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**The Hermeneutics of Medicine and the Phenomenon of Health: Steps towards Metaphysics of Medical Conception and Practice in Africa**

**Francis Etim** (Department Of Philosophy University Of Uyo)

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**Author (s)**

**Francis Etim**

Department Of Philosophy  
University Of Uyo.

E-mail: [etimfrank@yahoo.com](mailto:etimfrank@yahoo.com)

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**Abstract**

Medicine as practiced the world over is more than a practical phenomenon. Behind the visible praxis are underlying principles and assumptions that reflect the weltanschauung and ontological perceptions and proclivities of the patients and doctors. In Africa, the practice of medicine has lots of metaphysical and religious resonances which have unfortunately led to some misconceptions and misgivings about African Medicine. This paper believes that the acceptability of African medicine into the main stream medical practices is possible if the philosophical basis is unearthed. This, of course will clear the cloud of superstition that often hovers around African medical conception and practices.

**Introduction**

Just as medical history must of necessity take into consideration the propositions and findings of sciences like sociology, economics, and politics; philosophical knowledge is also indispensable in understanding the rationale and underlying principles behind the conception and practice of medicine in Africa. This fact forms the focus for this philosophical journey into the domain of medicine particularly as practiced in Africa.

There is no doubt that lots of philosophical principles, some explicit, others implicit do resonate and provide the foundation for the practice of medicine globally, Africa not an exception. This fact is to a large extent explainable by the related nature of medicine to the cultural world within which it operates. E. Cassel (10) further adduces that “sickness and patients cannot be isolated in time. A person, sick or well is influenced by the time in which he lives and all have history and a future both of which are essential to understanding them.” Thus, the people’s weltanschauung, which is a reflection of their ontology and epistemology, greatly influence their conception of health and practice of medicine.

Based on these understanding, this write up aims at unearthing these philosophical principles that resonate in African conception of health and practice of medicine, with the ardent

desire of fostering proper understanding of African medicine and salvaging its practices from mis-representations and disregard; enhance objective evaluation and appreciation of African medicine, diffuse the apparent conflict between the orthodox and traditional medicine, and possibly facilitate the integration of African medicine into the continental health care system.

**Hermeneutics of Medicine**

The Macmillan English Dictionary defines medicine as “the study and practice of treating or preventing illnesses and injuries” (936). This definition automatically links medicine to the physician and whatever he does professionally in order to diagnose, prevent and treat illness. This definition to Sigerist’s (13) mind, is limited in scope by excluding the activities of non professionals who daily grapple to find solution to the issue of disease. Sigerist’s bent of thought is premised on the fact that a great majority of illnesses are never seen by physicians, especially in traditional societies, right from antiquity till today. These illnesses are either treated by the patients themselves, by relatives, non physicians or by traditional medicine man.

On this note, Louis Lasanga’s definition appears more enveloping. Louis defines medicine as an art and science of healing; it is a

science because it is based on knowledge gained through careful study, experimentation and observation. It is also an art because it reflects and involves the skillfulness and dexterity of the medical practitioner who apply this knowledge when dealing with patients. Medicine in essence seeks to save live and to relieve suffering.

Indeed, the scope of medicine is so vast and involves in any circumstance more than the physician's sole activities. It involves among other things – promotion of health through health education, enlightenment, campaigns, seminars, conferences, promos and advertisement - Prevention of illness through environmental and personal hygiene, vaccines, balanced dieting and observation of health rules – Restoration of health through application of drugs and other psycho-somatic techniques. – Rehabilitation through health education, health care and counseling.

### **Health and Medicine**

Ordinarily, medicine and health are intertwining phenomena that cannot be divorced, one from the other. Medicine in essence exists for the sake of health and health requires medical attention and care for maintenance, rehabilitation and restoration.

