

THE HUMAN BODY IN CONVENTIONAL AND ALTERNATIVE MEDICINES

Michał Lytovka

Uniwersytet Marii Curie-Skłodowskiej

"...from the integration of death into medical thought was born a form of medicine that is given as a science of the individual"

Michel Foucault¹

This paper aims to explore two opposite concepts of the human body – according to conventional medicine and according to alternative (holistic) medicine – and to show the mutual interpenetration of these two concepts in the modern world. Conventional medicine sees the body as an endless collection of symptoms spread all over its surface. It presents the body as a way of localizing pain, so in the biomedical discourse the body appears as a place of defining and describing pain. It is located in individual parts, organs, limbs, etc.

Alternative medicine looks at the human body from the perspective of structural, chemical and psychological unity, which constantly adapts to the changing conditions of the external environment. It sees illness not as a disorder of one particular organ or system, but as a disorder of the whole organism. However, regardless of the clear distinction between these two concepts in the legal, scientific and ethical spheres and regardless of the general medicalisation of the modern world, these two approaches to the human body are simultaneously accepted by patients.

Keywords: *body, health, illness, conventional medicine, alternative medicine.*

In the last two hundred years no country managed to create universal medical standards. Up to nowadays, among different social and ethnocultural groups there are essential differences when it comes to their attitude towards health, illness, medical institutions, hygiene, etc. For a long time doctors performing tests have been paying particular attention to the influence of the environment on humans and their bodies. But they still know very little about humans

¹ Foucault, Michel. 2003. *The Birth of the Clinic: An Archaeology of Medical Perception*. Transl. Alan Sheridan. London: Routledge.

surrounded by the environment. This serious gap in medicine has already been universally acknowledged.

Many controversial issues are currently subject to research. One of the main problems is connected with the fact that when defining and explaining various pathologies, scientists often have little grasp of the functionality of the whole – human biology, physiology and psychology, especially human behavior in the interaction with cultural and biological environment. The main systemic category when it comes to this issue is the body. Therefore, the purpose of this paper is to study two opposite concepts of the body (according to conventional clinical medicine and according to holistic alternative medicine) and to show how the two concepts intertwine in the modern world.

“Modern body”, despite being a significant political, economic, philosophical and even psychological phenomenon, did not exist as a biological body until the end of the 19th century (Cohen 2012: 279). Two axes of bio-domination – anatomy-politics of bodies and bio-politics of populations – shaped modern ideas about the body and personhood, not only giving rise to new legal, political, philosophical and economic subjects, but also enabling clinical medicine to incorporate the new subjectivity as its political justification (Cohen 2012: 302). Modern medicine emerged at the end of the 18th century and the beginning of the 19th century as a hybrid field – a bio-political domain – which openly declared that it ignored modern division between nature and society as far as nature and society equally impact living human beings. Throughout the next two centuries the progressive incorporation of politics into nature and nature into politics set medicine apart as one of the most powerful ruling institutions.

First of all, it is worth noting that for conventional medicine a living and healthy body does not exist at all because medicine is unable to make any statement about it, and only illness allows medicine to exist. According to Michel Foucault, body and illness are two complementary concepts (1999: 213). Illness is defined by body as its anomaly and body becomes the place where illness is located. According to Foucault, medicine is a peculiar field in which body is a place where a picture becomes identical with a word, and therefore a place where you can talk about something you see, where body becomes only an instrument for speech, an element that makes discussion possible (1999: 215). Embodiment is thus defined as body's place in the discourse. In other words, it determines when it is appropriate to talk about the body.

Foucault treats medicine as an interpretation: the truth of the body is hidden, and to discover it the body needs to be divided into the smallest pieces, becoming available for deduction but also becoming negated (1999: 189). On the other hand, illness is never a subjective feeling, it can only be a deduction, so illness is not in fact given to us, it is only determined by us.

Foucault states that the core of illness is the truth of the body (1999: 190). It actually means that medicine is only trying to answer the following question: When does a human die? Illness allows to see the body as a sign and not as one of its aspects. Body becomes a carrier of symptoms, a place where what is being determined – illness – is located. In other words, body appears in the discourse only as a place for determining and describing illness: the question “How do you feel?” is replaced by “Where does it hurt?” (Foucault 1999: 21).

