

# Welcome to

Integrative Healthcare and Applied Nutrition

# IHCAN

magazine

## What's in a name?

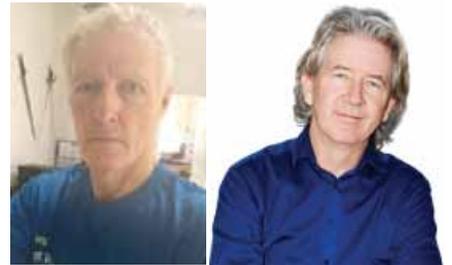
**IHCAN** editor **SIMON MARTIN** and Institute for Optimum Nutrition founder **PATRICK HOLFORD**, the man who “invented” nutritional therapy, discuss the rise and fall of complementary, alternative and integrative medicine – and preview what might be the next step.

**Simon Martin:** As you know, I started the (world's first) *Journal of Alternative Medicine* back in the '80s. *JAM* then morphed into *JACM*, a title that has been appropriated by a US publishing house. I still favour “alternative”, but it seems no one else does!

**Patrick Holford:** No, I think it's time that we dropped “alternative”. We are not alternative, we are the future of medicine. My objection to “complementary” or “alternative”, is complementary or alternative to what? To messed-up mainstream medicine that has been in existence during a period of affluence in which human beings have had the greatest opportunity for health, and yet have become so sick from weight gain, diabetes, cancer and mental illness such that more commit suicide each year than die a violent death from

all wars and tragedies, and most that don't spend their last decade with rapidly decaying memories?

**SM:** Phew! Well I've always had trouble with “complementary”. So I'm pleased that we can finally give up pretending that we want to, or can, complement a system of medicine that doesn't work and doesn't want us. “Alternative”? My philosophy has always been that when a medical doctor tells someone “There is nothing we can do”, or “You'll have to learn to live with it”, people should be aware that there IS an alternative. Any honest doctor should actually be telling their terminal and chronically ill patients, “There is nothing we can do *in our system* of medicine, but there might well be alternatives that could work”.



Simon Martin

Patrick Holford

But they never say that.

Case in point: when I wrote my series of articles in *Here's Health* about AIDS – that became the award-winning book *World without AIDS* published by HarperCollins in 1988 (yes, 1988) – “they” were telling people with AIDS that they were incurable, that there was nothing they could do, and that they should go home and wait to die. Working with two AIDS charities and presenting relatively simple nutritional-based “alternatives”, my colleagues and I were able to literally save lives. The confidence to do this came from decades of inspiration from Issels, Gerson, Kelley, Gonzales and the like, who had stopped people dying from their cancer death sentences by the application of “alternatives”. But OK, I bow to the inevitable. Practitioners tell me they do not see themselves as “alternative”, as this has come to imply that there is no science, logic, evidence or even common sense behind what they are offering: it is “woo woo”.

**PH:** It seems to be significant that your new title is “integrative”, rather than “integrated”.

**SM:** Yes, I am making a distinction between “integrated” and “integrative”. To me,



**“Times change and so must we. I picked up my first copy of CAM magazine some 15 years ago when I was but a naive student of nutrition and naturopathy. Happily, even symbolically, it was at BioCare HQ just before attending one of Marion Kirkham's excellent perception-changing lectures. So it's genuinely accompanied me on my own personal CAM journey from**

**the very outset. I soon learnt what a confusing world CAM was and how potentially vulnerable we were as professions of people challenging received wisdom.**

**CAM magazine has supported me, challenged me, enabled me to contribute to the debate and, together, we've all moved things forward into different and exciting times and places. The ever-changing world we live in requires and ability to adapt and update. So, welcome IHCAN! The focus on integrating and applying our knowledge clinically is absolutely appropriate to the future. The case for intelligent engagement with new science and movement towards integrated, personalised healthcare, building bridges with conventional science, is compelling.**

**Like CAM before it, IHCAN will be an essential part of my/our evolution in our ongoing quest to seek the truth.” - Chris Newbold, Head of Clinical Nutrition, BioCare: [www.biocare.co.uk](http://www.biocare.co.uk).**



“integrated” is complementary under another flag. With all that doctor-dominated “collaboration” everyone was so hopeful about. (Not me, I have to say. When Richard Thomas took over *JAM* he changed the name to include “complementary” after a “historic” meeting with what was to become the Research Council for Complementary Medicine and a few other bods, at which the name was coined by herbalist extraordinaire Simon Mills.)

