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Comprehensive Medicine - its Philosophy and Methodology

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# Comprehensive medicine -its philosophy and methodology

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## Abstract

Modern medicine is now facing a great crisis. "Comprehensive Medicine" can solve these problems and improve medical treatment to make it more complete. This medicine takes the viewpoint that a patient should be treated as an "individual person suffering from an illness" (in any case and at any time). "Individual person" here indicates a whole person or a "bio-psycho-socio-existential integrity". This is the essential nature of medicine. To our regret, modern medicine alone can never achieve efficient treatment. Comprehensive medicine should not be merely an imaginary one; it should be utilized effectively. The practice of comprehensive medicine for patients "suffering here and now" by making best use of currently available medical resources (both personal and material) should be established systemically. For this purpose, we should recognize the indications and limitations of modern (Occidental) medicine, and then we should incorporate traditional Oriental medicine and psychosomatic medicine to integrate three medicines (utilizing them integrately on the basis of good knowledge and wisdom of methodology of medicine). In clinical practice, we should establish doctor-patient relationships with deep mutual respect on the basis of wide and deep knowledge and wisdom as experts, and also should have humanity to be able to differentiate the use of science from that of art

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## Introduction; Quality of medicine

In developed countries, today, quantitatively satisfying medical treatments are guaranteed, but qualitatively we have not yet obtained satisfaction. As a medicine which ensures both quantitative and qualitative satisfaction, comprehensive medicine can be enumerated 1)2)3). Within this medicine, a patient is understood comprehensively as "a person suffering from illness". The purpose of comprehensive medicine is to provide well-balanced medical treatment with high efficiency so as to ensure high level of quality of life (QOL) to patients. Currently, comprehensive medicine represents a predominant trend in the world.

## What is comprehensive medicine?

Comprehensive medicine puts its importance not on correction of illness of visceral organs alone but on grasping patients as "whole persons suffering from illness" and understanding them comprehensively from the bio-psycho-socio-existential viewpoint. By way of processes to reach

such an understanding, this medicine tries to solve problems specific to individual patients. This tendency represents a social need for medicine and also qualitative improvement in medicine. Concretely, comprehensive medicine aims at improvement in of patients' QOL, respecting for characteristics of individual patients. In practicing comprehensive medicine, requirements shown in Table 1 should be fulfilled (Table 1).

The basic model for performance of comprehensive medicine is shown in Table 2.

Comprehensive medicine is based on understanding of a patient as a whole person according to the bio-psycho-socio-existential model. Comprehensive medicine incorporates modern medicine as the base, the traditional Oriental medicinal approach, and the psychosomatic medicine as a bridge (interface) connecting the former two systems, and to utilize these three systems as the important resource of treatment with mutual respect. Moreover, the doctor-patient relationship should also be explored.

A doctor should be familiar with the indications and limitations of each of these systems, and utilize them systematically and rationally to individual patients. Comprehensive medicine is an analytical, systematic, and comprehensive science.

### *Shahou and Hohou*

In performance of comprehensive medicine, we should be well aware of the indications and limitations of the above described three systems which can be utilized in our daily practice of medical treatment.

Modern Occidental medicine is strong in cathartic methods (*Shahou* such as operation, chemotherapy, and radiotherapy to suppress physical reactions), while traditional Oriental medicine and psychosomatic medicine are strong in supplementary methods (*Hohou* to reduce physical reactions). *Shahou* and *Hohou* are not mutually exclusive. As a specialist a doctor should decide which method to employ on the basis of understanding the whole patient, leading the patient to the direction favorable to maintain their overall balance.

Table 3 shows the difference between the two methodologies.

### Role of psychosomatic medicine

The base of comprehensive medicine is the understanding of a patient as a whole person from the psychosomatic viewpoint, based on Balint's medical interview<sup>13)</sup> (comprehensive medical interview concerning a patient's bio-psycho-social problems). Through this method, a doctor should accept a patient as a whole person, support him (her) and assure him (her). Here, the attitude of the doctor (philosophy, view of living and dying, view of medicine, view of health, and humanity) will be reflected. In the education of medicine, this is regarded as the "therapeutic self" itself (Watkins, JG)<sup>4)</sup>. In addition to the qualification of each doctor, the therapeutic self is greatly affected by the training of attitude.

In actually carrying out comprehensive medicine, it is necessary to seek the possibility of "care" in addition to "cure", paying respect for patient's self control. "Cure" and "Care" are the two

wheels of a cart. At this point, philosophy, methodology and practice of comprehensive medicine are required. Table 4 shows the differences between them.

### Progression of a disease and its three phases

In the life span of a human, which starts from the birth and ends in death, any illness progresses through three phases.

It can be shown as follows: health (on birth) → functional disease (phase I) → organized disease (phase II) → fatal disease (phase III) → death.

The length (quantity) and quality (QOL) of life span are greatly affected by genetic constitution, life style, aging, stress and stress coping. For creation of positive health, first of all it is important to become aware of functional disease. Release of a patient from alexithymia (loss of emotion), alexisomia (loss of sensation) and loss of meaning is the matter of highest priority (Fig. 1).

Modern medicine (current Occidental medicine) is indicated for diagnosis and treatment of organized disease (phase II). The National Health Insurance system in Japan assures medical treatment for this field.

However, the current Occidental medicine has little or no methodology for "unorganized disease", namely functional disease. It may be regarded as a condition appearing "due to the anxious mind of a patient" or "a condition slight enough to deserve mere observation of the condition for some time without any treatment", since no abnormalities are detected by laboratory tests. This may be said to be the approach for "unorganized disease".

Moreover, for "too late" cases, the current Occidental medicine has little or no methodology.

In addition, modern medicine has no methods to cope with side effects occurring in association with its use. On the other hand, traditional Oriental medicine is able to overcome such defects, the so-called pitfall of current Occidental medicine.

### Functional disease: unorganized disease

Balint, M., who pioneered Balint's method of medical interview, said "The most important role of a practitioner is to provide treatment to a patient while an illness is still in the stage of unorganized disease".

This means that a doctor should diagnose and start treatment while a patient is in the preclinical (ill-health) stage. However, current Occidental medicine, based on anatomy and pathology, is very strong for diagnosis and treatment of organized diseases, but lacks satisfying diagnostic methods or treatments for functional diseases in the preclinical stage.

Since 3000 years ago traditional Oriental medicine, has said, "An excellent doctor cures unorganized conditions", and preventive medicine has been regarded as its most important objective. Traditional Oriental medicine has made its best effort to provide treatment that ensures "Healthy long life". In particular, to provide treatment at the stage of unorganized diseases is an essential requirement to improve QOL in patients with fatal diseases including cancer, myocardial

infarction and cerebral infarction.

### Traditional Oriental medicine and unorganized disease: *Oketsu*

What strategies does the traditional Oriental medicine have as diagnostic aids?

Living body maintains life through blood flow. Stagnation of blood flow causes various problems. Stagnation of blood flow may be local or generalized.

