

## Clinical holistic medicine and neurological dysfunction. Some thoughts and case stories

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**Abstract:** Several clinical centers around the world treating patients with neurological rehabilitation use non-pharmaceutical complementary and alternative methods for a variety of functional intelligence deficits, brain damage from traffic accidents, neurological dysfunctions without known organic cause and developmental disturbances. According to clinicians the treatments are especially effective for ICD-10, F06 other mental disorders due to brain damage and dysfunction, G30 Alzheimer's disease, G40 epilepsy, and G47.4 narcolepsy, but many more disorders might respond to alternative treatment. We discuss three cases for which intelligence deficit, dementia, and narcolepsy were treated. The combined treatment of body, mind, and spirit seems especially relevant in neurological rehabilitation.

**Keywords:** Integrative medicine, complementary and alternative medicine, neurology

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### INTRODUCTION

For more than 20 years our research collaboration group has speculated about the mystery of the brain and has been inspired by the emerging new more holistic and interdisciplinary understanding of biology (1,2). During the last decade, we have formulated a top-down theory for the structure of consciousness (3-11), as well as a bottom-up theory for the function of the human brain (12-24), allowing consciousness to emerge from the top of a neural functional hierarchy. Both theories seem to have their strengths and weaknesses. The top-down model never really meets reality, and the bottom up model never really meets consciousness. This sad state invites a deeper model, allowing for a synthesis of these two approaches. The traditional way to deepening a model in philosophy in both eastern and western culture is to embed it in a cosmology of higher order (what we have called a poly-ray cosmology) (14).

The traditional medical 5-ray model also used by theosophy states that reality can be seen in five levels, representing the coarsest to the finest informational vibrations of reality:

- Physical
- Energetical ("Etherical")
- Emotional ("Astral")
- Mental
- Spiritual

Whereas such a model is impossible both in the material monism (one-cosmology) of contemporary natural science and molecular biology and in the traditional spiritual monisms from both East (i.e. Buddhism where all is illusion) and West (i.e. Christian fundamentalism where God is all), it has always been a part of the classical character medicine. Hippocrates used a four ray cosmology ("the four elements"), Lao Tse and Chinese medicine a five ray cosmology ("the five elements"). In complementary and alternative medicine (CAM) and especially in non-drug holistic medicine, poly-ray cosmologies are often used for conceptualizing the different levels of interaction a therapist can have with his or her patient:

- Physical contact – massage, bodywork
- Energetical contact—energy work, sexual transference

- and counter-transference
- Emotional contact – therapy releasing emotions, existential self exploration
  - Mental contact – psychotherapy, life philosophy
  - Spiritual interaction – personal life mission and meaning of life, inspiration, intentional work

#### EXPERIENCE FROM CLINICAL PRACTICE

These treatment principles have been used in many CAM clinics and hospitals for neurologic patients. In Aarhus, Denmark, the registered nurse Birgitte Clausen has for many years helped patients with Alzheimer's disease back to functioning again using the treatment strategy of the Australian therapist Jane Verity (Spark of life approach) and in Kent in England the Raphael Medical Center (RMC) has specialized in neuro-rehabilitation (25) with 25 years of experience using these principles. According to the homepage of the latter clinic (RMC) helps deliver a full range of health and social care to adult patients with acquired brain injury, whose physical, cognitive, emotional and/or behavioural problems that require rehabilitation, within a hospital in-patient setting or within a slow stream rehabilitation setting with a social care environment. The patients under care or persons

- who have long term and complex rehabilitation needs due to brain injuries
- who need a long term supportive hospital environment for their health care
- who have neurological, motor neurone diseases
- with Multiple Sclerosis or Parkinson's disease or other neurological conditions
- who are non communicative and in a state of diminished consciousness
- who are dependent on ventilator and have tracheostomy
- with acute and chronic back problems
- who have mental health or enduring mental health problems, superimposed with an acquired brain injury
- who need neuro-psychiatric rehabilitation.

The integrative approach is seen in the therapies offered to the patient (25):

- Hydrotherapy
- Physical therapy
- Occupational therapy
- Rhythmical massage/embrocation
- Oil dispersion bath
- Cranio-sacral therapy
- Art therapy

- Eurythmy therapy
- Neuro functional integration (Padovan)
- Music therapy
- Chiropractic
- Neuro psychology
- Speech therapy
- Language therapy"

Raphael Medical Centre is today known as a leading holistic service provider for those suffering from complex neurological disabilities with cognitive and behavioural impairment. The principle is simply to interact with, stimulate and develop all aspects of the person on the whole spectre of existence from body to mind and spirit.

