

Three Medical Points of Observation

-Arousing medical awareness in patients and physicians-

The future medical reference system of observation should unify three interactive points of human health behavior. Although this is a tall scientific order, in terms of practical and methodical labor of the physician profession, the technical stage of exponential knowledge automation (exponential medicine) will make this quantum leap feasible, in the next two decades. The societal development of this new health and healing paradigm is connected to the gradually evolving economic wave of holistic health as the real growth engine of the 21st century, i.e. the healing of people as the best future investment program.

Future, exponential medicine, human health, reference system, observation point, growth, investment, economic wave.

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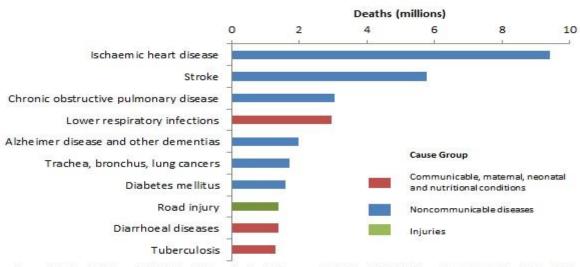
Epistemology is much more than a scientific methodology, it is also very much about our deep knowing and sensing reality as practically experienced by our living human body (and mind). It is not only what do we know, but also how do we know? The total and full dissection of the human body was completed at the height of the industrial age (19th century) and served as the medical foundation of the modern physician profession, with an upgraded societal status. Scientifically, this was a giant step in the medical history of humanity, which started in Sumer with rational and magic methods of medical prescriptions. This epistemological dominance of somatic medicine (palliation), despite its scientific progress, has caused a mechanic intellectual view of the living human body and its organic complexity, in medical intervention strategies terms of (anatomy=palliation=mechanics; physiology=cure=relativity; psychology=early detection=regulation/quantum; spirituality=prevention=information/field). The medical levels of healing strategies should be better integrated to create an aware medicine, where the priority list of treatments reads: prevention—early detection—cure—palliation. Treating the patient's underlying spiritual problem and enhance spiritual well-being, which is the source of the medical malady, can factually affect the physical symptoms. The medical profession is already entering an exponential phase of development, which will 'informatize' medicine, in terms of real time healing techniques, connecting mental and physical health as organic unit.

Understanding the philosophy of the metron (measurement space, parameter and unit) beyond medical epistemology (in terms of decision-making, diagnostics and prognostics) requires reflecting about the 'medical radar image' on the top. The first circle (point I) signifies the living human body (inside), the second circle (point II) implies the direct environment (the edge or interface of the human body) and the third circle (point III) refers to the greater context (everyday world) of the living human being. Reference system point III is the observation method of the natural sciences, based on the laboratory, defined algorithms and linear metrics (formulations, equations, calculation); in any case, the perception of an event is from an external position. Engineering and technology are among its most exact applications (also in medicine). Reference system point II is the viewpoint of the social sciences, where inter-actions between internal and external preferences is

measured, in terms of empirical data, field research and methodical validation. Economics is its most precise application, concerning human demands and supply, exercised value preferences and transaction accounting, though only in statistical post mortems (not in real time). Reference system point I are the human sciences, where heuristic searches, pattern recognition and action profiles try to measure internal states of the living human being (body), such as emotions, cognitions and intuitions (in sleep or awake). Logic is the most elaborated discipline, in this methodical respect, and cognitive neuroscience, i.e. real time scanning of human brain activities. However, no point of reference is an isolated one, but an illness or disease is finally located in the living human body. For example, death and dying is an entropic process, where our thermodynamic body loses temperature (warmth) and merges gradually with surrounding matter (cold), i.e. a healthy body (and mind) has a clear-cut interface (boundary) with the surrounding physical world. Life is factually made possible by free energy (light) from the sun, which is pro-creatively processed in chronobiological rhytms by organisms; this also implies a food chain (eating and being eaten).

