The Essence of *The Old Medicines and the Net*

Twenty-five healing traditions, read with the Vacuum.Net theory and VALIS

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Abstract. *The Old Medicines and the Net* is a book of 1,523 pages on the old medicines of the world. It asks three questions. Why do people fall ill? How do they best recover? Are there other remedies than those of pharmaceutical chemistry? It describes twenty-five traditions in five families. They are the shaman, the Yoruba with Ifá, and the medicines of temple and text from Mesopotamia to the Unani physicians. They are also the Eastern system of China, India and Tibet, and Hawai‘i with the Pacific. Each is set out by its history, its ground, its diagnosis, its illnesses, its healing and what has been measured. Each is then read with the Vacuum.Net theory and with the reports called VALIS. The book finds eighteen points on which the traditions agree, most of them without known contact. It finds that their first counts are the small numbers that the theory derives. It follows ninety-three illnesses through the traditions. It lists what the hospital took from them, where they erred, and which of their rules held. It shows that trials have mostly tested fragments, and that the firmest measurements concern what passes between people. This essay gives the essence of the book and ends with an annotated list of sources.

Keywords. Traditional medicine; shamanism; Ifá; humoral medicine; Chinese, Indian and Tibetan medicine; ho‘oponopono; Vacuum.Net theory; VALIS; ritual and placebo; whole-system trials.

1. Three questions

People fall ill. Most recover. Some do not. The book begins from three questions that follow. Why do people fall ill? How do they best recover? And are there other remedies than the ones made by pharmaceutical chemistry?

Mankind has answered these questions for a very long time. The oldest answers are older than writing and older than farming. A healer of the San in the Kalahari works in a way that rock paintings show for thousands of years. A Chinese physician reads a pulse by rules that were written down two thousand years ago. A Yoruba diviner casts a chain and names one of 256 signs, as his teachers did. None of them needed a laboratory.

The word alternative is a word of position. It says: other than the medicine of the hospital. For most of history, and for much of the world today, these medicines are not other. They are medicine. The World Health Organization counted 170 member states that report the use of traditional and complementary medicine (WHO 2019).

The book gives the term old medicine an exact sense. An old medicine has three parts of its own. It has its own diagnosis, its own naming of what is wrong, and its own way of healing. A community of practitioners carries it over many generations. A single remedy is not a medicine in this sense, and a single theory is not one either.

A hospital physician and a Navajo singer may meet the same patient on the same day. They do not find the same illness. They do not give it the same name. They do not do the same work. The book takes that difference as its subject. Psychiatrists drew a related line in the 1970s. Patients suffer illnesses, and doctors diagnose and treat diseases (Eisenberg 1977).

2. The choice and the plan

The research started from a list of three hundred healing methods (Konstapel 2026a). No book can treat all of them at depth, so three tests were set. The first is age. A tradition that has been carried for a thousand years has been tried on many patients by many healers. The second is the number of practitioners and patients. The third is the clearness of the explanation that the theory gives.

Five families pass the three tests.

Part	Family	Peoples and schools
II	The shaman	San, Aboriginal Australia, Siberia and the Sámi, Inner Asia, the Amazon and the Andes, Mesoamerica, the Navajo and other nations of North America
III	Yoruba and Ifá	The Yoruba of West Africa, their diviners and herbalists, other African healers, the diaspora in the Americas
IV	Temple and text	Mesopotamia, Egypt, Greece, Galen, the Unani medicine of the Islamic world and India
V	The Eastern system	China, India and Tibet, with Japan, Korea, Vietnam and Mongolia
VI	Hawai‘i and the Pacific	The Hawaiian healers and their setting right of the family, the Māori and other Pacific peoples

The Chinese, the Indian and the Tibetan medicine are treated as one system. The shaman is treated as a medicine of his own kind. Some 270 other methods, from homeopathy and osteopathy to bioresonance, are explained in short in an appendix.

Each family is described in the same order: history, the ground, diagnosis, the illnesses, healing, and what has been measured. A seventh section reads the same material with the theory. The first six sections say what the sources say. The seventh is a reading. The two are

kept apart by their headings. A reader can skip every seventh section and still have a full account of the tradition.

Three further parts follow the families. Part VII lays them side by side. Part VIII is an atlas of ninety-three illnesses. Part IX holds the lists: the 361 points of the Chinese body, the drugs of four pharmacies, the formulas, the classical books, and the healers and scholars. The book has 109 chapters, 762 annotated references and an index of names and subjects (Konstapel 2026i).

3. The first instrument: one strand

The first instrument of reading is the Vacuum.Net theory (Konstapel 2026b). Its formal statement has five axioms. In plain words it says the following.

There is one strand. The first axiom reads: “There is exactly one strand. Every distinction is a loop.” A distinction is a return of the strand to a place where it has been. Each later passage has a direction against the first one. It runs with it, against it, or neither. So a passage has one of three states.

Three passages in a row form a window. There are twenty-seven windows, and nine of them close. A window closes when its three passages fully agree or fully differ. The eighteen windows with two equal passages and one different stay open.

The second axiom carries the whole theory. “A loop persists if and only if it lies in a closed window. What does not close passes on as tension. Closure is the selection rule; there is no external selector.” What closes, persists. What does not close is handed on to what lies next to it.

A window of three equal states is uniform. The book calls it the fixed form. A window of three different states is mixed. It is the living form, and it has a direction of turning. Whatever closes, repeats, so a closed stretch is a rhythm. Mixed rings exist only at depths that are multiples of three. At each such depth there are exactly two, and they are mirror images that turn in opposite ways.

Two stretches meet at a seam. The nine closed windows can be paired in eighty-one ways, and in nine of them the seam closes. Two results matter for medicine. A uniform stretch never joins a mixed one. Something fixed that lodges in something living always leaves an open seam. And two mixed stretches of opposite direction never join. Two living forms that turn against each other cannot close on each other.

Three more axioms complete the statement. The third is memory. The first passage fixes the direction, and later passages are taken relative to it. “The net carries its history as its shape.” The fourth is context. “The response of the medium is a state function, not a universal constant.” The fifth is scale. Merged into blocks, the coarse strand obeys the same rules again. “What does not close at one scale is the material of the next.”

Depth is the word for the place of a winding in this stacking. A body is one such depth. The theory can be checked with pencil and paper, since every count above can be made by writing out the windows.

4. The body, illness and cure

An earlier book computed what the rule gives for the body (Konstapel 2026c). Part I repeats what is needed. A cell copies its chain by building, for each letter, the one partner. A tissue is like units in step. An organ is held together by carriers. A rhythm is a form in time. A person sleeps and wakes in the day. Each depth has its own way to close and its own way to fail.

One count shows what illness is in this language. Take a closed ring of eighty-one places and put in one error. If nothing is done, fifty-four windows stand open after two hundred rounds. If one place is changed at random in every round, fifty-four stand open as well. If the error is undone at its own place, none does. An illness is an open window that stays, and a change anywhere else leaves it open.

The book on the body names eight forms of failure.

