Paradigm Shift - The Two Models.

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INTRODUCTION

A previous paper has described the development of the Strategic Plan of the Chiropractors’ Association of Australia (National) Ltd (CAAN). Strategy One of that Plan addresses health policy and aims to shift the focus of the health system from the hospital to primary care, to highlight the different models of primary care and to advocate the chiropractic wellness model. ¹

Another paper detailed why projected changes in Australian society, particularly demographic changes, are creating a need for a paradigm shift in the way matters of health and disease are addressed in Australia, and why, according to the Australian Productivity Commission, new models of care will also be required to address the effects of these changes. ²

This paper presents and discusses some historical models or paradigms of health care that may assist in understanding the current need for change and a possible solution.

PARADIGMS IN HEALTH CARE

Different and competing schools of thought, paradigms, conceptual frameworks and models in approaches to health and disease have existed throughout recorded history. Among the most relevant to the issues addressed in this paper are models that developed in ancient Greece, as they have continued to have immense influence on the way our society approaches matters of health and disease. Capra noted that the roots of these concepts can be traced to pre-Hellenic times, when the most prominent of the healing deities was Hygieia. Patriarchal trends in religion and society then led to goddesses being positioned as relatives of a more powerful male god. Accordingly, Hygieia became a daughter of the main healing god Asclepius, and she represented the concept that those who lived wisely would maintain their health ie prevention of disease. Her sister was Panakeia, who represented the knowledge of remedies ie therapy against disease. The search for a panacea, colloquially but accurately put as a pill for every ill and a potion for every emotion, has become a major aim of biomedical science and practice. ³ It is not hard to see that in modern times Panakeia has become the dominant sibling, and Hygieia the neglected Cinderella of health care.

These ancient concepts further developed into two schools of health care in two different Greek city states, Kos and Knidus.

THE KOAN MODEL

Kos was and is an island off the coast of what is now Turkey, and the writings of the Koa teachers, known as the Hippocratic Corpus, offer insight into the attitudes on which this model was based:

• Emphasis was on the patient, rather than the disease.
• Physical observation and examination, including understanding the patient’s way of life, behaviour and emotional state was of great importance. The practitioner must understand the individual’s constitution and how health was related to food, drink, climate, social institutions, religion and government. This might be seen as a precursor of today’s biopsychosocial approach.

• Diagnosis – the ceremonial naming of the disease - was of little importance. Understanding the history of the condition was important.

• Disease was seen as a natural process, rather than the result of punishment from the gods or possession or invasion by supernatural or other agents from external to the body.

• Disease should be seen as punishment only in that it might result from transgression from natural life habits. Such behaviour was out of balance and did not support the life force that kept the individual alive and healthy.

• Reliance on nature, which involves a life force with strong health maintaining and healing capabilities. The task of the practitioner was to work in harmony with these natural forces, removing impediments to recovery and adjusting conditions so that the patient could reach a harmonious balance and health.

• A conservative approach, based on what today is called watchful waiting, rather than active intervention. Primum, non nocere.

• Relatively few drugs were used.

• Patients should have a responsibility for their own health. Prayer is good, but while calling on the gods one must oneself lend a hand, was attributed to Hippocrates.

Strengths of this paradigm might include the following:

• The very essence of this approach, based on minimal intervention, should lead to the expectation that it would produce little iatrogenesis.

• It should involve relatively low cost, as it is based on self-care. In our modern context, it has minimal requirement for the expensive technologies, medical and surgical treatments and drugs which the 2002 Intergeneration Report identified as likely to place pressure on Government finances.

• It offers large scope for disease prevention and health promotion.

Weaknesses might include the following:

• It might not be what is needed in particular cases. That is, the ability of life force might not be enough to keep the person alive and to return them to health. Indeed, Asclepiades saw this approach as little more than a meditation upon death.

