Holistic Practice Is the New Healthcare

How a consciousness-based scientific view of human nature will become the global standard for health.

Includes resources for holistic practitioners.

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01 Is Anatomy in the Eye of the Beholder?

Healthcare is irrevocably shifting toward a holistic understanding of the human being, centered on a more complete model of human anatomy that recognizes all aspects of who and what we are.

Frank Netter, a surgeon and medical illustrator whose Atlas of Human Anatomy has been used by medical students around the world, wrote:

> "Anatomy, of course does not change, but our understanding of anatomy and its clinical significance does change, as do anatomical terminology and nomenclature. This therefore required much updating of many of the older pictures and even revision of a number of them in order to make them more pertinent to today's ever expanding scope of medical and surgical practice. In addition, I found that there were gaps in the portrayal of medical knowledge as pictorialized in the illustrations I had previously done, and this necessitated my making a number of new pictures that are included in this volume."

As our understanding of anatomy develops, we may have to add new words and pictures so that we describe the human being more completely. If we apply Netter's words beyond the frame of a physical-first philosophy, we can see beyond the idea that we are made from a bunch of physical parts – an idea codified in the allopathic model of anatomy for over a century. This idea has been regarded as scientific by educational institutions worldwide, but in fact it is a philosophical idea grounded in the belief that the world, and thus the human being, is something fundamentally physical. Atomic theory is then overlaid on that philosophical belief to yield the conclusion that when we put a bunch of physical parts together (particles), we get a human being. Though we know intuitively that this is not true (a cadaver is not equivalent to a living human being), the belief that this is a fundamentally scientific conclusion rather than a philosophical idea causes it to be taught to grade school students, researchers, and medical students worldwide as a fact rather than a philosophical view that has been supported through research.

What does today's model of human anatomy leave out? Mind, thought, emotions, agency, identity, fear, love, hope, relationship, intuition, energy, information, consciousness, to name a few. The suggestion that these could be considered part of human anatomy – meaning part of our very constitution rather than a less important tertiary factor that results from an apparently physical, atomic nature – comes across as unscientific if we conflate science and philosophy. Once we realize that the relationship between matter and consciousness is not a set fact – including whether there are two such categories to begin with – but rather a philosophical opinion, then the view that consciousness and its modified patterns, such as identity and perceptual reality, are fundamental and antecedent to matter is recognized to be at least as scientific as that of a physical body being fundamental.

02

The History of Healthcare

Millennia ago		20th century		Today		Next
Independent healing systems	→	Standardized allopathy	→	Integrative medicine	→	One coherent healing system

Medicine has gone from multiple independent healing systems across the world (for millennia) to a standardized, global allopathic system via the Flexner report and the WHO (last ~80 years) to the development of alternative medicine, complementary medicine (~50 years), and now integrative medicine, which is formalized in curricula around the world (~25 years). It is as though we are coming full circle, back to the timeless knowledge of indigenous traditions.

The historical significance of the Flexner report is enormous and critical for everyone in healthcare and public health to comprehend. The report was commissioned around 1908 by the Carnegie Foundation to assess the state of medical education and establish a new scientific standard with the support of the American Medical Association and Rockefeller Foundation. This was a time when many different healing modalities were offered to the U.S. public with little to no standardization or safeguards. The idea of protecting the public and developing a standardized, scientific healing system was a good one. Unfortunately, the execution fell short as the report never discussed its philosophical assumptions, limiting its conception of science to a physical-based view of the human being, thus leaving it susceptible to its own criticism that "One should not teach dogmas; on the contrary, every utterance must be put to the proof. One should not train disciples but form observers : one must teach and work in the spirit of natural science." Today, we see the results of this limitation when we hear claims of "pseudo-science" and "dogma" when a consciousness-based view of reality is offered. These claims are often echoes of the same error made by Abraham Flexner in his report over a century ago.

Such echoes keep physicians, researchers, and the public within a narrow view of what constitutes science, justifying a primarily physical-based ecosystem of healthcare that succeeds in many ways, yet leaves out much of human nature, and therefore leaves out many possibilities for healing. Alternative, complementary, and integrative medicine came along as the inevitable result of the innate, irrepressible awareness that a human being is more than a human body and therefore had to be modeled more completely. However, the funding of the Flexner-based view, which has amounted to trillions of dollars over the last century, has left the science of consciousness-based perspectives and indigenous healing systems poorly resourced and described, the resolution of which is the next major step in the evolution from integrative medicine to simply medicine, healing, health, and human potential. It is the evolution from dependence on a system toward independence and inter-dependence with nature.

