

ETHNO-MEDICINE: VITALIZING POWERS OF SELF-HEALING

Prologue

Though superseded if not repressed by modern post-renaissance medicine, ethno-medicinal culture survived in its original or adapted forms *locally*, outside the main stream civilisation. As 'natural medicine' its elements remained part of the folk medicine being applied up to today in the inner circles of family, group or tribal health care. In rare cases ethno-medicine even is supported and co-operates with allopathic medicine (f. ex. England, South Africa). Supported by philosophical approaches as e.g. previously vitalism (deemed obsolete) and now biosemiotics or environmental studies, in rare cases amalgamating 'soft' medicine', it developed into the 'complementary' medicine, pharmacy and behavioural treatment. Even if often suppressed and discredited by the corporate allopathic medicine industry, its it sets on to merge with homeopathy, herbal medicines, body exercises and dietetics. Notable is the psycho-somatic approach (Thure v. Uexküll, 1964). Natural medicine recently is supported by 'green' and similar movements. Parallel in time, waves of spiritual revival movements can be observed from the 19th century up. They are, if at all, materially but loosely connected to ethno-medicine.

Ethno-medicine employs, very roughly, *first*, nature grown chemical substances and movements; *second*, rituals and mental healing acts and, *third*, social contact, social togetherness. *Fourth*, the healing e.g. shaman may lead the patient to a spiritual re-bind opening the domain of the 'beyond' to for elders and spirits. Or he will accompany the ill person to the caves of wisdom to meet there his power animal and/or are shown appropriate remedies. During the last two decennia scientific research has begun to investigate ethnic medicine and healing. Concerning the first, ethno-medicine, knowledge gained by tradition and experience lately is reinforced by scientific analyses; natural herbal/animal substances investigated as to be exploited by the pharmaceutical industry. As for the second, individual healing acts as e.g. mental healing, healing by touch, or by forms of 'spiritual' healing, are explored as to their measurable *substrates* and *correlates* by psychology and (brain) physiology as in the RAS. Quantum physics supplies concepts and experimental evidence. Social studies, in particular in psycho-behavioural research, manifest the influence of personal trust, social contact and togetherness in healing. Positive results are reported also from the re-connection to the spiritual/religious sphere. The science behind is if reluctantly changing from an *analytic/partitioning* stance to a *holistic* view of homo sapiens sapiens. Psychological states as emotion and social/cultural/environmental factors are included.

Of particular interest seems the scientific view of effects so far noted as 'psychic' or 'paranormal', as known from e.g. shaman treatments. Christened now 'rare normal phenomena', by research evidence they increasingly appear as 'normal' properties of life systems. They may prove not only being possible and existent, but even as essentially constituting human life.

1. Health, Healing and Self-Healing

Health is central to the human personal condition: in body, in group and society, not least in relation to the beyond. In consequence, health care represents an essential function of the community. Every single individual as well as the community is rendered responsible for its own *and* the health of its group members, that is for the health state of the *entire community*.

The definition(s) of health reflect its importance. They centre around the comprehensive conception of *well being*. Well being is understood subjectively as well as connected with the social and the natural environment. In terms of the Western culture health implies body, mind, soul; social relationships, access to material and cultural life supplies, and the imbedding into the social and general environment. Consequentially the responsibility is mutual and shared. Primarily it lies with the individual, but on a mutual base also on all other constituents in the social and environmental domain. Likewise the individual responsibility extends to the community: each person should keep healthy as to be able to serve the community and not to strain scarce communal resources. In the

original ethno-medicine there is no ‘outsourcing’ of care and responsibility as it signifies Western socialized and governmentalised health care and the corporatist health business systems.

Health care in ethno-medicine rests with all layers of the community. It is focused on active pre-conditioning and preserving health; a task that is seen as a steady assignment. In this context, in tendency *curing* can be understood as an acute impact aimed at an acute disease, wound etc. using e.g. herbal medicine. The representative figure is the *physician*. *Healing* depicts the comprising approach to health disturbances and imbalances covering virtually all aspects of the healthy personality. It is represented by the *healer*, e.g. a shaman (and, virtually, the community behind), exercising the healing function. Typically the healing function of the shaman is an integral part of his – see below – assignment as a builder of bridges from the here to the beyond, from the acute human domain to the domain of the ‘masters’ and the caves of ‘knowing’.

Both curing and healing rely on the capacity of *self-healing* of the life system misbalanced or mutilated. In today’s normal medicine *curing* prevails; to regain health is expected mainly from the medications applied. Gradually but increasingly, however, the movements of natural medicine remind the duty of each individual to preserve his/her own healthy condition. *Psycho-somatic* (Thure v. Uexküll: 1964) medicine has stressed in particular the unity of mind and body in maintaining and (re)gaining health. The necessity of emotional attachment and trust for the curing success is discussed, drawing also from experiences in animal curing.