Form	What it looks like in a body
Seam	Something fixed lodged in something living: plaque, stone, crystal, scar
Direction	Rhythms that run against each other or against the day
Unread	A misfit that the body’s test does not see or has not yet removed: a foreign organism, a changed cell
Over-read	The test attacks the body’s own forms or harmless outside forms
Carrier	A carrier that does not arrive or is not read: a closed artery, a missing hormone
Wrong closure	A stable, closed, wrong state that the body reads as healthy: fixed moods, dependence, lasting pain
Frame and copy	An inherited or acquired error in the text of the cell
Drift	The return falls behind: wear, ageing, slow loss of rhythm

It names five layers at which a cure can act. Mesh is acting on a tissue or a foreign organism as a whole, as surgery does. Chain is giving or correcting one step of the body’s chemistry. Reading is changing what the body’s own test reads. Phase is restoring rhythm, timing and use. Surround is changing what a person is exposed to.

Four rules of cure follow from the rules of the strand. Read before you act, since the error sits at one place and only there does a single change close it. Restore, and do not add. Match the direction, and come at the right phase. And work with what lives, since what is fixed cannot close with what lives.

A closed form that has been changed comes back to itself, as long as fewer than one third of its places are wrong. Beyond that limit it may come to rest on another closed form. The book calls that a wrong closure. The body is closed again, and wrongly. The way out leads through an open state.

From these rules the book draws six questions for any healing act. How does it read? Does it restore or add? Does it match direction and phase? Does it work with what lives? At which depth does it act? Does it leave the return to run? Every tradition in the book is put to these questions.

5. Perceiving, and six rules for acting

The theory has no pictures in the head. To perceive is to join. The one who perceives and what is perceived close together for the moment of the perception. An essay of the author puts it in two sentences. “Perception is not a camera. It is the set of closures a given window can make” (Konstapel 2026e). What does not fit a window is not perceived wrongly. It is not perceived.

This gives the healer a place in the theory. A reader can look at a form from outside, by windows. He then sees that something nearby is open. Or he can meet the form, place by place. The book on the body computed the difference. A ring with one error shows three open windows from outside. A reader that meets it finds exactly one misfit, at the place of the error. The old medicines read by meeting. The pulse is felt, the body is touched, and the healer’s own state is part of the instrument.

Measurements exist for this. In resting people the heart locks to the breath in whole-number ratios (Schäfer 1998). The hearts of choir singers speed up and slow down together, most with slow phrases of ten seconds (Vickhoff 2013). The rosary and a yoga mantra both bring the breath to about six in the minute. Both produced “striking, powerful, and synchronous increases in existing cardiovascular rhythms” (Bernardi 2001).

The locking also runs between persons. At a Spanish fire-walking rite the hearts of the walkers and of their relatives rose and fell together. Those of unrelated onlookers did not (Xygalatas 2011). A clinician and a patient in pain were scanned at the same time, and their brain activity came to match (Ellingsen 2020). In talking treatment the bodily rhythms of therapist and patient come into step (Tschacher 2020).

The same essay gives six rules for acting on a living structure. Read the state first. Offer the layer’s own window. Offer a nested triad. Choose local or carried. Offer the whole window at

once. Leave silence after each offering. The fifth rule rests on a count. Of open rings of length five to ten, between 98.8 and 100 per cent keep cycling when they are left to their neighbours. “Single stimuli left to the tissue almost never succeed.”

6. The second instrument: the other half and VALIS

Almost every old medicine says that a person has a second half. It is entered in trance, in a dream and at death. Many peoples speak of two souls, one of the body and one that travels. The book calls this domain the complementary universe.

The theory has a place for it. Every word of the strand has a mirror word, with every direction reversed. The mirror of a closed ring is closed. So for every living form there is a second living form that is equally lawful. The seam law says that the two cannot be joined end to end. There is no smooth road from here to there. Whoever goes must pass through a stretch that is open. The two forms can close in another way. They can lie against each other, place by place, as the two strands of the chain in the cell do.

Four consequences follow for medicine. Diagnosis can be made from the other half, and trance, dream, cast and vision are its instruments. There are illnesses of the coupling, in which the two halves have slipped against each other. Each half may be sound, and the person is present and not present. Some illnesses lie in the winding of the family or the land. And the healer is one who can make both turns, there and back. The traditions are strict about the second turn. A healer who goes must be brought back.

The second instrument is VALIS. The name comes from the writer Philip K. Dick: Vast Active Living Intelligence System (Dick 1981). In the author’s use it stands for a question (Konstapel 2025). What does a human being meet when he meets what is not himself, and how much of it turns out to be himself?

The reports of such meetings show the same few figures across cultures and ages. There is a small technical figure that examines without speaking. There is a guide or teacher. There is a watcher that judges. And there is a formless light. The meetings have a short course of five steps: loosening, examination, exchange, showing and return. “The experience works mainly afterwards.”

Healing traditions are full of such meetings. The spirits of the shaman belong here. So do the ancestors of the Yoruba, the gods of the Babylonian diagnosis and the healing god of Epidaurus. The book gives three frames for them and no verdict. The figures may be made by the brain and dressed by the culture. They may be others, met from outside. Or one presence may show itself in the form that the work at hand requires. The theory adds one sentence. There is one strand and no external selector, so whatever is met is another winding of the same strand.

A reading with these two instruments is not a proof. The old medicines do not prove the theory, and the theory does not prove the old medicines. A reading shows whether a tradition can be described in the language of the theory. It shows where the description fits closely and where it does not.

7. A rule of language

Modern speech about the body is full of words from the age of the steam engine. The body "burns fuel". An illness is a "malfunction", and a cure is a "repair". These words carry a picture of an engine that turns a stock into work and is put right by a mechanic. The old medicines do not hold that picture, and the theory does not hold it either.

The book keeps those words out of its own sentences. It does not say that *qi* is "energy". It keeps the word of the tradition and describes what the healers do with it. Its own words are few. A strand winds. A winding has a direction. A window closes or stays open. Two stretches meet at a seam. What stays open is tension. A healer reads.

The same care is taken with experience. An old medicine is first a practice. A pulse is felt under three fingers. A sickness is seen in the body of a dancer by the light of a fire. Where a tradition has an image, the book gives the image: a pulse "like pearls rolling in a dish", a sickness that is "pulled out" and "thrown away". The tables in the book are aids for the reader. They are not the tradition.

8. The five families

8.1 The shaman

Part II describes the oldest medicine. It begins with the San and the peoples of Aboriginal Australia. It goes on to Siberia and the Sámi, Inner Asia, the Amazon and the Andes, and Mesoamerica. It ends with the Navajo and other nations of North America (Eliade 1964; Reichard 1950).

The San heal at night, in a ring, to the clapping and singing of the women. What the healers carry in the belly is heated by the dance, rises up the spine and "boils". One who has learned to bear the pain of it sees what is troubling everybody. He lays his hands on each person at the fire in turn. The sick and the well are treated alike (Katz 1982).

The shaman's medicine names an illness by its cause. A survey of 1932 found five causes that peoples outside the hospital tradition give. They are sorcery, the breaking of a taboo, an object that has entered the body, a spirit that has entered, and the loss of the soul (Clements 1932). The acts answer the causes. What does not belong is taken out, and the patient sees it go. One count found the sucking out of an object in 62 of 89 hunter-gatherer societies (Buckner 2022). What has left is brought back.

Read with the Net, most of these names fall on the eight forms. The object that was shot in is a seam: a fixed stretch in a living one. Sorcery is a matter of direction. The hidden wrong is the unread. Possession is a wrong closure. The loss of the soul has no place among the eight. It is a fault in the tie between a person and his other half, and no other medicine treats it as clearly. One form has no name in the shaman’s medicine at all: the body that attacks itself. The carrier that does not arrive appears only faintly.

