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The Philosophical and Historical Roots of Holistic Approaches to Health

DIVIDED LEGACY, Harris L. Coulter, Ph.D. Washington, D.C.: Wehawken Book Company, 1975. 3 volumes (537 pages, 785 pages, 546 pages).

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Ullman, Dana. A summary and review of DIVIDED LEGACY

A History of the Schism in Medical Thought

Harris Coulter has written an academic and fascinating threevolume set of books on the history of Western Medicine. Each volume is important to those who wish to understand the roots of modern medicine and to learn how and why many "nonorthodox" practices did not gain general acceptance in the health care system. The three books are of particular importance to those involved in holistic approaches to health because Coulter traces the history of the holistic practices that are often ignored or criticized unfairly in most medical history texts.

The three volumes are scholarly written and are thoroughly footnoted with references to thousands of original writings. Volume I describes the era from Hippocrates (400 B.C.) to Paracelsus (1600). Volume II discusses medicine in Europe from 1600 to 1850. Volume III covers medicine in America from 1800 to 1914.

The title, Divided Legacy, refers to the two predominant schools of thought or traditions that have dominated Western medical history. Although the two schools were not formalized with every practitioner aligning him/herself with one or the other school, Coulter's analysis shows convincing evidence how some of the best physicians and healers believed and practiced mainly in one or the other tradition.

One school was known as the Rationalist school, while the other was the Empirical school. The Rationalist school sought to understand health, disease, and the treatment of disease in an analytical fashion; It sought causes of disease and methods of treatment in a systematic and rational manner. It focused on the anatomical and biochemical nature of the human being as ways to understanding the parts of the organism and how to make them function properly.

The Empirical school of thought held different assumptions about the ways of acquiring knowledge on health, disease, and the treatment of disease. It did not look for nor seek to understand the causes of disease. It sought and developed ways that worked whether or not the practitioner understood at first why the methods worked. Although Empirical practitioners usually had theories on how and why their methods worked, they recognized that their theories were always secondary to the fact that the method worked. Over long periods of time and through close observations, empirical practitioners developed their own time tested and systematic health practices that were not based on an analytical understanding of cause and effect.

The Rationalist school, of which modern medicine is the latest development, has claimed the title of being the "scientific" medicine. At the same time, it asserted that other approaches to understanding health and to the treatment of disease were unscientific and were often to be considered as "quackery." The meaning and significance of scientific methodology are discussed in detail in volumes II and III of *Divided Legacy*.

Coulter points out that although the Rationalists explained why their methods worked or didn't work, their explanations were soon disproven and were replaced by a new set of "facts." Comparatively, Coulter describes the scientific characteristics of the Empirical school and how and why their observations and their health practices have been utilized for long periods of time. Whether the outcomes have been successful has not been adequately determined statistically; however, the great numbers of people over many centuries who have made use of the various Empirical health practices should encourage clinicians and researchers to look more closely at Empirical perspectives and practices.

It should be clarified that the definition and the historical use of the word "empirical" refers to the dependence upon observation and experience alone without the use of theory or reductionistic methodology. Although modern medicine is considered a highly empirical science, it is much more rationally based than empirically based. Modern medicine's emphasis on reductionistic methodology is different from traditional empirical practices that gauged improvement in health in holistic terms. Despite this, Coulter does not infer that the Rationalist's practices don't have some empirical basis or that Empirical practices don't have some rational basis. Coulter's books help us understand the distinct primary emphases of the two schools of medical thought.

See Table 1 for an outline of the basic assumptions of the Rationalist and Empirical schools of medicine.

Whether the Rationalist or the Empirical school of medicine appears to be more appropriate does not depend upon which approach seems more scientific. It ultimately depends upon which set of assumptions, summarized above, the practitioner has about human beings, about the definition of health, about obtaining knowledge, and about understanding the universe.

