Cultural order, disease and health care

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Abstract

With the appearance of Homo sapiens, the biological order was gradually replaced by the anthropocentric cultural order (CO). Its traditions, appreciations, preferences, and desires for possession and domination guided their interactions with nature (predation or care), within their group (ranks, classes) and with others groups (commerce, wars). Current CO, characterized by unlimited profit interests, extreme wealth concentration and inequality where moral degradation hits rock bottom, and planetary ecosystem is devastated, shows a collapsed civilization with a background of a global media that controls anesthetized societies. Regarding the health field, the control works by prevalent ideas and practices: sickness as a strange object to the body, health as an imperative vital ideal and technologically based suppressive medicine shaping life's medicalization, main control "device" and health industry's support. Other alternative ideas and practices are discussed: sickness as an inner harmony disturbance or as a differentiated and particular way of human beings, and stimulating medicine, that targets sick people with the purpose of strengthening and harmonizing them so they may recover, alleviate or appease. Considerations about possibilities and significance of stimulating medicine are made at the end.

Key words: Cultural order. Anthropocentrism. Civilization's collapse. Chronic disease. Medicalization. Suppressive medicine. Stimulating medicine.

El orden cultural, la enfermedad y el cuidado de la salud

Resumen

Con la llegada del Homo sapiens, el orden biológico fue reemplazado progresivamente en sus efectos por el orden cultural antropocéntrico (OC), donde las tradiciones preferencias, apreciaciones, así como los deseos de posesión y dominación guiaron las interacciones de los humanos con la naturaleza (depredación o cuidado), al interior de su grupo (rangos, clases) y con otros grupos (comercio, guerras). El OC actual se caracteriza por el lucro sin límite, que trae una concentración de la riqueza y una desigualdad extremas, donde la degradación moral toca fondo y el ecosistema planetario es devastado; todo esto evidencia una civilización colapsada, cuyo trasfondo son sociedades anestesiadas por los medios masivos de control. En el campo de la salud, el control opera por medio de las siguientes ideas y prácticas: la enfermedad como objeto extraño al organismo, la salud como ideal vital imperiosa y la medicina supresora de base tecnológica. Dichas ideas dan forma a la medicalización de la vida, principal "dispositivo" de control y sostén de la industria de la salud. Se argumentan otras ideas y prácticas alternativas: la enfermedad como trastorno de la armonía interna o como forma de ser diferenciada y particular de los humanos, la medicina estimulante, cuyo objeto son las personas enfermas, teniendo como propósito

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fortalecerlas y armonizarlas a fin de que se restablezcan, alivien o serenen. Al final, se hacen consideraciones sobre las posibilidades y alcances de la medicina estimulante.

Palabras clave: Orden cultural. Antropocentrismo. Colapso civilizatorio. Enfermedad crónica. Medicalización. Medicina supresora. Medicina estimulante.

“The cultural order, under the interests of unlimited profit that collapses civilization, represents the greatest weapon of mass destruction in history with a warhead of financial, transnational, and speculative capital that annihilates people’s longings for freedom and justice; it destroys the values of respectful coexistence, solidarity, cooperative and fraternal, and devastates the planetary ecosystem.”

Introduction

In our time, the vast majority of scientific ideas about life, in general, and human, in particular, in its expressive infinity and intricate complexity, emerge and develop within reductionist thinking¹ which is summarized in the phrase “the whole is not more than the sum of the parts.” *Reductionism* is, in principle, an epistemological standpoint that holds that knowledge of the complex must be, obligatorily, through its simplest components, or that a complex system can only be explained by reduction to its fundamental parts.

This essay considers the inherent complexity of the life process, and in its understanding states, in principle, qualitative differences between the diverse principles involved in the configuration of the living organisms of our era: the physical-chemical, the biological and the cultural (last in appearing), which coexist intertwined and ranked. Specifying the cultural precept and its implications on disease and health care will be the aim of the discussion on this paper.

The complexity and the precepts involved

To capture the qualitative differences and hierarchies between the precepts involved in the life process, we begin with a contrast between the physicochemical precept (PCP) and the biological precept (BP) in the words of James Lovelock, author of the Gaia theory. “At some time early in the Earth’s history before life existed, the solid Earth, the atmosphere, and oceans were still evolving by the laws of physics and chemistry alone. It was careering, downhill, to the lifeless steady state of a planet almost at equilibrium. Briefly, in its

headlong flight through the ranges of chemical and physical states, it entered a stage favorable for life. At some special time in that stage, the newly formed living cells grew until their presence so affected the Earth’s environment as to halt the headlong dive towards equilibrium. At that instant the living things, the rocks, the air, and the oceans merged to form the new entity, Gaia”². (...) when unless life takes charge of its planet, and occupies it extensively, the conditions of its tenancy are not met. Planetary life must be able to regulate its climate and chemical state. Part-time or incomplete occupancy or mere occasional visits will not be enough to overcome the ineluctable forces that drive the chemical and physical evolution of a planet”³.