Conventional medicine sees the body as an endless collection of symptoms spread all over its surface. It presents the body as a way of localizing pain, so in the biomedical discourse the body appears as a place of defining and describing pain. It is located in individual parts, organs,

limbs, etc. Every real body, different from its image in the atlas of anatomy, becomes an abnormal body, a body that hides its truth and needs to undergo if not an urgent treatment then at least a careful observation.

Foucault writes that clinic became an instrument with which the body is pushed into the confines of a particular truth, outside of which the body simply cannot exist (1999: 195). A clinician is expected to carry out a test, to check out the place of the potential concentration of symptoms. Individual nature of the body is thus replaced by typology of the body as a place where signs-symptoms are concentrated. The goal of the discourse about body is maximum exchangeability between discourse and image. Therefore, the description in discourse should correspond as much as possible with the visual image of the individual symptom of illness, so that in another individual case the illness is immediately recognized, which includes recognizing the illness thanks to an image reconstructed from the text.

Glazer writes about clinical thinking in the following way: “Medical rationality as the first expression of truth offers the smallest parts of things, their color, marks, hardness and connections. A clinician's experience is equated with careful insight, empirical vigilance, open only to what is visible” (Glazer 1969: 10). The eye became the source of clarity, it was supposed to reveal the truth, and this truth was accepted only as far as it could be encompassed by sight. Initially, clinical thinking was based on the belief that only what can be seen can be the truth. In every case observed in clinic, individual and general threads are intertwined. One can assume that clinical insight about the body, making up a clinical text, makes it possible to see what is general in each individual case, or dissect what is individual out of the image (Smirnov 2001: 32-38).

It so happened in history that in clinical medicine dead bodies, not living people were often studied. Even in mid-1800s in England, resurrectionists would kill people in order to sell their bodies to scientists because in the West it was not legal to do post-mortem examinations (Gulkievich 1963: 65-86).

According to Rozanov, every living body has a dead body inside: “In every moment of our life we carry a corpse within us” (Rozanov 1996: 396-397). As a result, the truth about a living body should be fully contained in a dead body. The truth of the corpse (dead body) in clinical medicine started to confirm the truth of the illness or, in other words, classical anatomical pathology proposes the truth of a normal healthy body in pieces, organs and limbs, not mentioning at all the life itself and the reason why it ends. Dead human body will answer the question: “What is the cause of death?” Whereas a living body will never answer the question: “What is the cause of life?”

In the anatomy theatre, students-physicians see the laws of mechanics and harmony of the form. In a dead body they see beauty and life, not noticing death (Obierucheva 2001: 20-21). Nevertheless, according to Pierszyn (2001: 342), the danger is that future doctors might start to transfer their attitude from a dead body to a living human being: they will look for symptoms and treat individual parts, not the whole human organism.

Biomedicine views human body as a complex organism which keeps up its vitality living in a world where some of its companion organisms (viruses, bacteria, parasites) can threaten its wellbeing and take away its life (Cohen 2012: 278). According to Metchnikoff's declaration, the “battle” between white blood cells and microbes “shows the healing power of nature” (Metchnikoff 1974: 193). Later, however, in medical discourse, healing would be replaced by “defense,” which in the end would be replaced by “immunity” as scientifically approved ethos of

medicine. Instead of reminding of the elementary connection between an organism and surrounding environment, “immunity” transformed clinical medicine into a powerful weapon with which the body fights an unavoidable battle to protect itself from environment that threatens its life (Cohen 2012: 277).

However, anti-science or genealogical attitudes towards immunity do not attempt to question its veracity or effectiveness but they try to discover how in the idea of immunity itself the interests and assumptions of a larger non-science domain are combined in the form of science, at the same time disqualifying as non-science what Foucault calls the “tame” fields of knowledge (2003: 9). How this disqualification happens is illustrated by a well-known modern way of talking about treatment methods (for example about acupuncture, homeopathy, osteopathy, etc.) that in some way undermine immunological paradigm as “alternative,” “additional” or “supplementary” methods.

Bioscience, by placing immunity of the body in the center of truth as the most truthful concept, pushes other possible ways of understanding out of the domain of “truth” (Cohen 2012: 296-297). Even though they could be verified empirically (and therefore could be secure), as “supplements” they are nonetheless deprived of proper scientific legitimacy. They might work but they are not “true.” Genealogy of immunity shows how motivated but accidental combinations of political, economic, sociological, philosophical, diplomatic and biological events have caused immunity of the body to become a firm bioscientific theory, at the same time causing other treatment methods to become something pre-scientific or having little to do with science (Foucault 1977: 141).