Health, for Ebong Etuk (11) should be regarded “not only as a condition in which there is an absence of disease, but also a state of well being mentally, physically, socially and spiritually.” To achieve good health, Ebong Etuk itemized 12 health rules that must be observed such as: “Love, Elimination of pollution, provision of potable water, cleanliness, regular exercise, immunization, living in well designed, tidy and well ventilated homes, family planning, zoonosis, avoidance of drugs, being thrifty and economical with resources” (11-12). For Udo Etuk (20, the human person is made up of three elements – body, mind and spirit. These three realities are aspects of the same entity, which is man and woman. Given this understanding, Udo Etuk observes that there is growing concern even within medical practice to expand the notion of health beyond the mere healing of the physical infirmities or ailments, to take in what is known as wholeness or holistic health care. In saying this, Udo Etuk is apparently re-

echoing the line of thought of Dr. Westberg who believes that:

A person can be sick mentally, emotionally and spiritually. A person can be sick in his relationship to others or in his lack of any sustaining or nourishing relationships...similarly, nature can be sick with environmental pollution being a sign of social disorder (40).

### **Medicine and Culture**

Man is both a homo sapien and a homo cultura. As a homo sapien, man is constituted of body, soul and mind. Medicine in this respect must take care of both physical as well as spiritual aspects of man. Therefore, a mere administration of drug without the proper understanding of the etiology of disease will provide nothing in terms of whollistic health care.

As homo cultura, man is a member of the society and culture that constitute and fashion his weltanschauung. These factors contribute significantly in the conception and practice of medicine in any given culture. This explains the *germ-bacteria cum virus* theory of western medical conception and practice based on their dualistic and empirical conception of reality, the psycho somatic and spiritual approaches of the Indians and Africans to medical issues because of their psychical and spiritual inclinations.

Inferred from this understanding is that medicine is not practiced in a vacuum. Both the patient and the medical practitioner belong to a particular culture and universe of experience hence, the social and physical worlds of the patient is very relevant in the practice of medicine. Actually, medical practice originates from two sources, experience and theory. That is, firstly, experience in the practice, and secondly the views held by both the physician and the patient regarding the origin and nature of disease. These views are often informed and influenced by the medical theories prevalent at the time, which are resonances of the people's cultural proclivities.

It is this understanding of the theories of medicine as products of time and culture that

explains the religious character of Babylonian's medicine, the philosophical inclination of the Greek interpretation of the phenomenon of health and disease, the theological affinity of medieval medicine and the spiritualistic understanding of African medicine.

#### **African Conception of Medicine and Health**

Linguistically, medicine is referred to as *agwu* among the igbo, *ogun* by the Yoruba and *ibok* among the Ibibio/Efik. This designation, in any of the above mentioned tribes, is used to cover anything medicinal, whether curative, preventive, harmful or prophylactic. In contemporary usage, these designations are used to refer to medicine both in the traditional and orthodox versions.

Generally, African medicine is often referred to as "traditional" or "native" medicine, which is defined by World Health Organization (NO1) as:

The sum total of all knowledge and practices whether explicative or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation from generation to generation, whether verbally or in writing (cited in Etim 117).

The designation "traditional" is sometimes misleading because of perceived attendant negative feelings it generated in today's conventional parlance, as having to do with superstition and occultism. But considering the above definition and the understanding of traditional medicine as "the mechanism designed by the people from their past experiences to cope with the problem of health" (Etim 117), then such derogatory appellation is unjustifiable and should be dissociated from it. Traditional, properly speaking is synonymous with native or indigenous, as opposed to western of what is usually referred to as orthodox. African medical conception and practice is traditional in this sense therefore, deeply religious; a reflection of the Africans pervading religiosity. The fact remains that whether in Africa, India, among the Jews or the West, medical conception and practice are primarily cultural bound, hence indigenous to the people. Infiltration into and adaptation of

medicine of other climes by another culture could be explained by factors like education, technology, civilization, colonization and the recent phenomenon of globalization.