Moreover, to actively detect disturbed hemodynamics the concept of traditional Oriental medicine is required. *Oketsu* indicates a condition characterized by disturbed circulation of *Ketsu*, red fluid circulating in the living body. *Ketsu* itself represents the whole of the static and dynamic homeostatic mechanism protecting the living body including blood, hemodynamics (blood circulation), and autonomic nervous, immunological, and endocrinological systems.

For example, locally disturbed blood flow may induce gastric ulcers or stiff shoulders. However, in the living body, the local condition is always correlated with systemic conditions. It is rather rare that local condition does not influence systemic conditions. There is a great difference from other cases; for example in the case of a car trouble, replacement of only one defective part is satisfying.

When disturbed blood flow is generalized, it may cause a variety of diseases that will result in death. Even fatal diseases such as cancer, cerebral infarction and myocardial infarction represent the eventual results of disturbed blood flow. Just look at those persons around you who are suffering from some illness. Is there any patient with cancer, or myocardial or cerebral infarction who has a good face color?

Disturbed blood flow is not directly linked to development of fatal diseases. Before a disease progresses into the fatal stage, a variety of symptoms can be seen. Patients may complain of symptoms such as loss of appetite, constipation, pain in the head or in the abdomen, fatigue, difficulty in getting up in the morning, insomnia, dizziness and vertigo. A patient who has these complaints may well be at a loss in deciding at which hospital department he (she) should be seen. A doctor also does not know which point should be focused on in diagnosing the condition of such a patient. In recent years such patients are increasing rapidly in number.

To evaluate such a patient comprehensively, we have introduced the concept of QOL. We have developed a questionnaire form (QOL questionnaire)<sup>5</sup> to determine QOL, and are using it actively. The use of this QOL questionnaire has enabled us to establish diagnosis.

Table 5 shows the diagnostic criteria of *Oketsu* syndrome.

### Scientific evaluation of *Oketsu*

*Oketsu* is complicated (a complex symptomatology), so it is difficult to explain its pathophysiology briefly. However, it mainly indicates poor hemodynamic condition.

For example, hemodynamic parameters determined in *Oketsu* patients revealed that heart rate (cardiac output in standing position) was significantly decreased; total peripheral resistance was elevated in the patients with serious *Oketsu*. As to the relationship of *Oketsu* with platelet functions,

platelet functions (releasing reaction:  $\beta$ -TG, PF4) increases significantly. It is often observed that blood viscosity increases in the presence of *Oketsu* condition.

When anti-*Oketsu* agents (Chinese herbal formulae to treat *Oketsu*: Toukakujoukitou, Keishibukuryogan, Toukishakuyakusan, etc), were prescribed to these patients, both *Oketsu* condition and poor hemodynamics normalized.

In patients showing *Oketsu*, serum level of coenzyme Q10 was reduced significantly as compared to that in the healthy control group. These findings are correlated with reduction in heart rate. Following administration of coenzyme Q10 preparation to patients with *Oketsu*, the serum level of coenzyme Q10 was normalized, as was *Oketsu*.

### *Oketsu* and unorganized disease

In view of these findings, *Oketsu* condition may be said to represent decreased cardiac function, or unorganized precondition (pathologically incomplete condition) of myocardial infarction and cerebral infarction.

For example, serious *Oketsu* condition is seen in many patients who die suddenly. In most of these cases, patients are not aware of this condition and leave it untreated. Such patients are so busy and engaged in their works to achieve success that they do not pay attention to their physical condition, even if they are in fact in poor condition. Here arise psychosomatic problems such as hyper-adaptation, loss of somatic sensation, loss of emotion and loss of meaning.

People who are hyper-adapted in the current society are devoted to achieve success in their business, and as a result they have become poor at detection of changes in their own physical conditions and emotions. These conditions are called alexisomia (loss of somatic sensation) and alexithymia (loss of emotion). To relieve patients from such conditions is an important problem. It is possible to make patients aware of alexisomia through the concept of *Oketsu*, one of the traditional Oriental medicinal viewpoints. Here is the point where traditional Oriental medicine and psychosomatic medicine should cooperate with each other.

It can be achieved, for example, if one observes one's appearance reflected in the mirror while shaving or making one's toilet in the morning. It is necessary to educate patients about *Oketsu*. We doctors should educate patients about *Oketsu* to enable their self-control. In addition, to detect functional disease and to know at what stage a disease is, we should utilize *Oketsu* in our daily practice just like vital signs.

Detection of functional disease is way of treating unorganized disease. Here, not only the concept of *Oketsu* but also many other concepts are involved. Traditional Oriental medicinal concepts such as *Oketsu* and *Suitai* (or *Suidoku*: intracellular fluid retention) enable people to become aware of changes in physical and mental condition. Here is the way to recover healthy condition from a condition of functional disease. This is the wisdom of the Orient.

It is important to treat unorganized disease. It is one of the roles of traditional Oriental medicine. Pathologies of *Oketsu* and *Suitai* are helpful here. Functional disease is closely related to psycho-socio-existential factors. Psychosomatic "awareness" of such factors is also important.

## Case 1: A business man of a trading company who died suddenly as a result of over-adaptation to stresses

The patient was a 45-year-old businessman of a trading company.

Although he had been diagnosed as having mild hypertension, slight diabetes mellitus and fatty liver at the periodic examination done at this company, he did not receive any treatment.

His past history was not remarkable. His family history showed that his father died from cerebral infarction at the age of 42, and his mother from pulmonary tuberculosis.

The patient was a diligent man and seldom absent from the company. He made many business trips for the company: more than twenty times in Japan and more than ten times overseas a year.

The patient himself previously wanted to be a certified public accountant. However, as his father died while he was a high school student, he left his high school in mid-course and was employed so as to earn money to afford education to his younger brothers. Despite his once leaving school, he graduated from night courses of high school and college by continuing his work for living. He was a man of ability as a businessman but could not abandon his dream to become a certified public accountant.

His salary was good, but he was busy and had difficulties in terms of human relations. He experienced many transfers within his company and worked continuously for 20 years at a local branch, living by himself. He drank every day and was a heavy smoker.

He had a high reputation at his company and was commended by the company many times. He was known as a sociable chief who could work well. He never said "No" when he was asked something concerning his work. However, his wife said he sometimes said to himself, "I wish I had become a certified public accountant."

In autumn last year, he collapsed and died a sudden death (myocardial infarction) during a celebration held after the success of a big project. In that project he had been involved as a responsible person, and he had worked for that project day and night for two years, forgetting sleep and rest.

Thus, he had worked desperately, but he did not enjoy his work. He always had problems and was annoyed with stresses. To relieve himself from these problems and stresses, he indulged in drinking, smoking and gambling all night. As he lived alone in the town near his branch, he was not regular in his life.

His wife and family lived near my university hospital; she had hypertension, for which we treated her. One day when he happened to drop by his home to see his family, his wife noticed that his face color was very bad. As he himself complained of persistent headache, frozen shoulder, nausea and dizziness, his wife visited me at our hospital with her husband.