Pain and suffering do accompany any illness and disease and are in our living human body; the medical attention and arousal of the patient lies in the first circle and point I of the radar signal chain. The physician is the trained expert, who works from the third circle and point III; except for some dermatological symptoms, most illnesses and diseases are hidden in the body; several metrons are applied to locate the center of an illness and a disease, i.e. a wide array of technical methods can be used to diagnose and hopefully treat the source of suffering and pain by drugs, surgery or similar techniques. The second circle or point II plays not an important role in the current priorities of the observation reference system, although most medical pathologies start at the direct interface or edge of the living human body. The current reference system of medical observation can be likened to a car repair workshop, concerning the intelligence procedures involved. This works very well in the case of clear-cut somatic pathologies and emergency medicine, where fast medical action is required to maintain the life of the patient. However, the great medical (mass) pathologies of our time cannot be treated this way, may it be physical or mental health, and most of these chronic diseases have a mathematical curve or function, which indicates epidemic nature. Accordingly, it is imperative to complete the reference system of medical observation by all three points of metric techniques and possibilities.

Top 10 global causes of deaths, 2016

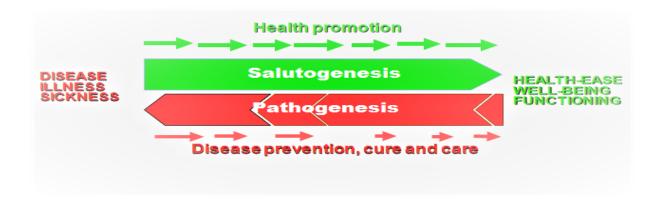


Source: Global Health Estimates 2016: Deaths by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.

The expansion and integration of the metric horizon can be done by applying three relatively new fields of medical study and action, namely salutogenesis, psychoneuroimmunology (PNI) and neurotheology. These innovative fields have great empirical potential, concerning the methodical detection of root sources of human suffering and pain as expressed by acute illnesses and chronic diseases. We should, scientifically and step-by-step, try to bend the arc of medical healing from somatic medicine to spiritual science, but not in normative terms of practical therapies. Let us now specify these three single key elements (concepts) of a new health and healing paradigm, which tries to unveil the natural complexity of the living human organism, in terms of body and mind:

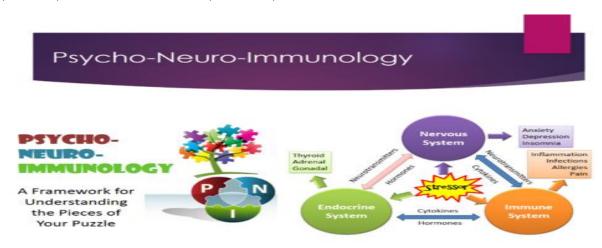
---Salutogenesis---

Empirical health research has found strong evidence that people do mobilize their resistance resources against stressors very differently, hence there are successful and healthy coping strategies against pathological stress, which is considered the general trigger of causing suffering and pain, leading to illness and disease.



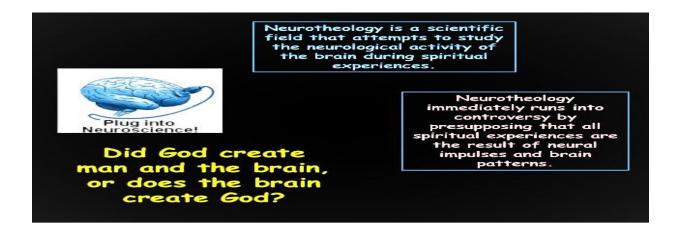
---Psychoneuroimmunology---

Strong empirical evidence points to the biology of hope and the learned ability to steer and control our moods by mental and physical techniques of meditation (inward) and concentration (outward).



