

Healing art vis-a-vis the art of War: Neglect of ancient wisdom

A physician who belonged to a family of healers in ancient China was once asked which one of his three brothers applied the most wisdom in the healing arts. The famous doctor of ancient China replied,

“My eldest brother sees the spirit of sickness and removes it before it takes shape, so his name does not get out of the house.”

“My second brother cures sickness when it is still extremely minute, so his name does not get out of the neighborhood.”

“As for me, I puncture veins, prescribe potions, and massage skin, so from time to time my name gets out and is heard among the lords.”

[From Sun Tzu's *The Art of War*. Translated by Thomas Cleary. Shambhala, Boston and London, 1991.]

This ancient Chinese wisdom sums up the paradox of fame attributed to practitioners of medicine. The translator of Sun Tzu's classic goes on to explain that while the healing art and the art of war may appear to be poles apart, they involve common strategies, which draw on ancient wisdom. Sun Tzu, the ancient Chinese general mentions in *The Art of War*, that winning 100 battles by fighting the enemy requires immense skill and intelligence, but winning 100 battles without fighting a single battle is the real art of war which avoids the exorbitant costs of fighting 100 battles. This ideal strategy where one could win without fighting; accomplish the most by doing the least, stems from the philosophy of Taoism, the ancient tradition of knowledge that fostered both the healing arts and the martial arts in ancient China.

Attitudes have not changed much from the days in ancient China. When planning health services, the focus is usually on diseases and their treatments, which conveys (wrongly) that the only way to solve the health problems of populations is medical assistance and health insurance systems.^[1] Countries devote the bulk of their health budget for taking care of sick people while much better results could be achieved by preventing illness and promoting health.^[2,3] The glamour and prestige associated with medical tourism

in India, which mostly deals with heroic medical procedures such as joint replacements, cardiac bypass surgery and other areas of advanced medicine and which is growing at an annual rate of 30% making it worth \$ 2 billion by 2015^[4] further testifies that even today “visible medicine and end-stage surgery” attracts fame from far and wide. Medical tourism in India is promoted to encourage “centers of medical excellence” and enjoys state support in the form of subsidies.^[5] Ironically, India, which has become one of the favored destinations for medical tourism because of its state of art advanced medical and surgical care, has one of the worst statistics for infant mortality and under-five malnutrition.^[6] Similarly, in the sphere of war and turmoil, according to the Stockholm International Peace Research Institute, global military expenditure totaled \$1,747 billion, around 2.4% of world gross domestic product.^[7] Both in the healing art and in the art of war the ancient wisdom of Sun Tzu suffers from neglect.

Health and illness depend on everyday life and on social and environmental conditions prevailing both at the micro and macro levels.^[8] Economic and other stressors due to social transitions can adversely affect the health of the population. Social transition can lead to health transition due to shifts in environmental risks, changes in human ecology, diet, disease patterns, nutrition and longevity. Rapidly developing economies are facing health challenges. All these changes call for a “multidisciplinary wisdom to promote the health of the population.” WHO has called for “action across sectors” for health and equity.^[9] It states that action across sectors is important in all countries at all levels of development, but particularly important in low and middle income countries because of weak physical infrastructure such as lack of safe water supply, waste management and sanitation challenges, lack of social protection, rapid economic development, weak regulations and limited access of population to health care facilities.

The lack of a multidisciplinary approach to health results in failure to respond to health emergencies such as natural disasters or outbreaks of diseases like Ebola.^[9] Such situations require the participation and co-operation of various sectors such as health, trade and commerce, industry, education, social sector, media and travel and tourism.