Integrative, on the other hand, to me delivers the promise of “holistic” and all that it implies, and where it looks like you are going with your vision of integral medicine.

**PH:** We are on the same page. I like your observations. It’s not just the word but how it is used and conceptualised. I’m not sure who used “integral” first – Ichazo with his integral philosophy, or Wilber with his integral vision.

I registered sites for “integralmedicine” many years ago. I have often felt uncomfortable with the use of the terms integrated, complementary or alternative medicine. Integrated medicine because it is most often used to describe a clinical practice which, recognising that we are both physical, chemical, psychological, spiritual/energy beings, includes – for example – a doctor, an acupuncturist, chiropractor, nutritionist, psychotherapist and, occasionally, a healer. This is all good, and well-intended, and sometimes it does actually happen. But too often the client’s experience is that there is no “integration” of these approaches, but just different options to choose from in the clinical supermarket.

Also, in more conventional medical set-ups, the word “integrated” means that anything



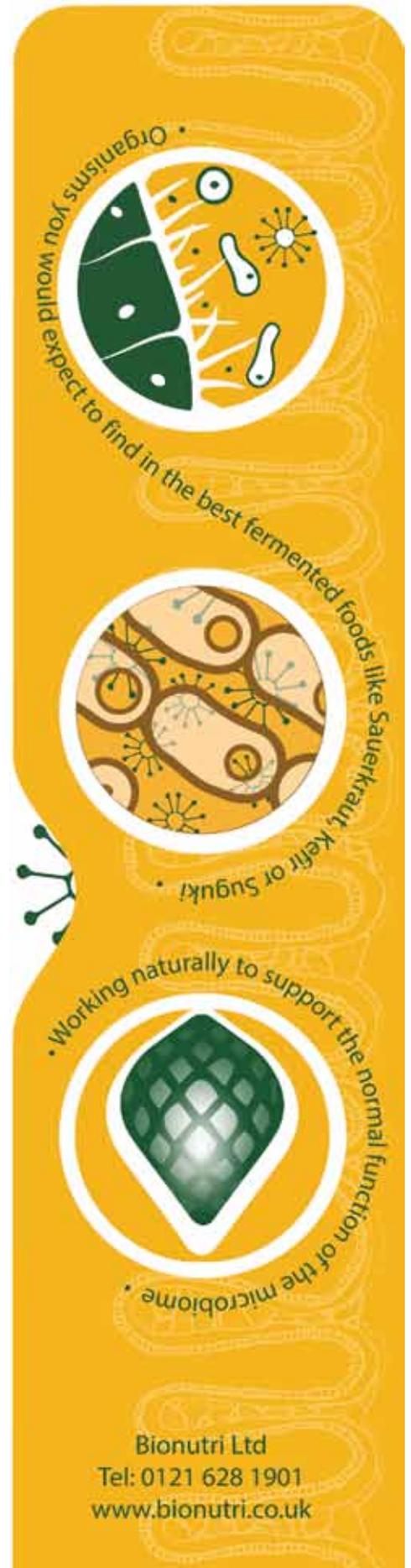
**“I can remember opening my first CAM magazine as raw nutrition student and struggling to understand a word of it. I’m glad of that complexity now.**

**The magazine is perfectly pitched for the innovative health practitioner wanting to be at the forefront of challenging new findings. Where else can you get a monthly update of the latest research, critically appraised and put into clinical context?**

Times change, and I feel the new title better reflects what our profession is about, our aspirations and direction of travel. Personally, I have never identified with being an alternative or complementary practitioner. It doesn’t sit comfortably with my belief that nutritional therapy should aspire to be the absolute mainstream when it comes to ‘disease’ prevention. That mainstream mantle is now potentially within reach, as world-class medical doctors like Prof Dale Bredesen start to join our corner. All we need is courage, tenacity, leadership and clarity of vision.

The new *IHCAN* title captures this vision. It sends a message through loud and clear that we are science-driven professionals. It sets down a marker to say that putting science into practice is at the core of nutritional therapy. A huge congratulation to Simon Martin and the team on your 15th anniversary edition. It is an outstanding achievement”

- Justin Lusty, DipION, BSc, MBA, *IHCAN* student editor.