The order of acts is the same from people to people. The healer is made ready. He reads, and among the Navajo the reader and the singer are two persons. He names. He restores at the place. The work is carried by rhythm and runs through the night. A Navajo chant lasts two, five or nine nights, and the singer must perform it without a single mistake. Then comes quiet. The Navajo patient keeps four days of rest.

8.2 The Yoruba and Ifá

Part III turns to a people who built, without writing, a system of 256 signs that holds their whole medicine. Their diviners train for ten years to carry it in memory.

A client whispers his question to a coin, so that the diviner cannot hear it. The diviner casts a chain, or passes sixteen palm nuts from hand to hand, and marks the sign that falls. He recites the verses of that sign, one after another. Each verse tells of someone in the far past for whom the same sign was cast, and of what he was told to offer. The client listens. He stops the diviner at the verse whose story matches his own case (Bascom 1969). The diviner has no visions and is not possessed. He meets nobody face to face. The answer comes through the fall of the nuts and through verses that were fixed long ago.

The reading with the Net is close here. A sign has eight places, and each can fall in one of two ways. The counts of Ifá are two, four, eight, sixteen and 256. All of them stand on the ladder of two, which section 10 describes. Nothing outside the cast selects the answer, which matches the last words of the second axiom. The verse that the client recognises is the one that closes with his case. And the sign does not name a part of the body. It is an address in the whole of a person’s dealings: with his household, his dead and his powers.

One difference is stated as well. Ifá does not sort its signs into closed and open. It lets the lots decide, case by case, whether a sign comes with good or with ill.

The act is mainly a payment. What is owed is given, and a relation is restored. The Yoruba also say that a person chooses his head before birth and forgets it at the gate. The book reads that with the form of the frame, which is laid down at the start.

The part has a shadow, and the book states it. The same word covers healing medicine and medicine made to harm. The fear of those who are thought to undo others falls on old women.

8.3 Temple and text

Part IV follows the line from Mesopotamia and Egypt through Greece and Galen to the Unani medicine of the Islamic world and India (Scurlock 2014; Nunn 1996; Edelstein 1945).

The Babylonian handbook of diagnosis reads the body as it reads the sky. Every entry has one form: if this is seen, then that is meant. The reading ends in a name of a particular kind: the hand of a god, of a ghost, of an oath. The Egyptian surgeon reads by touch. His cases have a fixed order: the examination, the naming, the verdict and the treatment. He has three verdicts. “An ailment which I will treat.” “An ailment with which I will contend.” “An ailment not to be treated.” This is the oldest written form of the first rule of cure. One of its verdicts is to leave the patient alone.

Greece divided healing into two houses. The physician took the body. One Hippocratic author wrote that the falling sickness is no more sacred than any other illness and has a natural cause. The sanctuary of Asklepios took the meeting. The sick slept in its hall, and the god came in the dream. The book counts what the division did. In its atlas of illnesses, Greek and Roman medicine names no god, ghost or demon as a cause in any of sixty-two entries. Every other tradition names some.

The Greek physicians counted in fours, from two pairs of opposites: hot and cold, dry and moist. Galen joined anatomy, the humours and philosophy into one system. It decided the next fifteen centuries of learned medicine, and it travelled east as far as Delhi. It handed on a list of six conditions of life at which a physician can act without a drug. It also handed on the rule that the raw must ripen before it is cleared.

It handed on a warning as well. Bloodletting followed from a coherent theory. It was visible, it gave relief that the patient could feel, and it had the authority of Galen. It was kept up for more than two thousand years. In the 1820s Pierre Louis counted his patients and found that it did far less than every physician believed (Morabia 2006). The book draws the lesson in one sentence. A medicine can be coherent, learned and wrong, and only the counting of like cases shows it.

8.4 The Eastern system

Part V treats the medicines of China, India and Tibet as one system in several languages (Unschuld 2011; Wujastyk 2003; Gyatso 2015). The claim is argued in a chapter of its own. Five differences are set against thirteen identities. The identities are not single remedies, which travel easily. They are the frame in which each medicine thinks.

Both the Chinese and the Indian medicine explain life by something that moves and carries. Both name it by a word for breath or wind. Both describe illness as a fault of passage and direction: what stands still, and what goes the wrong way. Both read the whole person at the wrist, with three fingers, against the physician’s own breath. Both take a person’s own nature as the norm of his health. Both hold that an illness moves by stages and that the raw must

ripen before it is driven out. Both describe a drug by taste, temperature, direction and place. Both make food and the conduct of the day the first medicine.

The proof that the two can be joined is Tibet. Eight hundred years ago the Tibetan physicians put the Indian faults and the Chinese pulse into one book.

How the likeness arose is left open. The two peoples may have drawn on an older common stock. They may have exchanged more than the records show. Or two peoples who observe the living body closely, by hand, eye and breath, may arrive at the same frame. The author inclines to the third and does not exclude the first.

Read with the Net, this system gives the theory its closest fit. Direction comes before amount, in the faults of the body, in the drug and in the needle. A drug is a direction at a place, and a formula is a whole that is offered at once. The reader is his own measure and must be prepared before he reads. The Chinese derived five and twelve from the tuning of pitch pipes, and found fifty-three behind them. Section 10 returns to that.

8.5 Hawai‘i and the Pacific

Part VI goes to medicines that were not written at all. They place the cause of illness in what has gone wrong between people.

The Hawaiian word *ho‘oponopono* means to put to rights. Its chief use is for a meeting of the family at which relations are set right. A healer who judged that an illness came from within the family would not treat it until the meeting had been held. The rule was to set right first and to give medicine afterwards (Pukui 1972).

Each member says what he did and what he felt, fully. The parties do not address each other. Each speaks to the leader. Feeling is said and not acted out. The meeting has a step of silence, and it has a marked close. A matter that was settled may not be raised again.

The reading with the Net is the second axiom at the scale of a family. What does not close passes on. A fault between two does not stay with them, and the illness of one member may be the family’s open window. The one who holds a grievance is bound as fast as the one who caused it, and release is asked of both. A remedy cannot close an open family, so medicine waits.

Two measurements stand beside this. Students who nursed a grudge showed it in brow, skin, heart and blood pressure within minutes (Witvliet 2001). Blister wounds healed more slowly in couples after a disagreement than after a supportive talk (Kiecolt-Glaser 2005). One design has not been run: the family meeting offered beside the usual care of a sick child.

9. Eighteen points of agreement

Part VII lays the six parts side by side. The count covers twenty-five traditions. Ten points were listed at the start of the book. Eight further points came out of the six parts.

	Point	Traditions of twenty-five
1	A reader who makes contact: by the hand, in a changed state or by a cast	All
2	Illness also lies outside the body: in the family, among the ancestors, in the land	Twenty
3	A name that points to a larger whole	Thirteen
4	Taking out and driving out, with the patient watching	Eighteen
5	Rhythm, sound and the group	Twenty
6	A healer formed by a passage of his own	In every part
7	Direction as a category of illness	Nine
8	The dream as a reading; sleep as the place of cure	Seven; three
9	The order: read, offer what fits, offer it whole, rest	In every part
10	Made still before the reading	Twelve
11	The origin is recited; health is judged against a person’s own first state	Eight; seven
12	The raw must ripen	Eight
13	A term and a marked close	Seven
14	Healer and patient are a pair	Five
15	Two opposite illnesses, two opposite cures	In every part
16	Confession and the setting right	Seven
17	Someone crosses to the other half	Ten
18	A verdict before treatment	Six

The numbers are floors. They count what the book has described. Most of the agreements arose without known contact between the peoples.