The scientific process is currently validating some practices of indigenous healing systems. True cross-system understanding, however, remains at bay because indigenous systems that hold other worldviews (namely those that consider consciousness and its analogs to be as fundamental or more fundamental than matter) are poorly retrofitted to a physical-first philosophy for study. If we consider that the observer of any object of study is integral to how the the object itself is perceived (as evidenced by the limitations of the human nervous system impinging on the perceptions that constitute the "world"), then a more complete science would be one that accounts for an observer-based reality in its notation.

03

The Progression of Science

THE CENTRAL PREMISE

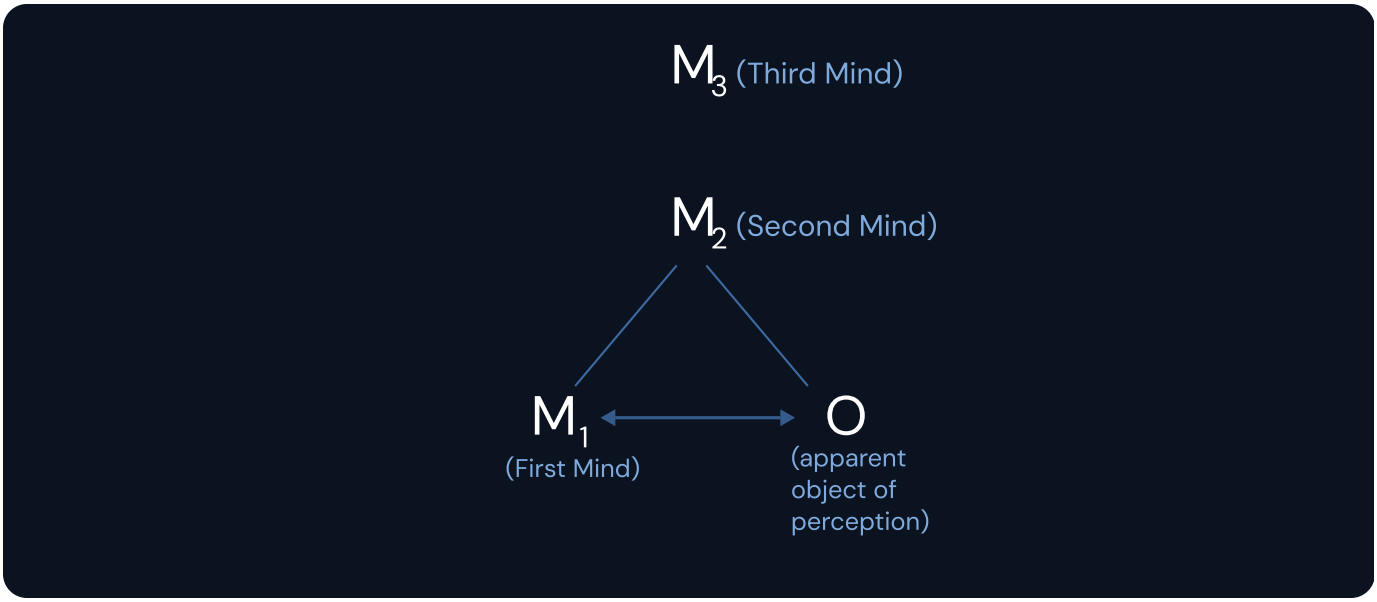
Consciousness is fundamental. Matter is its pattern.

There are scientific theories that begin with the premise that consciousness is fundamental.

