GUEST EDITORIAL

Wisdom, Knowledge, and Information: Have We Lost Our Way in Our Understanding and Practice of Medicine?

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It seems to me—as a practitioner of the oldest extant medicine on earth, and as a member of the last true hunter-gatherer peoples—that medicine (almost any current persuasion of medicine) is like a frantic child running in search of something he or she believes he or she must have, but is quite unsure of for what to search for. Science exacts its reductive logic—always governed by, and working for the betterment of the economic system—and alternative and complementary medicines (and lifestyles) explore and exploit more and more, drawn as brimming buckets of information from some other-culture knowledge-well.*

It is true that, in this frantic search, we have gathered more information—after all, this is the Information Age—but do we know anything more? Is there a net gain in knowledge? Relevant knowledge? We have discovered how the gene is encoded—we can even read much of this code—but “modern humanity” still has not learned that this planet is to live within, not exploit to destruction. We are saturated with information, and lacking in the most vital ingredient: wisdom. As T.S. Eliot, the poet, asked us: “Where is the

*It is interesting to note that alternative and complementary medicine practitioners constantly reproach those of modern science and mainstream medicine for extracting active constituents from herbal remedies, suggesting that this fails to acknowledge the whole integrated herb and the possibility that constituents act in harmony: Yet, these same detractors take elements of “traditional” medicines as they wish, failing to see that a whole medicine is lost as a result of their actions.

Painting by Kakkib li'Dthia Warrawee'a.

wisdom we have lost in knowledge? Where is the knowledge we have lost in information?" (Eliot, 1934).

INTRODUCTION

I am a doctor, although not your common or garden variety: I am what is generally called a witch doctor—"a sorcerer out of a primitive society who claims to have the power of curing disease by means not accepted by science." These days, I spend less time in practice and more time lecturing in university medical faculties and at medical conferences. Why? Well, I am just another bit of the proof of my previous statement about modern science and medicine searching for answers: I might just hold an answer or two.

The thing is, I do. This is not just an egotistical—or ignorant—claim. You see, I am not drowning in information; and I come from a culture that is old and wise. The spirituality, the social structure, the laws, the medicine—everything—has remained rooted to a foundation that has survived longer than *any* other culture on earth. This is not to say that this culture, medicine, et cetera, is a stagnant museum of its ancient self—it has grown; but the foundations have remained the same—the core, the heart, is as pure as it has always been. And we have an accurate oral tradition of its understanding that goes back into times so far back you can only call it *Dreamtime*, but we know it is the eternal now.

In an attempt to find wisdom, the Occident has turned to the Orient. In its sagacity, the Orient has (less openly) turned to the Occident for a hopeful glimpse of wisdom. Both have failed to understand that wisdom is really a personal thing: Wisdom is acquired through experience, and the wisdom so acquired is relevant only to that particular event and that individual. The individual gains tools—and these tools are called wisdom—that have the potential to assist in a similar situation. These tools are not the answer to an equation; they are simply basic navigational tools. What works for me however, may not work that well for you. Then again, it may be a great help. Perhaps my wisdom can be of help. I don't have all the answers—I have very few: the world my tools are relevant to has been pretty much destroyed by you. However, my culture does have the foundation platform from which you—we—first took our primal steps.

DISCUSSION

When the Leaning Tower of Pisa's lean became critical, science was forced to look beyond the band-aid approaches it had, over the centuries, been relying on; engineers had to do something about the building's foundations. It all sounds a bit like medicine, does it not?

So, what are the foundations? The most important reference point/foundation to acknowledge is that there will be

no cure—or even a potential for health—unless we look at the whole picture. Holistic medicine is no longer the catchword of the alternative and complementary spheres; mainstream medicine propounds a tripartite holistic approach to health and the practice of medicine. Where the alternative practitioners (and patients) have rallied around the mind/body/spirit banner, student doctors are taught a similar (but far from the same) tripartite formula: psycho/physico/social. It does not take a genius to see that each formula contains a component that the other omits: spirit and social. In fact, if we look at the writings of a physician of 2000 years ago—Luke, of biblical fame—we see that he suggested a holistic model of health: "And Jesus increased in wisdom, stature, and in favor with God and Man" (Luke, King James Version, 1604). Wisdom—*Mind*; Stature—*Body*; and in favor with God—*Spirit*; and Human—*Social*. Yet even Luke provided us with an unholistic "holism": Nothing exists free of an environment or association with the rest of the universe. If you stood in an infinite vacuum, you would die of an environmental disorder: a lack of oxygen—although you would explode before then. Holistic is: *Physical, Psychological, Socio-environmental*, and *Spiritual* (I combine social and environmental for reasons that will become obvious as this paper continues). If we do not talk about a "holistic" holism, we will, soon enough, begin to leave things out. The biggest problems with a holistic approach to health are that some aspects are generally beyond the qualifications of the physician; and our patients—or society—place some of the aspects beyond the physician's grasp. I have heard many physicians say that they cannot really work on the "spiritual" aspects of their patients because these physicians have no training. (Unfortunately, there are many other physicians who impose their own spirituality on their patients. This is more destructive than refusing to see the patient in the first place.) And the health system, while acknowledging that the health of a social system is vital for the health of the individuals in that social system, makes it exceedingly difficult for the physician to make the kinds of changes to the system that might aid the individual or society: This is a social disorder that must be "made well" before there can be any hope of working for the betterment of our patients. In short, we live in a society today in which our children learn how to serve the economic system and manage money—yet learn very little about their bodies and health. Make a mistake with your taxes, and the law will jump on you; mismanage your health and no one really cares.