The theory gives each point a place. A reader who makes contact is a reader that meets. An illness outside the body is an open window at another depth. A name that points to a larger whole is an address. Taking out closes a seam. The order of the act is the order of the six rules.

The book also lists what did not converge. For the San and the Navajo the dead are a danger and are sent away. For the Yoruba, the Chinese and the Hawaiians they are guardians who must be fed. The San healer and the Hawaiian healer take no fee, and hold that payment destroys the power. The Navajo singer must be paid, or the chant has no effect. The shaman works before the gathered kin. The physician of Greece, China and India works with one patient. The humoral West speaks of amounts. The East and the Americas speak first of direction.

10. The counts

The traditions count differently. One counts in twos, one in threes, one in fours, one in fives, and nearly all know the twelve. The book reads this with two ladders.

In the theory two ways of closing can be repeated. A meeting is a state with its opposite. Forms that close as a meeting double when they are merged. A ring is three that come round. Forms that close as a ring triple. The ladder of two runs 2, 4, 8, 16. The ladder of three runs 3, 9, 27, 81. The two never coincide, since no power of three is a power of two. They come close at a few places.

Depth on the ladder of three	Nearest rung on the ladder of two	Comparison	Miss
5	8	243 against 256	5.35 %
12	19	531,441 against 524,288	1.35 %
53	84	3^{53} against 2^{84}	0.21 %

Musicians know the second row. Twelve fifths nearly equal seven octaves, and the small miss is called the comma. The Chinese derived their five notes and their twelve pitch pipes in this way, and they knew the fifty-three.

After six parts the book states what holds. The ground counts of every medicine are two, three, four or five. No other number serves as the count of the principles of a body. Two has the sense of a meeting in most traditions. Three has the sense of a round, or of a middle between two. Every cast with a fixed count stands on the ladder of two: two, sixteen, sixty-four, 256.

It also states what does not hold. Five and twelve are closure depths in China and, by the traditions’ own accounts, not beyond. Some counts come from the hand and the body. Six,

seven and ten occur as plain lists. Thirteen, twenty and the long counts stand on no ladder. The ladder of three is climbed only in the East. The body's own rhythms have not been found on the ladders.

One sentence of the chapter deserves to be kept. A healer does not treat a number. The counts are the frame in which the traditions stored what their healers had felt, and a frame should be read as a frame.

11. The atlas: ninety-three illnesses

Part VIII takes ninety-three illnesses one by one, from fever to the illness that calls a healer. Each entry gives the names and causes in the old medicines, the signs by which the illness was known, what was done, and what has been measured. It then lays the entry beside the atlas of the book on the body and counts by the form that this book names.

Form	Entries	Examples
Unread	19	The fevers, consumption, the poxes, worms, snakebite
Carrier	15	The flux, dropsy, sweet urine, blindness at night, the swollen neck
Wrong closure	14	High blood pressure, the headache, the back, melancholy, sleeplessness, craving
Seam	9	Pain of the heart, gout, stone, the clouded lens
Drift	7	The worn joint, the fading mind, the weakness of age
Over-read	5	Wheezing, the scaling skin, sneezing in spring
Direction	2	Hard stools, the monthly course
Frame and copy	2	Barrenness; the child that is lost
Other	20	No entry in the book on the body (17); none of the eight forms (2); the readers did not agree (1)

What each house did with each form is the core of the atlas.

With the unread the hospital won. It saw the organism and made the drug. The old medicines never saw it. They did find, by long trial on the sick, the bark and the wormwood against the fever that returns. They found the scratch that protects against smallpox.

With the carrier the old medicines did well, since a missing carrier can be found by what restores it. Liver against blindness at night and seaweed against the swollen neck were in use

many centuries before either carrier was known. So were iron against pale blood and the drink of evergreen needles against scurvy.

With the seam the old surgeons knew the act that closes it. They cut for the stone and pushed the clouded lens aside, at a price in lives and eyes that their books state.

With the wrong closure the old medicines offer rhythm, touch, company and, for the mind, a meeting that is given a form. Some of this has stood up in trials. Needling and bone-setting did at least as well as standard care for the back. Exercise did as well as the tablets for melancholy.

With drift nothing reverses the loss. Both houses now give the same advice: a daily order of movement, food and rest, kept up for life. The old medicines gave it first. The over-read is the form that the old medicines describe least clearly, and the atlas bears that out.

What the hospital took. Two tables of the atlas name the remedies that passed from an old medicine into the hospital's own practice. They have thirty-six rows. Quinine came from the bark of the Andes. The wormwood compound against malaria came from a Chinese handbook of the fourth century (Tu 2011). Aspirin came from willow bark, and the foxglove drug from a recipe of an old woman in Shropshire. The drug against the attack of gout came from the autumn crocus. The drugs that still the muscles in an operation came from the arrow poison of the Guianas and the Amazon. In almost every case the old medicine had the remedy. The hospital found the compound, the dose and the limits.

Where the old medicines erred. The errors have a pattern. A coherent picture was held against the facts, as with bleeding. A true remedy was dropped for want of an account: the cure of scurvy was found and lost at least three times. First aid was wrong where minutes count. An act of care carried the illness, as when the cord of the newborn was dressed with dung or ash. None of these errors comes from a lack of care or of observation.

One pattern has a name of its own in the book. Many troubles end by themselves within a term: warts, the crying of the first months, the wet bed. Any remedy that is used for such a trouble will be seen to work. The book calls it the potato, after a charm against warts. It explains much of the confidence of every old medicine, and of the hospital before it counted. It does not explain one trial of 1959. There a spoken sentence removed the warts of one side of the body (Sinclair-Gieben 1959).

The rules that held. Nine rules of the old medicines stood up in the entries. The raw must ripen. Two opposite illnesses need two opposite cures. Read first, and do not treat against the reading. Treat by the time. Go back to the place. Give the passage a term and a close. Take the remedy whole. Treat the household. Open a way, or hold the wall. None of the nine names a drug. Each is a rule of time, of place, of fit or of company.

What the hospital does not name. Seven illnesses of the old medicines have no name in the hospital. Three are laid to others: the illness that is sent, the broken rule, and the dead who hold on. Four lie in the person: too much thinking, hot and cold, longing, and the call. The

hospital meets every one of these patients and files them under other heads. The old medicines give each a name, a reading that finds it and an act that closes it. The harm of this group is grave. Where an illness is sent by a person, a person is blamed.

Where the meeting enters. At a few places the old medicines bring in the other half: madness, fright, possession, the falling sickness, craving, grief and dying. The hospital's own counts touch the matter. Voices are borne better where they are heard as kin (Luhrmann 2015). Nearly half of the widowed sense their dead (Rees 1971). Shamans who were examined beside their neighbours were no more ill than they (van Ommeren 2004).

None of these counts says what is met. Together they say that the meeting is common and that it comes at the edges of a life. The old medicines do not ask first whether the meeting is real. They give it a form: a time, a place, a guide and a return.

12. What has been measured, and what a trial cuts away

The trials of old healings show one pattern so often that the book states it as a rule. Single parts, tested alone against a sham, show small effects. Whole treatments, tested against other whole treatments, show large ones.

The largest analysis of acupuncture pooled 20,827 patients from 39 trials of lasting pain. Real needles were better than sham needles by a small margin, and better than no needles by a large one (Vickers 2018). In the German trial for low back pain, 47.6 per cent improved with real acupuncture and 44.2 per cent with needles at the wrong places. With standard care 27.4 per cent improved (Haake 2007).