The general examination and laboratory tests of current Occidental medicine carried out at that occasion, revealed no pathological problems at all except mild diabetes mellitus and fatty liver.

We conducted "Schellong's tilting test" in order to examine hemodynamic changes in the response of the autonomic nervous system.

His supine blood pressure was 138/85 mmHg, which was normal, but blood pressure after 10-



min. tilting was 195/139 mmHg, which elevated gradually, showing so-called orthostatic hypertension. The hemodynamic reason of elevating blood pressure was the increase of stroke volume after tilting, which means the stimulation of the inotropic action of cardiac sympathetic nerve.

This orthostatic hypertension appears frequently in patients with lacunae cerebral infarction. This type of cerebral infarction can seldom be detected by cerebral CT (computed tomography). It can be detected only by MRI (magnetic resonance image). In fact MRI findings revealed that he had multiple lacunae cerebral infarctions as we predicted.

In addition, he displayed severe Oketsu Syndrome, (in English, “blood stasis”) as diagnosed by the methods of traditional Oriental medicine. His wife's awareness that his face color was so bad (discoloration of his face) is a symptom of Oketsu syndrome.

When we carry out examinations for orthostatic regulation, we determine hemodynamics and perform Korotkoff's soundgram (abbreviated KSG) besides blood pressure. Korotkoff's sound is audible easily when blood pressure is measured with a stethoscope. KSG is Korotkoff's sound mechanically recorded, which is analyzed into hemodynamic data.

It was found that his KSG was normal type (namely, Swan Type) in supine position, but showed a specific “Right-Angled Triangle Type” immediately after standing up, indicating that the blood flow of his cerebral and/or coronary artery decreased remarkably transitorily with the strain of sympathetic nerve followed by the stimulation of tilting. This reaction as revealed by KSG is a functional reaction and appears only transitorily when the stimulation of tilting test of the autonomic nervous system is carried out.

Of course, no abnormality was shown by EKG.

Psychosomatically he clearly lost his own affection, somatic sensation and meaning of life. That is to say, he was in an alexithymic and alexisomic condition.

He was too busy with his work every day, and he over-adapted because of his pursuit of present success. He wanted to be relieved from accumulated stresses and spent a self-destructive life. His alexithymic and alexisomic condition were the results of his over-adaptation to his circumstances.

Even under such circumstances, there is a possibility the patient may recuperate if he has and pursues clear meaning of life. Unluckily for this man, the work he was doing was not essentially meaningful for him. Moreover, due to type A behavior and personality, he had a big risk of coronary disease. Moreover he was in a slightly depressive condition.

We explained that he needed rest and should be hospitalized to receive treatment. We further told him that there was a high possibility that he would develop cerebral infarction with unrestorative outcome if left untreated. He listened to our explanation half in doubt. As he was hardly persuaded, I prescribed him some drugs, including a  $\beta$ -blocker and antidepressant, and wrote a referral letter to a physician near his business site. I urged him to receive treatment immediately as an inpatient.

Despite of this, he neglected our warning and continued his work as before. Thus, naturally he spent his self-destructive life.

The consequence was his death from heart attack.

Only his wife's regret remained.

The patients of this type continue to appear in Japan now. Such sudden deaths or *Karoshi* (sudden death from overwork) and acute deaths even pose a social problem in Japan.

### Care of fatal diseases

Terminal care for “conditions too late to treat” is a symbol for provision of qualitative treatment. However, even here, the guarantee for satisfying life is an essential requirement. In the confused medical world today, improvement of terminal care is an important task. Its necessity has long been advocated. Regret to say its propagation is slow. A major cause for this is the lack of philosophy (view of life from the doctor side and the patient side, view of death, view of medical treatment), methodology, and evaluation method (audit).

Three defects of current Occidental medicine and *Hohou* (supplementary approach)

One of the things in common for the three pitfalls of modern medicine (namely, weakness in diagnosing and treating functional disease, having no approach to cope with side effects associated with the treatment of organized disease, and insufficient care for patients in the stage of fatal disease) is the fact that the patient is in a debilitated condition (*Kyosho*). Aging also represents a process of progression to *Kyosho* in the span of life.

In such cases, supplementary approach (*Hohou*) is helpful to improve QOL of the patient. Current Occidental medicine does not have many supplementary approaches. By contrast, traditional Oriental medicine and psychosomatic medicine have many supplementary approaches. To obtain prohomeostatic efficacy, it is essential to maintain a good balance between *Hohou* (supplementary approach) and *Shahou* (cathartic approach).

### Role of logotherapy (existential analysis) in comprehensive medicine

As one psychosomatic approach, there is "logotherapy" (existential analysis: psychological therapy to seek for meaning of life)<sup>6</sup>). "Life review interview" is considered to be one of the applications. We sometimes encounter patients who have overcome terminal cancer by logotherapeutic approach and created a new life. One of the features commonly seen in such patients is that they successfully achieved a shift from stubbornness to "flexible, energetic" attitude toward life.

Such a shift in way of life cannot be achieved by chance (it is not a miracle), nor is merely a result obtained by psychotherapy alone. Here also good quality in medicine (QOL) such as the guarantee of good appetite, sleep, and pain control is an essential requirement. Besides comprehensive approach from the sides of doctor and of family, existential experience of individual patients (supreme experience, awareness of being alive by support of surrounding people) and existential shift in attitude are necessary. To ensure high level of QOL, good appetite

and pain control are the first factors to be satisfied. It is important "How to make a patient eat".

Such comprehensive care can be achieved only when both the patient's family and hospital make efforts toward the same direction of improvement of QOL. Through such efforts, in some occasions really high level of QOL can be created in the patients who were diagnosed to be in the terminal stage.

All of the caregivers should well recognize that one should "Never, never, never quit!" (Sir Winston Churchill) and that "There is a chance of growth to the last moment of life"(Kübler-Ross), and should provide care which may give a hope to a patient, showing respect for autonomy of the patient.

Both death and the dying process are the greatest stresses to humans. Approaches to cope with such stresses include "fighting", "escaping", and "living with disease". The most humanistic approach of stress coping is "to live with disease" (the stoutness to conquer disease by assuming an attitude of being subjected to a disease).

Death and the dying process without losing dignity start from subjective and objective awareness of meaning of one's life. "Life review interview" is one of such methods.

Parallelism among current Occidental medicine, traditional Oriental medicine and psychosomatic medicine with mutual respect

All current Occidental medicine, traditional Oriental medicine and psychosomatic medicine aim at the same goal. However, they are different from each other in indication. These differences are attributable to the fundamental viewpoint, philosophy, methodology and history of each medicine.