The model of danger signal does not acknowledge the existence of a system that controls immunity. Instead it broadens the definition of innate immune system to encompass farther, highly interactive tissues. This model allows for a flexible system which adapts to a changing self while launching immune response against dangerous pathogens. It also allows for living without the constant need of rigorous sterilizing efforts that isolate us from the environment. We become inhabitants of the environment, open to the presence of beneficial commensal organisms, also letting in harmless opportunistic organisms (Matzinger 2001: 8). With such an immune system we live in harmony with our external and internal environment.

Matzinger claims that the immunology paradigm waging “cold war against the environment” does not present a natural and therefore inevitable order, which allows it to call for more peaceful and “communal” world. She evokes the idea of harmony of the body, which was removed from western biomedicine in late 1900s when immunity as a scientifically confirmed concept replaced “natural healing.”

Currently organisms have lost their natural ability to live harmoniously in the environment, in order to achieve the apotheosis of modernity. The model of danger formulated by Matzinger suggests that bodies might actually, empirically, scientifically and medically be not modern, be a welcoming habitat, and, conversely, the model suggests that a self-defending and self-defining modern body might itself be a source of danger.

Moreover, in the age of “liquid” modernity, as Zygmunt Bauman points out, more and more states of the body are becoming legitimate reasons for medical interventions, which makes it subordinate to medicine (2000: 79). The body must undergo a certain therapy and follow a certain regime in order to comply with the health model set by the society of producers and consumers. Nowadays, with the idea of “disease” becoming more blurred, what previously was

considered normal may now be found pathological and requiring treatment, making “care for health turn into a permanent war against disease” (Bauman 2000: 79).

The conventional approach to health, illness and human body has been opposed by various holistic models of health. One of them was developed within social medicine and is represented by the famous epidemiologist Saxon Graham. It explores the paradigm of disease development by studying the role of social factors in the etiology of disease (Saxon Graham et al 1972). The exponents of psychosomatic medicine (Elliott, Eisdorfer 1982; Brunner 1997) among others emphasize that stress is a factor which may affect physical and mental processes and may alter an individual's susceptibility to disease. However, the present study will rely on medical holism as presented by Christopher Lawrence and George Weisz (1998), that is holism “shaped by the profound unease provoked by the changing nature of medical practice and by the societal crisis of the prewar years” (Lawrence and Weisz 1998: 16).

The alternative holistic framework portrays the body as a whole, a biomachine the properties of which are tensegrity system, self-regulation or self-healing. According to this model, the abilities to self-heal come from the inside of the body, not from the outside. In holistic thought blood is the energy of life force, and proper circulation is the key to health. It is a power that medicine can at most imitate or emphasize. Two traditions predominant in the Western philosophies of healing – started by Hippocrates and Galen – called this power “*vis medicatrix naturae*” – the healing power of nature (Neuburger 1926: 74).

In connection to this worldview, healing reveals the natural flexibility of a body: it embodies the vast connections between the body and the rest of the world, including powers that rule the universe as a whole. The efforts of that time to facilitate the process of recovery attempted (at most) to help the natural tendency, bringing back the micro- and macrocosmic balance, the lack of which made it impossible to properly solve an emerging crisis. In the process of recovery, organisms incorporate world-constituting elements on which they inexorably depend. Illness results from the lack of balance between these elements, while health arises when inner and outer harmony is restored. That is why natural (alternative) treatment expresses and confirms that living beings are immersed in the universe and fundamentally connected to the matrix from which they came into existence and to which they are going to return one day (Cohen 2012: 275-276).

People in all corners of the world and throughout most of known history saw “healing” of the body as bringing out the organism's natural inclination, even if this inclination needed human help and support. An alternative medicine doctor only helps the patient's body to use these reserves of self-regulation. For example, as Collinge points out (1987: 268-271), manual treatments improve the flow of lymph fluid, which in turn makes the body get rid of waste, toxins and pathogens; metabolism and regeneration ability improves; myofascial and psychoemotional tension is eliminated.

