

## EVOLUTION OF A TRANSFORMATIVE MEDICINE PARADIGM

# The Origins of Integrative Medicine—The First True Integrators: The Philosophy of Early Practitioners

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### Abstract

The foundation of an integrative alternative to early 20th century–organized medicine was in “drugless healing”: Allopaths used drugs, and alternative practitioners did not. One of the earliest organizers of drugless healers as a group was Benedict Lust, the progenitor of naturopathy, who worked to amalgamate

all drugless healing under the label of “naturopath.” In time, it became more important to an emerging professional identity to recognize the *vital force* as a central tenet. But before professionalization could be successful, medical dominance would be an impediment.

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### The Early 20th Century

The shaping of the United States’ modern health care landscape began in what historians call the Progressive Era—approximately 1900 through the end of World War I in 1919. At the turn of the 20th century, the American Medical Association (AMA) had begun the elevation of allopaths over homeopaths and eclectic physicians—all MDs—and had completed this process by the end of the Progressive Era, aided by the 1910 Flexner Report and the efforts of the Rockefeller and Carnegie Foundations (see previous column). By the early 1920s, what had become the AMA’s monopoly structure within the medical profession was in place.<sup>1</sup>

### Drugless Healing

But as homeopaths and eclectics disappeared, a wide range of practitioners known as “drugless healers” emerged. In this period, the licensing structure that became a critical part of the AMA’s monopoly structure had not been fully adopted throughout the United States, and these drugless healers, probably several thousand of them, were to be found in practice. The practitioners of manipulation modalities—including osteopaths and chiropractors, but others as well, such as mechanotherapists and naprapaths—were “drugless.” So were myriad others, including practitioners of neuropathy, physcultopathy

(physical culture), sanipractic, food science, suggestive therapeutics, and Swedish movement. Some of these drugless healing practitioners were specifically regional; naprapaths were almost exclusively found in Illinois, where Palmer protégé, Simon Oakley, had founded his school and sanipractors were originally exclusive to the state of Washington before advancing their presence into British Columbia in Canada.<sup>2</sup>

### Benedict Lust

In 1902, Lust originated his use of the term *naturopathy* and began his development of a theory and philosophy of health and healing “to describe the eclectic compilation of doctrines of natural healing that he envisioned was to be the future of natural medicine.” Lust launched his career as the progenitor of naturopathy, adopting that name for his eclectic brand of natural therapeutics and placing the term *naturopath* firmly in the title of his monthly publications, which continued under his control as editor and publisher until his death in 1945.<sup>3</sup> One of the anomalies of Lust’s work was that for at least 30 years, there was no firm definition of *naturopathy*; rather, Lust clearly attempted to incorporate all methods of “drugless healing” and “natural therapeutics” into his philosophy of naturopathy. This included the original concept of osteopathy devised by Dr Still and chiropractic as devised by D. D. Palmer. In Lust’s view these were all pieces of naturopathy, linked together by not being “allopathic medicine.”<sup>3,4</sup>

This “drugless” label could only incorporate Still’s osteopathy in its original form, which did not incorporate a *materia medica*, as described, for instance, in Charles Hazzard’s *Principles of Osteopathy*.<sup>5</sup> Where chiropractic was concerned, Lust’s naturopathy became clearly allied with the “mixer” philosophy and both Lust and the mixers were in conflict at the time B. J. Palmer led “straights.”<sup>4</sup>

## Naturopathy and Chiropractic

Precisely when chiropractic and naturopathy first became melded into a symbiotic relationship is historically murky. D. D. Palmer did not—as least as historically reported—practice or teach naturopathy or openly associate himself with it. His son, B. J., was adamantly opposed to anything that would dilute the purity of “straight” chiropractic. Benedict Lust, the historical progenitor of naturopathy in the United States, taught and endorsed chiropractic very early in the 20th century, but it was Solon Langworthy, an early student of D. D. Palmer, who opened the second identifiable school of chiropractic in 1903 and based its curriculum on mixing nature cure with chiropractic.<sup>6</sup>

Palmer was the originator of chiropractic, of course, but he adopted a kind of “Johnny Appleseed” approach to his spinal manipulation insights, “planting” the concept of chiropractic adjustment more than anything else. He was travelling constantly after 1902 and granting the right to practice and to educate others in his methods to recipients of his written “diplomas.”

It was B. J. Palmer, the son, who adopted a proprietary interest in chiropractic after his graduation from D. D.’s instruction in 1902, much as Lust did in naturopathy. Both chiropractic and naturopathy could best be described as social movements in the field of health and healing in their first 2 decades of evolution. It was not until the 1920s that others began to work at the professionalization of chiropractic and naturopathy, and many of the most influential of these who became connected with naturopathy were chiropractic “mixers,” becoming known in time as the chiropractor-naturopaths, or “DC, NDs.”