Modern medicine was born from European scientific culture (after Renaissance as its mother), based on analysis, reproducibility, and universality. Therefore, examinations applying physical and chemical methods, and imaging diagnostic techniques (X-rays, CT scan, MRI, ultrasound) are utilized efficiently by modern medicine. As a result, surgical methods based on techniques such as anesthesia and tumor resection and antibiotic therapy for bacterial infections are well developed. Current medicine is advanced in *Shahou* (cathartic approaches including removal, resection, tapping, crushing), and mainly indicated for organized diseases. Since *Shahou* constitutes the main factor, current medicine produces clear-cut therapeutic results. However, current medicine produces pronounced side effects if the balance between it (*Shahou*) and *Hohou* (approach to supplement the reduced mental and physical condition) is broken.

Traditional Oriental medicine grasps a patient comprehensively and conceptually. Mainly, it starts from close observation of a patient by four kinds of examinations: watching, smelling, listening, and touching. It is always required to see a patient comprehensively, and the main indications are functional diseases and fatal diseases. Traditional Oriental medicine characteristically maintains a good balance between a cathartic approach and a supplementary approach. It is disadvantageous in that therapeutic efficacy does not manifest rapidly, and less therapeutic efficacy is obtained for acute diseases and organized diseases.

Psychosomatic medicine always grasps patients from the comprehensive viewpoint, and

aims at keeping a balance between a somatic approach and a psycho-socio existential approach. The power of this medicine will be further increased by taking into consideration care (medical act to give support) in addition to cure (medical act to heal). Psychosomatic medicine is analytical and comprehensive simultaneously. It has both Occidental and Oriental characteristics. It makes patients have awareness, and it aims at introducing self-control by patients themselves so as to achieve behavioral changes of distorted, self-destructive life styles. Moreover, it is a psycho-socio-existential supplementary method. Relaxation by autogenic training is useful to relieve a patient from functional diseases or sometimes fatal diseases. The disadvantage of psychosomatic medicine is that it is not so effective in the treatment of acute diseases or organized diseases. However, in such cases also, the medical profession should pay attention to psychological, social and existential problems of a patient.

Figure 2 shows the efficacy curves of 3 medical approaches.

These medical approaches should be utilized in the context of comprehensive medicine with mutual respect by doctors who know the indications and limitations of the respective systems.

### Case 2: A stout-hearted old woman who controlled even cancer

The patient was an eighty-three year old woman. She was affected by strong pain of her neck and shoulder and severe coughs in winter eight years ago. She was diagnosed to have adenoid cystic carcinoma of the salivary gland and its pulmonary metastases. She had a tumorous mass of 4 cm in diameter in the right submaxilla. It involved the submaxillary bone and infiltrated to reach blood vessels in the neck area. Of course these lesions should have caused much pain to her. In the lung, innumerable metastatic lesions were found. It was quite natural that she had severe coughs. A specialist of a certain university hospital sentenced her family with a sigh that it was too late, and she could not survive even three months.

The patient was renowned as an obstinate old woman. Her husband had died in the World War 2 while she was young, and she brought up her three daughters by herself. Unluckily, her second daughter was disabled both mentally and physically. She made desperate efforts, because she had promised her husband on his deathbed that she would keep this second daughter to the last. So she protected this pitiful and therefore loving child by herself, not entrusting her care to anyone. Therefore, she had never traveled by the super-express line (*Shinkansen*) or by air. She never let her other daughters take care of this disabled daughter, even though they volunteered eagerly.

She usually said to herself, "If I ask others to take care of my second daughter, how could I apologize to my departed husband? I will take care of her to the last."

For this reason, she regretted that she got ill. Her pain increased all the more as she regretted her illness. At the outpatient service, she begged me,

"Doctor, I have intolerable pain. Please do something to help me. I must not die now!"

Luckily enough, the strong pain in her submaxilla was almost completely alleviated by my pain point block, which is a kind of nerve block, injecting local anesthetic every 1cm around the tumor, producing immediate effects.

At about that time, her younger brother in *Hokkaido* died. *Hokkaido* Island is 1000 km north

of Tokyo. She got on an airplane for the first time in her life to attend the funeral of her brother. Of course the funeral was a sad event, but she was impressed much by the travel. The beautiful natural scenery of *Hokkaido* in the early misty spring as seen from the airplane really fascinated her, and she made up her mind to make her second daughter see that wonderful scenery. It was a supreme and sublime experience.

Moreover, after due consideration, before she left home for *Hokkaido*, she asked the family of her first daughter to take care of the disabled second daughter. This decision on the daughter was the first time and most resolute in her life. When she came back from *Hokkaido* full of apprehensions about her second daughter, she was surprised to see how well her second daughter got along with the family of her first daughter.

She reflected to herself. She realized that she had protected her too much. As a result, she narrowed the world in which her second daughter lived, and also she made her own life flat and simple.

She changed herself when she was already eighty-three years old. She was no longer obstinate at all. Instead, she became gentle and active. And she noticed her responsibility and meaning of life, and furthermore awoke to freedom of choosing to enjoy her own life with her disabled daughter.

She wished to recover her good health as early as possible and to enjoy her life again for the sake of herself and for her second daughter.

One day she came to us and requested hospitalization. I prescribed analgesic therapy by pain point block, Oriental herbal formulae (*Juzentaihotou* with red ginseng; a formula for physical supplement) with coenzyme Q10 (also physical supplement) and logotherapy, psychotherapy to make the patient aware of meaning of her own life and find value in the processes the patient has lived. Life review interviews (Butler, R.) were performed every day in order to recognize her life again by herself and by medical staff, which was significant enough to live.

Then a miracle occurred.

The size of her cancer in the submaxilla reduced, and progression of her lung metastases stopped. Her pain and coughs disappeared as if she had had no such attacks before.

When she was discharged from our hospital 2 months later, surprisingly she had gained 4 kg of body weight! More than anything, she became a cheerful old woman who laughed often.

She survived 9 and a half year after she had been sentenced to only three-month lifetime. She was not bed ridden but was spending happy days full of laughter and valuable life worth living with her family. Of course, she visited *Hokkaido* again with her disabled second daughter.

### QOL of Terminally Ill Cancer Patients with Intractable Pain

In Japan, we examined the QOL status on 21 cases of terminally ill cancer patients with intractable pain by our "QOL Questionnaire". Their QOL was completely defeated. To care for their intractable pain, comprehensive treatments, especially supplementary methods, were introduced after informed consent. Concretely Oriental supplementary herbal formulae (*Juzentaihotou* with red ginseng; a kind of typical Oriental herbal formula for weakened patients), coenzyme Q10 (an intrinsic and foreign substance for a human being to create energy in all the

cells of the body), morphine, logotherapy and various cares were performed according to patients' condition. Of course, these patients already finished cathartic approaches such as operations, radiation, and chemotherapy, but their conditions became poorer with severe pain. 4 weeks after our supplementary care, their pain and appetite improved statistically. 8 weeks later, other items of QOL improved! No worsened items were found.

I said the case shown above was a miracle. But now I do not consider it a miracle, but the natural course, if comprehensive medical care is performed completely.

### Natural retraction of cancer

More than 20 years ago, Ikemi, Y. described the natural retraction of cancer in his paper titled "Psychosomatic consideration on cancer patients who have made a narrow escape from death" published in Germany 7).