Coulter's preference or bias for the Empirical school is made known throughout the book. Coulter includes in each chapter statements of some of the great physicians/healers/theorists in history. Thomas Sydenham, a celebrated English physician in the seventeenth century who is considered the English Hippocrates, referred to the work of the Rationalists as "the art of talking rather than the art of healing." (Vol. II, p. 681)

Dr. Samuel Hahnemann, eighteenth century German physician and father of homeopathic medicine,* criticized the Rationalist school stating, "the vain fallacy that the business of the medical profession is to explain everything." (Vol. II, p. 327) Rather, they have never yet how to cure our fellow men in a manner that shall satisfy our conscience, but only how we may present to the people an appearance of learned wisdom and deep penetration." (Vol. II, p. 329) More trenchantly, Hahnemann asserts,

They [the Rationalists] placed the essence of the medical art, and their own chief pride, in explaining even much of the inexplicable. They imagined it impossible to treat scientifically the abnormal states of the human body (diseases) without possessing a tangible idea of the fundamental laws of the normal and abnormal conditions of the human frame. Our

systembuilders delighted in these metaphysical heights where it was so easy to win territory; for in the boundless reaches of speculation everyone becomes a ruler who can effectually elevate himself beyond the domain of the senses. The superhuman aspect they derived from the erection of these stupendous castles in the air concealed their poverty in the art of healing. (Vol. II, p. 328)

Hahnemann's argument clearly had a strong basis during his life in the early 1800s when the majority of physicians practiced what most people today believe was dangerous medicine.

Through Coulter's exhaustive research he also quotes from well known Rationalists to support his thesis. Coulter quotes Claude Bernard, father of experimental physiology, who in turn quotes Baron Cuvier as saying, "All parts of a living body are interrelated; they can act only insofar as they act all together; trying to separate one from the whole means transferring it to the realm of dead substances; it means entirely changing its essence." Bernard replies to this by stating, "If the above objections [to mechanistic physiology, a part of Rationalist thought are well founded, we should either have to recognize that determinism is impossible in the phenomena of life, and this would be simply denying biological science; or else we should have to acknowledge that vital force must be studied by special methods and that science of life must rest on different principles from the science of inorganic bodies." (Vol. II, p. 669)

Coulter's point is that we do need special methods to study the vital energy of the human organism, and in fact, many of these methods have been in the developmental stages for over two centuries. These are the characteristics of the Empirical tradition.

If the Empirical tradition embodies the characteristics of a scientific methodology to understand and heal the human being more fully, why hasn't it gained greater acceptance? The three main reasons that Coulter describes for why the Rationalist rather than the Empirical school gained general acceptance were: (1) political: the differences in the professional cohesion amongst the members within each school; (2) social: the differences in the practitioner/patient relationship; and (3) economic: the differences in the economics of being a practitioner in the different schools.

See Table 2 for a comparison of these reasons.

One characteristic of the interaction between the two traditions that cannot be discerned in the above type of comparison is Coulter's observation that the Empiricists were the agents of creative discovery, while the Rationalists tended to trim and adjust knowledge to the institutional and socioeconomic needs of their profession. Coulter cites this recurrent pattern throughout history in fascinating detail. Through the elaborate theories that the Rationalist erect; it seems that they are on the right track. Coulter, however, gives a greater perspective on medical history and shows that too often the Rationalists have been travelling down a narrow track.

It is essential to add that Coulter's deep appreciation of Empirical practices as a scientific discipline with historytested results does not preclude the appropriate, use of our present highly developed Rational medicine. However, whether one's background is the Rational or Empirical tradition, Coulter makes a strong case for much greater investigation and utilization of Empirical perspectives and practices than is occurring at the present time. Although one may say that "holistic health" is simply the most recent name for the Empirical tradition, it is important to recognize that some nonorthodox practices and practitioners follow the general assumptions of the Empirical tradition, while others

definitely do not. In any case, anyone who is interested in the emerging field of holistic health would learn much about the roots of this approach to health by reading any or all of Harris Coulter's *Divided Legacy*. These books should be read by those involved in the holistic health movement and by those who want to know why our current medical care system is not responsive to the needs of our society.