• Persons who are ill or in pain often are fearful and do not think rationally. Most health care practitioners are well familiar with the demanding, irrational patient who just wants something done to fix it. According to Inglis, the Coan model is a rational approach, and so requires rational practitioners and patients to understand it:

… ordinarily, people are not rational about illness. Few patients trust their own life force implicitly; most want to see or feel that something is being done for them, when they are ill. If an illness is to be regarded as a temporary breakdown in the life force, then why not employ some device to do the life force’s work for it until it has recovered?
A simple example would be the case of a person with a fever. Rather than see the raised temperature as part of the body’s normal adaptation or response to particular conditions, and monitoring and taking supportive measures, such as rest or chiropractic adjustment if indicated, until that process is complete, many would take a drug to counteract the fever symptom and to lower the body temperature to what is considered normal in a healthy person. This is the basic approach of allopathy, modern biomedicine. This term comes from two Greek word roots – *allo*, meaning *difference*, and *pathy*, a noun element meaning *disease*. Thus allopathy means *The method of treating disease by use of agents producing effects different from those of the disease treated*. This approach is based on the Knidan model.

**THE KNIDAN MODEL**

Information on the Knidan model is more difficult to come by, but it differed from the Koan, and had the following bases:

- Focus was on the disease, not the patient.
- Elaborate diagnosis was based on symptoms.
- Diseases were believed to be entities situated in organs or body parts.
- Such diseases were categorised according to their effects in terms of symptoms.
- Accordingly, treatment was directed against the invading disease rather than assisting the patient.
- Drugs were used more widely. 13 14

Palmer described the Knidan model as follows:

'[Mans'] whole object was to find an antidote, a specific for each and every ailment which could and would drive out the intruder, as though the disorder was a creature of intelligence.' 15

A strength of this model might be that such more aggressive or invasive interventions might be needed in some patients in some conditions, those that threaten the patient’s health or life beyond the ability of the life force to deal with.

Weaknesses might be:

- Interference with the health-promoting activities of the life force.
- A heightened risk of iatrogenesis.
- Higher costs based on a more complex approach.

Those familiar with the chiropractic paradigm can easily see that it is based on the Koan model, and the biomedical model of allopathic medicine and surgery has its conceptual foundations in the Knidan. 16 Chance and Peters have related the chiropractic paradigm to the Koan as follows:

*The wholistic approach … has characterised the practice of chiropractic from its earliest beginnings … this model takes into account the patient’s entire organism and
personality, and emphasises the patient’s responsibilities in regaining and maintaining his own health …

They also described the modern version of the Knidan model as follows:

Modern Western medicine has been practised by a professional elite who have until recently approached disease from a mechanistic point of view, reducing problems to a molecular phenomena in order to find a mechanism responsible for it, then counteracting it with a drug which influences the organic process involved. In this paradigm, the patient is seen as the passive, helpless victim of an invasive force which must be hunted down, attacked and destroyed by the physician-rescuer. The patient’s role is one of following instructions and putting his life in the hands of the physician, who assumes full responsibility for diagnosing the malady and effecting a cure. 17

They quote Capra as follows:

The public image of the human organism – enforced by the content of television programs, and especially by advertising – is that of a machine, which is prone to constant failure unless supervised by doctors and treated with medication. The notion of the organism’s inherent healing power and tendency to stay healthy is not communicated, and trust in one’s own organism is not promoted. Nor is the relation between health and living habits emphasized; we are encouraged to assume that doctors can fix anything, irrespective of our lifestyles. 16

CONCLUSION

In this last sentence above we find the key to the cause of the projected cost of medical treatments being such a threat to the fiscal stability of future Australian Governments, and a hint towards a solution to that problem. 19 Perhaps an answer to the Productivity Commission’s call for new models of care which might be found not in the new, but in the old - in recognising and utilising the beauty and wisdom of Hygieia/Cinderella and the natural power, safety, functionality, and economy of the Koan model.

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11 Inglis B., 10 p. 3, 28
12 Delbridge A (ed.). The Macquarie dictionary, 2nd ed. Ryde: Macquarie University, 1991:
   46, 1300, 46.
15 Palmer DD. The science, art and philosophy of chiropractic. Portland, Oregon. Portland
16 Strang V.V. Essential principles of chiropractic. Davenport, Iowa: Palmer College of
17 Peters RE, Chance MA. Bad manners are bad medicine. J Aust Chiropractors’ Assoc 1986;
   16 (4): 125.
18 Capra F. Quoted in: Peters RE, Chance MA. 19 p. 124-5