

Potential contribution of the medical-spiritist model to a new paradigm on medicine

Abstract

Science is constantly evolving. In medicine there are also revisions and substitutions of basic concepts. Health sciences, like any academic field, need paradigms to guide them. Some scholars and researchers anticipate the need for a transition to a new scientific paradigm that includes non-material elements of consciousness. Spiritism, an integrated system of Science, Philosophy and Religion with many followers in Brazil, has many arguments that can contribute to accelerate the advance towards a new paradigm of Medicine. The Medical-Spiritist Model of health and treatment refers to the set of fields of study of the Medical-Spiritist Ideal that can contribute to the paradigm shift in Health Sciences. We propose to arrange them in seven major fields of subjects: (1) Spirituality and Physical Health; (2) Spirituality and Mental Health, (3) Nature of Consciousness; (4) Academic and Clinical Insertion; (5) Spiritist Treatments; (6) Spiritism-Medicine Interface; (7) Medical-Spiritist Humanities.

Keywords: spiritual healing, soul body relations, metaphysical mind body relation, medicine and religion, religion and science, humanities, medical philosophy, energy therapies, spiritism

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Abbreviations: a.D, anno domini; SMA, spiritist medical association

Paradigm shift in science and medicine

Science is constantly evolving. With discovery of new facts, some actual concepts can be revised and, according to necessity, they can be modified or replaced. Some examples of conceptual changes are quite compelling. Andreas Vesalius's anatomy work in XVI century a.D. corrected errors in the Galenian system, created on II century a.D. and regarded as absolute truth. In the early XX century a.D., Einstein's relativistic model and quantum mechanics complemented the Newton's classical mechanics.

In medicine there are also revisions and substitutions of basic concepts. In the last decades, the healthcare experience has evolved from a disease-centered care (hospital as a "biological garage") to a patient-centered model of care (humanization process) and, more recently, person-centered care (process of personalization). Many concepts were not part of medicine until a few decades ago, but today they are important quality differentials. Some examples:

- The association between spirituality-religiosity and physical and mental health
- Integrative medicine, valuing the patient as a bio-psycho-social being
- The incorporation of many complementary therapies as official practices
- The patient's empowerment, with respect to their preferences and needs
- "Optimal healing environment", modifying hospitals routines.
- "Slow medicine", a movement to rescue good medical practices.

Health sciences, like any academic field, need paradigms to guide them. However, the term paradigm must be well understood, since it has been used ostensibly in various contexts. Paradigm (from Greek

παράδειγμα) means example. The term "paradigm" was introduced in science by Thomas Kuhn (1922-1996), a north-american physicist and philosopher.¹ In this sense, paradigm is a model, standard, norm, reference or map, useful in a given context. It sets limits and it serves as a model for further research. It can decide whether a given problem is scientific or not.

The term "paradigm shift" was also introduced by Thomas Kuhn. The Kuhn cycle for paradigm shifts makes it clear the constant dynamics of Science concepts. The established paradigm that guides the experiments is drifted by anomalous results in some experiments. The model gets in crisis as the anomalies swell, challenging the model. It pushes for a model revolution by a re-evaluation of concepts. A new paradigm rises and a change in scientific practices is established. It becomes the normal science and the cycle restarts. Today, some scholars and researchers anticipate the need for a transition to a new scientific paradigm that includes non-material elements of consciousness.²

The medical-spiritist model

Spiritism was founded by the French teacher and educator Hippolyte Léon Denizard Rivail (1804- 1869), also known by his pseudonym Allan Kardec.³ He defined Spiritism as "a science which deals with the nature, origin and destiny of spirits, as well as their relationship with the material world".⁴ He compiled a list of questions regarding the origin of the spirits, the purpose of the life, the order of the universe, evil and good and the afterlife. Then, he began working with mediums and 'channelers' to pose these questions to the spirits. Spiritism is considered science, philosophy, and religion, all together. Spiritism has spread too many countries, and Brazil is the country it flourished most.

Brazil is the country where the most significant number of followers can be found. The 2010 national demographic census.⁵ found Spiritism is the third most declared religious denomination, and the Spiritists are 2% of the population (corresponding to 3.8 million people). This numbers may even be underestimated, due to the large number of people who may have a close relationship

with Spiritism but state to belong to another religion. The Spiritist centre is the basic unit of organization of Spiritism. Since they are not only ordinary religious entities, their activities are of many types: doctrinal education, spiritual-religious assistance, and social-material assistance. Many goers seek the Spiritist centre because of physical and mental health problems, and then Spiritist centres are an important health supplementary support system.⁶

Almost half century ago, on 1968, a group of physicians interested on the interface between Medicine and the Spiritist Doctrine created in S. Paulo the first Medical-Spiritist Association (SMA). This initiative inspired, over the years, the creation of other regional SMAs in Brazil. In 1995, the SMA-Brazil was created with the purpose of aggregating all existing SMAs. Later, this ideal overcame international borders with the founding of the SMA-International in 1999, which has held events and encouraged the founding of other institutions with the same interests in several countries. Currently there are 66 SMAs in Brazil and 9 in the Americas and Europe.