For the first time in history, "The 1st International Conference on Natural Remission of Cancer" was held at the University of Heidelberg in April 1997. He was invited to this conference and gave a special lecture.

According to Ikemi's paper, among patients who obtained natural reduction in size of cancer, one fourth became devoted to their life work, and almost the same number of patients came to have religious consciousness. In these cases, immunological and allergic effects were also seen most remarkably (Table 6).

The term existential shift was first used by Booth, G.8), an American psychologist. In fact some patients with cancer or neurological intractable diseases successfully achieved such existential shift. Such existential shift cannot be obtained in animal experiments, but it is possible only in humans.

### Conditions for existential shift

What conditions lead patients to such existential shifts? We doctors searched how these phenomena should be generalized.

For patients who reached the status of "living with disease" whom we encountered in our daily practice, the common features as described below were found out.

1) After they became ill, they experienced some "peak experience". Peak experience means being deeply impressed by beautiful nature and art, having awareness that one is living by support of many persons, and having the bodily sense of joy of living.

2). Such bodily sense leads patients to recognize that each person is "being made alive" and has "living life". Thus, a patient becomes aware of the meaning of own existence as "intra-relationship" and "intra-time" existence. Moreover, instead of regretting why the patient "has become ill", he (she) comes to consider "how he (she) should live" despite the disease.

3). Such recognition causes the patient to feel "thankfulness" (gratitude) to others, and to find great joy in each encounter with other people, because the patient takes each encounter as the only one chance in the life. Then, the patient faces his (her) life not pessimistically, but rather actively

and with humor so as to live his (her) life as it is. Then, the patient will come to laugh often at only a trifling matter.

4). Humanistic, comprehensive medicine is provided from surrounding persons including families, doctors and nurses at the same time. There is no distrust of medicine, and a good human relationship has been established between the doctor and the patient.

5). The doctor is familiar with comprehensive medicine and provides medical treatment that improves QOL as evidenced by relief of pain and increase in appetite.

6). The doctor practices both *Shahou* (cathartic treatment that is chiefly modern medicinal method) and *Hohou* (supplementary treatment including use of Chinese herbal formulation, acupuncture, logotherapeutic psychological treatment, and hot spa treatment) in a justifiable manner and the patient accepts it (see Table 3).

7). As a result of such treatment, the patient finds once again the meaning of his (her) own life and becomes aware of the responsibility of living and freedom of shift in behavior.

Through such a course, the patient changes his (her) attitude from "stubbornness" to "gentle and tough" attitude.

#### Scientific evaluation of "living with disease": 17-KS-S

Our studies have long focused on how to demonstrate scientifically such possibility of humans and what should be done to generalize it. For this purpose, we should know why such things occur. Many investigators have attempted to evaluate such conditions scientifically or by other methods. Here I will show you a new comprehensive method for such kind of evaluation.

A human is always exposed to some stress. Upon exposure to stress, our body produces ACTH (adrenocorticotrophic hormone). Following release of ACTH from the hypophysis in the brain, it stimulates the adrenocortical area, with production of corticosteroid (cortisol). Cortisol is to produce glucose using all the substances in bodily tissues so as to resist stress. In other words, cortisol acts to change all the substances constituting the living body into glucose to be consumed in generation of energy in an attempt to resist stress. As a result, cortisol causes "Wearing and debility" of living body. And excessive production of cortisol causes various diseases including diabetes.

Persistence of such wearing and debility in living body will eventually result in death. Therefore, living body has also a method to defend it, and thus it is associated with capacity to protect and restore the body. However, what substance in the body has such activity remained a mystery for a long time.

It is DHEA-S (dehydroepiandrosterone sulfate), a compound currently sensational in the United States, which is produced in the body. DHEA-S has drawn attention, as it is the hormone of "restoration" which resists "debility" caused by cortisol (anti-cortisol).

DHEA-S is a precursor of adrenogenic hormone. It "increases immuno-competence", "exerts anabolic effect" (biosynthesizes protein in the body)", "produces androgenic hormone" (leading to increase in vitality), "anti-sclerosing effect" (controls arteriosclerosis), "increases

physical strength and vitality" and "elevates mood", "provides good sleep". In addition, it "maintains functions of neurocytes" and "increases susceptibility of peripheral cells to insulin". All of these reactions are favorable to each bodily function (by Nishikaze) 9). It is biosynthesized in the adrenals and testicles as well as in the brain and skin. The brain is able to produce higher amount of this compound than adrenals and testicles.

Thus, when a living body is exhausted by stress, the most important mechanism to restore such exhausted body is production of DHEA-S.

Urinary 17-KS-S (abbreviated as "S" hereafter) and urinary 17-OHCS (abbreviated as "OH" hereafter) represent metabolites of DHEA-S and cortisol, respectively, excreted into the urine after metabolism. This "S" reflects "basic vital force of a person at each very moment", while "OH" reflects "what degree of stress a person is now exposed to". The "S"/"OH" ratio indicates "relative stress condition". "S" was discovered by H. Nishikaze and E. Furuya<sup>10</sup> 11). The author would like to praise their contribution.

The level of "S" decreases with aging or illness. In the former half of the twenties, the level of "S" reaches its peak, followed by decrease with aging. Diseases such as hypotension, hypertension, diabetes, cancer or myocardial infarction reduce the level of "S", with large gradient.

There is no disease-specificity in levels of "S" or "OH". However, the health level of a subject receiving determinations of these levels can be judged objectively. Conventional laboratory tests are disease specific: for example, if liver functions tests reveal elevations in GOT and GPT, liver dysfunction is suspected. In this respect, determinations of "S" and "OH" are greatly different from conventional laboratory tests.

There are a variety of methods available for examinations by cathartic approach. However, there were no methods available for evaluation related to supplementary approach. By introduction of "S", it was made clear that "S" level elevates in the presence of "*Jissho*" as described in the traditional Oriental medicine, and decreases in that of "*Kyosho*". Therefore, when "S" level is decreased, it is beneficial to apply supplementary approach.

Thus "S", "OH" and "S"/"OH" are important parameters for evaluation of supplementary approach. A doctor's decision whether to choose supplementary approach or cathartic approach after assessment of patient's condition appears to have depended largely on doctor's experience or instinct obtained from it. There was no objective method for this kind of assessment. This was one main cause for the delay in propagation of Oriental medicinal approach. However, introduction of "S", "OH" and "S"/"OH" has made objective assessment possible.

As can be clearly seen from general adaptation syndrome described by Selye, H. 12), even a single disease changes with lapse of time in life even in the same patient. The physical strength of a patient changes with time. The period of youth with sufficient physical strength is the resistance stage. After this period, one goes into the debility phase with decreased physical strength (exhausted stage). Naturally, it is essential to differentiate the use of treatment approaches to individual circumstances.

Sometimes we hear that anticancer drugs were administered to a patient with terminal cancer until the very morning of the day of death. This is the pitfall into which a doctor often falls who provides treatment only according to diagnosis established by laboratory tests, without grasping



patient's condition.

