

I. My Journey: Uniting Science and Spirit leading to Homeopathy

The following is a story of my journey in science, spirituality and healing informed through Medical School, Acupuncture, naturopathy and homeopathic schools, the Baha'i Faith and other spiritual Writings, my clinical experience and my practice and understanding of Homeopathy. But also informed through the reaches of my soul, through meditating and questioning within myself as I strive towards a personal exploration of Truth . This is a journey that has taken me across geographical landscapes equal in distance and contrast to the landscapes of my inner journey. It begins in the Iran, , travels to Europe, crosses to Africa and finds rest currently in North America. This journey spans half my life and more, for which its time and depth cannot be measured nor the complexity summarised in a string of words. But I would like to try, for my sake as much as anyone, to make sense of my journey, of what has guided and brought me here, who has informed and inspired me, and most importantly of what I desire to give back in return, to the world - to you, in part through my life and practice as a Homeopathic Doctor.

I believed in Science and the value of scientific pursuit since my early teens. In high school I oriented my studies toward raw objective sciences of physics and mathematics but soon realised the human dimension (except the thinking mind) is completely ignored in these sciences. Through discussions with one of my best friends who was studying experiential life sciences of Biology, Histology, Physiology and influences of the Baha'i writings which had attracted my curiosity greatly in my teenage years and which places the science of the healing arts as the "the noblest of all sciences" I knew I wanted to study medicine. I was no longer in Iran however; circumstances dealt myself and later on family little choice but to leave the country and by the fall of 1978 I found myself in France, where I studied French and few months later decided to enter the Medical School in Senegal, where my brother in law was already studying medicine.

Senegal is a small country on the most western coast of Africa, rich in natural beauty coasting the Atlantic Ocean. The Senegalese are known for their tall, slender build and dark, flawless beautiful complexion and their amazing sense of hospitality which made it a privilege to call Senegal home. I also learned fast, that Africa is a place of harsh reality and cruel poverty, where lack of hygiene, the propensity of tropical diseases and stress of basic survival have deeper impacts on health than need be in the 20th century. It was indeed an honour and privilege to study and learn and grow among these people, to be in service by any means possible....

Once in Medical School, I became quickly fascinated by the intricacies of human Anatomy, , by the amazing world of Cell Biology, Human Physiology, Biochemistry and Bacteriology. I became fascinated with the marvels of scientific medicine, with its technological advances and diagnostic prodigy, and the amazing power it has in treating infectious and acute diseases. We later delved into neurology and psychology and psychiatric medicine, studied psychosomatic disorders and explored mind-body connections. In its theory, I was enthralled; scientific medicine is a profound system of knowledge and diagnostic power. In practice, however - like so many actions in our lives

– the translation of theory into action is at the loss and expense of the former. I was hit with a cruel reality. It was heart breaking to see how powerless medicine was in facing chronic conditions and how little importance it gave to the human being as a whole organism, in mind, body and spirit. It was as if everything I learned in medical sciences - the intimate relationships of all the cells and organs, the deep communion between mental and physical pathologies, the complexity of the body's innate ability to heal its own wounds – all of this was forgotten and reduced to prescribing a drug which in majority of the cases does nothing more than to control some symptoms. (Further on this chapter, you can read two examples -amongst many- of my experiences in medical faculty and hospital, shaping my future desire to pursue a more holistic and integrated medical system).

It became soon clear to me that my intellect alone and learned by all the scientific teachings available could not bring me to a full understanding of what the human being requires to heal and be healed from. This encouraged me to delve deeper into a rigorous and “scientific” understanding of the complexity of the Mind-Body-Spirit connection and, as the Spirit component of this connection is completely ignored in the scientific world, I knew I had to dive deep into the vast ocean of the Sacred Writings of various religious and spiritual traditions in order to discover the pearls of wisdom hidden within the hard shells of rituals and superstitious practices and generation of blind imitations . At the same time I chose to write my Doctorate Thesis on “ The Therapeutic effect of Doctor-Patient Relationship “ and studied further the amazing powers of the Placebo effect. This journey was extremely rewarding. My soul came to a deeper understanding of the true nature of the human being, of the union between intellect and spirit, between science and soul, and this Truth became my teaching wisdom, my guidance, bestowing me the courage – the strength and confidence – to pursue the healing arts such that one day I could hold another's life in my care and know, from where I hold them, I can receive their whole being; I can hold not only their physical illness and molecular make up but also their dreams, desires and spiritual being. And from there, I could inspire a deeper healing process. (Further on this chapter, you can read two examples -amongst many- of my experiences in medical faculty and hospital, shaping my future desire to pursue a more holistic and integrated medical system).

Yet there was still a missing link: the knowledge of what the Nature has offered us for centuries as healing agents. We are part of nature and as such, what we need to restore our balance may be already offered by the Nature itself. The pursuit of this quest later led me to Canada in 1987 where my academic life started by first studying Acupuncture and Chinese Herbal Medicine and later by enrolling in a two year intensive program in Naturopathy designed for MD's and other Professional Health practitioners (Chiropractors, Dentists...) offered by the Canadian College of Naturopathic medicine, where I was already teaching Emergency Medicine. And this opened the whole new world of homeopathy to me.