In the last two decades, rapid growth of expenses for research on medical technologies and their practical application was not accompanied by adequate social or demographic results (Iretski 2001: 300). The ability of pathogenic strains to mutate is at least 4 times faster than the meditechnological capability to fight them (Glazer 1969: 10). That is why the dream of “the one cure” is nothing but fantasy. What is more, according to different statistics, from twenty to fifty percent of conventional medicine is based on scientific data. That means that 50-80 percent of what we call medicine is not fully known: in the end we do not know what works and what does not work (Larson 2007: XII). But as a result of the development of high technologies, clinical

medicine moves farther and farther away from its goal – a healthy human being. In the end, their domination leads to accumulation in population of chronically ill and disabled people in need of constant supportive treatment. At the same time they are unfit for large-scale use, mainly because of high costs, and therefore almost unfit for implementing in mass prevention. All of these limitations to large-scale use, especially in economically weak societies, have attracted the attention of medical theoreticians and practitioners to old treatment techniques and systems, including alternative ones.

The interest in these ancient forms of treatment also results from the limitations of conventional medicine when it comes to civilization diseases and the desire to non-invasively cure functional and organic (somatic) diseases. In most cases, modern clinical medicine is more focused on detecting, diagnosing and treating the illness, and only recently on promoting health and preventing diseases (Snyder 2007: 15). The position of professional medicine in ancient times was propelled by the appearance and increase in “proto-civilization illnesses” in human populations, as a result of rapid change in living conditions and the nature of work in the transition from hunting to farming. Ancient medical systems selectively collected only available (cheap), safe (even with mediocre qualifications) and universal tools, aimed at fighting forms of mass pathology as well as preventing chronic illnesses (Iretski 2001: 300).

Alternative medicine is a term that in most people causes mixed reactions. What is, then, alternative medicine, especially compared with conventional medicine? What is integral medicine? Is holistic medicine the same as alternative medicine? What is the correlation between alternative medicine and holistic health? What are the similarities and differences between all of these practices? Are they therapeutically effective? Are they safe?

The concept of holistic (alternative) medicine is not new (Snyder 2007: 19-27). In the fourth century B.C. Socrates warned that treating only one part of the body will not bring results. Hippocrates believed that many factors affect human health, or wellbeing – weather, nutrition, emotional factors, and in our times we should also consider pollution as a factor affecting health in a major way. Holistic medicine existed even before ancient Greece in some old traditions, such as India or China, more than five thousand years ago. Nevertheless, the world “holistic” entered everyday language only in the 1970s, when Western countries started to look for an alternative to allopathic medicine.

Alternative medicine is any kind of treatment beyond the limits of allopathic or clinical medicine (the one that uses pharmaceutical products, radiation, chemotherapy and surgeries). Praying or taking vitamins, exercising, changing diets or limiting sugar and refined carbohydrates intake, all of this means using complementary and alternative medicine — CAM (Larson 2007: XII).

Holistic medicine perceives human body from the perspective of structural (organs / systems / body), chemical (homeostasis / energy / spirit) and psychological (emotional wellbeing / mind) unity, which constantly adapts to changing conditions of outside environment. Illness is treated not as a disorder of one organ or system, but as a disorder of the whole body. Risk factors are not an illness but only intangible conditions for its formation. Illness is a rather dynamic process of adaptation of the body to changing conditions of outside environment, which completes health in the body. There is not, therefore, a possibility to achieve perfect health. The fundamental significance of holistic medicine is that its goal is to impact the whole (throughout the whole life – from birth until death), not only in illness but also in health. The point is that

holistic medicine is an organic part of life of ethno-cultural community, having great influence on human health behavior, connected to the system of values and religious beliefs of a particular society (Vielik 1997: 17).

Another important rule of CAM, which speaks to patients, is searching for the cause of illness in the human being (in the lack of balance of internal system) and not seeing illness as something coming from the outside, something acquired. Inherent to this rule is the belief that restoring balance and natural order is going to cure or prevent illness, which means that patients can heal themselves.

CAM practitioners are therefore seen as moderators of recovery who help patients use their inner self-healing abilities. Different treatment techniques such as acupuncture, osteopathy, massage, herbal supplements and vitamins, are used for discovering this innate healing power of the body or unblocking channels that can disturb the free flow of natural vital force. This belief is positively received by many CAM users because they themselves become responsible for the success or failure of a therapy, having more ways to actively participate in the process of treatment; this way they can help themselves and avoid often invasive methods of conventional medicine. The idea that “nature knows best how to heal” is more widespread in CAM than in conventional medicine. “Alternative medicine is widely considered as a milder, more gentle and safer healthcare system” (Snyder 2007: 16). But one should remember that each body is individual, which is why holistic approach to body does not reject surgical and pharmacological treatment if it is necessary.