Provision of "medical treatment with individuality (individualized treatment)" advocated by Takemi, T. in his later years means two things. One is that the bio-psycho-socio-existential circumstance intrinsic to the patient should be grasped. The other is that a doctor should determine the method of treatment in detail by taking into consideration in what stage a patient is, as described by Selye. With respect to the latter sense, in traditional Oriental medicine a doctor should diagnose whether the patient has excessive ("*Jissho*"), deficient ("*Kyosho*") or medium ("*Chukansho*") bodily strength.

If a doctor establishes an erroneous diagnosis at this period, treatment exceeds the physical strength of the patient, breaking the balance. Then, the meaning of treatment decreases and the patient will be troubled with side effects. Therefore, to provide individualized and safe treatment, not only establishment of correct diagnosis but also the act of "diagnosing the bodily strength" to grasp patient's conditions are indispensable.

Here, "S", "OH" and "S"/"OH" ratio have an important meaning as an objective aid for doctor's making a decision.

Thus, "S", "OH" and "S"/"OH" ratio have come to be regarded important as assessment items of comprehensive medicine not only for assessment of patients but also for evaluation of the effect of the treatment given by us doctors to the patient.

#### Wisdom to overcome pitfalls of current Occidental medicine: supplementary approach

Here, the author would like to discuss again the pitfalls of current Occidental medicine described above. There are four points that current Occidental medicine should overcome:

1. Distrust of medicine
2. Incompleteness in diagnosis and treatment of half-healthy and half-ill condition (functional disease)
3. Incompleteness in prophylaxis and treatment of side effects caused by current Occidental medicine in the patients with organized disease
4. Incompleteness in treatment of too late condition (fatal disease)

In order to restore citizens' trust in medicine, these four problems should be solved.

Distrust of medicine (item 1) will be solved automatically when the items 2 - 4 are solved. Then, what are the points common for items 2 to 3?

In the change from healthy condition to functional diseased condition (half-health·half-ill), fatigue is the causative factor. Fatigue indicates reduction in physical strength or homeostasis in general.

If a patient suffers from side effects while receiving treatment for organized diseases, it indicates that when the treatment chiefly by cathartic approach (medical act such as chemotherapy, surgery, radiotherapy, etc) exceeds functions of the body (homeostasis mechanism), medical act purposeful for a certain part of the body gives unfavorable effect on the other parts of the body. This is also caused by reduction in physical strength or in homeostasis.

Fatal pathological condition (too late to be cured) appears at the terminal stage of life. This is caused by extreme reduction in physical strength or utmost reduction in homeostasis.

The characteristic feature seen in common for these three points is that patients are under the condition with reduced physical strength or spirit ("*Kyosho*" or deficient bodily strength). It is the supplementary approach that is able to improve QOL of these patients.

Regretfully, current Occidental medicine does not have many supplementary approaches. On the contrary, traditional Oriental medicine and psychosomatic medicine have a number of supplementary approaches as shown in table 3. Among supplementary approaches, there are somatic approaches and psychological approaches besides adjustment of life-style such as dietary habit, exercise and sleep. Use of supplementary approach is equivalent to increase DHEA-S level. Various methods to increase DHEA-S are shown in Table 7. Creation of a healthy life-style surely results in elevation in DHEA-S level.

In the United States, increasing number of people have taken DHEA-S since its beneficial effect was reported in "Newsweek" in October 1996. However, little is known about its side effects. You do not have to purchase the drug to try it, as there are many methods available to increase DHEA-S as shown in Table 7

The author would like here again to emphasize that this is not the problem of choosing one of the alternatives. It is essential to utilize supplementary approach and cathartic approach in a good balance to cause prohomeostatic effect intrinsic to humans to manifest (the effect directing toward homeostasis, namely the effect beneficial to the body). The author would like to maintain that introduction of the concept of traditional Oriental medicine is needed to make current Occidental medicine more effective and more complete.

The most important supplementary approach to such patients in a tired out condition ("*Kyosho*" or deficient bodily strength) is the "attitude of us doctors". Balint called doctor's attitude "doctor as a medicine"<sup>13</sup>). Its pharmacological effect is displayed best when a patient becomes exhausted (in "*Kyosho*"). Here, doctor's attitude assumes an important role.

Doctor should afford great human love to an exhausted patient. It is the very "therapeutic self" as advocated by Watkins<sup>4</sup>). Doctor should sympathize with all of the patient's problems and solve them. It indicates having sympathy to patient's existentialism. If this cannot be achieved, doctor's love cannot be said to be real human love.

As a measure to increase homeostasis, we should be familiar with supplementary approaches. We can overcome pitfalls the current Occidental medicine has by introducing supplementary approaches. For example, we are able to enumerate a number of cases in which side effects of anti-tumor drugs can be decreased by combined use of supplementary drugs such as *Juzentaihotou*, red ginseng and coenzyme Q10 in anti-cancer therapy (cathartic approach). Similarly, use of *Saireito* (another supplementary herbal formulae) is also effective to prevent side effects of steroid hormones (cathartic approach).

These methods have been confirmed to be effective to improve QOL and increase 17-KS-S level described above.

We hypothesized that production of DHEA-S would promote "improvement in natural healing force" often said in Oriental medicine. As described before, DHEA-S is a comprehensive

hormone related to overall functions of organisms including immunity, endocrinological functions, nerves, and arteriosclerosis. It is produced not only in adrenals and testis but also in the brain and the skin. Existential awareness is just the function of the brain

In 11 patients with terminal cancer who reached the state of "living with disease" by use of supplementary drugs and logotherapeutic approaches, urinary levels of 17-KS-S and 17-OHCS were followed up for about one year. The results obtained were just as expected previously. The initially decreased urinary level of 17-KS-S was gradually increased and one year later QOL was improved together with increase in urinary level of 17-KS-S. However, those patients with cancer who had strong anxiety also showed persistently elevated 17-OHCS level (Fig. 3)

## Conclusion

Today, entering the 21st century, it is essential to incorporate traditional Oriental medicine and psychosomatic medicine to current Occidental medicine as the base, with mutual respect. Such incorporation of medicines should be done in the context of comprehensive medicine<sup>14</sup>). The author considers that this is the responsibility of us medical professionals.

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Table 1 Required conditions for comprehensive medicine

**POINT**

- 1) Respect individuality of each patient (respect individuality on the basis of universality, keep a balance between cure and care).
- 2) Guarantee quantity and quality of medical treatment.
- 3) Try to improve in Quality of life (QOL) according to the circumstance of each patient.
- 4) Search for more efficient medical treatment (from aspects of both therapeutic and economic efficiency).
- 5) Can be educated.
- 6) Assessable.