SCIENTIFIC THEORIES OF CONSCIOUSNESS

- Integrated information Theory (IIT) Integrated Information Theory is novel in that it does not begin from the assumption that consciousness arises from matter. Rather, it looks for physical correlates of consciousness and theorizes that by assessing the level of integration of the information in the physical correlates, we can assess the existence of consciousness. It's important to note that this theory does not scientifically conclude consciousness is fundamental, but rather starts with that as a premise.
- Interface Theory of Perception (ITP) The Interface Theory of Perception goes a step further than IIT because ITP suggests that consciousness is in fact fundamental. It does not remain neutral between consciousness and matter. ITP theorizes that the world of objects, including space and time, is a world of perceptions or representations that simultaneously mask the fuller underlying reality. Since all of the space-time physical world is representation, what remains beyond it is unaccounted for by the physical model: consciousness. ITP theorizes that conscious agents are fundamental, interfacing with a representational "physical" world.

CONSCIOUSNESS-BASED NOTATION



The details of a consciousness-based notation of the world might look like are beyond the scope of this paper, but we can offer some ideas based on the premise that consciousness is fundamental and matter is its pattern. We could imagine, for example, three levels of identity or three minds (M_1, M_2, M_3) differentiating within non-local consciousness:

> M_1 localized (standard observer, analogous to a decohered state)
> M_2 localizing / de-localizing (decohering / cohering)
> M_3 non-local (coherent)

Each identity or mind has its own view or observer-based relationship with a perceptual "object." The localized M_1 view of standard medical science, for example, necessarily sees a localized, quantized M_1 object / world, such as a human body, because the observed perceptual body is defined by the limits of the M_1 observer. For example, the M_1 eyes see only wavelengths of ~380 to 700 nm, thus defining the perceptual M_1 object by the M_1 eyes' limits.

A perceptual object (i.e. a molecule, cell, organ, organism) could in fact be described as a set of at least three levels of perception (with infinite ranges in between) in relationship with an observer, as defined above, for a more comprehensive view of what "it" is, with a notation akin to (x, y) where x is the level of identity and y is the perceptual description: (level of identity, perceptual description).

For example, one such notation set might be:

- (M_1, ____)
    - Localized measurement of a localized observer-identity. y could be a measurement pertaining to the physical body.
- (M_2, ____, ____, ____, …)
    - A series of localizing/delocalizing possibilities from which a single localized measurement of (1, ___) can be derived by localizing the observer-identity.

- (M_3, ∅) or (∅, M_3) or (M_3, M_3)
    - No finite perceptual description possible as this is a completely non-local state, meaning that the duality implicit in the (x, y) notation of localized observer and perceived object are both integrated, dissolving the model's dualistic assumption. This anchors the given in this unitary model, which is that consciousness is fundamental and matter is its pattern. In such a model, (M_3, ∅) would always be the limit of perceptual reality regardless of the object of perception as it describes the completely non-local state that absorbs the observer-observed model.

One such above set could describe a perceptual object like the human body or an organ at the M_1 level. M_2 data would be a subset of all infinite M_3 possibilities that are relevant (localizing) to the M_1 perceptual object. M_3 would be the same for all perceptual objects as it represents the same potential state of a single object, of all objects, and of the entire cosmos itself. A few analogies to help understand the concept.

> M_3: Water (the nature of water, not the molecule) (non-local)
> M_2: An ocean with currents flowing within it (vast, yet localizing / de-localizing)
> M_1: Individual droplets of the currents (local, boundary-confined)

> M_3: Water vapor
> M_2: Liquid water
> M_1: Ice crystal

> M_3: Non-local consciousness
> M_2: Speciating mental tendencies
> M_1: Atomic human body

> M_3: Non-local consciousness
> M_{2a}: Patterns of consciousness called energy/fields
> M_{2b}: Human biofield
> M_{2c}: Manipura chakra
> M_1: Celiac plexus

Such notation suggests that what we call the objective measurement of a local phenomenon is, in fact, measurement of a phenomenon as agreed upon through inter-subjective perception at a particular level of observer-identity that correlates with a species-specific nervous system. The very same perceptual object may be perceived and therefore measured differently by a different nervous system. Furthermore, the very idea of a nervous system is itself elaborated further by shifting from the M_1 to the M_2 view, where a nervous system is seen as more of a species-specific pattern of non-local intelligence. In such a model, all of today's medical science would be retained and further contextualized, as it would become one channel of data largely within the M_1 framework.

Characteristics of such a framework:

- Brings all worldviews together with a systematic notation for maximal understanding.