In an Australian trial for irritable bowel, a standard Chinese formula and a formula fitted to each patient both beat the placebo. Fourteen weeks after the last dose, only the patients with the fitted formula were still better (Bensoussan 1998). In a German trial for the worn knee, twelve weeks of Indian medicine as its physicians give it was set against twelve weeks of the best conventional care. The first group improved by 61 points on the usual scale and the second by 32. The difference was still there after a year (Kessler 2018). A fitted Indian treatment has also been tested blind against the standard drug for inflamed joints, and it held its own (Furst 2011).

One trial shows where much of the effect lies. Patients with irritable bowel were put on a waiting list, or given sham acupuncture by a practitioner who said almost nothing. A third group received the same sham from a practitioner who took forty-five minutes, asked and listened. After three weeks 28, 44 and 62 per cent reported adequate relief (Kaptchuk 2008). Nobody had received real needles. What differed was the meeting. A later paper set a Navajo chant, an acupuncture session and a hospital visit side by side as rituals (Kaptchuk 2011). Others have proposed to drop the word placebo and to speak of the meaning response (Moerman 2002).

The old diagnoses have been measured too. Agreement between practitioners is low at the level of detail and much better at the level of the conclusion. In one study two or three practitioners of Chinese medicine examined each of 35 people. They chose from a list of 56 patterns, and agreement on the pattern was 23 per cent (Popplewell 2019). Ayurvedic physicians agreed poorly on the constitution and well on the final diagnosis (Kessler 2019). The types are not empty. In 262 Indian men who had been sorted into the three constitutions, 52 hereditary markers differed between the groups (Govindaraj 2015).

From these results the book draws six ways in which a trial tests less than the medicine. The trial removes the reading, since every patient receives the same remedy. It removes the whole, by taking one herb from a formula of twelve. It holds the meeting constant and subtracts it. It treats the practitioner as a part that can be exchanged. It cuts the term and stops measuring too early. And it measures at another depth than the one at which the medicine acts. None of this is an argument against trials. Each is a fault of design that a better design removes.

A fair verdict would answer five questions in order. Is the medicine safe as it is given today? Does the whole do more than the best other care? Does the reading add to the remedy? Which parts carry the result? Is there a compound that acts alone? Research has mostly gone in the opposite order. It began with the compound and found a few great drugs. It has hardly asked the third question.

The sum of the measurements is stated plainly. The firm findings concern what happens between people and what a person does with his own body. They are attention, being held, moving together, slow breath, slow exercise, stillness, and the release of a grudge. The pharmacies have given drugs, some of the most important ones. The whole systems have hardly been tested. And the claims that are peculiar to the old medicines are untested. No one has measured whether a healer sees into a body, or whether a cast names a cause. Traditional healers help people with the common distresses, and no help has been shown in the severe disorders of the mind (Nortje 2016).

13. Harm

The book sets the harms beside the benefits in one chapter. The harms lie in three places. The first is what is swallowed: metals, a few families of plants, and products that are not what they claim. One study bought Ayurvedic remedies on the internet, and a fifth of them contained lead, mercury or arsenic (Saper 2008). The second is what is left undone, when an old medicine stands in for a treatment that cures. People with curable cancers who chose alternative medicine alone were two and a half times as likely to die (Johnson 2018). The third is the naming of persons as the cause of an illness.

Set beside the benefits, the harms show a pattern. A dance, a chant, a family meeting and a slow exercise do not poison. A plant is most dangerous when it has been taken out of its use, concentrated, sold and taken alone.

Twelve rules follow from the record. They are what the record shows, and they are not medical advice for any one case.

1. Nothing replaces the treatment of a dangerous illness that can be cured. An old medicine is used beside it.
2. Every practitioner is told everything that the patient takes.
3. A remedy that is made with mercury, lead or arsenic is refused, whatever is said of its preparation.
4. A plant is known by its botanical name.
5. A remedy is bought where it is tested.
6. A plant is used as the tradition uses it: the same part, preparation, dose and length of time.
7. Children, the pregnant, the old and the gravely ill are given less, or nothing.
8. A needle is used once.
9. A vision plant is taken only with a healer who knows the person.
10. No one is named as the cause of an illness to those who might harm him.
11. No one is bound, beaten or starved.
12. A healer who forbids other help, or whose demands grow, is left.

14. Side by side: four findings of the reference part

Part IX sets the traditions side by side on several matters. Four results belong to the essence of the book.

What each tradition blames. A program went through the atlas and counted the kinds of cause that each tradition names. Mesopotamia names a god, a ghost or a demon in twelve of twenty entries. Egypt gives no cause in fifteen of twenty. Its papyri state what the physician sees, says and does. Chinese medicine names an organ, the *qi* or the essence in fifty of seventy-four entries, and a spirit once. Bile is named for Greece, for the Unani physicians, for India and for Tibet, and never for China. The soul that leaves belongs to the shaman's world. The count is of the book's own summaries and not of the whole literature of each tradition, and the book says so. It shows where each medicine looks first.

One plant in four pharmacies. Fifty-one drugs stand in more than one of four pharmacies: the Chinese, the Indian, the Tibetan and the Unani. The book compared the temperature that two pharmacies give to the same drug. Of 93 comparisons, 54 put the drug on the same side and 29 on opposite sides. In 10 one pharmacy calls it level. Sandalwood is warm in China and cold in India, in Tibet and for the Unani physicians. Camphor is hot in China and very cold in Tibet.

The conclusion is modest. The hot or cold of a drug is not read off the plant as its weight is. The fourth axiom offers a reading: the response of a medium depends on its state. On this reading a drug has no direction by itself. It has a direction in a body that is in a certain state. The book adds that this can be tested and has not been.

The hour, the day and the season. Every old medicine asks when. Where the clock is in the body, the old rules have held. Attacks of the heart are commonest in the first hours after waking (Muller 1985). The fevers of the third and the fourth day are the cycles of two parasites of malaria. Where the clock is in the sky alone, the rules have not held. Counts of births and of hospital admissions show no rise at full moon (Margot 2015). For blood pressure pills a trial of 21,104 patients found no difference between morning and evening (Mackenzie 2022).

Training, oath, fee and law. A healer is made by one of two roads. On the first he is taken: by an illness, by a dream, by the choice of an elder. On the second he applies, studies and is examined. The law followed the book. A medicine that could be read in a text could be examined, and one that could be examined could be licensed. The healer who was made by a calling had no paper to show. He was tried, taxed or forbidden. Between 1954 and 2013 a series of states invited the old healers back.

15. What each house asks of the other

The old medicines and the hospital have mostly met as rivals. In its last chapter the book sets out what each could ask of the other.

The old medicines ask eight matters of the hospital.

1. That the patient be read as well as the disease.
2. That the state of the physician be treated as part of the instrument.
3. That the meeting be measured and not subtracted.
4. That a treatment be given whole, and tested whole.
5. That the return be given its time: sleep, rest and a term of recovery.
6. That the end of a treatment, of an illness and of a mourning be marked.
7. That the family be seen when one of its members is ill.
8. That the keepers of knowledge be paid when a drug is taken from them.

The hospital asks seven matters of the old medicines.

1. That like cases be counted.
2. That remedies be tested for what they contain.
3. That the metals be given up.
4. That no one with a curable and dangerous illness be kept from its cure.
5. That no one be named as the cause of another’s illness.
6. That a failed treatment be recorded as carefully as a successful one.