Part of the paradox can be explained by the lack of common perception of the nature of health. The common view of health is “absence from disease.” This concept results in allocating all resources toward treatment of diseases at the cost of efforts to preserve and promote health. To some extent the WHO definition, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” attempts to focus on the promotion health. However, the definition does not guide action. It also does not incorporate the subjective nature of health from the individual’s point of view. For example, a person with a chronic disability may compensate by developing alternative skills and may feel healthier than a person without any disability. The broad WHO definition of health does not bode well for multidisciplinary efforts toward a common goal for achieving universal health for humanity. Further, in 2010, an international conference attributed the “medicalization of society” to the WHO definition, due to its limitation in adequately dealing with chronic diseases and the concepts in the definition not being “operational” or “measurable.” The phrase “complete physical, mental and social well-being” would leave most of us unhealthy most of the time.^[10] It would tend to support the interests of the medical technology and drug industry. Newer and newer screening tests may be promoted to detect abnormalities that may never cause illness. Drug companies may develop drugs for “conditions” not previously defined as health problems.^[10] To overcome these deficits, the conference advocated that a definition of health should include “the resilience or capacity to cope and maintain and restore one’s integrity, equilibrium, and a sense of wellbeing.”^[10] While the core principles such as “resilience and coping” “integrity and equilibrium” and “sense of well-being” were identified in the conference the participants stopped short of charting a new definition of health which would provide for a multidisciplinary approach to health for all.

Bircher and Kuruvilla^[11] have proposed a new definition of health based on a model of health conceptualized by them. They worked on the premise that workers in health and related sectors often worked in isolation even on problems, which were interlinked. They realized that this calls for a greater interdisciplinary integration in areas of economic development, social development, environmental sustainability, peace and security. A common vision of the nature of health and its determinants would lead to multidisciplinary collective efforts to attain the goal of health for humanity.

To develop this model, which they named the “Meikirch model” after the name of the native village of Bircher,

they used both inductive and deductive methods based on empirical evidences and theoretical precepts.

They summed up the definition of health using this model as follows.

Health is a state of well-being emergent from conducive interactions between individual potentials, life’s demands, and social and environmental determinants.

Health can be maintained throughout the life of the individual when the potential of the individual and the social and environmental determinants — suffice to respond satisfactorily to the demands of life. The demands may be physiological (e.g., pregnancy, lactation), psychosocial (e.g., personal development and social integration, disaster stress in survivors), or environmental (e.g., extremes of temperature, pollution, disease agents, etc.), and vary across individuals and contexts. An unsatisfactory response, however, leads to deviation from health. The model is reproduced in Figure 1 with permission of the original authors.^[11] The model comprises three main constituents of health:

1. Individual determinants that include potentials of individuals, which can be biologically given or personally acquired — to meet life’s demands;
2. Social determinants of health; and
3. Environmental determinants.

These determinants interact and can modify both the demands of life and potentials-to react appropriately or inappropriately to these demands. In subsequent paragraphs, each element in the model is described further

The model postulates that for optimum health, each individual must have the resources — that is, the

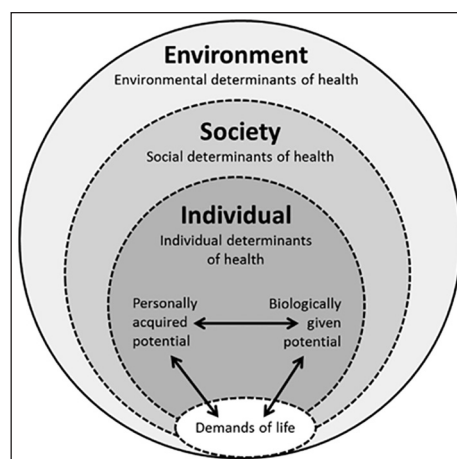


Figure 1: Illustrating the components of the Meikirch model

potentials—to meet the demands of life. The figure below [Figure 2], indicates the relationship between the biological and the personally acquired potentials during the lifetime of a person

The biologically given potential at birth is finite depending on the genotype and the quality of the pregnancy. Subsequently this potential decreases and at the time of death it is zero. Any disease or injury will diminish the biologically given potential either temporarily or permanently depending on the severity of the illness.

