointestinal disorders.

The Petrie Papyrus describes a procedure used by Egyptian physicians to determine whether a woman was pregnant, as well as providing families with the gender of their unborn child. The papyrus says:

> *You must put wheat and barley in a cloth bag. The woman is to urinate on it daily...if both germinate, she will bear. If the wheat germinates, she will bear a boy. If the barley generates, she will bear a girl. If neither germinates, she will not bear.*[12]

At a casual estimation, this seems windy nonsense, of a piece with the complex incantations it accompanies. In 1927, however, two German gynecologists, Aseheim and Zondek developed a test using female urine which they claimed to be 95 per cent accurate in determining pregnancy in the first eight weeks.[13] In 1933 another German, Manger, at the Pharmacological Institute in Würzburg, demonstrated that the urine of pregnant women who gave birth to boys accelerated the growth of wheat. Those who gave birth to girls had urine that accelerated the growth of barley.[14]

As these two examples illustrate the truth is that when these early Egyptian medical manuscripts were first translated the scientific community, including the medical specialists brought in to advise on them, was not sufficiently advanced in its own understanding to evaluate what it was reading. A failure which has heavily colored the modern appraisal down to the present. More fundamentally, in this context, it suggests two things about Therapeutic Intent, and the importance of careful observation in unraveling how healing energy works.

First, the idea of Therapeutic Intent was not a sad last resort forced on a people who had no other options but to give themselves over to magic and illusory gods; and, second, that in the absence of almost all instruments for measuring physiological change only an extraordinarily competent and structured technique of observation, widely shared through teaching centers and conferences could have created these medical systems. The only modern analogy that approximates is found in homeopathy, with its laborious process of *provings* and repertorization.

This is important because, if the Egyptians and the Sumerians were correct in their observationally developed physical treatments and pharmacologies, a conclusion based on modern technological research, perhaps we should be more respectful of their observations concerning the therapeutic power of consciousness. Their world view spanned millennia and although their beliefs in energetic relationships between the patient, the practitioner, and the force (in this case expressed as gods) may seem quaint to many materialist eyes, it is hard to imagine these pragmatic observers continuing a practice that produced no results. A conclusion that becomes even more compelling when one considers three health systems from antiquity which are still living and vital — the Chinese, the Tibetan and the Ayurvedic.

Technological medicine finds its central metaphor in competition and struggle. This view of illness sees the body being overwhelmed by alien external forces not, as in the Eastern systems, the result of imbalances in the life energies with little differentiation between mind and body. Indeed, only recently and partially for the West, has Nature become a partner; the idea of energies that

can not presently be measured, is a difficult leap for many to make. Western therapeutics are all developed through quantifiable measurement, and quantified reaction to their administration. Psychiatrist and oriental medical specialist Leon Hammer, contrasts this with the Chinese view that "Qi shall be known only as it manifests itself, as it materializes, either physiologically or pathologically."[15] Significantly, this does reflect the physicists' view concerning energy; only by the measurement of its manifestation, i.e., its ability to do work, is it known.

All of the successful, non-technological strategies for maintaining life have had no choice but to stress minute observation of the whole person to obtain understanding, whether pharmacologic or energetic. It is a world view strongly supported by culture. These ancient great systems, which have survived to the present age of instruments, are all rooted in cultures where a meaningful percentage of the educated population trains in some kind of discipline of self-observation and self-regulation.

In technological medicine, then, based in a culture which places little stress on self-regulation, who can be surprised that the one branch of the health sciences, psychotherapeutics, which does stress observation, is the one which finds the idea of energetic interactions most comfortable, either within an individual, or between individuals. It should come as no surprise that a very significant proportion, perhaps an absolute majority, of those in the health professions who are interested in energy medicine come from these same psycho-therapeutic communities. Dating at least to Freud's libido discussion in *The Anxiety Neuroses,* in which he proposes an energy whose affective activity in the unconscious produces changes in an individual's mental and physical well being, the idea of energy has been an overt part of the refereed literature.[16] And within the psychotherapeutic field, perhaps only those of a mechanistic behaviorist bent would not acknowledge perhaps only those of a mechanistic-behaviorist bent would not acknowledge some sense of energetic interaction between practitioner and patient.

The reductionist view, correctly from its bias, sees diseased organs, dysfunctional systems, and discreteness. The therapist is a warrior in this scenario, trained to do battle. Western health professionals, practicing modern technological medicine, pride themselves -- it is a core tenet of the literature -- on making sure that the administering practitioner *not* be a part of the healing process. Given such a view, it would be surprising if considerations concerning energetic interactions were to receive much attention. By its nature, technological medicine stresses a theory of illness and eschews an overall theory of health, let alone a sense of a network of life in which each individual organism resides like a cell in a meta-structure -- the network of life. Yet all three of the Eastern

medical systems see exactly that.