Table 2 Basic model for performance of comprehensive medicine

### POINTS

1. Understanding a patient as a whole person
  - (1) bio-psycho-socio-existential medical model
    - bio: functional disease (pathologically unorganized disease; ill-health condition)
      - organized disease (pathologically organized disease)
      - fatal disease (little hope of cure)
    - psycho: personality, psychological reaction, life style, behavior, stress coping
    - socio: social role in family, relationship with circumstances
    - existential: awareness of his/her own meaning of life
      - (awareness of meaning, responsibility and freedom)
  - (2) doctor (therapist)-patient relationship
    - Informed consent
    - Analysis on the transference and counter-transference is to be also performed.
2. Relationship between the Occidental (modern Occidental medicine) and the Orient (traditional Oriental medicine) with mutual respect and mutual supplement
  - ☞ psychosomatic medicine as the interface between them
3. Balance between cure and care
4. Balance between Shahou (cathartic approaches) and Hohou (supplementary approaches)
5. Introduction of pathological model, health care model and growth model with mutual respect

(Nagata, K., V7, 1997)

Table 3 Cathartic approach (“Shahou”) and supplementary approach (“Hohou”)

	<b>CATHARTIC APPROACH</b>	<b>SUPPLEMENTARY APPROACH</b>
<b>Relation with bodily function</b>	Approach to control <i>Jissha</i> , excessive increase (total/partial)	Approach to control <i>Kyosho</i> , excessive deficiency (total/partial)
<b>Methods</b>	Use of cathartic approach Use of cathartic agents Psychological catharsis	Use of supplementary approach Use of supplementary agents Use of psychological Supplement (logotherapeutic analysis, etc.)
<b>Concrete methods</b>	Total cathartic or supplementary approach Partial cathartic or supplementary approach Surgical resection · exsanguination Kill cancerous cells by anticancer drugs Kill cancerous cells by radiotherapy Kill bacterium by antibiotics Control inflammation by anti-inflammatory agent Kill pain Control by blockers (β-blocker, H2 blocker, etc.) Psychotherapy: Bioenergetic therapy (aiming at catharsis)	Supplement deficiency (totally or partially) Endocrinological supplementary therapy (insulin, etc.) I.V.H. · D.I. · blood transfusion Supplementary drugs: Oriental herbal formulae ( <i>Juzentaihotou</i> , red ginseng, vitamins, coenzyme Q10 etc.) Psychotherapy: Logotherapeutic analysis (aiming at making patient have awareness)
<b>Medical methods</b>	Chiefly current Occidental medicine	Chiefly traditional Oriental medicine, Psychosomatic medicine
<b>Indication from traditional Oriental medicinal viewpoint</b>	<i>Jissha</i> : excessive bodily strength (positive bodily strength)	<i>Kyosho</i> : deficient bodily strength (negative bodily strength)
<b>Relation with general adaptation syndrome</b>	Adaptation to resistance stage	Adaptation to exhausted stage
<b>Assessment</b>	Current Occidental method	17-KS-S, QOL questionnaire
<b>Example</b>	The North wind	The Sun (Nagata, K. VI, 1996)

Table 4 Cure and care

	<b>CURE</b>	<b>CARE</b>
<b>Subjects</b>	Diseased visceral organs and cells	Whole person suffering from disease
<b>Basic character</b>	Universality, reproducibility, Quantitative, analytical, scientific	Individual, qualitative, integration, humanity
<b>Basic medical model</b>	Acute disease model Anatomy (corpus model) Physiology (experimental animal model)	Chronic disease model Comprehensive medical model (Bio-psycho-socio-existential model)
<b>Methodology</b>	Analytical Morphological (imaging diagnostic) Statistical	Integration of findings of analysis Phenomenological
<b>Objective</b>	Cure of diseased visceral organs and cells	Improvement in QOL
<b>Location of Problem</b>	Patient's diseased visceral organs (cells)	Both in patients(bio-psycho-socio-existence) and in the doctor-patient relationship
<b>Relation with Treatment</b>	Quantitative expression of treatment	Qualitative expression of treatment
<b>Doctor-patient Relationship</b>	Active-passive, or directive-cooperative Paternalism	Mutual participation Mutual respect (according to patient's autonomy)
<b>Relationship with Therapeutic-self</b>	Shallow	Deep
<b>Standardization of act</b>	Often standardized	Less standardized
<b>Medical education</b>	Chiefly on knowledge and techniques (level of knowledge)	Attitude is the main theme (level of wisdom)
<b>Evaluation method</b>	Present (measurable)	Not many (difficult to measure)
<b>Synonym</b>	Science	Art, humanism

(Nagata, K., V3, 1997)



Table 5 Diagnostic criteria of Oketsu syndrome

(Terasawa, et. al.)

Symptoms	Male	Female
Dark rings around the eyes	10	10
Discoloration (darkening) of the face	2	2
Rough skin	2	5
Dark red discoloration of lips	2	2
Dark red discoloration of gum	10	5
Purple discoloration of the tongue	10	10
Telangiectasis, vascular spider	5	5
Susceptibility to subcutaneous bleeding	2	10
Redness of palms, palmer erythema	2	5
Tenderness of the left navel region	5	5
Tenderness of the right navel region	10	10
Tenderness under the navel region	5	5
Tenderness of the iliocecal region	5	2
Tenderness of the sigmoid colon region	5	5
Tenderness of the hypochondrial region	5	5
Hemorrhoids	10	5
Dysmenorrhea		10

20 points and less: Non-Oketsu Related Condition.

21 points and above: Oketsu Condition.

40 points and above: Severe Oketsu Condition.

Table 6 Psychological and somatic conditions in patients  
with spontaneous regression of cancer