#### Neurological dysfunctions likely to be helped with holistic medicine

Neurologic dysfunction has "many faces", but all of them about the brain not being able to perform up to standard. In the general population 0.5-1.0% have intellectual disability (26) and epilepsy, narcolepsy and similar syndromes often compromise the life of teenagers, while acquired brain damage are common in the adult population due to traffic accidents or dementia that primarily affects the elderly population. The different neurological disorders have different etiologies: intellectual disability for example is caused by genetic or developmental disturbances, epilepsy and narcolepsy by functional disturbances of the brain in spite of lack of clear objective defects, while acquired brain damage is most often caused by a physical blow objectively destroying brain tissue and dementia is caused by neural degeneration.

Despite the very different etiologies and symptoms, neurological disorders can be understood according to a simple scheme of holistic medicine, called the five ray cosmology of the theosophists.

#### Five ray cosmology in the wide range of neurological disorders

This cosmology describes the energetic levels of life in an order of five, each kind of brain disorder corresponds to one (or more) level(s) as shown in table 1. In the functioning brain, all levels are interacting and each level is kept in the right condition by the adjacent level. To cure a brain disorder, one has to interact on the level below and above, and ideally on all levels at the same time. A child with intellectual disability, for example, must this be stimulated mentally and energetically and of course emotionally as the emotional "frequency" is

Table 1. *Five ray cosmology*

Ray	Example of related neural disorder
Spiritual	Attention deficit (ADHD), awareness problems; narcolepsy
Mental	Dementia
Astral (emotional)	Intelligence deficit (ID) (children and adolescents)
Etheric (energetic/sexual)	Epilepsy
Physical	Acquired brain damage (physical)

the one close to the problematic level in the patient's brain.

#### CASE STORIES

78 year old male, Alzheimer's dementia

In a nursing home this man had completely lost the ability to manage by himself. He was hardly able to tell his own name and did not recognize his family when they visited him. The nurse interacted with him on all possible levels and after a few weeks he improved so much that he started helping in the kitchen. The more he felt needed and valued the clearer, participating, and serving he became. Soon he started to recall his personal past and after a few months his state was radically improved. Rehabilitation of the patient's purpose of life seemed to be what really made the difference here indicating that dementia is at least partly caused by lack of meaning of life in the elderly population, after retirement from work and active family life, as often happens in the West where the grandparents live alone after the children move away from home and establish their own family. Interestingly, the sexual transference and counter-transference between the patient and the nurse who was experienced and containing, might have played a key role in the healing of this patient.

The clinical experiences from treatments of dementia seriously question the normal "degenerative" model of dementia. We know that biochemical debris is accumulating in the nerve cells of patients with Alzheimer's dementia, making the hypothesis of failed metabolism and functional problems on the cellular level seem likely. On the other hand, the experience that dementia is to some extent reversible indicates that the nonfunctional state of brain cells might be reversible into a functional state again. As we actually know very little about the forces that regulate inner cell morphology, such reversal is not impossible from a theoretical point of view.

#### 30 year old female, narcolepsy

After intensive interaction on all levels from the physical, energetically, emotional, and mental level, this patient who suffered from feeling socially isolated, mentally ill and in acute danger of dying in traffic, improved her quality of life (self-rated quality of life went from "neither good nor bad" to "good", or 3 to 2 on a five point Likert scale of self-rated quality of life), and the QOL5 measure went from 4 to 2.5 over a four month intervention, after which she did not feel mentally ill anymore (self-reported mental health increased from "very bad" to "good" (5 to 2 on a five point Likert scale of self-rated mental health). At this point, her narcolepsy was not improved, but very severe psychosexual developmental disturbances had been discovered in the therapy, being the next issue for the therapy and apparently the true course of her disorder. When the treatment approached her repressed sexuality, she felt very uncomfortable and disrupted the treatment. The patient's problem was her almost complete lack of friends to support her in the large healing crisis she needed to recover normal psychosexual functioning. After interrupting therapy, she sadly returned to her former state of being. The discovery of severe psychosexual disturbances in this patient indicated a strong psychosexual ("etherical") component in the etiology of narcolepsy.