Most importantly, the goal of holistic medicine is to restore harmony to all areas of human life. Therefore, in the end, only the patient can be responsible for it, because it is up to her or him whether or not the dietary and lifestyle changes required to recover are implemented. What is also significant is that using holistic medicine does not exclude using allopathic medicine since the two complement each other.

Although the concepts are clearly separated in the areas of law, science and ethics, and while medicalization is common in the modern world, those two approaches to human body exist next to each other and find opponents as well as staunch supporters. Despite the fundamental philosophical differences of many CAM therapies, most patients still use alternative medicine together with, and not instead of, conventional medicine. This integrational approach suggests that patients somehow perceive both methods as “complementary” and adding to each other's value. It is clear that both systems help patients move towards their goals. Attempting to understand what CAM provides will allow practitioners of both schools of medical thought to better serve the needs of their patients (Snyder 2007: 18).

It is important to acknowledge that alternative medicine became a permanent part of health culture because we can observe how the borders between conventional medicine and CAM have blurred. As a result, numerous clinical, economic, ethical, legal and social issues arise, linked not only to the increasing interest in using CAM, but also to the re-evaluation of conventional medicine (Snyder 2007: 8). In Poland, these two approaches to body are regulated by legal acts, scientifically researched with ethical aspects taken into consideration (Piatkowski 2008: 53).

Introducing patients to CAM therapy requires taking into account clinical, ethical and legal issues, many of which are still evolving. With the appearance of newer and newer medical evidence, the standards and practices of healthcare are changing, causing integration of alternative medicine into conventional medical system. Because CAM therapies become more

and more popular and medicine reacts to it, legal and regulatory framework of healthcare system will also be evolving. This in turn may affect some characteristic features of CAM services which factor in its popularity, such as holism, cultural knowledge, and case-by-case approach (Bodeker 2007: 435-436).

On the other hand, biomedicalization of holistic approach to body became a subject of discussion in the context of standardization activities undertaken by regulatory authorities in North America and Europe. Debates on the topic have also existed in India for the last few decades. At the same time it is necessary to make sure that CAM services remain available also to the poorest members of society, especially those without enough access to biomedical healthcare systems.

The movement towards integrational medicine (where alternative and conventional methods are combined in clinical healthcare) contributed to the evaluation of effectiveness of various CAM therapies (Adams 2002: xiii). This pursuit is definitely worthwhile, especially when healthcare systems are faced with the task of effectively assigning limited resources. Thus, combining two concepts of the body in medicine will allow it to function better and to face the challenges of the modern world more effectively.

REFERENCES

- Adams, Jon, ChiWai, Lui and Deirdre McLaughlin. 2009. *The Use of Complementary and Alternative Medicine in Later Life*. „Reviews in Clinical Gerontology”, 19, p. 227-236.
- Bauman, Zygmunt. 2000. *Liquid Modernity*. Cambridge: Polity Press.
- Bodeker, Gerard and Gemma Burford, eds. 2007. *Traditional, Complementary and Alternative Medicine*, London: Imperial College Press.
- Brunner, E. 1997. *Stress and the Biology of Inequality*. „British Medical Journal”, 314, p. 1472-1476.
- Cohen, Ed. 2012 *Ciało warte obrony. Wyjaśnienie kilku pojęć: rozważania wstępne*. Transl. Przemysław Wewiór. AVANT, 3 (1), s. 272-308.
- Collinge, William. 1987. *The American Holistic Health Association's Complete Guide to Alternative Medicine*. New York: Warner Books.
- Elliott, G.R. and C. Eisdorfer, eds. (1982). *Stress and Human Health: Analysis and Implications of Research*. New York: Springer.
- Foucault, Michel. 1999. *Narodziny kliniki*. Transl. Paweł Pieniążek. Warszawa: Wydawnictwo KR.
- Foucault, Michel. 1977. *Nietzsche, Genealogy, History*. Transl. D. Bouchard, S. Simon. In: D. F. Bouchard (ed.) *Language, Counter-Memory, Practice: Selected Essays and Interviews*. Ithaca: Cornell University Press, p. 139–164.
- Foucault, Michel. 2003. *Society Must Be Defended: Lectures at the College de France, 1975–1976*. Transl. D. Macey. New York: Picador.
- Graham, Saxon and Marvin Schniederman. 1972. *Social Epidemiology and the Prevention of Cancer*. „Preventive Medicine”, 1 (3), p. 371-380.