For the African, disease could be natural, supernatural or mystical. Natural disease is attributable to "unhealthy human behaviour like filthy environment, over indulgence in alcohol and promiscuity" (Osunwole, 210). The supernatural and mystical are somewhat related since both are spiritual in nature, except for the fact that the supernatural source is linked to sorcerers, witchcraft and wizards; while the mystical is associated with neglects of ancestors, breaking of taboos, false oath taking etc. Osunwole also refers to this category of disease as personalistic in the sense that:

They are best understood within religious and social contexts. Causation is not easily determined by physical examination of the sufferer as signs and symbols of illness are obscure. Self-medication is quite irrelevant as specialists healers and diviners are consulted for therapy management. Diseases in this category are believed to have different causes outside the laws of nature...Health problems are often traced to the involvement or neglected ancestors whose devotees have failed to accord necessary rites. Witches also have the capacity to cause affliction...Sorcerers are also human beings with evil intentions who's pre-occupation is to interfere with the well-being of innocent people by using bad contagious medicine to harm them. In many traditional societies, breach of cultural norms, envy, quarrels or strife within the family are causes of many health problems (211).

This personalistic conception of disease must have influenced T. A. Lambo's submission that health among the Africans is not an isolated phenomenon but a reflection of the integrative nature of the community. It is not the absence of disease but a sign that a person is living in peace and harmony with neighbours; that he is keeping the laws of the gods and the tribe.

U. Onunwa (50) believes that this pattern of thought would be best appreciated if viewed within the inter-grativeness of African cosmology, with no demarcation between the

sacred and the profane. Both the physical and the spiritual dimensions of the universe are believed to work in consistent harmony and are subject to ordered systems and rhythms. A breach of the system by means of misconduct spells disaster as the whole system is disrupted. This explains the importance of religious rituals in African medicine as a way of keeping the system in consistent harmony. Udo Etuk attests to this fact by juxtaposing the African and western thought pattern thus:

...before we began to imbibe western education with its artificial separation of the human person into two distinct parts of body and soul, we in Africa had gotten used to treating the human being as one indivisible unit. by extension of this attitude, our world too is not just a physical world, the line dividing the physical visible world from the spiritual invisible world is so thin that individuals and communities are always cross-crossing it in their daily lives. For people caught in this kind of traditional society, an indication that all is not well with a community shows in the failure of crops or in the death of their domestic animals, or some form of widespread disease in the human population (21).

Health, then in Africa is far more social than biological, not the absence of physical ailment but the fact that man is in perfect harmony with the rest of the universe. A healthy man is therefore, one who is not uprooted from the context of his primary solidarities, one who is in harmony with his fellows, the deities, one who is not destabilized and incapacitated, one who can obviously and boldly say as J. Mbiti expressed, I am because we are and because we are, I am. In dealing with the health of the person in Africa therefore, the entire person must be taken into consideration; "his physical, mental, emotional and spiritual dimensions must be considered" (Udo Etuk, 22).

### **The Logic of African Medicine**

African traditional thought has its own logic, a logic that must be understood and applied in order to get at the bottom of their beliefs and practices that would otherwise appear nonsensical and unreasonable; since, logic is the conceptual framework of the real order,

which has for its subject matter things that are expressed in thought and practice. In other words, "it is any standard which the mind follows in order to arrive at what it considers trust worthy knowledge of reality" (Anyanwu, 15). This logic, Ijeomah (5) calls "harmonious nonism," while Anyanwu (235) refers to it as "duality." The idea implied in both conceptions is that two things functionally different like matter and spirit are essentially incomplete members of the whole. This logic of explanation accepts the co-existence of opposing realities, as expressed by Ijeomah's analogy that the world including (x) has a missing link, which is something other than the thing (x). The thing (x) then persistently yearns for and struggles to capture this missing link. This is achieved at the point of complementarity, at which point (x) realizes itself. This logic is opposed to absolutism and completely diffuses the problem associated with Cartesian dualism by a complementary approach to reality. The African manifestly expressed this pattern of thought in all spectrum of existence including the sphere of health and medicine. Causality, for instance, which is one of the constitutive elements of African medicine, can be appreciated within this logical consideration.

