The Healing Process

Spirit, Nature & Our Bodies

LECTURES
August 28, 1923–August 29, 1924
IN VARIOUS CITIES

Rudolf Steiner

Translated by Catherine E. Creeger

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Foundations of
Anthroposophical Medicine

Volume 8

For a complete listing of series see page 182

The lectures in this book are a translation of Anthroposophische Menschenerkenntnis und Medizin (GA 319) published by Rudolf Steiner Verlag, Dornach, Switzerland, 1971.

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Introduction © Copyright, Richard Leviton, 2000

Published in the United States by Anthroposophic Press
3390 Route 9, Hudson, NY 12534
www.anthropress.org

Library of Congress Cataloging-in-Publication Data
Steiner, Rudolf, 1861–1925.
[Anthroposophische Menschenerkenntnis und Medizin. English]
The healing process: spirit, nature & our bodies: lectures, August 28, 1923-August 29, 1924, in various cities / Rudolf Steiner; translated by Catherine E. Creeger.
p. cm. -- (Foundations of anthroposophical medicine; v. 8)
Includes bibliographical references and index.
ISBN 0-88010-474-0
1. Anthroposophical therapy. I. Title. II. Series.
RZ409.7 .S8413 2000
615.5—dc21
00-020505

10 9 8 7 6 5 4 3 2 1

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Printed in the United States of America
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With Grateful Acknowledgment

The publication of this volume was made possible in part by a grant from the Foundation for Rudolf Steiner Books.
Introduction

by Richard Leviton

The anthroposophical approach to medicine and healing has been waiting in the wings of conventional Western medicine for more than seventy-five years. Now with the burgeoning acceptance of alternative, natural medicine in North America, anthroposophical medicine may finally take its rightful place at center stage. Why? Because it offers something that both alternative and conventional models lack: a spiritual model of the human, encompassing states of health and illness.

In his final years in the early 1920s, Rudolf Steiner instructed European physicians in the ideas and practices of the anthroposophical extension of Western medicine. It wasn’t that Steiner discovered and formulated anthroposophical medicine only at the end of his career. In a lecture to physicians at Penmaenmawr, England, in August 1923, he said, “the first conception of what I will outline briefly tonight was available to me thirty-five years ago,” or in 1888 (page 4).

But timing is everything when you are an intermediary between the spiritual worlds and the human world, and 1888 was not the right time to bring through an anthroposophical conception of medicine. Trained in science and accustomed to applying the scientific method in all of his spiritual and worldly efforts, Steiner told his audience that he waited also because he wanted to “assimilate it thoroughly and check it against the totality of accepted modern science” before he brought anthroposophical medicine into the world. “We certainly do not intend to proceed amateurishly or unscientifically,” he emphasized. “Our work is professional, and we are not repudiating modern science but simply elaborating on it” (page 15).

In a sense, Steiner would have to wait at least 112 years before his profound insights into the human-cosmos relationship would take root in what has become the heartland—some would say fortified citadel—of Western medicine. The 1990s saw the rapid, and deserved, rise of
alternative medicine modalities to North American prominence, such that by 1998, almost fifty percent of Americans polled admitted they had used alternative medicine at least once in the preceding year. And in Canada, those numbers were even higher. In Europe, medical plurality has for the most part defined the medical marketplace, with all credentialed modalities finding their rightful place. But in the U.S., where it has been almost a pitched battle between the camps of the allopaths and the alternative practitioners, consumers have juried the conflict in favor of medical pluralism.

Conventionally trained doctors willing to make the transition from allopathic orthodoxy to alternative innovation have become leaders, spokesmen, even celebrities, in the field. Deepak Chopra, M.D., and Andrew Weil, M.D., are, of course, the two most conspicuous examples. They are allopaths and advocates of alternative medicine. It is only a speculation but were Rudolf Steiner with us today as an American M.D., who is to say he wouldn’t stand a good chance of becoming the next medical savant—America’s newest doctor guru? We know that Steiner would not have relished, nor sought, this kind of celebrity status, yet his model of a spiritualized medicine could hold the key for the next growth phase in Western medicine, if it is to survive, flourish, and become consistently and deeply therapeutic instead of merely palliative.