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→ is included in a medical doctor's practice for which there is an "evidence base" – or which just happens to be something that they have investigated. Being "A Doctor" they can pretty much do what they want. This has the inevitable bias of only including things that have been able to be researched. We know how much research is distorted by commercial interests, so the "integration" in these instances doesn't refer to anything to do with the true nature of human beings.

**SM:** Agreed. "Integrated" is starting to look as if it is a new system of medicine invented by and led by orthodox medical doctors. "Integrative" is a mode of practice that all practitioners can aspire to. Functional medicine may run into similar problems here, I think. In the US, medical doctors taking up FM are outnumbered by chiropractors and naturopathic physicians (not to be confused with naturopaths in the UK). But US DCs and NDs are licensed there as primary care practitioners. UK nutritional therapists and/or naturopaths describing themselves as functional medicine practitioners do not have that legal protection. But the real challenge for functional medicine is that since its inception via Dr Jeff Bland, a nutritional biochemist, it is heavily biochemical/pathway-based and not inclusive of the whole gamut of alternative approaches, from acupuncture and bodywork, to the more "energetic" stuff.

**PH:** What is missing in the functional medicine model is the concept of how a system gains or loses energy, in other words, how we lose health and what is needed to regain it. This is inherent in Ichazo's trialectic philosophy (1), but absent in dialectics, still the prevalent philosophy in the world, and the source for so much conflict. This proposes that to change something like cancer, you have to



**"We live in a fast-moving society and I believe the concept of CAM had had its day. As inter-professional learning becomes a critical part of our development as health professionals, Integrative Healthcare is where it's at. And because applying nutrition science in clinical practice is a core part of that experiential learning, I believe the new name for the magazine really hits the spot." – Miguel Toribio-Matteas, BSc (Hons) Nutritional Medicine, MSc Clinical Neuroscience, chair BANT, IHCAN contributing editor.**

oppose it with, for example, drugs, surgery or radiation. Trialectics proposes that there is always an active and attractive principle – in other words, we create the circumstances for disease to develop, and disease represents a loss of energy, and with healing there is a gain. The interaction between genes and environment is much better understood with a trialectic approach. While there are more and more holistic models for health, which are essentially trialectic, it is rare to find this well-defined and expressed.

**SM:** OK, I understand that "integral medicine" is where you are headed, but you're no stranger to effective terminology, so tell me about how you came to decide on "optimum nutrition" and go down that path, while Jeff – with both of you having much the same set of influences – went down a much more difficult, technical route.

**PH:** The great news is that both the optimum nutrition and functional medicine approaches do actually have a model of health, albeit in one biochemical/physiological dimension, which mainstream medicine does not.

**SM:** In the UK and Europe we were blessed to have a strong nature cure and naturopathic tradition.

**PH:** Yes, in both countries there had been a small but significant naturopathic profession throughout the 1900s, focusing on the healing properties of those elements that nature

provides – nutrition, herbs, good air, exercise, hydrotherapies etc. During the 1950s to '70s many essential vitamins, minerals and other nutrients were discovered. Prof Roger Williams was involved in the discovery of three vitamins – B1, B5 and folic acid. I had the great pleasure to correspond with him. He died, aged 96, in 1988, but had already started to research the role of heritable (genetic) differences among humans in response to foods and other environmental factors. In 1956 he published his seminal book *Biochemical Individuality*, establishing that we all have unique biochemical and nutritional needs due to our unique genetics and the impact of our environment on that genetics, hence laying the foundation for epigenetics and nutrigenomics.

**SM:** I remember one of your first books reproduced Williams' graphics showing the huge individual differences in the size of organs such as the stomach and the liver. That was a real light-bulb moment for me. We are not born equal.

**PH:** He also showed that some people's need for nutrients, whether to maintain or to be therapeutic in correcting a disease, was at amounts beyond those achievable in food.

In 1949, the founder of molecular chemistry, Dr Linus Pauling, unravelled the first molecular disorder – sickle cell anaemia – in which a person inherits a gene variation which leads to a mis-shapen haemoglobin molecule,



**"We always thought we were living in interesting times (as in alleged Chinese curse), but really, THIS interesting? Public health services around the world are bursting and busting, and the British as usual want to be first. The recent world order is being tested to breaking point, and fragmentation and disillusionment stalk the lands. And that's before we look at the professional fortunes of herbal practitioners and other CAM practitioners! So what better time to drill down and tap into our inner strengths? What a great time to relaunch this magazine and talk up the future!**

I am delighted to join the editorial team of the new *IHCAN* magazine (as my esteemed Pukka colleague Sebastian Pole has noted, we can quickly adopt an Obama call for it – Yes I-CAN)! After decades kicking around the CAM and healthcare hinterlands, it seems the new orientation is indeed timely and very appropriate. I look forward to being a regular herbal contributor and exploring new paths out of here.