### **Causality and Medicine**

The African believe that every event is caused. Sickness too is not a fortuitous phenomenon, but part of the causal link, caused either by the gods or other spiritual agencies. Herein, lays the basic difference between the western and African notion of causality. For the Africans, causality is ruled by supernatural beings and gods, whereas the west sought theirs in inductive and statistical formulae.

In a bid to explain the issue of illness, via the causal link between the spiritual agencies and man, the Africans make recourse to the concept of soul (the spiritual element in man), through which communication of whatever dimension could be possible. For instance, by ritually acting upon or manipulating a symbolic effigy in which the soul of the victim is invoked, sickness or even death is believed to be inflicted. The task however, before the African is explaining how a magical action done to an effigy can cause sickness and how the gods and

the ancestors can make man sick. What is the nature of the soul? Is it substantial with the body or bifurcated like in Descartes dualism, such that, one can exist independently of the other? How can the cause of a particular sickness be identified among myriads of causes possible? If the cause is spiritual as is often presumed, how can it be substantiated? What are the rational and empirical proofs for such identification?

These issues actually pose a big threat to the reasonableness of Africans causal explanations of sickness. However serious these threats may be, the African notion of causality in this regard appears unmitigated, since the issues involved are not empirical but metaphysical and Africans have metaphysical explanation for them. For instance, to either cause sickness or effect a cure, the Africans talk about the *power of the word* expressed through incantation and invocation. Africans believe that by pronouncing certain words formulae over a charm, spell, juju, or medicinal leaves, these items are energized, animated, enlivened and spirited to cause desired effects. What is emphasized here is that words combined with charms have mysterious powers. The words, however, must be uttered by those who know “how to escape death, to escape a ghastly accident, to destroy an enemy or wild animal, to stupefy theories, to shorten distances and such like” (Awolalu, 69).

Some critics argue vehemently against the possibility of animating inanimate objects by mere utteration of words. Others believe in the causal power of the spoken word, as when words like, “sit up,” “stand up,” do evoke responses. But this can be explained by the fact that human beings are involved that are quite conscious of the meaning of the words. This fact of consciousness is lacking in inanimate objects.

A Fadahunsi (4) argues against this line of argumentation. This, to him, is trying to give a scientific explanation to the issue that is metaphysical. The wave hypothesis is metaphysical since, the causal link between the talking and the sound is unobservable. More so, waves in motion cannot be identified and trapped to ascertain the effect that corresponds

to a particular wave. Such impossibility is no ground for denying the efficacy of the power of the word. The wave like the storm may exist in principle or proven speculatively by abstraction and deduction. In addition, it may be difficult to define the framework and assumptions within which the concepts involved in the hypothesis can be explained.

As observed in my book, *Metaphysics of African Medicine*, one possible explanation of the *power-of-the-word-theory* is that, it is not spoken by anybody but by the medicine man, the sorcerer, the witch, who are believed to possess the latent power to unlock the secret of nature using set formulae. Again, based on African cosmology, pervaded by vital force, the word pronouncement merely activates the forces in the surrounding and in the object to react and the desired goal is effected just like a pole of a magnet brought closer to iron fillings do cause their re-alignment. A spoken word in this case is conveyed via the vital force and not by molecules, electrons and neutrons as in scientific wave hypothesis. Any attempt to objectively interpret incantation may prove inadequate or unproductive and incongruous as true of most supernatural concepts because they transcend empirical evaluation and analysis. Moreover, it would be absurd to think this phenomenon is not real. The absurdity is so convincing that the people have never thought of any element that could betray the inadequacy and incongruity in these practices. The reality of this practice is dependent however, upon the people’s belief (faith) and consequently sets limits to the extent to which empirical analysis is possible.