## Nature Cure and the Vital Force

Benedict Lust’s vision of drugless healing, although it continued to “expand” as noted by Susan Cayleff, was always intended to be consistent with Germanic 19th-century “nature cure.” As noted by Henry Lindlahr in his 1915 book *Nature Cure*, the original concepts were credited to Vincent Preissnitz.<sup>6</sup> According to Lindlahr, nature cure became “the idea of drugless healing (which) spread over Germany and over the civilized world.”<sup>7</sup>

Citing Lindlahr, Susan Cayleff summarized American nature cure’s idea of human sickness this way:

Henry Lindlahr, MD, a leader in naturopathic philosophy, explained the five specific conditions that caused disease; lowered vitality; abnormal composition of blood and lymph, resulting mainly from wrong eating and drinking; accumulation of waste, producing morbid matter and poison in one’s system; mechanical lesions, that is pressure, tension or strain on nerves and nerve centers caused by luxations (dislocations) of bony structures or straining of muscles and ligaments; and discordant or destructive mental and emotional attitude. These conditions more or less remained the core of naturopathy for decades.<sup>4</sup>

Treatment by means of nature cure theory relied upon the body’s own drive to maintain health—to achieve what Walter Cannon later called “homeostasis”—by recognition of what was labelled the “vital force.” The work of F. E. Bilz, a German medical doctor, was very influential in this regard. Bilz first published his synthesis of German nature cure in Germany in 1898, and in 1901 he published *Natural Method of Healing: A Complete Guide to Health*, the English language version of his work.<sup>8</sup>

Bilz noted: “...it is known that we cannot heal a disease with the remedy we apply, but that it is the vital force within us which heals, and that we need but aid it, (and) our position becomes a far easier one.”<sup>8</sup> This “vital power,” the “power of healing,” Bilz said, “resides in man himself ... divine nature placed it there at the creation of each being.” Adopting this concept, Lindlahr noted that all healing must “economize vital force,” because it is the vital force that “is the Supreme power and intelligence, acting in and through every atom, molecule and cell in the human body which is the true healer, the *vis medicatrix nature* which always endeavors to repair, to heal and to restore ...”<sup>7</sup>

## Genesis of Post–World War I Professionalism

To understand the DC, NDs and their professionalization require going beyond the career of Benedict Lust and the natural living and healing movement that he founded. It also requires more historical background.

The committed professionalization process that followed began in the late 1920s and continued through the first years following World War II. The focus was on moving the educational process and the clinical practice of both naturopathy and chiropractic past the “founder’s grip” of Benedict Lust and B. J. Palmer by means of the creation of stable residential colleges and stable state and national professional organizations.

This task was compounded with regard to both of these professions by the committed drive by organized medicine in the United States (primarily in the form of the AMA and its state and local constituencies) toward medical dominance. To respond to the determination of medicine to achieve this dominance a resistance based on the core values of “Americanism” was required, along with personal resilience and tenacity.

## A Short Course in Medical Dominance

Medical dominance is best understood by reference to the book of this same name by Australian sociologist Evan Willis.<sup>9</sup> The subject can be supplemented by a very useful work by another sociologist, Saul Rosenthal, *A Sociology of Chiropractic*.<sup>10</sup>

These sociologists argue that organized medicine has had as a goal since at least 1900 the achievement of medical dominance in three domains: achievement of complete control over its own work (autonomy), achievement of complete control over the work of others

in health care (dominion), and achievement of complete control over all matters of public policy within the health domain (medical sovereignty).

Willis's argument is sophisticated and extensive; indeed his discussion of the subject is a book-length treatise. But the short version as it relates to the "exclusion" of "alternative" practices such as chiropractic and naturopathy can be summarized. Relying on earlier work by Howard Berliner and others he demonstrates that medicine's dominance was achieved through the allopathic claiming of the mantle of "science" for its work. This was done through adoption of the germ theory of disease.<sup>11</sup>

This in turn had 2 advantages, as Willis argues: First, individual clinical skill became less important than extensive schooling within a laboratory and hospital-based system ("clinical skill" versus "clinical science"), and second, health became an individual scientific problem, not a social, environmental or lifestyle problem.

### The "Great Trade"

In the United States, this manifested itself in the early 20th century as "the Great Trade" described by Fredric Wolinsky:

... by 1925, the AMA had gained a monopoly over the production and licensing of physicians. This included the power to determine what the curriculum should be, how many students should be admitted, which students should be admitted, and how many faculty there should be for each student. Thus, 1910 marked a trade of importance between society (as represented by state and federal governments) and the AMA. The trade gave the AMA the exclusive right and sole power to regulate the medical profession. In return, the AMA was to give society the best and most efficient medical care system possible. Society has clearly lived up to its part of the bargain...<sup>12</sup>

### American Exceptionalism

*American exceptionalism* or *Americanism* has been analyzed extensively in the book of the same name by Professor Seymour Martin Lipset, one of the United States' most distinguished academicians. Professor Lipset gives this synopsis of Americanism: "The American Creed can be described in five terms: liberty, egalitarianism, individualism, populism and *laissez-faire*."<sup>13</sup>

Medical dominance strikes at each of these 5 values, all in the name of "scientific medicine." It is based on using the power of the state to enforce the "great trade" as public policy, the antithesis of populism. It is corporatist, not individualist and *laissez-faire*. It creates a favored class of medical professionals over serving egalitarianism, and by exercise of the power of the state it constrains the liberty of the patient as a consumer.

### A Time to Build a Profession: The 1930s

The drugless healing concepts of nature cure became, by the 1930s, the philosophical basis for a professional

alternative to conventional medicine in the form of the chiropractor- naturopaths, the "DC, NDs." By the mid-1930s, as Susan Cayleff notes, Benedict Lust came to abandon "therapeutic inclusivity" and declared that a clear and fixed professional identity was necessary.<sup>4</sup> For some others who had already formed a professional identity and founded schools and colleges this moment of self-reckoning came not a moment too soon. It was time to bring all of this into focus as a professional identity once-and-for-all.

Coming in the next issue: Robert V. Carroll, W. A. Budden and Professional Identity of DC, NDs.

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