7. That claims be stated in a form that can fail.

The two lists do not contradict each other. A medicine could keep both.

One question runs under both lists. The peoples without writing agree on six conditions for the knowing of the healer. The reader must be made, by a passage of his own. He must be made ready each time. The group must be present and at one. Rhythm and song must carry the work for long enough. What is seen must be acted on at once, at its place, and shown. And quiet must follow. The hospital keeps none of the six.

The literate medicines kept fewer of the conditions and kept a reading by contact. The Chinese physician works alone, without a group and without song. He kept his own long formation, his preparation on the day, and the quiet after the act. A reading by contact with no formation of the reader, no preparation and no quiet is not found in the book. The book draws a careful conclusion. The conditions can be reduced, and it does not seem that they can be removed.

16. What would count against the readings

A reading that cannot fail says nothing. The book lists results that would count against its own readings.

Reading	What would count against it
The pulse is read by a locking of physician and patient	Physicians reading the pulse show no more locking of breath and heartbeat with the patient than untrained people who hold a wrist
To read is already to treat	A full traditional examination, without treatment, leaves patients no better than a short interview
The healer must be the steadier of the two	Results do not differ with the practitioner's measured state
A fitted remedy closes what a fixed one does not	Repeated trials of fitted against fixed remedies, given blind, find no difference
The whole window must be offered at once	The parts of a formula or a ceremony, given singly, add up to the effect of the whole
Silence is part of the act	The same treatment does as well without the rest that the tradition asks
What does not close in a family passes on	Children in families that hold the Hawaiian meeting do no better than others
The form of an illness says whether it can be cured	A new set of illnesses, classified blind, shows no better than chance
Three nested rates close better than others	A direct comparison of triads shows no advantage

Few of these have been tested. The reading of the forms was tested and was found, modestly. Fitted remedies have been set against fixed ones under blind conditions in two trials. In both the fitted treatment held its own (Bensoussan 1998; Furst 2011). The comparison of three nested rates has not been run, and the measurements that exist do not favour it.

The book also lists where the theory has no place for what the traditions say and do. Five gaps stand out.

- **Persons.** Every medicine in the book deals with persons: gods who take offence, ancestors who are owed, relatives who hold a grudge. The theory reads ties. It does not read the one who wills.
- **Exchange and justice.** Sacrifice is found in every part, and the theory cannot read an offering. It also has no rule by which the world would answer conduct fitly.

- **Lack and balance.** The largest class of Chinese patterns concerns plain lack. Three of the great medicines define health as a balance of amounts. Closure is a matter of form.
- **The counts and the rates.** Five and twelve are closure depths in China and are not shown to be so elsewhere. The theory does not say why the oracles count in twos. One of the six rules expects three nested rates, and no healing practice was found to use them. The search looked for healing sound in rates that stand as one to three to nine. The rates that were measured stand as one to two to four.
- **The tie between the halves.** The reading of the other half is not derived from the axioms. The book says so, and calls this reading the least secured.

Three smaller gaps complete the list. The theory holds no object for the form in which the body attacks itself. Of sorcery it can say little. Of hot and cold it says nothing that the book would claim.

17. The essence

The essence of the book can be said in ten points.

1. An old medicine is a diagnosis, a naming and a healing of its own, carried by a community over generations.
2. Across twenty-five such medicines eighteen points of agreement return, most of them without known contact.
3. The first point is that the healer reads by making contact, and that the reading comes before the act.
4. Illness is also found outside the body: in the family, among the dead and in the land.
5. The most widespread act of healing is to take out what does not belong, with the patient watching. Its opposite is to bring back what has left.
6. One rule describes much of this: what closes persists, and what does not close passes on as tension.
7. The hospital took many of its drugs from the old pharmacies. It left the reading, the whole, the rhythm, the group and the silence behind.
8. The firmest measurements concern what passes between people and what a person does with his own body.
9. The old medicines erred where a coherent picture was held against the facts, and only the counting of like cases showed it.
10. Most of what is peculiar to the old medicines has not been tested, and the book says how it could be.

The book closes its last chapter with a scene. The oldest healers of whom there is a record are the San. They heal at night, in a ring, and the sick and the well are treated alike. “Every later medicine in this book is a narrowing of that scene. A specialist replaces the camp. A book replaces the song. A pulse replaces the dance. A formula replaces the hand.”

The hospital carries the narrowing as far as it will go, to a single compound for a single step of the body's chemistry. Each narrowing gained something. The last of them has saved more lives than all the earlier medicines together. The book has tried to say what each narrowing left behind, and to do so in terms that can be checked.

18. How the book was made, and its limits

The research was done in November 2026. The collecting and the drafting were done by an AI model on instruction of the author. The author set the question, the scope, the choice of the traditions and the reading with the theory.

The accounts of the traditions rest on the standard literature of each field. Details can be wrong. Numbers from trials were read in the cited papers or their abstracts during the research. The reference chapters of Part IX were drafted last, and only some of their sources were checked again. Some pieces of the book were made by a program from the rest of the text. Among them are the index and the tables that turn the atlas by tradition. A program finds a word and not a thought.

The reading with the theory was not tested against data in the book. No person other than the author has reviewed the text. The same holds for this essay.

The book describes and does not prescribe. Old remedies can harm, some of them badly, and an illness that a hospital can cure should not wait. Any change of treatment belongs with the person's own doctor.

Annotated references

The list is short by design. It gives the works that a reader needs in order to go on. The book itself has 762 annotated references, ordered by part.

The book and the author's sources

Konstapel, J. (2026i). *The Old Medicines and the Net: History, theory, diagnosis, illness and healing in the old medicines of the world, read with the Vacuum.Net Theory and VALIS*. First edition. Constable Research, Leiden, November 2026.

> The book that this essay describes: 1,523 pages, nine parts, 109 chapters, five appendices and an index. Begin with the preface and Part I. Use the atlas of Part VIII and the lists of Part IX for looking up.

Konstapel, J. (2026a). Theories of Illness and Healing Beyond the Pharmaceutical Model. constable.blog, 12 November 2026.

> The list of three hundred methods from which the book started. Each entry has a name, a short description and a link. Appendix A of the book follows its eleven groups.

Konstapel, J. (2026b). *The Vacuum.Net Theory: Foundations* and *The Vacuum.Net Theory: Physics*. Ninth Edition. Constable Research, Leiden, 27 October 2026. constable.blog.

The formal statement of the theory: five axioms, the window of three, the three elementary closures, the two ladders and the first knot. Every statement can be checked with pencil and paper. Read the Foundations before the Physics.

Konstapel, J. (2026c). *From Chemistry to Body and Mind: How it works, why it fails, and how to cure*. Third edition. Constable Research, Leiden, 12 November 2026.

Computes what the rule of closure gives above chemistry: chain, fold, membrane, cell, tissue, organ, rhythm, illness and cure, with an atlas of 375 illnesses. The source of the eight forms, the five layers and the four rules of cure.

Konstapel, J. (2026e). The Senses on the Ladder: The Vacuum.Net Theory and the investigation and restoration of human perception. Constable Research, Leiden, 4 November 2026. DOI 10.13140/RG.2.2.32195.36647.

Perceiving as a seam that closes; the senses as places on a ladder; six rules for acting on a living structure. The source of section 5 of this essay.