Instead of organs, the Eastern systems see an entire person; instead of discreteness, they see a complex of energetic inter-connectedness between practitioner, patient, and the life network. Instead of warriors in battle, they are handmaidens assisting a return to balance. Their own life energies are inextricably inter-twined with those of their patients, and their emphasis is on prevention and a theory of health.

We in the West are at the threshold of understanding these interactions, just beginning to develop protocols for double-blind quantification, and only a little ways further towards understanding the physiological effects. It would be a grotesque mistake to abandon the intellectual gains made through our technologies, or to discard the scientific method which provides the mechanism for our insights. However, it does not follow that because our house is the one brightly lighted now, that we are the only consequential residence in history's human village. If many observers, over many thousands of years, from many different cultures, have reported these energetic interactions, and demonstrated their therapeutic usefulness, perhaps our contribution, as with the barley and the wheat of the Petrie Papyrus, is to discover exactly what is happening, and how to optimize its effects.

We will prosper, no less than the ancients, by following the leads suggested by close observation providing we do so without a cherished outcome. The skills and attainments of reductionist technology combined with the observational insights of a wholistic vision which has proven itself across time, can produce a synergy whose gifts must be greater than those achieved by either world view alone.

## REFERENCES AND NOTES:

[1] *The Ebers Papyrus.* Collection of The University of Leipsic. Written in 1493 BCE, in the New Kingdom, but by language, and for other reasons most scholars date it in the Old Kingdom, 2,780 to 2,280 BCE.

[2] J.H. Breasted. *The Edwin Smith Surgical Papyrus.* 2 vols. (Chicago: University of Chicago Press, 1930) Earlier than the Ebers Papyrus, and the first reference to the brain in the history of medical literature.

[3] *The Kahun Papyrus,* a text on obstetrics and gynecology. It was found in 1898 by Sir Flinders Petrie, and dates to 2,100 BCE.

[4] M. Levey. "Some Objective Factors of Babylonian Medicine in the Light of New Evidence. *Bulletin of Historical medicine* (1961), pp. 61-70.

[5] C.S. Pederson and P. Fisher. "The Bacterial Action of Cabbage and Other Vegetable Juices". *New York Agriculture Experimental Station Technical Bulletin*, No. 273, p. 31 (1941).
[6] R. Raghunandana Rao, S. Srinivasa Rao, and P.R. Venkataraman. "Investigations on Plant Antibiotics I. Studies on Allicin, the Antibacterial Principle of *Allium Sativum* (Garlic)". *Journal of Scientific & Industrial Research* (India). Vol. 1B (1946), pp. 31-35.
[7] E.U. deTorrescasan. "Experimental Studies of the Phamacology of the Active Principle of Allium Sativum (Garlic)." *Revista Espanola de Fisiologia* (Spain). Vol. 2 (1946), pp. 6-31.
[8] G. Ivanovics and S. Hováth. "Raphanin, an Antibacterial Principle of the Radish". *Nature.* Vol. 160, no. 4061 (1947), pp. 297-298.
[9] ---------- "Isolation and Properties of Raphanin, Antibacterial Substance from Radish Seed", *Proceedings* of the Society for Experimental Biology and Medicine. Vol. 66 (1947), pp. 625-630.
[10] H. Schmid and P. Karrer. "Constituents of Radish. I. Sulforaphen, a Mustard Oil from Radish Seed". *Helvetica Chimica Acta.* (Switzerland). Vol. 31 (1948), pp. 1017-28.
[11] *Ibid.*
[12] E. Iversen. *Papyrus Carlsberg No. VIII.* With Some remarks on the Egyptian Origin of some Popular Birth Prognoses (Copenhagen, 1939).
[13] S. Aschheim and B. Zondek. "Hypophysenvorderlappenhormon und Ovarialhormon im Harn von Schwangeren. Klinische Wochneschrift (Germany). Vol. 6, p. 1322, (1927).
[14] J. Manger. Untersuchungen zum Problem der Geschlechtsdiagnose aus Schwangerenharn. *Deutsche Medizinische Wochenschrift* (Germany). Vol. 59 (1933), pp. 885-887.
[15] L. Hammer. Dragon Rises, Red Bird Flies: Psychology, Energy and Chinese Medicine. (Station Hill Press, Barrytown, NY, 1990).
[16] S. Freud. *The Standard Edition of the Psychological Works of Sigmund Freud.* Vol. 3 (London: Hogarth Press, 1962), pp. 107-111.