Specifically I will be developing the idea that we CAM and herbal professionals have demonstrable skills – that we can step up and help people with their health care decisions. This could extend our usual roles of providing individualised treatments to wider advice on self-care. We have learnt that people make healthy changes much more effectively when there is someone alongside them. Self-care becomes 'supported self-care', even 'shared care'. Our learning on best eating, exercising, breathing, herbs and spices and herbal remedies can also be shared. Our skills can be turned into expert guidance, we can become counsellors, coaches, perhaps 'Health Guides'.

We can learn to co-create a better health deal, speaking to our society's most urgent needs rather than looking inwards onto our various turf wars. Recently I have joined Sebastian and an expanded herb team at Pukka Herbs to build a new approach to learning and knowledge for the millions of people who know us for our healthy teas. We have agreed that I will test out the role of 'Pukka Health Guide' and so this is part of my job title for the new column." – Simon Mills, MA, Pukka Health Guide: [www.pukkaherbs.com](http://www.pukkaherbs.com).



"I've been reading *CAM* magazine from the start and am delighted to welcome the change of name. *Integrative Healthcare and Applied Nutrition* is a perfect description for the range of services that I have been offering clients over the last 23 years.

Fifteen years ago, *CAM* was already ahead of its time. There were pioneering stories on people who have since become heroes of mine. John Stirling, Dr Nicholas Gonzalez, Dr William Donald Kelley, to name a few. I pulled out those pages, kept them in files and have referred back to them many times since. There were reviews on supplements that back then, I had never heard of, yet now have become commonplace in my practice.

Editor Simon Martin has never disappointed with his editorials over the years. I always felt that he 'spoke my language' and I often open the front cover and shout 'Yes Simon!' on reading his rants. He has the knowledge and the guts to write what many of us practitioners fear to say out loud. Thank you Simon for every single one of those 180 columns. I probably agreed with them all.

*CAM* magazine has become my 'bible'. I am a lone practitioner and I feel it connects me to the rest of the *CAM* world. Without it, both myself and my practice would be less than' in many ways.

So I was delighted and honoured when Simon invited me to be Section Editor for the mag. This has allowed me to feature a whole variety of practitioners for the 'In Practice' pages, showcasing the many disciplines that shout 'Integrative' medicine."

- Rebecca Smith, ASK, CMH, CHyp, PNLp, SQHP: *IHCAN* Section Editor: [www.newportcomplementaryhealthclinic.co.uk](http://www.newportcomplementaryhealthclinic.co.uk).

thus showing how genes make proteins and how changes in genes and their expression can lead to disease.

Another pioneer was Dr Carl Pfeiffer, whose Brain Bio Center was helping thousands of people with mental illness recover using high dose of nutrients, food intolerance testing and other such approaches, very much left field in the 1970s. He really helped put zinc, magnesium and many other minerals, and the dangers of too much copper, mercury, lead, cadmium and aluminium, very much on the map and showed how B vitamins such as B6, B12 and folic acid were vital for brain function. It was his book *Mental and Elemental Nutrients*, published in 1975, that changed my career path.

I was studying psychology, and schizophrenia, at the time, and was oriented towards psychotherapy, having studied various approaches, especially the "transpersonal" approach of Roberto Assagioli's *Psychosynthesis*. But here I was seeing phenomenal results, especially in schizophrenia, with nutrients. I wanted to know more, so I jumped on a plane and went to meet Pfeiffer – and later brought him over to the UK to teach health professionals.

**SM:** It is amazing that the roots of much of what we do now – especially in nutritional approaches to mental health – were laid down some 40 years ago. You were also one of the first to recognise the significance of Dr Abram Hoffer, I believe.

**PH:** Hoffer was a Canadian psychiatrist who was treating schizophrenics with mega-dose niacin (vitamin B3) and getting amazing results. He had published the first ever double-blind trials in the history of psychiatry back in

the '50s.