The personally acquired potential is the cumulative effect of all the physiological, mental, social resources an individual acquires during the lifetime from womb to tomb. It enhances in favorable social and physical environment as shown in Figure 2. Personally acquired potential can compensate appreciably for deficiencies in biologically acquired potential. This can enable people with deficiencies in biologically given potential consider themselves healthy if the deficiency can be compensated by enhancing the personally acquired potential for, e.g., a diabetic under successful treatment and lifestyle modification. This has important implications for the multidisciplinary approach in rehabilitation medicine. This positive outlook is not possible with the classical WHO definition of health, where any deviation from “complete...health” would stigmatize a person to a sick role with its negative connotations.

Social factors can affect health positively or negatively. Populations with economic equality have better health indicators. While in many parts of the globe poverty, poor living conditions and poor working conditions coupled with poor educational opportunities during the formative years limit the health of the population.

From a multidisciplinary perspective, it is the role of governments and world leaders to create the social environment, which facilitate social, economic, and political

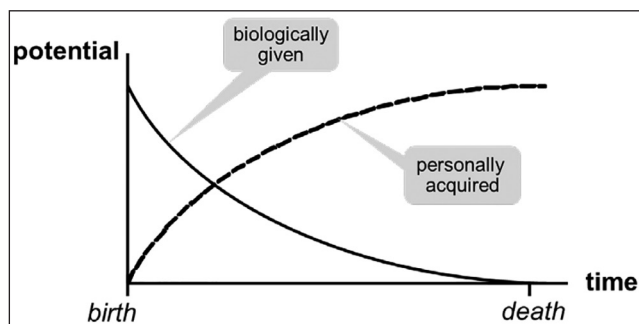


Figure 2: Time course of the two potentials in favorable life circumstances

participation and enable individuals and populations to achieve optimum health.^[12]

Environment, development and health are closely linked.^[13] The living and occupational environment directly affect health. At the micro level, indoor and outdoor air pollution, water contamination are important causes of diseases. Cleaner, more sustainable energy technologies and water sources will promote health and development. At the macro level, dwindling natural resources, population growth, and the effects of climate change has the potential to affect health adversely.^[11]

From the multidisciplinary wisdom perspective, a common understanding of the nature of health, and the interconnections between individual, social and environmental determinants, as explained above, could facilitate communication of all the stakeholders such as leaders, citizens, public and private sector, academics, civil society and the media on the shared responsibility and accountability to demand, provide and use products and services responsibly to ensure health by putting in place an enabling social and physical environment in addition to equitable access to medical services for the population (to protect the biologically given potential) and education and livelihood opportunities (to enhance the personally acquired potential).

The Meikirch model of health as described above describes health as a complex and dynamic system encompassing interactions between individual's potential (biologically given and personally acquired), the demands of life, and social and environmental determinants.

Using the above model multidisciplinary wisdom dictates that mobilization of social action for health requires active involvement of a number of stakeholders from different disciplines such as experts in education, health care, nutrition and agriculture, public distribution systems, gender issues, tobacco control (which may require legal and fiscal measures), public health engineers (to control air and water pollution), social activists, media and many others driven by emerging technologies and discoveries.

Traditionally health care has been driven by focusing on individual medical needs. The mechanical model of disease focused research on the biological given potential and to much lesser extent on the personally acquired potential. In fact the research on the “personally acquired potential” is considered to represent “soft science” in contrast to the “hard science” of research in biology. This imbalance needs to be corrected.

Conclusion

A proper understanding of the interplay of the determinants of health, as illustrated by the Meikirch model, will promote communication on health among experts from different sectors and drive multidisciplinary wisdom for attaining the health goals of humanity. The model's unique concept that health is a balance between different determinants rather than a "state of complete...health" will encourage an approach which is not unduly "mechanized" and "medicalized," but is participatory involving all stakeholders.

"War is too serious a matter to entrust to military men."
Georges Clemenceau.

In the analogy, health is too serious a matter to entrust it to medical men only.

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