From these passages it is emphasized that the BP, in its ineffable complexity represented by Gaia, would not only be inexplicable or “impossible” within the PCP but, once established their retroactive effects, they subordinated and reorganized the PCP under the new precept that had made its appearance (greater hierarchy of the BP with respect to the PCP). The BP at the individual, global or local level meant the emergence of the inseparable duality of organism and environment in constant interaction, and the emergence of highly organized, regulated, integrated, and reproductive forms of matter and energy flows and autopoietic structures⁴ with a tendency to complexity. By subordinating the PCP, the BP made possible an unprecedented universe of chemical reactions that, under the regulation and integration of the living organisms, are articulated and assembled in sequences forming chains, networks, mechanisms, cycles, and rhythms of the preservation-renewal-progression of structures, functions and behavioral complexes during interactions (incessant) organism/environment. Such structures, functions, and behaviors are condensed in the organelles, in the cellular dynamics that govern them within hierarchies of organizational levels: clones, tissues, organs, systems, and integrated devices in organisms that interact within populations, food webs, and ecological communities that evolve. The BP implied—paraphrasing J. Lovelock—overcoming the “unchangeable and inexorable” laws of thermodynamics, by originating a new

organization of the flows of matter and energy that, in perpetual change, neutralized the contingencies and hazards of the PCP as a condition for persistence, diversification, and evolution of life forms that tended to progressive complexity.

In this way, the eventual appearance of the bipedal hominid lineage—not an inexorable result—culminated with *Homo sapiens* with its progressive awareness: of itself (primitive egocentrism), of its collective identity and belonging (primordial ethnocentrism), of the exterior unpredictable and dangerous, of the inexorability and the fear of death, of its cognitive powers and technical possibilities, and the most transcendent, the development of language. *Homo sapiens* reached infinite possibilities; among other things, it significantly diversified the ways of thinking: practical, technical, expressive, poetic, narrative, theoretical, abstract, analytical, synthetic, explanatory or critical, and originated a new evolutionary precept, the cultural (what made us human)⁵ under an anthropocentric logic with three entwined components:^a

- a) Egocentric: the auto-referential self with its desires, internal conflicts, likes, preferences and domination pretensions over other members of the group.
- b) Ethnocentric: the identity, loyalty, and defense of the group, the tribe, the clan, the class; the attachment to origins, tradition or religion and the perpetual conflict and rivalry with “the others” (enemies, barbarians, infidels, heretics, pagans, strangers, different or inferior) in an endless struggle for supremacy (wars of aggression or resistance as an invariant of human history).
- c) Anthropocentric: manifested, mainly, in the forms of human interaction with objects of the natural world, where utilitarian, possessive, exploratory, domesticating or enjoyment reasons predominate, and in the way of understanding the favorable or adverse events of nature, and overcoming them (the beginning of primitive religions).

The cultural order or precept (CP) once emerged—extensive population of the planet by the Sapiens—subordinated the BP. Thus, humans overcome by cognitive, technical, organizational or artistic (non-biological) means the extreme weather, food shortages, insecurity, vulnerability to catastrophes and adversities, premature death or afflictions and spirituals needs. The CP

governed the personality and ways of living of humans and meant the exponential growth of the psychosocial links with the significant objects of the environment. Little by little, basic life activities, such as the preserving integrity, feeding, reproduction or coexistence, and cooperation, ceased to stand by BP by self-consciousness and the unfolding of the latest cognitive powers. New channels and expressions of affectivity and motivation were opened, prioritizing: desire, interest, curiosity, preferences, conveniences or utilitarian valuation. Thus, the CP determined the form and direction of the human variation and also of the nearby living beings—plants and animals—in function of the desire, utility, taste, preference or valuation to satisfy needs created by the CP with respect to the habitat, feeding, reproduction, breeding, clothing, decoration or recreation, and organizational requirements, rituals, coexistence and companionship or relationship with other groups: conquest, domination, defense, alliance, exchange.