Considering the physical, psychological, socio-environmental, and spiritual is holism. Some physicians will say that we must place emphasis on the spiritual because of its sanctity. No. Not so. You cannot have a glass of water without the glass—nor without the water: Every element of the holistic equation is as important as the other.

Now, when we apply our practice of health care, we generally follow (consciously or unconsciously) the same guide-

lines articulated by Abraham Maslow, Ph.D.,[†] in his *Hierarchy of Needs* (Maslow, 1954). This hierarchy of needs is also the philosophy behind foreign aid and the structure of society in general. The hierarchy (for those of you who need memories jogged) states that we first must meet the *physiologic needs*: air, water, food, temperature, elimination, rest, activity, and sex. Once we have these needs under control, we should turn to *safety*: protection from potential danger, shelter, routine, and familiarity. *Love and belongingness* come next—and so on up the hierarchy until a balanced state of health and the realization of one's full potentials are achieved.

But Maslow was wrong: This approach to health is wrong. What about old Frank, who loved his dear wife of 55, who died last week? Frank, too, will die now. Every physician has seen it—the people who die of broken hearts. In Australia, we have exceptionally high mortality and morbidity rates in the Aboriginal community. The country certainly treats Aboriginal people appallingly, but when it comes to health, I would say that the nation spends a large amount on Aboriginal Health—all to little avail. Why? Because Aboriginal people are dying of a loss of their social and environmental and spiritual systems. In Palestine, the “terrorist” straps a bomb to him or herself because these individuals have no reason to live without what they see as vital socio-environmental and spiritual constructs; so they hope to make change for the future generations. *We must have a reason to live*—and that reason comes out of our spiritual and socio-environmental beliefs and constructs.

Sure, without air, food, and water, we die; the species dies out without sex. But you can pile all the food and water and sex you want before the displaced indigene, or the troubled society, or abused culture/religion, and people will still get sick or confused or die. The sickest people are the ones whose immune systems have “packed it in” because they simply cannot go on living like this—their reasons to live are fading. Go into the poorer regions or suburbs and look about you; ask yourself how spiritually and socially and environmentally fulfilled you would feel living there. But what is medicine doing? Putting band-aids on the problems.

The answers, my friends, are not in either the Occident or the Orient—both these megacultures have lost the plot altogether. Instead, many of the answers are disappearing with the loss of cultures who have retained the ancient wisdoms.

We lose a language and the culture it couches every 5 days: but do not worry about it—this isn't health, is it! Is it?

SUMMARY

Go to the beginning of the paper and read it through. If all you read is the summaries, you are not getting a whole picture: You are not practicing a holistic approach to understanding. And, for medicine to work, it must be a physical thing—an emotional and intellectual thing—a social and an environmental thing—and a spiritual thing: *a holistic thing*.

EDITOR'S NOTE: Kakkib li'Dthia Warrawee'a is not only traditionally trained in his own language group's medicine, but he has worked and studied with practitioners of other traditional Aboriginal medicines from Australia, shamanism from a number of North American peoples (he is also Blackfoot from Canada), and the traditional medicines of China and India. As Aboriginal people were unable to get entrance to universities at the time Kakkib li'Dthia was at “White” school, he (like many other Aboriginal people) sought further education in the health professions in the alternative arena. Consequentially, Kakkib li'Dthia has a considerable number of degrees in homeopathy, acupuncture, naturopathy, nutrition, herbal medicines, and psychology/psychotherapy/counseling. He speaks 12 Aboriginal languages and is the *Kaia Kakkib*—Spiritual Teacher of the *Ya-idt'mid-tung*—which is a position of about 15,000 years lineage.

Kakkib li'Dthia is currently reempowering Aboriginal communities suffering from acculturation, documenting his traditional medicine, lecturing, and writing. In this paper, he draws on his multicultural experience to share his views on medicine.

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