In distinction to mere curing *healing*, namely but non only in ethno medicine, approaches the infirm person holistically from all components of a healthy condition. It employs the physical-chemical compounds and apparatuses, which are for example vital in emergency medicine. Ethno-medicine reinforces the curing impact by remedies from natural environment and by social contacts and spiritual *rituals*. Rooting in trust and hope rituals and mythical *narratives* may blend with the magical, religious sphere of mental constructs, of belief systems. In terms of recent research: via the *psycho-neuro-immunological* network healing will recall the natural, inborn powers of consciousness. Healing, in essence, need be *conscious self-healing*.

2. Mental Healing: Micro-, Nano-Biology, Non-Local Events

Much simplified: The brain being the nuclear knot of the CNS (central nervous system) controls directly or by its brain satellites (distributed control centres) the entire body functions. Hence, all successful curing attempts need the co-operation with the CNS and all layers of consciousness. But consequentially the comprehensive approach of holistic healing often begins addressing consciousness (‘first heal the mind’). Shaman healing provides a typical example: by drumming, but also by paraphernalia, dancing, touching and bashing, the state of consciousness is to be altered as to be opened. In its altered state becomes receptive to the healing powers from outside: the beyond, the spirits (personalisation?) evoked by the shaman or by the reactions of the affected person itself. Within a group or another social context, as well physiology as spirituality are evoked and opened to healing energies and authorities (!). Shamanism incorporates a very old form of mental healing. Dependent from the surrounding culture, the shaman may use drugs to be elevated to other states of consciousness. Other modes of the multifaceted practice of mental healing do not use outside impacts like drugs, noise or rhythms. They address higher consciousness via imagination or directly by mentally stimulating the nervous system and inherent ‘consciousness’ down to the cell. Contact is established, simplified, from brain to brain, tapping a beyond, a collective domain as described e.g. by C.G. Jung (Jung, 1957); (Piet, 1989). For the transfer of supporting and forming energy, body contact via the hand may be used as in the ‘healing touch’. In remote (mental) healing the energy is conveyed from brain to brain, from consciousness to consciousness, as picture giving (monitor) experiments indicate. Speculations and hypotheses as to the transfer medium implied electro-magnetism, physically still unknown media up to quantum concepts. Its physical/ physiological sources are under test. Under closer inspection are *Microtrabecular Lattices* (3-4 nano-m) in the brain acting as mediator of quantum holography (Frecka: 2007). Complexity research (van Nieuwenhuijze: 1998) investigates the rules of complexity evolution in life systems (see also: Walter: 1992; Wheeler:

2006).

Ample evidence tells that healing is happening. But which are the measurable substrates, which the correlates? Using which frames are they to be *interpreted*? Recently new or newly active sciences shed light on such 'rare normal phenomena'. Research set up from psychology and parapsychology so far contributed first interpretable results. To set up research programs equivalent to the subject, however, often proves difficult, requesting an appropriate epistemology.

Micro-biology detected remarkable qualities of the cell to prompt and to control restoring processes (Bauer: 2008; Bürgin: 2008). Each cell, each genome carries the complete blueprint of the healthy life system, of the cell, the organ, of the entire body. Insofar each physiological unity possesses some kind of a central *quasi-consciousness*, a networked control centre, which, when activated by healing, conducts the restoration process. The 'directedness' of the process (push and pull) is corroborated. From simplified coding and communication processes in particular the origin and evolvment of meaning in life systems, *biosemiotics* (Barbieri: 2008) underline the role of directive *meaning* in life processes. They likewise explain the directedness, the purpose, the intent driving and shaping evolution and individual evolvment of life systems. Healing may well work on this level. In the context of research on complexity evolvment and namely *endophysics* (Rössler: 1998; Vrobel: 2008) research on non-local' events and *non-local effects* elucidate phenomena as remote healing. Social research explores the interaction of individual, group and environment.

3. Shamanism: Myth, Meaning, Identity, Self-Healing

Post-modern philosophy called them *symbolic narratives*: the *myth(s)* (Girard: 2005; Goodman: 1984) describing a set of events, of gods and demiurges in a world outside reality, that apparently *relates to actual events*. Traditional and often with (quasi)-religious correlations, myth provides a *frame of reference and interpretation* in particular for unusual events (Loeckenhoff: 2001, 2003, 2005). Myth provides an above-individual pattern where individual fate can be assigned to. Shamanism is, or is par of, such a myth (Ethnological Studies; Institute of Ethnology and Anthropology, Russian Academy of Sciences: 2001; 2003). Birth and death, illness and restoration of health can be comprehended as part of a higher comprehensive order of existence. By such connection illness and its treatment gain an *above-individual meaning* of being ill; providing power to understand and eventually heal by re-balancing. The healer, in the figure e.g. as a shaman, representing the myth, evokes the re-bind and exerts its impact on the actual individual healing process. The ill person itself acquires a *symbolic role*, an elevated *identity* as part of the myth.