- Objectivity is understood as object-conception based on recurrent patterns of subjective perception. These patterns / "objects" retain their value as they are understood even more comprehensively from M_2 and M_3 perspectives.
- Accounts for and notes variable perceptions of phenomena such as chakras, chi, subtle energy, out-of-body experiences, near-death experiences, other lifetimes, and more.
- Spotlights the sense of identity as critical to perception, observation, and therefore, the scientific process.
    - Accounts for and includes the nature of bias/subjectivity by giving it its own notation, rather than trying to only minimize it on behalf of an imagined, purely objective world.
    - Recognizes that the development of the scientist's identity is critical to the level of scientific research, and that the development of the practitioner's identity is critical to the level of practice.
- Retains all the benefits of today's object-based science while adding context and new avenues of knowledge.

I encourage further development of this idea for application.

04

Practical Knowledge for the Holistic Practitioner

2002
19%
→
2022
36%

U.S. adults using complementary health approaches for pain

2000
8
→
2025
25–50

Academic medical schools with integrative health centers or departments

This section offers a brief overview of the overall trajectory of wellness and a list of narratives that bridge to the new healthcare based in a deeper understanding of consciousness. Think of these as the initial large stones we are putting in place that serve as landmarks for where we're headed, offering direction in the wide-open topic of consciousness-based healthcare. The large stones arranged in a pattern will be followed with expert practice, more detailed studies, and public communication to further develop understanding and develop the new healthcare system.

TRAJECTORY

- U.S. adults using alternative, complementary, integrative health modalities for pain
  - 2002: 19%
  - 2022: 36%
  - https://www.nccih.nih.gov/research/research-results/use-of-complementary-health-approaches-for-pain-by-us-adults-increased-from-2002-to-2022
- U.S. allopathic academic medical schools with a center/dept of integrative health
  - 2000: 8
  - 2025: 25-50
  - https://imconsortium.org/

NARRATIVE

Examples of important narratives that are supported by practice, philosophy, and science:

- The physical model of the human being as a human body is a model based on philosophy. It is one representation of what a human being is. Models have to be updated as knowledge progresses.

- Consciousness-based models of the human being and the world have been around for millennia. The primarily physical model of the human being popularized over the last century is an historical anomaly. We are now gaining the knowledge to bring all of these worldviews together. An integrated, more complete model of the human being will be the keystone of a true global healing system.
- Integrative health has brought all the various modalities together. We can make sense of all these in a simple way using a consciousness-based approach, which recognizes the different layers of the human being as different patterns and densities of the same underlying substance, in this case called consciousness. This does not contradict an atomic approach, which is included via the M_1 view.
- There is a gap to be bridged between a consciousness-based view of the human being, which is scientifically supported, and consciousness-based techniques, some of which are scientifically supported. The fact that there is science to support a consciousness-based view of matter does not mean every consciousness-based technique is scientific in and of itself. Each technique/method has to be evaluated on its own merits. Similarly, the fact that there is a lot of scientific research based on a matter-based view of the human being doesn't mean that every treatment or drug is supported by science. Each treatment has to be evaluated on its own merits. What a consciousness-based view of matter and the human being allows is a full expansion of the understanding, communication, and funding of science to explore all avenues of healing.
- "Matter-based science" and "consciousness-based science" are not opposed. We could even say there are no such fundamental categories, as the scientific process is the same. "Consciousness-based science" refers to the idea that the primacy of consciousness does have supporting scientific evidence, so further scientific models can be created based on an original consciousness-based anatomical model of a human being.
- The trajectory of holistic health is clear and inevitable. It's a matter of conducting the research and presenting the evidence for adoption.

APPLICATION

A holistic practitioner can bring together the history of healthcare, its philosophical foundations, scientific claims and origins, newer scientific theories of consciousness, the trajectory of holistic health, and our evolving understanding of consciousness to better position their practice. Integrative medicine is growing by the day, and soon all of medicine will be recognized as integrative medicine, and eventually, simply healing. Holistic practitioners can represent their practice with philosophical, scientific, and practical support while doing what they do best, helping people heal and establishing networks of collaborative care and research that become the basis of a new health system that centers healing and human potential.