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* Coulter considers homeopathy to be the sophisticated manifestation of the Empirical tradition. Although its greatest popularity in the U.S. was in the late 1800s and early 1900s when between 20% to 25% of urban physicians considered themselves homeopaths, it sharply declined after this time except for the past decade when it has begun to experience a resurgence.

NOTE (Regarding [Table 1](#) and [Table 2](#)): This comparison describes the general view of the two schools of thought. Not every practitioner consistently believed or practiced each assumption. Some of the descriptions represent the extremist and the more classic assumptions of the two schools. Coulter documents how most of these assumptions pervade the thinking and practice of the majority of health practitioners

[About Dana Ullman](#)

Table 1

The Empirical and Rational Schools of Medicine—A Comparison

	<u>The Empirical School</u>	<u>The Rational School</u>
I. View of the person	Vitalism: The person reacts purposively to external stimuli and tries to maintain equilibrium with the environment. The individual is largely self determining. The body is thought to have an energetic essence. Different cultures called it different names, e.g., chi, prana, spirit, soul, life energy, physis, anima sensitiva.	Determinism: The person functions as the result of physiochemical laws. External factors play a major role in behavior. The body is seen as a material and mechanical entity.
II. Source of knowledge	Observation and experience on living organisms in a historical	Analytic, rational thought. Experiments usually on dead organisms or on living organisms

	context. They usually study healthy people in their daily life.	in a laboratory setting.
	Observation, hypothesis, and experiences are directed at elaborating the doctrine of cure by natural law.	These same techniques are employed to develop a physiological theory on how sick and healthy organisms function.
	Foundation for discovering knowledge is in clinical practice.	Foundation for discovering knowledge is in the laboratories.
	Knowledge of internal processes is impossible, and isn't required for treatment.	Knowledge of internal processes is possible and is required for treatment.
III. Definition of health	Freedom from limitation on physical, emotional, and mental levels of experience, having as their state wellbeing, serenity, euphoria, awareness, and humility (subjective).	The absence of objective signs and symptoms of disease (objective).
	Health and disease are a continuum. There is no distinction between physiology and pathology. ("Man is always sick."— Hippocrates)	A person is either healthy or not healthy. Physiology and pathology are separate. There is a "normal" and an "abnormal" condition
	A person has only one disease at a time; each symptom is related to another, forming a single psychophysical condition	A person can have many different problems at one time; mostly they are not understood as being related.
IV. Definition of disease	Derangement or imbalance of the vital energy of the person.	Signs and symptoms that are considered statistically "abnormal."
VI. View of symptoms	Holistic: physical, emotional, mental, and spiritual symptoms are observed.	Reductionistic: usually in physiochemical terminology If psychological problem, it is often understood as separate and vice versa.
	Symptoms are the organism's effort to heal person.	Symptoms are indications of something wrong with the body.

V. Cause of disease	Proximate causes (causes close to the result) are not causes; they are other effects. Proximate causes aren't important in therapies that seek to raise resistance. Specific internal cause is always unknown.	They seek proximate causes of disease like internal material, chemical, mechanical, or bacteriological causes). Causes can be known.
	Environmental influences can be stressers, but internal predisposition is understood to make the person susceptible to the disease in the first place.	Often external agents (virus, bacteria, environment) are seen as the cause of disease.
VII. Diagnosis / Evaluative process	Based on the idiosyncrasies of the person, which are the key to determining the uniqueness of a persons being.	Diagnosis is based on the common symptoms of people that fit a generalized disease category. Statistical averages are important.
	There are an infinite number of diseases	There are a finite number of diseases
	Symptoms give an accurate picture of the person's susceptibilities and what needs to be done for them. No specific psychophysical description is needed for therapy to begin.	Objective symptoms must be assessed to determine the pathology and the treatment. Symptoms that aren't part of a disease classification are generally ignored.
	Classified by the name of the treatment.	Classified by the name of the disease.
VIII. Relationship of practice to theory	Practice creates theory.	Theory is needed in order to determine practice.
IX. Practice	Seeks to stimulate life energy, to increase the person's natural defenses, and to develop higher states of wellness. Treatment attempts to intensify the organism's reaction to stressful stimuli.	Seeks to stop the symptoms by weakening the pathological agent or by numbing or cutting the diseased part.