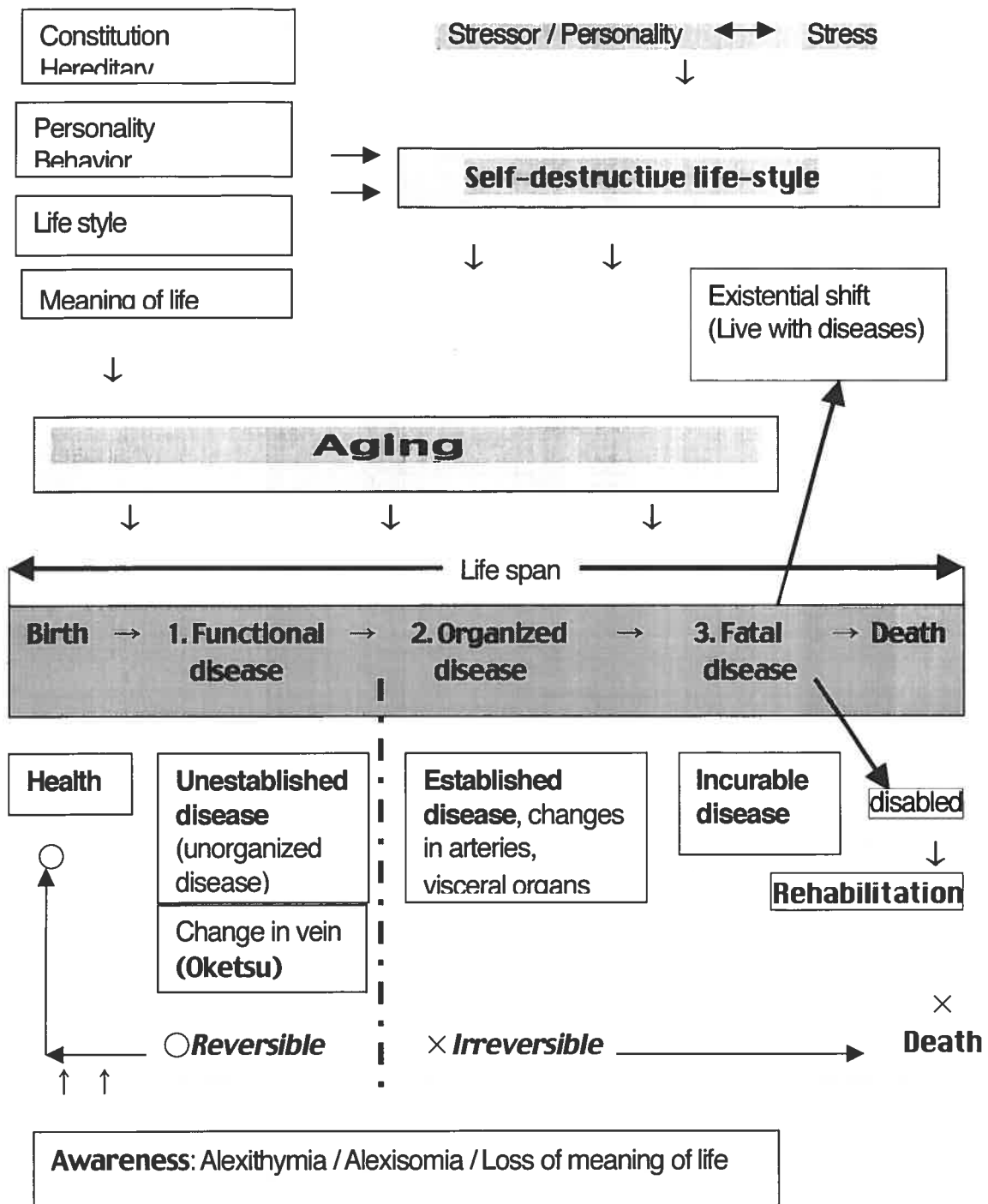
Involvement of physiological mechanism	Psycho-social shift			Total
	Religious awareness	Existential shift	Support from family	
Endocrinological effect	2		2	5
Immunological or allergic reaction	3	4	2	12
incomplete resection of cancerous tissue	2		1	5
Infection and fever		1		1
Decreased nutritional supply to cancerous tissue		1		1
<b>Total</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>24</b>

(By Ikemi, Y.)

Table 7 Methods to increase DHEA-S (supplementary approach)

1. Meal (especially breakfast)
  2. Exercise (3 times a week)
  3. Sleep (sound sleep)
  4. Supplementary approach
    - A. Physical supplement
      - 1) Supplementary agents (Oriental herbal formulae such as *Juzentaihotou* and red ginseng, vitamins, coenzyme Q10)
      - 2) DHEA(-S) itself
      - 3) Comfortable treatment, use of supplementary medical device)
      - 4) Hot spring, natural recovery
    2. Supplementary acupuncture, massage
    - B. Psychological supplement
      - 1) Having awareness to existentialism  
Self-consciousness of meaning of life (responsibility · freedom)
      - 2) Supreme experience
      - 3) Recognition of value of own life supported by surroundings
      - 4) Joy of for this time only
      - 5) Consider "how" rather than "why"
- **Sufficient care**
- **Take balance between supplementary and cathartic approaches.**

**Fig. 1 Progression of a disease and comprehensive medicine**



(Nagata, K., V5, 1995)

A life span of human starts from birth and ends in death. The pathological condition just before death is the fatal disease. The fatal disease results from organized disease. The organized disease does not develop abruptly but there are previous conditions before a disease is established pathologically. They are functional diseases. Progression of a functional disease is affected by aging, life-style and "awareness" (without alexithymia, alexisomia, or loss of meaning of life).

Fig. 2 Therapeutic efficacy of current Occidental medicine, traditional Oriental medicine and psychosomatic medicine

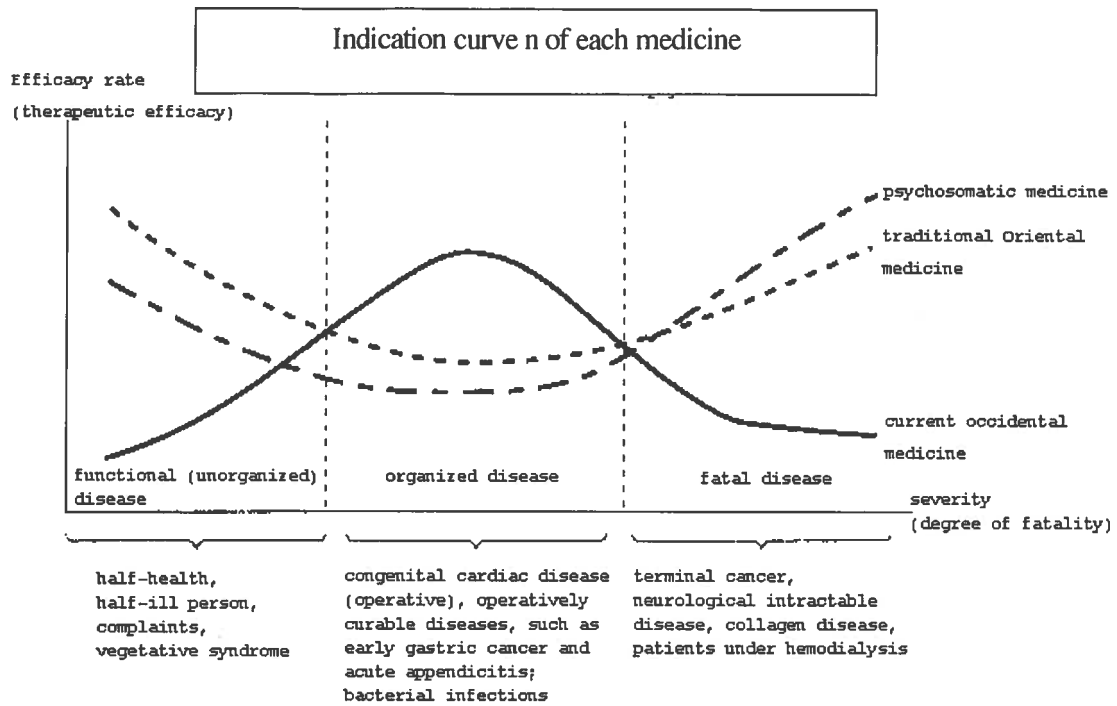


Fig. 3 Changes in "S", "OH", "S/OH" before and after Supplementary Treatment (Hohou)

