The gap between theory and practice is as old as the history of medicine itself. We´ve clearly come a long way from the Hippocratics, and from the ancient Greek physician Galen - although if one reads them, one can only admire their brilliance and their capacity for observational acuity, more or less from scratch. But we shouldn´t forget that blood letting, for instance, remained a standard, mainstream medical practice even after William Harvey had demonstrated the circulation of the blood - and thus destroyed the metaphorically useful but overly vague and generalising humoural theory, on which such a practice was based.

The line that we draw between ´alternative´ and ´traditional´, between ´folk belief´ and ´established truth´ is - in large part - culturally mediated, historically situated, and much more porous than it might seem. This is because, as many participants in this spiked-debate have pointed out, there´s so much we don´t yet know.

But the best doctors and scientists are the first to agree with this. Scepticism, not prejudice, informs good science. And so there is, as yet, no good reason to believe that the medicine we practice today is necessarily and at all times at odds with the alternative remedies that so many people resort to.

Quacks exist, and have always existed. (The term ´quack´ actually originates in the seventeenth century.) For this reason, alternative practitioners should be regulated much more stringently. We should take seriously and at face value the possible success, and the actual or potential virtues, of some of these alternative practices, and we should not conflate them all with quackery. Homoeopathy is a special case - similar to traditionally alchemical beliefs in the past, that were even at odds with the wholly allopathic methods of the Galenists.

It is clear that treatments that have tended to work for two millennia should be investigated, and many in the medical establishment are aware of this. Long-term research into acupuncture is being pursued now, at a high level, at a hospital in Boston. A few - not all - of the herbal remedies or even alchemical concoctions imagined in the past, without knowledge of molecular biology, were actually effective. Some retrospective research can yield interesting results. We can apply our technologies to such an understanding.

Furthermore, one positive feature of Galenist medicine was its reliance on the mind-body unity. Generalists were higher in the medical hierarchy than specialists, who were considered mere technicians, and dubbed ´empirics´. Today´s hyper-specialisation can lead to misdiagnosis. One might go see a dermatologist for a skin ailment, say, and not pursue investigation at a systemic level.In a sense, we need to have an idea of what is wrong with us before we actually see the clinician.

This places an onus upon all specialists, to pay attention to the body as a whole, and realize that an ailment for which a patient came in might not partake of their field of expertise. Good oncologists know this. As for the phenomenon of placebo, it should give us pause for thought. No one yet understands how exactly it works, even though it is clear that it often does, at least symptomatically. The new field of neuro-immunology might help us to understand this.

Doctors who are concerned with the welfare of their patients rarely dismiss a practice simply because its causality isn´t understood. Medical wisdom isn´t the same as technological power, or scientific expertise. Medical wisdom has to do with interpretation - with human interaction, instinct, and attention to details that may not seem at first to have much to do with the ailment that the patient comes in with.

Hippocrates would be dismayed by standard, speedy medical practice today. But he would certainly be fascinated by the enormous bounds in medical knowledge, and no doubt would approve of it. He would also approve of this spiked-debate.