The truism of incantation (power of the word) therefore, is in its efficacy and is sustainable by the African’s adamant belief that its workability has been consistent. Though persistence, consistency and workability are not enough plausible reasons to justify or prove the existence of any reality or validity of any belief system as there are certainly many persistent and consistent beliefs and practices which are logically baseless and non-existent in reality. However, given the fact that not all is yet known about reality, that there are many inexplicable facts about life which is not enough ground to deny or rubbish them, then

this aspect of African belief system though not quite explicable today can be given the benefit of doubt of, possible and better explanation in the future.

On another perspective, the phenomenon of *the power of the word* could be better appreciated if viewed within the interestedness of the African cosmology. Everything that exist has both the spiritual and physical dimensions, surrounded and peopled by innate vital force, which like the monads of Leibniz could be energized to act. For any event like sickness to occur, the spiritual dimension of reality must exert its pre-eminence and dominance. This action can be catalyzed by man through rituals and incantation. This perception too poses a threat of reductionism in that every event is only explainable by virtue of spiritual action.

Be that as it may, a further analysis of the phenomenon of medicine and health among the Africans may go a long way to clear the air in this regard. To the Africans, every sickness is regarded as natural and physical and treated as such until it defiles first-time treatment. At this point, a higher explanation and treatment is required which makes recourse to consideration of spiritual causation an inevitable alternative.

Sometimes both causal explanations are considered as complementary without entailing any contradiction. For instance, a belief that sickness is due to witchcraft is complemented by the observation that the man was killed by typhoid. Acute analysis of the situation proves that the man was killed by typhoid but that is because he was bewitched. Otherwise, why should he has been killed and not another person? Why do others survive? In fact the two independent events crossed each other and brought a certain man and a certain germ into a single point at a particular time.

The role of witchcraft in the scenario is problematic, arousing vexing philosophical issues and questions. For instance, is witchcraft apart of the deterministic universe or a mere coincidence? How are the two elements witchcraft and typhoid related? Is it concomitant, antecedent or consequential or isolated cases? Are they two phenomena in constant causal relationship, or can witchcraft be identified with

other mishap as well? This last option is what the Africans believe about the witchcraft phenomenon. It becomes difficult then to establish the causal link between the two phenomena since there is no constant relation of identification. In fact, the basis for ever identifying witchcraft of all myriads of possible causes appears more of habitual mode of thought among the Africans than any other reason. Certainly David Hume would repudiate this line of thought as not substantial enough to establish constant relation called causality. Again, given the exoteric nature of witchcrafts establishing it as a veritable claim to causal link would prove difficult, if not impossible. The African of course, do not even bother to do so. Their belief system is anchored on the fact that the natural and supernatural causes do complement each other. While witchcraft phenomenon does not appear to be part and parcel of the natural ordering of things, it nevertheless serves as an element of chance for explanation of illness that defiles ordinary or natural explanations, thus making up for the element of chance in a deterministic universe.

The Africans actually make allowance for the fact that there is more to life than meet the eyes. This explanation makes up for the missing link created by the natural causation theory of illness. Thus, providing explanation for manifold existential problems in Africa that are begging for explanation.

### **Prognosis, Medicine and Health**

Prognosis “has to do with foretelling the causes of disease by symptom” (Etim, 172). To foretell presuppose knowledge of some sort whether exact or hypothetical. In the case of sickness, it has to do with certain knowledge of the causes and possible cure.

The west with their scientific mindset based their prognosis on inductive and statistical explanations, which implies that “given a certain premise, it is highly probable that a certain event may occur” (Brown, 58). Analysis of this mode of explanation entails that from the previous observation of certain symptom and from previous experience of associating it with a particular ailment, it is deducible that a particular symptom indicates a particular

disease and could possibly be cured by a particular medicine as in the previous cases.