Based on this observation a hypothesis of narcolepsy could be that a majority of the patients' life energy is bound in a complex of sexually charged gestalts, which the patient only can contact "en bloc" giving a totally overwhelming reaction to the mind, forcing the patient to lose consciousness. If this is the case, then the treatment consists of de-charging the repressed emotions from the complex little by little, which can be done in mind body medicine working against the resistance.

#### 36 year old male with intelligence deficit (ID)

This patient complained over his lack of intelligence, which was a barrier to his career as a psychotherapist. In the therapy he realized that his father had repressed him psychologically as a child, always telling him that he was stupid. In processing this series of traumatic incidents, during which his father proved to him how stupid he was using a series of concrete examples, his functional IQ raised about 30 IQ points (from 90 to 120). This case strongly indicates that self-confidence, self-esteem, and philosophy of life play a core role in at least some types of ID.

The problem here is whether this is a general pattern or a specific pattern for only this patient. There

might be an element of early decision (therefore on a highly abstract level of the organism) in many ID patients, but the problem is how to process them when the patient's mind is not powerful enough to identify or express them. The obvious solution to this problem is that the therapist loan the patient the necessary intelligence and brainpower during the healing process. This can only be done by the therapist and patient becoming one functional system by a transient state of oneness. This state is introduced by the therapist meeting the patient with loving care and without judgment of any kind.

#### DISCUSSION

For physicians established in a material monistic worldview, it might seem impossible that just interacting with the patient's body, mind and spirit can radically change neural function, improve intelligence, and reverse already developed dementia. The traditional profound philosophy behind holistic treatment of neurologic disorders might shed light on the difference between a normal neurological understanding of the brain as an object and the brain as part of a universe of interdependent phenomena. It might even be true, from the experiences with holistic neuro-rehabilitation, that reality is unborn and every observed phenomenon really is non-existent in its own right but totally dependent of all other phenomena. All phenomena are interdependent and no phenomena have an individual existence.

In this understanding, one will not look for a "single cause" of i.e. ID but rather will understand it as a complex interplay of many interdependent factors on the many levels of existence. Treatment according to this understanding interacts on all levels of existence at the same time, the physical, energetical/sexual, emotional, mental, and spiritual. The therapist must interact with the patient on all these levels and stimulate development, growth, and learning, also on the neural level. Despite neurological disorders being very different and often also most difficult to understand, a simple therapy interacting on all levels of the patient's existence seems to be able in many cases to help such patients. The reason for this outcome is not obvious; we believe that it takes deep existential philosophy to understand this world and life in particular.

A number of cases have documented that this simple strategy often works wonders. A private hospital in Kent, England, has specialized in methods like biodynamic body-psychotherapy for patients with severe brain problems and many of these patients have experienced an improvement beyond what could be expected from

random variation and spontaneous improvement. As Freud and Reich suspected (27-30), psychosexual developmental disturbances might play a crucial causal role also in neural disorders, and rehabilitation of libido and normal psychosexual functioning might be the most important single aspect on improvement.

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#### REFERENCES

1. Ventegodt S, Merrick J, Andersen NJ. QOL philosophy III: Towards a new biology. *Scientific WorldJournal* 2003;3:1186-98.
2. Ventegodt S, Andersen NJ, Merrick J. QOL philosophy IV: The brain and consciousness. *ScientificWorldJournal* 2003;3:1199-1209.
3. Ventegodt S, Andersen NJ, Merrick J. Editorial: Five theories of human existence. *ScientificWorld Journal* 2003;3:1272-6.
4. Ventegodt S. The life mission theory: A theory for a consciousness-based medicine. *Int J Adolesc Med Health* 2003;15(1):89-91.
5. Ventegodt S, Andersen NJ, Merrick J. The life mission theory II: The structure of the life purpose and the ego. *ScientificWorldJournal* 2003;3:1277-85.
6. Ventegodt S, Andersen NJ, Merrick J. The life mission theory III: Theory of talent. *Scientific WorldJournal* 2003;3:1286-93.
7. Ventegodt S, Merrick J. The life mission theory\* IV. A theory of child development. *Scientific WorldJournal* 2003;3:1294-1301.
8. Ventegodt S, Andersen NJ, Merrick J. The life mission theory V. A theory of the anti-self and explaining the evil side of man. *ScientificWorld*