Linus Pauling, by then a twice Nobel Prize winner, came across Dr Hoffer's research and had also developed a keen interest in ascorbic acid (vitamin C). Together they evolved the terms "orthomolecular" medicine/psychiatry to describe a whole new paradigm in medicine, not based on pharmaceuticals, but based on understanding a person's biochemical/genetic uniqueness and tailoring their nutrition accordingly.

**SM:** You must have been one of the first people in the UK to set up as a "nutrition consultant"; the very small field back then was dominated by semi-professional allergy practitioners.

**PH:** Yes, and it was a few years later that I founded the Institute for Optimum Nutrition, because I was inundated with people wanting to do what I was doing. Both Carl Pfeiffer and Abram Hoffer lectured at our conferences and, shortly before his death, we even had a live link up with Linus Pauling, who had become ION's patron. Optimum nutrition was/is "orthomolecular medicine", but that term, after much attack from the pharma-controlled medical profession in the US, was tainted in the medical profession's eyes.

Also, "optimum nutrition" was a much easier concept for the public to grasp. I had developed a model of health by applying Oscar Ichazo's trialectics to health (more on this in a minute) and later the six core processes, coming out of the application of resilience theory, a core concept emerging out of systems-based science.

**SM:** Meanwhile, Jeff Bland...

**PH:** Jeff went to study and work with Dr Linus Pauling and, shortly after, developed the term →

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# welcome to **IHCAN**

→ “functional medicine” to orient medicine not just to disease “cure”, but disease prevention. He defined “seven core physiological processes” and four modifying factors (diet, genetic expression, lifestyle behaviours and environment). These are well explained in his most recent book *The Disease Delusion* (2014).

**SM:** I know you’ve said that the similarities between “optimum nutrition” and “functional medicine” far outweigh the differences.

**PH:** Yes. And one of the strengths of functional medicine is the language and medical culture in which it was introduced and propagated in the US. As such, it has really galvanised a sub-set of doctors in the US, but also filtering abroad, to describe themselves as “functional medicine” practitioners. This is, of course, a great thing and to be encouraged. But it did not propagate nutritional therapists – a profession that does not exist in the US.

**SM:** From what you said at ION’s 30th anniversary celebrations, you deliberately set out to produce a few thousand nutritional therapists. It always struck me how specific you were about that: NTs, not generic CAM practitioners.

**PH:** Well, I had been inspired by the radical idea that perhaps most of our epidemic diseases were a consequence of “sub-optimum” nutrition. And yes, when I invented the process of carrying out a nutritional consultation and dreamt up the qualification of a nutritional therapist, my goal had been to start a new profession – not of white coat experts who tell you what to do, but of educators or coaches that help you take charge of your own health.

I believed that the medical profession, at least in the UK, was far too manipulated and entrenched in pharmaceutical medicine, ridiculously short on training time and knowledge of nutrition, and allied with the profession of dietetics, forbidden to conceive of food as medicine (except for correcting basic deficiency disease). With neither



**“15 years of CAM has flown by, with extensive development within the industry.**

**Over the years, complementary and alternative medicine has turned from a niche market into a much more mainstream scientific channel that is well respected with natural healthcare practitioners and medical practitioners alike.**

**Our business has grown from less than £5m turnover to nearing £30m turnover; it has faced challenges such as the EU legislation on health claims, but it has seen success, too, in terms of science and research and a general shift in recognition that probiotic healthcare supplements can be treated as serious products to help certain conditions.**

**Science has developed considerably over this time helped by forward thinking companies within the natural healthcare industry investing heavily in research to prove that natural healthcare products have a place in the market.**

**Respected publications such as CAM magazine have been vital to keeping this natural healthcare community pushing forward. It is thorough in presenting the most up to date scientific evidence to a wider community so that anyone interested in this field of medicine is well-informed and knowledgeable about the subject.**

**I wish the new look IHCAN every success; the market is changing and developing and so I can completely see why you are changing the name. CAM, now IHCAN is a vital publication within our industry to help communicate the latest news, research, products, opinions and trends of the future.” - Lizzie Hardy, Director of Marketing and Communications, Probiotics International Ltd (Protexin): [www.protexin.com](http://www.protexin.com).**

respecting the other, and no room to embrace the emerging science of nutritional medicine, I anticipated that the only viable “revolution” in healthcare would a) be directly to people, and b) that in time GPs could employ nutritional therapists.