The following two examples may help to elucidate this challenging observation:
 In my 4th year of medical school a patient came as an out-patient to the hospital suffering from stomach pain. As students we were observing the professor examining this patient and asking him a series of calculated questions until he finally decided to treat him with a drug. The patient was asked to come back in a month or two for further tests if he was not better. This was all common sense procedure in medicine. At the same time we were studying gastro-enterology and had a detailed course on different gastric ulcer treatments, their effectiveness, their scope, side effects, etc. The Drug in question was Zantac (Ranitidine) promoted at that time as a revolutionary drug for the treatment of Ulcers. It was praised for its effectiveness in comparison to placebo, as seen in the table below:

Duodenal Ulcer Patient Healing Rates:

	Zantac		placebo	
	Number Entered	Healed/ Evaluable	Number Entered	Healed/ Evaluable
Outpatients	195		188	
WEEK 2		69/182 (38%)		31/164 (19%)
WEEK 4		137/187(73%)		76/168(45%)

Source: http://us.gsk.com/products/assets/us_zantac.pdf

As you can see, there is 32 % difference between the healed patients in the Zantac group (73 %) versus Placebo group (45 %) which justifies its prescription for statistical reason. However if we look at this data more critically and look at its application in real life, we can see what these results really mean and how they can be misused:

The 45 % improvement in the placebo group after 4 weeks cannot be ignored as this means that almost half of the patients taking placebo healed spontaneously. At the same time, this means out of the 73% who improved with Ranitidine, 45% of them would have healed just from the placebo effect of Ranitidine (this is precisely why we practice placebo control). The real meaning of this finding is that out of every hundred patients with gastric ulcer, 45 will heal with placebo, 32 (73 minus 45) will heal with Ranitidine and 27 will not respond at all to either approaches. Therefore because the placebo healing is much higher than ranitidine healing, the placebo should be the treatment of choice, i.e. the first line of treatment and only if it failed we should resort to Ranitidine. I asked my professor: “If placebo has been shown to cure this at 45 %, why don’t we give him placebo?” The answer I received was logical and matter-of-fact: “We are here to practice scientific medicine, and our scientific research shows Zantac is superior to Placebo therefore it is the treatment of choice.”

I knew there was no way I could argue with him during that session with students and patients around, but this answer did not satisfy the entirety of my question. I wanted to make sense of the following logic: Zantac is an expensive drug and works only %32 of the time in this study, whereas placebo costs nothing, has no side effects and works 45% of the time. In such cases where the patient may not be able to afford medical drugs and where side-effects from the drug can cause further complications, why would we *not* prescribe placebo? Not to mention that the same study stated the following: “Patients whose ulcers healed during therapy had recurrences of ulcers at the usual rates”.

From my observations of how the patient was dressed and his communication skills, I could see that he was not of economic ability to afford Zantac. However his faith in western medicine would have driven him to find any means possible to pay for the medicine, taking on extra work and compounding himself and his family with extra stress. We do not think of these extended consequences when we prescribe Zantac to a fisherman in Senegal. I am yet to understand why Placebo prescription is considered unethical by certain medical association, as is the case in Canada. Even from a chemical pollution and environmental impact perspective (both the inner and outer environment), every time a patient is given a drug while a placebo could have done just as well, we are harming both environments.

Two years later, while doing my internship in the oncology department, I saw the same patient again. He had now been diagnosed with an advanced case of stomach cancer. I had a chance to spend some time with him and get to know him at a deeper level. He spoke of his symptoms but also upon my curiosity, he narrated his life struggles and hardships, deepened family issues and losses brought on by desperate financial conditions (all leading also to his precarious nutritional habits). It was heart wrenching. But these life issues are seen as peripheral in medicine; they were little more than an interesting story for all to hear. The real issue was stomach cancer and not the person; this man’s story was reduced to nothing and the same man to whom we paid no attention to two years ago, was now considered an ‘interesting case’ to be studied by all students who wanted to understand, study and diagnose stomach cancer. Now we can spend an exorbitant amount of money on him to pay for the most advances tests and procedures, hospitalization costs , chemotherapy , surgery, radiation.... when a fraction of this used properly a few years ago could have make a big difference in his life and prevented this advanced stage of disease. Something was terribly wrong with our reductionism and scientific medical system. In our therapeutic decision, only some statistical data decide the course of our actions and our ability to see a whole human being in front of us (not just a stomach) is relegated to the background. Having a critical mind in interpreting and applying the data to the whole being in front of us is sacrificed at the cost of rigorously applying a scientific approach, leading to the prescription of a drug which in a few years will be replaced by another ‘drug of the day’ which in turn will loose its place to yet another one. The outcome of such approaches and decisions explains partly the current state of medical crisis in Canada and the rest of the world.

Another eye opening experience happened during my internship in the Emergency unit when we came across a gentlemen who was severely burned. I had just taken an “optional course”

on nutrition. It was called optional because medical students did not require that course to graduate. We had recently studied the effect of some minerals and vitamins for the healing of the skin (zinc, vitamin E, essential fatty acids, etc.). Asking the attending physician why don't we give him some of these minerals and vitamins, I had the following reply: "Have you been reading on alternative quackeries recently?" I said no actually this is what they teach in this same medical faculty during the Nutritional course. And he said, "oh, that is why it is called an 'optional course'. Don't believe in everything you study there."

Now the amazing thing was this course was partly thought by the Professor of preventive medicine and he was highly regarded in that faculty. And he used well researched data to present his courses. Sadly it looked like if something was not a drug, or has any "natural" label attached to it, then it is not scientific. Fortunately now, after almost 25 years, some MD's are open to these very well documented facts about the beneficial and proper use of minerals, vitamins and other natural products and recommend them to their patients.