---Neurotheology---

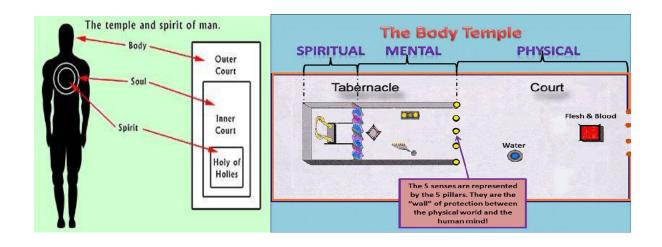
Also called spiritual neuroscience or neuroscience of religion; it points to the empirical evidence that certain spiritual activities do have a healing function for the human body and mind, i.e. many ancient practices, like combining breathing and praying, possess these fundamental medical qualities.



Nature is principally non-deterministic (neither linear nor stochastic), and the many unsolved methodical problems of motion in nature do not generate from the evolutionary complexities and chaos of non-living and living systems, but quasipredictability is a vital part or element of nature. This limited applicability of our mathematical methods (physical and biological analogies included) carries an important medical message for patients and physicians: we can hopefully prevent, treat, cure and heal, but it is unwise to build our humanitarian and technical expectations on simple or linear cause-effect-models. We must be prepared for the unexpected event and bend the medical arc of healing (from somatic medicine to spiritual science), because the pre-dominant feature of nature is quasipredictability and non-determinism. This is especially true for the biological evolution of living organisms, where Shakespeare's imperative of to be or not to be is engraved into the genetic hard drive. Consequently, medical science must operate like the wise, experienced and talented chess player, who never plans game options, but exercises one-to-none move mentally, i.e. the industrial assembly line is, therefore, the false future model for the medical profession, but the craft workshop is the better and adequate one.

The human opposites of suffering and pain are joy and fun. A 'hedonist' consumerist culture, where paying for material pleasures is paramount, has great difficulties to understand and accept the medical and psychological foundations of suffering and pain, because they cannot be 'paid away', even if the tech-knowlogy would be totally perfected. Human suffering itself never heals but understanding and analyzing the vital significance of painful states implies the power of healing, in terms of voluntary mobilization of the healing potential. To develop the full potential of an individual as complete personality is not possible

without painful states of suffering; the reformation of a personality and the change to real modification (rectification) of individual character implies acute and even chronic states of suffering, pain and an active fight with the 'shadows in and of our life'. The personal growth to more lived harmony, with ourselves and our adversaries, is at the same time a healthy growth of our living body and mind. It is, therefore, vitally decisive to listen to the signals of pain and suffering, at best at the above-mentioned stages of prevention and early detection, i.e. not to wait until the later and medically more complicated stages of cures and palliation. Controlling the elements of nature in the living human body means to evoke a spiritual response in the human mind; this is what the second book of Moses (15:26) teaches: I am, the Lord, your healer; patient heal thyself, physician heal thyself. The healing force in our living human body can be compared to the generation and emission of structural waves by spiritual self-regulation, in terms of conscious meditation (inward, mental exercises, e.g. positive imaginations) and concentration (outward, physical exercises, e.g. breathing). Concerning the medical problem of aging, a decoupling of aging and disease should be the scientific target. The author is very skeptical about singularity claims to undo aging and proposes to medically focus on the quality of living, in terms of humanistic psychology (our body, our temple, keep it clean).





CONCLUSIONS

The practical connection of the elaborated three points of observation is the methodical task of future medical science. Exponential knowledge automation (exponential medicine) of the next two decades can make this a technical reality, if the humanistic capacities are enhanced steadily. All three points of observation are part of **one** medical reference system, which can bend the arc of human healing and health from somatic medicine towards spiritual science.







Links/References (for further study)

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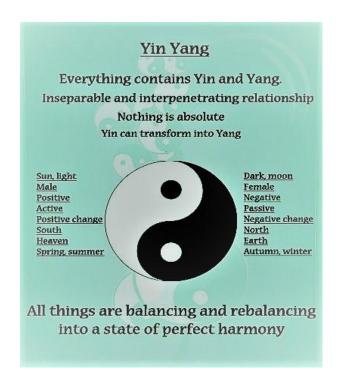
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"We are not meant to be perfect, we are meant to be whole."