FINANCIAL MODELS

Holistic practitioners are often also entrepreneurs as they often start their own practices and are looking for ways to extend their network. As they are making holistic healthcare the new standard, they also need to build reliable financial infrastructure. Below are some suggestions for billing, reimbursement, and partnership models. I am not affiliated with any organizations that may be mentioned below and cannot vouch for the quality of their services.

- Membership-based billing - Instead of billing for an occasional service, practitioners can create different levels of monthly memberships that offer access to services for a steadier income stream.

- Bundled services
    - Within one practice - Multiple sessions can be bundled together for one price. For example, three massage sessions are sold as a bundle to help relax the back and improve posture.
    - Across practices - Collaborate with local and online practitioners to offer a bundle. For example, two massage sessions with one practitioner and talk therapy with another practitioner can be sold as one bundle. This offers the added benefit of reaching new clients. This also sets up the possibility of collaborating with practitioners who receive reimbursement from insurance, which could then be redistributed to other practitioners sharing in the bundle.
- Corporate clients - Local businesses of all kinds may be interested in offering wellness services to their employees, offering an opportunity for a monthly or annual contract for online and in-person services. Businesses that offer LSAs (lifestyle spending accounts) or similar accounts to employees may be especially open to partnering.
- Specialty benefit managers can offer reimbursement through health insurance companies.
    - https://www.ashlink.com/joinournetwork/providers
    - https://ocnp-pp-prelogin-ui.optum.com/submit-an-inquiry?step=1
    - https://lhp.lhp-ca.com/
    - https://www.wholehealthliving.com/practitioners/
    - https://www.evicore.com/provider
- Holistic billing services companies
    - https://olympuschiro.com/holistic-billing-services/
    - https://holisticbillingservices.com/specialities/
- Partner with existing organizations
    - Local integrative health practices that lack the service you offer.
    - ACOs (Accountable Care Organizations) https://data.cms.gov/medicare-shared-savings-program/accountable-care-organizations/data
    - FQHCs (Federally Qualified Health Centers) https://data.hrsa.gov/tools/build-your-own-map/
    - Integrative Medicine departments https://imconsortium.org/page/member-listing
- Information about getting a National Provider Identifier (NPI) in the US.
    - https://www.cms.gov/regulations-and-guidance/administrative-simplification/nationalprovidentstand
    - https://www.apta.org/your-practice/national-provider-identifier

From my interaction with holistic practitioners, I find that two of their greatest strengths are their own personal experience of healing and their understanding that a scientific process that more richly describes consciousness is not opposed to a medical science that largely focuses on matter today. The ability to articulate the latter and help create a holistic model of care based on that understanding for an existing financially-sufficient organization may be a significant advantage in finding the right partners.

05

Conclusion

He	**Health** Healthier people
L	**Location** Healing where you are
P	**Personnel** Holistic practitioners lead
M	**Money** Resources move toward holistic systems
A	**Approach** Categories unify as understanding deepens
P	**Power** Agency becomes more democratic

We are in the midst of a global, pan-disciplinary shift from a matter-based understanding of the world to a consciousness-based understanding of the world supported by science, philosophy, and practice. This meta-shift is composed of six individual shifts.

You can He.L.P. M.A.P. (help map) these six shifts:

- He - Health. The biggest shift is that we will see healthier people.
- L - Location. Healing (not just monitoring) will happen where you are, rather than in a clinic or office.
- P - Personnel. Holistic practitioners (including holistic physicians) will define the new healthcare. A holistic practitioner is defined as someone who understands a more complete model of human anatomy and recognizes how various healing systems approach a person from different perspectives with different results.
- M - Money. Money will shift from body-based systems, including insurance and pharmaceutical systems, to holistic and consciousness-based systems.
- A - Approach. The current designations of allopathic medicine, integrative medicine, holistic medicine, etc will eventually unify once our understanding deepens enough and the various knowledge domains converge. There will simply be healing and human potential with a deeper understanding of human nature. This doesn't mean there will be no role for surgery, pharmaceuticals (though our understanding of these will change), or unique indigenous healing systems. It just means that the need for separate categories diminishes as knowledge and practice become comprehensive, spontaneous, and ubiquitous.
- P - Power. There will be a more democratic distribution of power and agency from a few select experts to the global population at large.

All of these shifts are already underway, carrying us through the inevitable new paradigm.

Questions / comments / suggestions can be submitted via the contact form.