Konstapel, J. (2025). Wat is het Vast Active Living Intelligence System? en hoe toont het Zich? constable.blog, 11 October 2025. See also maze.swarp.nl/valis.

The source of the four figures and the five steps of a meeting. In Dutch, with long English appendices on the ancient parallels.

Dick, P. K. (1981). *VALIS*. New York: Bantam.

The novel in which the name appears. Half autobiography, half fiction. The reader sees a sharp mind trying to place an experience that will not be placed.

Frames for comparing medicines

World Health Organization (2019). *WHO Global Report on Traditional and Complementary Medicine 2019*. Geneva: WHO.

The only worldwide count of use, regulation and practice, country by country. Use it for numbers of member states and for the legal standing of each medicine.

Eisenberg, L. (1977). Disease and illness: distinctions between professional and popular ideas of sickness. *Culture, Medicine and Psychiatry* 1(1), 9–23.

The paper that separated what the patient suffers from what the doctor treats. Short and still fresh.

Clements, F. E. (1932). Primitive concepts of disease. *University of California Publications in American Archaeology and Ethnology* 32(2), 185–252.

The first world survey of the causes that peoples give for illness: sorcery, breach of taboo, object intrusion, spirit intrusion, soul loss. The language is of its time. The five headings have lasted.

Buckner, W. (2022). A deceptive curing practice in hunter-gatherer societies. *Humans* 2(3), 95–103.

Counts the cure in which a healer sucks an object from the patient's body in 62 of 89 hunter-gatherer societies, on every inhabited continent. The author calls the practice deceptive. The count stands apart from that judgment.

Kaptchuk, T. J. (2011). Placebo studies and ritual theory: a comparative analysis of Navajo, acupuncture and biomedical healing. *Philosophical Transactions of the Royal Society B* 366, 1849–1858.

Sets a Navajo chant, an acupuncture session and a hospital visit side by side as rituals. Written by a man who has practised one and studied all three.

Moerman, D. E. and Jonas, W. B. (2002). Deconstructing the placebo effect and finding the meaning response. *Annals of Internal Medicine* 136(6), 471–476.

Proposes the term "meaning response" for what trials call placebo. A good first paper on the subject.

The five families: where to begin

Eliade, M. (1964). *Shamanism: Archaic Techniques of Ecstasy*. Translated by W. R. Trask. Princeton University Press. (French original 1951.)

Still the widest survey of the shaman's journey, initiation and cosmos, people by people. Dated in its theory and too fond of Siberia as the model, but unmatched as a collection.

Katz, R. (1982). *Boiling Energy: Community Healing among the Kalahari Kung*. Harvard University Press.

The healers describe in their own words what they feel, see and do. No other book brings a reader so close to the experience of a healer in a hunting society.

Reichard, G. A. (1950). *Navaho Religion: A Study of Symbolism*. Bollingen Foundation and Pantheon.

The fullest account of Navajo doctrine, by a scholar who learned the language and was herself sung over. Explains power, control, order and the meaning of every ritual act.

Bascom, W. (1969). *Ifa Divination: Communication between Gods and Men in West Africa*. Indiana University Press.

The standard description of the system, from fieldwork with the diviners of Ife and other towns from 1937. It covers the instruments, the casting, the order of the signs and the sacrifice. It gives 186 verses in Yoruba and English.

Scurlock, J. (2014). *Sourcebook for Ancient Mesopotamian Medicine*. SBL Press.

Full translations of the main diagnostic and therapeutic tablets, with the original text. The reference work for anyone who wants to read the sources.

Nunn, J. F. (1996). *Ancient Egyptian Medicine*. British Museum Press.

By a physician who learned to read hieroglyphs. Covers the papyri, the healers, the doctrine of the body, the drugs and the diseases found in mummies. The best single book on the subject.

Edelstein, E. J. and Edelstein, L. (1945). *Asclepius: A Collection and Interpretation of the Testimonies* (2 vols). Johns Hopkins Press.

Every ancient text and inscription on the healing god, in the original and in English, with a study of the cult. The foundation of all later work.

Unschuld, P. U. and Tessenow, H. (2011). *Huang Di nei jing su wen: An Annotated Translation of Huang Di's Inner Classic – Basic Questions* (2 vols.). University of California Press.

The scholarly English translation of the first book of the Chinese classic, with the Chinese commentaries. The place to check any statement about what the classic says.

Wujastyk, D. (2003). *The Roots of Ayurveda: Selections from Sanskrit Medical Writings* (rev. ed.). Penguin.

The best introduction to the classical Indian texts, with long translated passages from Caraka, Sushruta, Vagbhata and others and a careful account of their dates.

Gyatso, J. (2015). *Being Human in a Buddhist World: An Intellectual History of Medicine in Early Modern Tibet*. Columbia University Press.

How Tibetan physicians weighed scripture against observation. The book follows the debate on the origin of the Four Tantras. It also follows the question whether the channels of the yogis can be seen in a body.

Pukui, M. K., Haertig, E. W., and Lee, C. A. (1972). *Nānā i ke Kumu (Look to the Source)*, vol. 1. Hui Hānai.

A Hawaiian elder, a psychiatrist and a social worker set down the Hawaiian understanding of family, illness, dreams, guardians and the setting right of relations. The chief source for Part VI.

Measurements: rhythm and the meeting

Schäfer, C., Rosenblum, M. G., Kurths, J., and Abel, H.-H. (1998). Heartbeat synchronized with ventilation. *Nature* 392(6673), 239–240.

The first clear demonstration that heartbeat and breath lock to each other in whole-number ratios for long stretches in resting people. Two pages.

Vickhoff, B., Malmgren, H., Åström, R., et al. (2013). Music structure determines heart rate variability of singers. *Frontiers in Psychology* 4, 334.

The hearts of choir singers speed up and slow down together, most with slow phrases of ten seconds. A small study. The figures show the effect plainly.

Bernardi, L., Sleight, P., Bandinelli, G., et al. (2001). Effect of rosary prayer and yoga mantras on autonomic cardiovascular rhythms: comparative study. *BMJ* 323, 1446–1449.

The rosary and a yoga mantra both slow the breath to six in the minute and strengthen the body's own slow rhythms. Read it for the idea that two traditions found one tempo.

Xygalatas, D., Konvalinka, I., Bulbulia, J. and Roepstorff, A. (2011). Quantifying collective effervescence: heart-rate dynamics at a fire-walking ritual. *Communicative and Integrative Biology* 4(6), 735–738.

Heart rates of fire-walkers and their relatives in the crowd move together. Those of unrelated onlookers do not. A rare measurement made inside a living rite.

Ellingsen, D.-M., Isenburg, K., Jung, C., et al. (2020). Dynamic brain-to-brain concordance and behavioral mirroring as a mechanism of the patient–clinician interaction. *Science Advances* 6(43), eabc1304.

Clinician and patient were scanned at the same time during treatment of pain. Their brain activity came to match, more so after they had met.

Tschacher, W. and Meier, D. (2020). Physiological synchrony in psychotherapy sessions. *Psychotherapy Research* 30(5), 558–573.

Heart and breath of therapist and patient come into step during sessions, and the step is linked to the quality of the bond.

Kaptchuk, T. J., Kelley, J. M., Conboy, L. A., et al. (2008). Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome. *BMJ* 336, 999–1003.

Waiting list, silent sham, and sham with a warm practitioner: 28, 44 and 62 per cent relief. The clearest proof that the meeting itself treats.