**SM:** At the time, in the early 1980s, naturopath and osteopath Leon Chaitow was struggling mightily to drag the moribund British naturopathic profession up to date by getting them to adopt the use of nutritional supplements. He brought Jeff Bland to the UK for the first time; I attended that event and remember seeing a roomful of seemingly well-educated practitioners brought rapidly to dazed and confused states by Jeff’s machine-gun delivery of completely new information. Later we were “treated” to similar presentations by Dr Stephen Davies, who I believe had the unfair advantage of a photographic memory and, like Jeff, could talk nutritional medicine without notes and without a break for hour after hour.

**PH:** Stephen was the UK’s first “functional

medicine doctor”, although he called what he was doing *Nutritional Medicine*, the title of his co-authored book. He started BioLab to offer doctors the biochemical tests to practise nutritional medicine thoroughly. He believed that nutritional medicine is good, evidence-based medicine, and, if superior to current treatments, should therefore become mainstream and that doctors should be duly trained. As laudable, courageous and morally correct as this is, it still hasn’t happened. In fact, today’s doctors get, if anything, less training in nutritional medicine than ever. In the US, however, some medical schools do now include modules of nutrition and functional medicine.

**SM:** And, perhaps indicative of the times, there are more than 30 US medical schools and centres with departments of integrative medicine offering fellowships and training in what is becoming accepted as a speciality. These include prestigious health centres such as those at the universities of Arizona, California, Harvard and Cornell.



**“Over 30 years have passed since I first began to practise, and in that time as you would expect, there have been many changes. One significant one is the rise in the practice of what CAM’s new title describes as integrative healthcare and applied nutrition, which refers to the blending of conventional and evidence-based natural and complementary medicines and/or therapies, with lifestyle interventions to deliver holistic, patient-centred care.**

**The overarching aim is to use the most appropriate, safe, ethical and evidence-based modality(ies) available, with a particular focus on prevention and lifestyle interventions. This practice is informed by evidence and patient preference, and enables a broader range of therapeutic options and disciplines to be made available for patients to achieve optimal clinical outcomes.**

**IHCAN has been (in its former guise) and continues to be a trusted voice in the integrative healthcare and applied nutrition community, and accordingly will lead the way in informing and inspiring people and practitioners.**

**The next 30 years will see significant changes in health care; people will be forced by economics to once again take greater personal responsibility, seeking expert advice on how to prevent and reverse chronic illness. Leading the way in this is the model utilised by functional medicine trained practitioners, but in time I expect to see this become the standard of care everywhere.” - Michael Ash, DO, ND, BSc, RNT, mIOD, Managing Director Nutri-Link, IHCAN contributing editor: [www.nutri-link.co.uk](http://www.nutri-link.co.uk).**

→ It is also telling, in terms of CAM's name change, that the USA's National Center for Complementary and Alternative Medicine is now renamed NCCIH: the National Center for Complementary and Integrative Health. It is strange, though, how nutritional therapy, as a profession, has not taken off outside the UK. **PH:** Here in Britain nutritional therapy caught on despite resistance from the profession of dietetics, with its outdated and limited concept of achieving "reference nutrient intakes" as the primary goal, while ignoring the truly medicinal aspect of nutrition. Other training schools, quite a few spawned from and taught by ION graduates, developed. Thousands of nutritional therapists were trained, many of whom are today's leading lights in functional medicine, nutrigenomics and the welcome movement towards focusing on using wholefoods in a conscious and healing way. Sadly, the same progress has not occurred in other countries. South Africa, for example, still has no legal basis for nutritional therapy, despite a growing number of willing and able practitioners and is thus, technically illegal.

**SM:** So we can agree that "complementary" and "alternative" are "dead", that "integrative" is a big step forward, and that nutrition is still a key element. I do hate the term "thought leader", but you have consistently fulfilled that role for us in the UK, so where are you thinking of taking us next?

**PH:** Jeff Bland and I came up with our approaches independently, albeit with very similar influences. His describes a biochemical journey – from assimilation and elimination, to detoxification, defence, cellular communication, cellular transport, energy and finally structure. Mine looks at what a cell needs – that is glycation (energy metabolism), oxidation (a major part of detoxification, but focusing on how we handle oxygen and its breakdown products), methylation (involving B vitamins and other key methyl nutrients as a fundamental organising principle), lipidation (including omegas, vitamin D, phospholipids, so key in membranes), and hydration (the ultimate nutrient, and how we depend on it). But the starting point is digestion, absorption and elimination – you have to eat the right food, digest it and absorb properly, for the

other processes to function.