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- Journal 2003;3:1302-13.
9. Ventegodt S, Andersen NJ, Merrick J. The life mission theory VI: A theory for the human character. *ScientificWorldJournal* 2004;4:859-80.
  10. Ventegodt S, Flensburg-Madsen T, Andersen NJ, Merrick J. Life Mission Theory VII: Theory of existential (Antonovsky) coherence: a theory of quality of life, health and ability for use in holistic medicine. *ScientificWorldJournal* 2005;5:377-89.
  11. Ventegodt S, Merrick J. Life mission theory VIII: A theory for pain. *J Pain Manage* 2008;1(1):5-10.
  12. Hermansen TD, Ventegodt S, Rald E, Clausen B, Nielsen ML, Merrick J. Human development I: twenty fundamental problems of biology, medicine, and neuro-psychology related to biological information. *ScientificWorldJournal* 2006;6:747-59.
  13. Ventegodt S, Hermansen TD, Nielsen ML, Clausen B, Merrick J. Human development II: we need an integrated theory for matter, life and consciousness to understand life and healing. *ScientificWorldJournal* 2006;6:760-6.
  14. Ventegodt S, Hermansen TD, Rald E, Flensburg-Madsen T, Nielsen ML, Clausen B, et al. Human development III: bridging brain-mind and body-mind. introduction to "deep" (fractal, poly-ray) cosmology. *ScientificWorldJournal* 2006;6:767-76.
  15. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen ML, Clausen B, Merrick J. Human development IV: the living cell has information-directed self-organisation. *ScientificWorldJournal* 2006;6:1132-8.
  16. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen ML, Clausen B, Merrick J. Human development V: biochemistry unable to explain the emergence of biological form (morphogenesis) and therefore a new principle as source of biological information is needed. *ScientificWorldJournal* 2006;6:1359-67.
  17. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen M, Merrick J. Human development VI: Supracellular morphogenesis. The origin of biological and cellular order. *ScientificWorldJournal* 2006;6:1424-33.
  18. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Rald E, Nielsen ML, Merrick J. Human development VII: A spiral fractal model of fine structure of physical energy could explain central aspects of biological information, biological organization and biological creativity. *ScientificWorldJournal* 2006;6:1434-40.
  19. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Nielsen ML, Merrick J. Human development VIII: A theory of "deep" quantum chemistry and cell consciousness: Quantum chemistry controls genes and biochemistry to give cells and higher organisms consciousness and complex behavior. *ScientificWorldJournal* 2006;6:1441-53.
  20. Ventegodt S, Hermansen TD, Flensburg-Madsen T, Rald E, Nielsen ML, Merrick J. Human development IX: A model of the wholeness of man, his consciousness and collective consciousness. *ScientificWorldJournal* 2006;6:1454-9.
  21. Hermansen TD, Ventegodt S, Merrick J. Human development X: Explanation of macroevolution —top-down evolution materializes consciousness. The origin of metamorphosis. *ScientificWorldJournal* 2006;6:1656-66.
  22. Hermansen TD, Ventegodt S, Kandel I. Human development XI: the structure of the cerebral cortex. Are there really modules in the brain? *ScientificWorldJournal* 2007;7:1922-9.
  23. Ventegodt S, Hermansen TD, Kandel I, Merrick J. Human development XII: a theory for the structure and function of the human brain. *ScientificWorldJournal* 2008;8:621-42.
  24. Ventegodt S, Hermansen TD, Kandel I, Merrick J. Human development XIII: the connection between the structure of the overtone system and the tone language of music. Some implications for our understanding of the human brain. *ScientificWorldJournal* 2008;8:643-57.
  25. <http://www.webfeast.com/raphael>
  26. Merrick J, Drachman R, Merrick G, Morad M. Children with disabilities in Israel. *Childhood* 2003;10(4):498-507.
  27. Jones E. The life and works of Sigmund Freud. New York: Basic Books, 1961.
  28. Jung CG. Man and his symbols. New York: Anchor Press, 1964.
  29. Jung CG. Psychology and alchemy. Collected works of CG Jung, Vol 12. Princeton, NJ: Princeton Univ Press, 1968.
  30. Reich W. [Die Function des Orgasmus]. Köln: Kiepenheuer Witsch 1969. [German]

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