	Diagnosis of pathology is not mandatory for treatment.	Diagnosis of pathology is mandatory for treatment.
	Treatment by the law of similars (Doctrine of Signatures, homeopathy).	Treatment by opposites or by whatever approach reduces main complaint (allopathy).
	Looks for remedy for entire psychophysical person (holistic).	Looks for specific remedies for specific conditions (reductionistic).
X. Stability of practice	Doctrinal stability is built on longtime experience, despite the inability to explain why or how it works.	Doctrinal instability— medical therapies change rapidly. Despite problems and failures of many drugs, there is little questioning of the basic philosophy of medical therapeutics and even fewer investigations of other approaches.
	New experience and knowledge doesn't disprove old knowledge; it usually adds to it.	New knowledge disproves old knowledge.
	More likely to add to structure of ideas from new experience, however, tends to accept selected new knowledge from limited experience.	More resistant to change of ideas from new experience.
XI. Side effects	Fairly small. Some people may be delayed heroic life saving treatment.	Fairly large. Too fast, too strong, and too frequent interventions.
	Therapies are oriented to individual's idiosyncratic symptoms and are oriented in stimulate the person's own defense system.	Therapies are oriented for treatment of a wide variety of people with similar symptoms. Thus the treatment must be powerful enough to have an impact over a wide range of conditions. The consequences of this imprecision can create many side effects.
	The treatment's intensification of symptoms may be painful for a short time.	The decrease in symptoms from the treatment without changing the person's susceptibility or the external stress may force the person's disease to another place (possibly deeper) in his/her being.

Table 2

Coulter's Analysis of Rational School's Greater Acceptance Compared to The Empirical School

	<u>The Empirical School</u>	<u>The Rational School</u>
I. Professional cohesion (political)	<p>Professional cohesion is more difficult:</p> <p>(1) There are many different approaches to stimulate a person's natural defenses;</p> <p>(2) The healer/physician takes much responsibility for the effectiveness of his/her health practice; and</p> <p>(3) Empirical practices are more difficult to prove in reductionist experiments they are proven correct only by the patient's recovery.</p>	<p>Professional cohesion is easier:</p> <p>(1) There are not many different therapies; most practitioners use similar physiochemical reductionism;</p> <p>(2) Reliance upon experiments relieves the physician from viewing the therapy's failure to him/herself. S/he tends to blame the "incompleteness" of scientific knowledge; and</p> <p>(3) Reductionistic experiments "prove" validity of therapy.</p>
II. Patient/practitioner relationship (social)	<p>Attention in therapy is on the patient. Practitioners have been criticized for actually listening to their patients.</p> <p>Can mystify people from healing process by creating a mystical language.</p> <p>Recognition of the force of nature within a person makes the physician/healer subservient to the natural process.</p>	<p>Attention in therapy is on the physician. They tend to view themselves above their patients.</p> <p>Can mystify people from the healing process by creating a technological language.</p> <p>The nonrecognition of healing force of nature encourages physicians to take responsibility for health of patient. They want to be guided by a "healthy theory," not necessarily by the wishes of the patient or the needs of the person's healing force which sometimes requires a slow step-by-step healing process.</p>
III. Economics	<p>The practitioner requires greater individualization, and thus practitioners tend to make less money.</p>	<p>Practitioners can see many patients in a day and thus make much money.</p>

Tends to discourage reliance
upon the healer.

Tends to encourage reliance
upon the physician.

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