What was missing in my approach, now added as the seventh process, is the network of communication that ties all these processes together like a web. This is where hormones, neurotransmitters, cytokines etc abide and do their communicating. This is a key gateway into Integral Medicine.

Those who have studied my approach to psychological disease know that I've applied the same model of health on a psychological basis as I first did on a physiological basis. This is another difference. The essence of this is that, physiologically, we are an interaction between genes and environment. Psychologically, we are in an interaction between mindset (our inherited culture and ways of experiencing) and sense inputs (what we perceive, including our own thoughts). These four determine mental health.

This starts to introduce the obvious point that optimum nutrition/functional medicine is a bio-physiological model of health, but not a full model of health, because we human beings are more than that. That is a launch point into my conceptualisation of Integral Medicine. In my recent book *The Chemistry of Connection*, I explore and define what it is to be truly human, happy and healthy, arguing that we are sexual/sensual beings; physical beings with a fundamental need for a connection to the earth and the elements; that we are social and relational beings that need to love and be loved; intellectual and intuitive beings with a need to learn and to understand; and spiritual beings both with a need for purpose and meaning for life, but also, ultimately, with the ability to become fully conscious and aware of the relative and absolute nature of life and our direct experience of it.

**SM:** This is what I am feeling "integrative" encompasses, but you are describing more precisely as "integral".

**PH:** These aspects of our existence are integral. While one could say that these aspects of us are "integrative", for me it is not a deep enough description of the fully inter-connected layers of our true nature.

Integral means that which is essential or fundamental to make a complete or whole. An integer is that which cannot be divided. In the

same way, one cannot separate the mental, emotional, physical, sexual and spiritual aspects of who we are, as has been done in 21st century conventional scientific models, leading to the disconnected state of humanity and its inability to respect and live in harmony with nature. The late, great Abraham Maslow provided a very good conceptualisation of this in his Hierarchy of Needs model, but this has not been applied effectively to healthcare. This is the purpose of the Integral Medicine™ approach – to interface with our client in a way that truly recognises who we are as human beings and what we need to be happy and free of pain.

**SM:** How are you going to apply this in practice?

**PH:** Integral Medicine defines an approach to helping someone who is in pain of any kind to become whole and pain-free. While specialism has great merit, it is not truly possible to understand why someone, for example, has got sick, even if primarily from poor nutrition (eg biochemical), without understanding why they choose to eat what they do, be it out of ignorance, addiction or circumstance, and the role of their level of knowledge, their feelings and stresses, sense of purpose and their connection to their body, food as nourishment and the earth – for example through regenerative exercise and movement. Nor can one afford to ignore the role of their total environmental exposures. How a person's emotions or lack of purpose interfaces with and impacts their biology, which I will argue happens across the communication network as the interface between these dimensions, in a fascinating and unfolding frontier, as worthy of exploration as the interface between genes and environment.

While we may have qualified in a named discipline, such as "nutritional therapist", to be most effective it is necessary to broaden our base of experiencing, knowing about and teaching approaches beyond optimum nutrition or functional medicine to truly resolve a person's health issues.

• <http://wiki.p2pfoundation.net/Trialectics>; see also <https://www.facebook.com/notes/david-hazen/trialectics-the-laws-of-mutation-circulation-and-attraction/10151587767017159>.



**"The natural health industry has evolved massively over the 35 years we've been in business. When we first started talking about functional medicine many moons ago, it was an alien concept to most people. Just in the last few years, though, there's been a real paradigm shift in the way people approach the management of their own health, taking a much more proactive role, researching and seeking out effective alternatives to mainstream medicine and prescribed drugs. The general public are much more on board with the idea of an integrative approach to healthcare, and now we're seeing more and more NHS doctors and GPs waking up to the fact that nutrition and lifestyle play a huge part in the prevention and management of chronic disease.**

**It's an extremely exciting time for those of us involved in functional and personalised medicine, and I'd like to thank CAM magazine for all they've done to support the industry and wish them well in their new incarnation as IHCAN."** - Ken Eddie, Managing Director, Nutri Advanced Ltd: [www.nutriadvanced.co.uk](http://www.nutriadvanced.co.uk).