Throughout his lectures to doctors and in all his explanations of anthroposophical medicine, Steiner emphasized that he envisioned his medical concepts to be an extension of conventional Western medicine, not a replacement. “I do not want to take a stand against official medicine; we must simply move beyond the limits of that school of thought, and we can do so by applying anthroposophical perspectives,” Steiner said (page 12).

What were these limits as medical practice stood in the 1920s? Basically, conventional doctors did not truly understand illness and health, nor the relationship between remedies and organs—that is to say, the principles of therapeutics. They understood histology, blood work, cell anatomy, and mending broken bones, but their model lacked “the foundations for a real understanding of disease processes and cures.” It is important to note, he added, “that whenever we apply only modern conventional science, we deal with corpses rather than living human
Introduction

beings” (page 3). Not a great deal has changed, fundamentally, in the last eighty years, with conventional medicine.

The process of disease and the process of cure are both *natural* processes, Steiner explained. Disease and health are both equally legitimate aspects of nature. But to understand these processes of nature, you need to look behind the veil of the apparent physical body and its palpable organs. You need to see, and comprehend, the “suprasensory actions and interactions” underway all the time between the human organism and its environment, and you need to construe this environment as large as possible—on the scale of the cosmos. Human beings, Steiner noted, “contain a microcosmic concentration of all the world’s processes” (page 2).

For a doctor to *see* these world processes, one has to be willing to grant there is more to the world than is physically apparent. But for conventional doctors embracing acupuncture and homeopathy, that is not such a large leap. Acupuncture is premised on invisible flows of subtle energy called *qi* through an intricate network of channels throughout the body; homeopathy posits the primacy of an equally intangible energy essence called the *dynamis*, which influences (if not determines) states of mind and biology. Further, many doctors (but more so those practicing alternative medicine) encounter surprising connections in their patients between emotional states and physical dysfunction or chronic conditions—between, for example, a woman’s relationship wounds and the onset of uterine fibroids.

While there is not yet a comprehensive model in use across the specialties that encompasses all these threads of connection and that extends the medical conception into the spiritual worlds, there is one available. It is anthroposophical medicine. It is complex, yet it is based on some fairly simple yet profound observations.

For one, the human being has not one but four bodies, each of which can be a player in either illness or healing. In addition to the physical, there is an etheric body (the domain of formative forces), an astral body (the realm of feelings), and an I-consciousness body (the realm of Ego-awareness). Each of these has its rightful place and function in the total human organism, and each mediates a level of relationship between the human organism and the world, by which Steiner meant the mineral, plant, and animal kingdoms, as well as the
realms of the angels, spiritual beings, planets, and stars. “When we introduce anthroposophical perspectives into the study of medicine, we consider the correct relationship of the macrocosm, the entire cosmos, to the human being,” Steiner told the doctors (page 10).

For another, there are three central processes underway in the entire human organism and in each aspect of it, such as the organs. Steiner considered this one of his most important formulations based on thirty years of research and one that is essential for the physician to grasp to understand the patient’s constitution. There are “three fundamentally different types of functioning in the human organism,” Steiner said (page 23). First is the sensory-nervous system, having to do with the nerves and senses, and generally related to the head. Second is the rhythmic system, which includes respiration and blood circulation and digestive functions that are rhythmical in nature; this system generally relates to the thoracic region of the body. Third is the metabolic-limb system, which deals with movement and associated with the rest of the torso.

While the sensory-nervous system resides mainly in the head, its organizing principle spreads throughout the body, as does the principle of the other two systems. Steiner urged doctors to see these systems as interpenetrating one another. When one of these systems extends too intensely into the domain of another, illness results. Consider migraine headaches. Steiner explains that when a function that is supposed to take place in the metabolic organization “encroaches” on the sensory-nervous system, a migraine is the result. Here is a condition in which sensory-nervous activity becomes too weak to prevent digestive activity from forcefully extending itself into the head, producing the migraine. An effective remedy would be prepared from a substance such as quartz or silica, which could strengthen the patient’s sensory-nervous system enough to “force back the digestive process that has invaded the head” (page 11).