The Medical-Spiritist Ideal aims at a change to a more humanized Medicine. Along these decades, all the SMAs developed many actions related to education, research and assistance. The Medical-Spiritist Model of health and treatment refers to the set of fields of study of

the Medical-Spiritist Ideal that can contribute to the paradigm shift in Health Sciences. The Medical-Spiritist Ideal has many arguments that can contribute to accelerate the advance towards a new view of Medicine. However, their fields were never fully grouped into an objective synthetic classification. Such action would allow analyzing individually the progress in the researches and the necessity of more investment for its development.

A tentative classification of the medical-spiritist model

Just for the purpose of didactic classification, we propose to arrange the Medical-Spiritist Model in seven major fields of subjects: (1) Spirituality and Physical Health; (2) Spirituality and Mental Health, (3) Nature of Consciousness; (4) Academic and Clinical Insertion; (5) Spiritist Treatments; (6) Spiritism-Medicine Interface; (7) Medical-Spiritist Humanities. This proposal, naturally imperfect by its novelty, should be further refined in future revisions. However, we emphasize that there will always be overlapping of themes, so that the proposal is not to fit a hermetic model, but rather to facilitate communication and exchange of experiences. Table 1 lists the proposal of classification of the Medical-Spiritist Model in fields and associated categories, with a short description of each one.

Table 1 The proposal of classification of the Medical-Spiritist Model in fields and associated categories, with a short description of each one

Fields	Categories	Observation
Spirituality and Physical Health	Psycho-Neuro-Physiology (Mind-Body Relationships)	A strong arm of research that introduced MSI in academia
	Other Mechanisms of Action in Spirituality-Health Relationship	Congregational and behavioral factors related to faith
	Specific Focus: Oncology, Longevity, Palliative Care, others	Distinct situations where the MSI could be more beneficial
Spirituality and Mental Health	Suffering, Meaning, Coping and Transcendence	Direct application of comforter aspect of Spiritism
	Psychiatry and Psychology: Diagnoses and Approaches	New views on schizophrenia and dissociative disorders
	Specific Focus: Drug addiction, Suicide, Depression, others	Proposal of some Brazilian Spiritist Psychiatric Hospitals
Nature of Consciousness	Conceptualization of the Mind-Brain-Spirit Hierarchy	Dilemma: does brain generates mind or it's the opposite?
	States of Altered Consciousness: Trance, Mediumship, Others	New views of hidden aspects of mind manifestations
	Demonstration of the Spirit: Memories of Past Lives, others	The Holy Grail of any spiritualist system
Academic and Clinical Insertion	Spirituality-Religious at University Graduation	Teaching healthcare professionals the spiritual dimension of patient
	Spirituality-Religiosity in Clinical Practice	Exploration of the spiritual dimension of patient to promote health
	Models of Research on Spirituality-Religiosity	More adequate study designs to generate solid evidence
Spiritist Treatments	Spiritist Complementary Therapy (Laying on of hands, others)	General interventions largely used in Spiritist centres
	Spiritual Surgery and Distance Healing Techniques	Special interventions offered by few Spiritist centres
	Interface with Homeopathy, Acupuncture, others	Exchange of concepts and approaches about subtle aspects of health
Interface Spiritism-Medicine	Spiritist Science: Physics of Phenomena, Subtle Bodies, Others	Application on healthcare of the scientific aspect of Spiritism
	Spiritist Philosophy: Abortion, Euthanasia, others	Application on healthcare of the philosophical aspect of Spiritism
	Spiritist Religion: Spiritist Hospital Chaplaincy, others	Application on healthcare of the religious aspect of Spiritism
Medical-Spiritist Humanities	Religious-Spiritual Initiatives in Health Institutions	Spiritual support to needs of healthcare centres frequenters
	Health Initiatives in Religious-Spiritual Institutions	Medical support to needs of Spiritist centres frequenters
	Social, Occupational and Environmental Aspects of Health	Spiritist view of bio-psycho-social-spiritual human dimensions

Conclusion

Knowledge advances by the exploration of controversial areas. Some challenging phenomena that seem to contradict common sense of reality may indicate a hidden reality, such as described by ancient practices, religious traditions, and contemplative approaches. The Medical-Spiritist Model has some elements with potential do fill some gaps in Science and Medicine. It can be a leap of faith. But it can be a reasoned faith.

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Conflict of interest

Authors declare there are not any actual or potential conflicts of interest.

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