

Emphasising prevention, developing therapies, complementing approaches

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Full Text

Innovation in medicine is keeping in step with aggressive marketing of health services. The patient-consumer has at his disposal a vast array of therapeutic facilities, all attractively packaged, and convincingly portrayed. The physician too has to keep abreast of a sea of fresh information bombarding him from numerous quarters, some genuine, some not so genuine. And he often finds himself at a loss to discriminate between the two.

Health awareness has increased. So has the average life expectancy. Medical science boasts of a vast array of treatment modalities for an equally vast array of diseases. Distress has been ameliorated, disability curtailed, death postponed.

And yet, if the booming medical practice and pharma industry are any indication, the patient population has not reduced. In fact, it has multiplied. Not all of this is because of increased health awareness. While individual distress may have been reduced, individual disability curtailed and individual death postponed due to better treatment facilities, the number of distressed have not reduced. Neither have the number of disabled, nor that of the dead.

What does this signify?

It signifies, if nothing else, that while individual disease treatment is progressing, so also is human pathology. Newer and more ingenious ways of falling ill are seeing the light of day, and the body is finding newer ways of getting out of order.

Sicknesses are not reducing in number. They are changing in type. If infectious diseases and malnutrition took their toll in the earlier centuries (and in certain sections of the world even today), life style diseases, chronic conditions and neoplastic disorders are taking their toll in the present. It is almost like changing fashions in the world of disease.

If we ever do feel we are successful in reducing morbidity and mortality of these conditions, along will come new diseases introduced by use of modern technology. This century will surely witness an upsurge in sicknesses from use of wireless technology, permissive morality and greater commercialization. It will be compounded with deaths not because of infectious epidemics, but mass destruction due to external calamities like earthquakes, floods, tsunamis and hurricanes. As also man-made ones like terrorist attacks using modern technology on inimical civilizations. As though aiming to convert modern technology itself into an inimical civilization.

Wireless technology in the form of the Internet, the cell phone, the computer and the television has invaded most homes. The long-term effects of these radiations have still not been studied on a large enough scale for us to draw definite conclusions. But they have the distinct potential of becoming an important source of new disease proliferation.

Similarly, newer, more efficient transport will result in greater vehicular and other accidents, and greater environmental pollution, which will further add to human disability and mortality. Death and disability will find alternative methods to manifest.

We know how permissive morality has already resulted in an epidemic of AIDS. But this may just be a precursor of many such conditions that will pervade and influence many disease processes, either as distinct entities, or as important co-morbid manifestations. The subtle influences of such socioethical factors are hardly studied and poorly understood for obvious reasons: it is inconvenient, and science has poorly validated methods to study them.

Greater commercialization will increase social competitiveness and strife. The effect this will have on newer disease manifestations as stress levels rise all around, will be to keep the man with the stethoscope busy, and the eyes under the microscope strained.

It is as though the kaleidoscope of disease changes its form with every new twist of the passage of time and human condition.

The bottom line is: it is naive to believe that medicine will capture disease. It will, hopefully, ameliorate symptoms and make life live able. Diseases as an entity will always exist, indeed prosper, assuming new forms and playing new roles, almost like stars in films. Only we are talking of tragedy roles here, if not villainous ones. Similarly, the man of medicine who sells his wares will keep prospering. But essentially, it will be a criminal- policeman, or catch-a-thief game. Diseases will find newer ways to manifest, doctors will find newer ways to treat. The process to stem the origin of disease itself is not one that is attractive to mainstream medicine, for it may undermine its very existence. And the considerable clout it wields, as also the burgeoning establishment it helps support. Trust the fact that very little work will ever be done in this direction

One thought that comes to mind here is: is it possible to get out of the frame of this kaleidoscope? To think in terms of living disease free? Could, individuals, families, even societies decide to live that way? The ways of the Abkhasians for example, who reportedly live relatively disease free and long lives? Could more studies of longevity and health predominate in our research agenda? Could we change focus from treatment to prevention? Not the lip service that it is often given today, but the concerted, focused effort of really bright dedicated minds. Minds that are preoccupied at present with treatment rather than prevention? That is the point at issue.

The challenge before modern medicine is of course to utilize technology to ameliorate disease. But the greater challenge is to curtail the processes that germinate and bolster disease. In doing the former, we make life live able. But in doing the latter, we make it glorious.

Preventive Medicine, Complementary Medicine and Religious Spirituality and Practices

In bringing about the latter, there is a great role for Preventive and Social Medicine. It is the only branch that concentrates energies on prevention of diseases, and looks at those biosocial processes that generate it. Its importance in today's world can be hardly overemphasized, although that does not mean it will be given the position

it deserves. Moreover, it must become an attractive branch where the brighter minds go; not, as one is sorry to note, just a refuge for the also-rans, as it often is in medicine today.

The importance of preventive and social aspects of all medical conditions will have to be researched on a war footing. This must combine with Alternative and Complementary Medicine. We, in mainstream medicine, look with bemused tolerance at their antics. Especially at their fantastic claims to treat everything with their relatively small therapeutic arsenal. They make fantastic claims probably more to justify their existence rather than their scientific sustainability. But we may neglect their approach, or pooh-pooh their achievements, at our own peril. These branches are indeed handling a number of chronic conditions, in which mainstream medicine is offering poor help, if at all. And if their burgeoning clientele is any guide, they seem to offer solace.

The effect of life style changes and attitudes that religion in general and spirituality in particular emphasize, maybe another close ally in disease prevention and amelioration. The eternal tenets of all religions are human growth and nurture oriented. The importance of prayer, compassion, peace of mind, brotherhood and philanthropy must be studied as means of stress level reduction, and whether they can help in overall disease amelioration. The man with inner calm is more likely to be disease free. Can scientific evidence be generated for this hypothesis, either way?

The Other Trinity

Hence, we envisage a two-pronged strategy. At the disease treatment level, newer treatment approaches must be sought for, and we must continue to do our bit. But at the disease prevention level, which we must consider of equal if not greater import (more so as it has been neglected hitherto by mainstream medicine), we must take a close look at the Trinity of Preventive Medicine , Complementary Medicine and Religious Spirituality and Practices . And see if it works.

If these approaches can understand their significance, and learn to work in tandem rather than at loggerheads, somewhere down the line, disease as an entity may significantly reduce. That is the challenge before modern medicine, as much as before the modern man.

But if disease reduces, how would death occur? For it has to, as man cannot survive indefinitely. Neither can the globe support an ever-escalating population. Man will then voluntarily reduce progeny production, which is already happening in some sections of society. And man will have a greater chance to decide when and how he wants to give up living, after he has lived a full and complete one. This is possible only for a fortunate few at present. It will be so for a larger section of the populace. Deaths due to life style and other such problems will reduce, and death as it should occur - as the culmination of a life led fully and well - will have a greater chance to manifest.

That also is the challenge before modern medicine, as much as the goal to achieve for modern man.

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