Steiner’s analysis of the treatment for hay fever similarly reveals the principles of human-cosmos interaction in his medical model. You prepare a remedy that embodies the opposite energy to that which leads members of the grass family (Gramineae) to germinate and multiply, and you inject it into the patient. In this way, the physician can “counteract hypersensitivity to the atmospheric influences that favor the flowering of the Gramineae but provoke a disease process in human beings” (page 28).
This example illustrates two principles important to anthroposophical medicine. Processes in the world and in the body have a direct relationship with each other, and the way a substance acts outside the body is not predictive of how it will work inside. Once inside the body, substances—medicines, foods, plant and animal matter—act differently; they are acted upon and changed by the body’s internal systems. Thus the physician and anthroposophical pharmacist must pay careful attention to “our preparation methods and consider the dynamic factors in the natural world that bring about a particular process” (page 28). So, according to Steiner, both the choice of remedies and the methods of administration need to be based on a spiritual, or anthroposophical, model of the world.

Not only is there a great opportunity today in this new decade for a spiritualized model of medicine to find acceptance and to flourish in North America, there is a deep need for this to happen. As medical ideologies, both conventional and alternative medicine are coming up against inherent limitations in their worldview.

Conventional medicine traditionally accords no primacy or efficacy to human consciousness in the physical organism; this attitude is unconsciously extended to our social way of relating to the physical environment. Allopathy teaches us to be estranged from our environment, be it the body or the world. It teaches us that the physical body is a machine, that the environment is a dumping ground, and that illness has nothing to do with our life. These attitudes arise from the philosophical position underlying allopathy.

Alternative medicine is founded on empiricism, exemplified perfectly by acupuncture and homeopathy. Centuries of direct observation by physicians of living patients, their symptoms and responses to therapies, form the basis of these practices. But there is a marked, growing tendency among alternative practitioners (and pharmacists and nutrient manufacturers) to look for the new magical bullet, albeit a “natural” nontoxic kind. Even so, it is still allopathic thinking, the same state of mind that sees all human organs as identical, “just as all cows are gray at night,” as Steiner quipped (page 4).

All cows may look gray at night and all human organs may seem to be interchangeable, but they’re not, Steiner argued. Each organ, each human organism in its totality is a unique confluence of spiritual
and physical influences directed by a self-aware, conscious agent, the Ego-consciousness, the human I—the part of you that is really you, even when you die. In a sense, each illness or dysfunction is a Mystery revelation from the I-consciousness to the personality—our daytime, waking sense of ourselves—that runs around in the world. Paradoxically, “if we could not become ill, we could also not become spiritual beings,” Steiner said. “The possibility of illness makes us spiritual beings. If we could not become ill, we would remain fools for our entire lifetime. The possibility of illness is due to the possibility of becoming human beings who think, feel, and will” (page 145). Illness happens when any of these functions gets overextended and appears in an abnormal form.

Illness is rational, purposeful, meaningful, and treatable. According to Steiner, the study of disease becomes a continuation of the study of nature. “Spiritual insight into both health and illness enriches our entire view of nature” (page 144). It reminds us that as humans we are embedded in a world of natural processes and dynamic interactions that span the micro level of cells and the macro level of galaxies. We are not estranged from the environment; we are the environment in human form. Illness is not an irrelevancy in our lives; it is a clue to the core of our life. Consciousness is not divorced from the body; it is its life blood and essence. These are some of the insights anthroposophy brings to medicine.

For the physician to bring about healing, both courage and knowledge are needed, Steiner explained. “This courage is optimistic, but it is well-founded rather than nebulous and fantastical. It allows us to speak with certainty when we say, ‘Here is a case of illness. We understand it clearly; we will do our best to cure it.’ To aspire to this inner certainty, we absolutely must have the courage to grasp the human being and the natural world in their states of flux” (page 144). Physicians and patients alike will find the present volume rich in the protocols of this courageous apprehension of the human.