Witvliet, C. V. O., Ludwig, T. E., and Vander Laan, K. L. (2001). Granting forgiveness or harboring grudges: implications for emotion, physiology, and health. *Psychological Science* 12(2), 117–123.

Brow tension, skin conductance, heart rate and blood pressure in 71 students while they nursed a grudge and while they imagined pardon.

Kiecolt-Glaser, J. K., Loving, T. J., Stowell, J. R., et al. (2005). Hostile marital interactions, proinflammatory cytokine production, and wound healing. *Archives of General Psychiatry* 62(12), 1377–1384.

Blister wounds in 42 couples healed more slowly after a marital disagreement than after a supportive talk, and most slowly in hostile couples.

Sinclair-Gieben, A. H. C. and Chalmers, D. (1959). Evaluation of treatment of warts by hypnosis. *Lancet* 274(7101), 480–482.

Fourteen patients with warts on both sides. Suggestion was given for one side only. In nine of the ten who reached deep hypnosis, the warts of that side alone disappeared.

Measurements: the old healings and the old diagnoses

Vickers, A. J., Vertosick, E. A., Lewith, G., et al. (2018). Acupuncture for chronic pain: update of an individual patient data meta-analysis. *Journal of Pain* 19(5), 455–474.

> Pooled records of 20,827 patients from 39 trials. Real needles beat sham by a little and no needles by a lot. The reference point for every discussion of acupuncture.

Haake, M., Müller, H.-H., Schade-Brittinger, C., et al. (2007). German Acupuncture Trials (GERAC) for chronic low back pain. *Archives of Internal Medicine* 167(17), 1892–1898.

> Real acupuncture 47.6 per cent, sham 44.2, standard care 27.4. The trial that made German insurers pay for acupuncture.

Bensoussan, A., Talley, N. J., Hing, M., et al. (1998). Treatment of irritable bowel syndrome with Chinese herbal medicine: a randomized controlled trial. *JAMA* 280(18), 1585–1589.

> Standard formula, personal formula and placebo. Both formulas work, and only the personal one lasts after stopping. The best trial on whether individual prescribing matters.

Kessler, C. S., Dhiman, K. S., Kumar, A., et al. (2018). Effectiveness of an Ayurveda treatment approach in knee osteoarthritis: a randomized controlled trial. *Osteoarthritis and Cartilage* 26(5), 620–630.

> Indian medicine given as a whole against good conventional care: 61 against 32 points of improvement, lasting a year. The model for testing a system instead of a fragment.

Kessler, C. S., Morandi, A., Kumar, S., et al. (2019). Reliability of Ayurvedic diagnosis for knee osteoarthritis patients: a nested diagnostic study within a randomized controlled trial. *Journal of Alternative and Complementary Medicine* 25(9), 910–919.

> Ayurvedic physicians agree poorly on constitution and digestive fire and well on the final diagnosis. Read with Kessler 2018.

Furst, D. E., Venkatraman, M. M., McGann, M., et al. (2011). Double-blind, randomized, controlled, pilot study comparing classic ayurvedic medicine, methotrexate, and their combination in rheumatoid arthritis. *Journal of Clinical Rheumatology* 17(4), 185–192.

> Individually prescribed Indian drugs, each with its own matching dummy, tested blind against the standard drug. The model for testing a fitted treatment.

Popplewell, M., Reizes, J. and Zaslawski, C. (2019). Consensus in traditional Chinese medical diagnosis in open populations. *Journal of Alternative and Complementary Medicine* 25(11), 1109–1114. DOI 10.1089/acm.2017.0148.

> Thirty-five members of the public, two or three practitioners for each, a list of 56 patterns: 23 per cent agreement. The plainest figures on how far Chinese pattern diagnosis repeats.

Govindaraj, P., Nizamuddin, S., Sharath, A., et al. (2015). Genome-wide analysis correlates Ayurveda Prakriti. *Scientific Reports* 5, 15786.

> Fifty-two hereditary markers differ between the three constitutions in 262 men sorted by Ayurvedic physicians. The first hard sign that the types are more than a manner of speaking.

Tu, Y. (2011). The discovery of artemisinin (qinghaosu) and gifts from Chinese medicine. *Nature Medicine* 17(10), 1217–1220.

The discoverer's own account of the drug against malaria, including the old text that told her not to boil the herb.

Nortje, G., Oladeji, B., Gureje, O. and Seedat, S. (2016). Effectiveness of traditional healers in treating mental disorders: a systematic review. *Lancet Psychiatry* 3(2), 154–170.

Thirty-two studies from twenty countries. Help for common distress; none shown for severe illness. The fairest summary available.

Luhrmann, T. M., Padmavati, R., Tharoor, H., and Osei, A. (2015). Differences in voice-hearing experiences of people with psychosis in the USA, India and Ghana: interview-based study. *British Journal of Psychiatry* 206(1), 41–44.

Sixty patients in three countries. The American voices were harsh strangers. Many Indian and Ghanaian voices were kin or God.

Rees, W. D. (1971). The hallucinations of widowhood. *BMJ* 4(5778), 37–41.

Of 293 widowed people in one Welsh district, nearly half had sensed the presence of the dead spouse. Most found it helpful and had told no one.

van Ommeren, M., Komproe, I., Cardeña, E., et al. (2004). Mental illness among Bhutanese shamans in Nepal. *Journal of Nervous and Mental Disease* 192(4), 313–317.

One of the very few studies that examine shamans and their neighbours with the same psychiatric interview. No excess of disorder among the shamans.

Time, counting and harm

Morabia, A. (2006). Pierre-Charles-Alexandre Louis and the evaluation of bloodletting. *Journal of the Royal Society of Medicine* 99(3), 158–160.

A short, exact account of the first numerical test of bloodletting: seventy-seven patients, the two groups, the deaths, and the weakness of the comparison.

Muller, J. E., Stone, P. H., Turi, Z. G., et al. (1985). Circadian variation in the frequency of onset of acute myocardial infarction. *New England Journal of Medicine* 313(21), 1315–1322.

Among 2,999 patients the attacks peaked between six in the morning and noon. In those whose attack was timed by a blood test, it began three times as often at nine in the morning as at eleven at night.

Mackenzie, I. S., Rogers, A., Poulter, N. R., et al. (2022). Cardiovascular outcomes in adults with hypertension with evening versus morning dosing of usual antihypertensives in the UK (TIME study). *Lancet* 400(10361), 1417–1425.

In this trial 21,104 patients took their usual pills in the morning or in the evening, by lot, and were followed for a median of 5.2 years. The hour made no difference to heart attack, stroke or vascular death.

Margot, J. L. (2015). No evidence of purported lunar effect on hospital admission rates or birth rates. *Nursing Research* 64(3). DOI 10.1097/NNR.0000000000000086.

An astronomer re-analyses a paper that claimed an effect of the full moon, shows the errors in it, and sums up the larger studies, which find none.

Saper, R. B., Phillips, R. S., Sehgal, A., et al. (2008). Lead, mercury, and arsenic in US- and Indian-manufactured Ayurvedic medicines sold via the Internet. *JAMA* 300(8), 915–923.

A fifth of the remedies contained toxic metals. Required reading before taking any remedy of this kind.

Johnson, S. B., Park, H. S., Gross, C. P., and Yu, J. B. (2018). Use of alternative medicine for cancer and its impact on survival. *Journal of the National Cancer Institute* 110(1), 121–124.

People with curable cancers who chose alternative medicine alone were two and a half times as likely to die as those who took standard treatment.