The Africans also adopt statistical and inductive methods in diagnosing disease presumed to be of natural cause. Even disease suspected of spiritual causation could also be deduced or inferred. Diviners are however consulted for ailment that refused to respond to “ordinary treatment.” In this situation, the diviner employs the epistemological aid of divination, which is a kind of mediate knowledge that does not necessarily require the sensory organ or experience. Divination is believed to provide access to interaction with the gods and the ancestors, who gives the diviner the privilege of knowing the cause of sickness beyond the physical.

There are epistemological and metaphysical problems associated with divination as a source of knowledge. For instance, how can knowledge based on divination be confirmed and authenticated as there is no standardized parameter? What of its attendant subjectivity? How can predictions be predicated on it as it patterns no observable regularity? How can a particular cure be identified with the prognosis as there are many cases that can be associated with a particular ailment? How can predominant cause be identified without statistical consideration? In short, how can divination be rationally justified?

This task fuses into metaphysics as such justification is attainable only when one follows certain rational principles. The principle in this case is “duality” or integrated cosmology according to which the universe is believed to be one with two dimensions, the spiritual and the physical. Both are separated by metaphysical fence that allow for the interpenetration and interaction between the ancestors, the spirits and the Supreme Being with man. The inter penetration and communication is enhanced by ritual though restricted to the diviners. It is this limitation that makes this type of knowledge suspicious and doubtful.

Despite this doubt and incursion of Western medicine, the Africans still have faith in it because of its workability. Explicit cases of failures are not even enough to discourage this faith, because the people are quick to point at

other successful cases to support their claims. More so, there are usually taboos associated with the prognosis which serve as ad hoc hypotheses to account for explicit failures.

The issue of objectivity is actually a bane on African medicine but the orthodox medicine cannot be exonerated from the problem as well. The claim to high probability does not establish objectivity in the true sense of word. More so, as humans the orthodox medical practitioners are not exempted from the influence of their contemporary historical crystallizations. One cannot also rule out personal prejudices in their diagnosis and predictions. The medical conception and practice either of the orthodox or the African largely rest on workability and faith in the practitioner.

### **Conclusion**

Medicine as an art and science of promoting health, preventing illness, restoring health and rehabilitation of the sick largely depends on the ontology and epistemology of its operational milieu. This explains the recourse to traditional medical practice among the Africans despite availability of orthodox medical care. The neglect of this aspect of African existential reality indicates an existential vacuum which the Africans try to fill with either a complementary approach or an outright recourse to native medicine. For a wholistic and humanistic medicine, the adoption of African traditional medicine would make up for the “missing link” crated by the orthodox materialistic approach. Man is not just materially constituted but an embodiment of sentiments, emotions, feelings, intellect and will. These qualities play no inferior roles in man than germs and genes. Imbalance or conflict in any of the constituent part of man poses danger to man, which at times is expressed as sickness.

There is no doubt that some aspects of African medical articulations and differentiations are inherently obscure and contradictory, hence cannot be adopted. Nevertheless, the good aspects that certainly satisfy the yearning of the Africans should be adopted to complement orthodox medicine if a wholistic and



humanistic medicare delivery is to be achieved in Africa.

The uniqueness of African medicine is no doubt predicated on some principles which are of metaphysical imports. These go to support Paul Redin's submission that, "there is nothing wrong in any civilization that can prevent philosophical formulation from being attempted" (vii). It is then unjustifiable to disregard African medicine as fetish and superstitious just because African thought pattern does not fit into the western stereotypes and logic. There may be some ethical and rational problems with African medicine either because of lack of satisfactory explanation today or because of the stage of its development. This does not justify the throwing of the baby with the dirty water. The positive aspects of African medicine should be shifted and incorporated into the main stream of African health care system as a way of developing both the art and science of African medicine and making the entire health care delivery wholesome and appealing.

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