- Larson, Christine A. 2007. *Alternative Medicine. Health and Medical Issues Today*. Westport, Connecticut; London: Greenwood Press.
- Lawrence, Christopher and George Weisz, eds. 1998. *Greater than Parts: Holism in Biomedicine, 1920-1950*. Oxford: Oxford University Press.
- Matzinger, Polly. 2001. *The Danger Model in Its Historical Context*. „Scandinavian Journal of Immunology”, 54, p. 4-9.
- Metchnikoff, Elya. 1974. *A Yeast Disease of Daphnia: A Contribution to the Theory of the Struggle of Phagocytes against Pathogens*. In: H. A. Lechevalier and M. Solotorovsky (eds.) *Three Centuries of Microbiology*. New York: Dover.
- Neuburger, Max. 1926. *The Doctrine of the Healing Power of Nature through out the Course of Time*. Transl. L.J. Boyd. New York: Dover.
- Piątkowski, Włodzimierz. 2008. *Lecznictwo niemedyczne w Polsce: tradycja i współczesność. Analiza zjawiska z perspektywy socjologii zdrowia i choroby*. Lublin: Wydawnictwo UMCS.
- Snyder, Lois (ed.). 2007. *Complementary and Alternative Medicine: Ethics, the Patient and the Physician*. Totowa, New Jersey: Humana Press.
- Велик, Андрей. 1997. *Народная медицина в фокусе психологической антропологии*. „Твое здоровье”, 3, с. 15-22.
- Глязер, Гуго. 1969. *О мышлении в медицине*. Пер. В. О. Горенштейн. Ред. Ю. А. Шилинис. Москва: Медицина.
- Гулькевич, Ю. В. 1963. *Развитие отечественной патологической анатомии*. „Многотомное руководство по патологической анатомии”, 1, с. 65-86.
- Ирецкий, А. Н. 2001. *Современная медицинская мифология. Смыслы мифа: мифология в истории и культуре*. Санкт Петербург: Издательство Санкт-Петербургского философского общества.
- Оберучева, Амвросия. 2001. *История одной старушки*. Москва: Издательская группа Свято-Троице-Серафимо-Дивеевского женского монастыря. <<http://www.optina.ru/audio/elders/istoriyaodnoustarushki>>, access 20 June 2013.
- Першин, Михаил. 2001. *Статус мертвого тела в философской антропологии и медицине (к проблеме обучения студентов в анатомическом театре)*. „Альфа и Омега”, 29, с. 338-353.
- Розанов, В. В. 1996. *Легенда о Великом Инквизиторе Ф.М. Достоевского*. Москва: Республика.

CIAŁO W MEDYCYNIE KONWENCJONALNEJ I ALTERNATYWNEJ

Celem artykułu jest zbadanie dwóch przeciwstawnych koncepcji ciała – według medycyny konwencjonalnej i medycyny alternatywnej (holistycznej) – i pokazanie wzajemnego przenikania się tych dwóch koncepcji we współczesnych społeczeństwach. Medycyna konwencjonalna postrzega ciało jako na zbiór nieskończonej liczby symptomów, rozpowszechnionych na całej jego powierzchni. Przedstawia ona ciało jako sposób lokalizacji bólu, czyli w dyskursie biomedycznym ciało pojawia się jako miejsce określenia i opisu bólu. Jest on zlokalizowany w poszczególnych częściach, organach, członkach itd.

Medycyna alternatywna patrzy na ciało człowieka z perspektywy strukturalnej, chemicznej i psychicznej jedności, która nieustannie dostosowuje się do zmieniających się warunków środowiska zewnętrznego. Chorobę traktuje się nie jako zaburzenie jednego organu albo układu, lecz całego organizmu. Niemniej jednak, przy wyraźnym rozgraniczeniu tych koncepcji w sferze prawnej, naukowej i etycznej i przy powszechnej medykalizacji we współczesnym świecie, te dwa podejścia do ludzkiego ciała zostają jednocześnie zaakceptowane przez pacjentów.

Słowa kluczowe: ciało, zdrowie, choroba, medycyna konwencjonalna, medycyna alternatywna.