Such imbedding into a higher order and a meaningful process pointing to traditional precedents furthers the physiological and psychological preconditions of healing. Being part of an accepted sacred schedule helps to relax; to open for the optimal reception of outside treatment. Indirectly it stimulates the powers inherent in the relaxed person, now not impeded by stress, for self-healing. As aforementioned, each element of the physiology carries the blueprints for its healthy state and its restoration. This potential is actively motivated, encouraged, stimulated and controlled. Psycho-neuro-immunological reactions may be initiated; the entire body condition is activated to support the healing process. Consciousness on all physiological and psychological levels can be stimulated to that effect, for example by rituals or leverage by mental healing. - These and similar concepts require intensive further research, gradually enriching the understanding of health and health care.

As health, health care is an integral part of the myth. Health care pertains to the communal, the societal domain of myth. Health incarnates one of the essential elements for survival and proliferation of the communal body; health care epitomizes a crucial social/societal function. Shaman healing, performed on the individual or the collective, gains the character of a proto-institutionalisation of health care. Combined with the shaman's other communal functions shaman healing incorporates a basic constituent of societal bind. It signifies caring and mutual caring in the society, enhancing integrity and syntegrity of the members of the commune. It embodies and integrates symbolically orientation and balancing, the bridging to the beyond; in case of healing to the magical 'cave' of helpful wisdom. The individual is bound to society by fulfilled expectations and by gratit-

ude for safety, for companionship.

4. Complementary Ethno-Medicine

Under the overwhelming proliferation of conventional medicine, its institutions and apparatuses ethno-medicine on first sight may seem restrained to an inferior complementary role. Under this view conventional medicine provides the base medical provision; ethno-medicine supplying the background in form of a health life style and eventually complementing with natural remedies. Extremely simplified: Conventional medicine treats *chirurgic* cases, *infection* diseases, and securing *technical sanitary* preconditions. Ethno-medicine serves health imbalances caused by the specific geographical and climate conditions, or disparities connected to the particularities of the indigenous culture and its rapid change. Indigenous healing modes are known to be successful especially dealing with *systemic* diseases.

Such unequal positioning must not necessarily remain the case. Ethno-medicine from its geographical and cultural roots urgently is needed to contribute to shaping the way of life, when modern civilisation may meet, in certain regions or with climate change, altered and eventually extreme climatic conditions and a changed environment in fauna and flora. Civilisation technology may improve, but cannot fully replace ways of a culturally, societally defined ways of life and its social institutions. It cannot replace natural behavioural conduct, optimally adapted to by traditional life styles. That obviously appears valid in the measures of prevention ethno-medicine, in preventive health conditioning. The approach will include the wider environments and their adaptive, balancing qualities. In reverse ethno-medicine will contribute to the medicinal knowledge: what can be achieved at low cost with simple medicines and modes conveniently at hand. Last not least the question is also an economical one: cost, and benefit, the return on health investment. Health care cannot be fully outsourced from the individuals, from the individuals and the groups responsibility. Nor should mere indispositions e.g. of old age generally be treated as illnesses. For example the ever rising cost for ever more ever more often extreme and life-style related, civilisational diseases in Western Europe may teach a lesson in modesty, may indicate a policy of common sense and moderation. Mutual complementation on shared eye level and defining appropriate domains of application seems a sound suggestion.

Ethno-medicine incorporates a particular understanding of life and its cycles: birth, life and death. It understands death as a part of life, not to be feared and held away by all means at however reduced personal states and at any cost. Scarce communal resources have meaningfully to be divided between the sources for survival and development for the community. Giving birth and rearing, educating children, caring for the next generation; holding up the performance capacity of the people in working age, and caring for the old and infirm people: these societally vital functions have to be balanced strategically.

Helpful comes a general reconsideration concerning science and namely health sciences. The decline of physicalistic positions under the influence of systemic concepts, under quantum and complexity sciences, micro- and nano biology or endophysics induces a reconciling in scientific research; epistemology, modelling methods, procedures and evaluation frames (Logan 2007; Wieser 2007).

Epilogue

The mainstream view on the world opens but gradually to the understanding of ethno-medicine. One of the causes appears the vast cultural variety, tying ethno-medicine to local cultures. Sangomas in Southern Africa, Tibetan Llama healers, Aborigines, Indian Arjuveda, European traditions, ethno-medicine in Pharaoh Egypt (King 2004) and so on display an astonishing variety in geographical, cultural and behavioural roots and religious contexts. Shaman healing is but one under many variations (Loeckenhoff, 2001; 2003; 2007). To analyse the common roots, the world views behind, the principles and procedures shared is a much needed research issue. To be removed needs the influence of the esoteric scene insofar as it comes often more clouding than clarifying. To be integrated needs the research still sometimes considered sideline on *bio-photonics* (Popp: 1984),

radi-aesthetics (or Feng Shui), *radionics* and similar research. It not least will help to formulate new, more appropriate questions not posed under the old paradigms.

Gradually our still prevalent view on the world, scientific and everyday, is increasingly changing. The change will not come as a Copernican or Freudian cut. Instead it will step by step lead to an even more complex, more differentiated view on wo-man in his/her world and a deep reconciliation how to react and to act 'rightly'.

Unchanged remains the pragmatics: He/she who heals, is right.

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