I propose the CP in a range comparable to the BP because the anthropocentric logic, where the utility and preference to satisfy needs, interests or desires of individuals, groups, and communities, governed the interaction with the environment and has modified a great number and diverse habitats where humans have settled, organized, thrive, dispute and leave their mark: hunting, fishing, domestication, agriculture, grazing, urbanization, industry, waste, plagues, devastation, pollution, accelerated extinction or global warming.^b Upon the emergence of the CP, gradually took the reins of evolution, or rather, supplanted it. If evolution is a process of the BP manifested in gradual population changes when interacting in environments of relative stability -except catastrophes- that have diversified over millions of years, it is understood that in light of the drastic and accelerated changes that the CP causes to the ecosystems, the BP “has not enough time to manifest”. What is proposed is that the BP, which before the appearance of *Homo sapiens* governed the evolution of ontogeny and phylogeny, acquired another face under a different organizational matrix: the CP. Thus, the population variations obeyed the new order that changed, forever, the physiognomy of planetary life. Hence, *Homo*

a Anthropocentrism is a perspective of understanding, of cognitive search, of evaluative appreciation and of forms of interaction of groups with respect to the natural and human world, based on their needs for survival and permanence, their utilitarian interests, their desire for mastery, his anthropomorphic projections, his beliefs, tastes, preferences, uncertainties or fears.

b Some propose the Anthropocene to refer to the current “geological epoch” (to distinguish it from the Holocene that, according to this, it would have concluded) characterized by the spectacular global environmental effects provoked by human actions, which would have started with the industrial revolution. In such a proposal, the cultural precept and its relationship with the biological precept are not recognized.

sapiens “culminate” the lineage of bipedal hominids, because, with the CP, evolution was “silenced” and supplanted in its guiding role of the living beings’ population changes and variations, including humans.⁵

The cultural precept

Considering human life, peculiar and even contradictory forms are revealed among all the basic life activities by the coexisting cultural diversity, where the BP remains hidden or silenced:⁵

- a) Integrity preservation. The main criterion to consider the fossil presence of *Homo sapiens*, besides the cranial volume and its configuration, is the manufacture of tools; hence it used technological development (which starts with the domain of fire) to face survival risks and dangers. Also, from the beginning, the main threats to the tribe—apart from natural catastrophes—were the rival, fellow human, encouraging since then the development of weapons. Now, health care is the main social resource for integrity preservation in the center of perpetual wars that decimate populations.
- b) Protection against the environment. The community shelter was replaced by the family home with progressive comforts that were transformed as urbanization progressed and class division emerged: in one extreme, castles, palaces or their equivalents, in the other, inhospitable slums and an infinity of intermediate variants.
- c) The heterodox and diversified exercise of sexuality. Dissociated from reproductive purposes as a means of satisfaction and enjoyment, a socialization resource, instrument of submission or abuse; diverse sexual and erotic preferences that emerge from underground (laws that claim the right to sexual diversity).
- d) Reproduction. Contrasts between couple’s reproduction encouragement and celibacy, the decision not to reproduce and preferences for a large offspring, effective methods for birth control and infertility correction, threatening planetary overpopulation and unshakeable reproductive habits.
- e) The “raw to cooked” feeding leap. Refers to the domestication of plants and animals, organoleptic sophistications for the enjoyment of the most demanding or excessive emphasis on the physical-chemical diet or fast—and toxic—food to avoid losing a good business or a precarious job. The “spirit feeding,” fundamental vital activity nonexistent in the BP, art substrate in its infinite manifestations and mutations throughout time.
- f) Coexistence and communication. The extreme linguistic simplification, the infinity of languages emerged over history, the invention of writing by refined cultures, the printing press, which displaced oral tradition in the generational changeover, and the nonstop development of the electronic and computer media hat now, far from assisting the exchange, stand as the main mean to control consciences and bodies, in the service of domination.
- g) Raising offspring, subsidiary of the integrity preservation. The multiplicity of practices and nurturing methods from a variety of cultures tend, as the demands of the labor market are generalized, to be supplanted by “substitute parents” and by omnipotent impersonal entities called mass media misnamed “communication,” mainly in its television and computer versions, which are displacing parenting, and even school, as beliefs, habits, and practices transmitters to the new generations.
- h) Education, parenting continuity. As the cultures become complex, the cultural knowledge requires being transmitted to the new generations in an organized manner, which causes the need to devote increasing periods of time to acculturation, and because environmental challenges to survive imposed by the culture in turn (a remunerative job), not the natural world. This work of accompaniment in the learning process of the art of living, which in the natural world is comparatively brief, constitutes the most prominent social activity in charge of substitute agents, replacement of family education, whose social role is the reproduction of the prevailing cultural precept.
- i) Autonomy and maintenance. In the natural world, what it means to get food, shelter, and partner, in humans means the achievement of a job and money, although in a world where exploitation, far from retreating, has been exacerbated, as revealed by the enormous inequalities between a few who benefit from most of the socially created wealth and the vast majorities deprived of what is indispensable or condemned to exclusion.
- j) A dignified life aspiration, the complement of the previous point. Chronic exacerbated stress, restlessness, dissatisfaction, frustration, helplessness, evasion and drug addiction, crime or migration, which unequal social relations, cause in the minds and actions of so many, are a substantial part of the current cultural atmosphere adverse to a dignified life.
- k) Fun and leisure. What for other complex social species is rest, coexistence or relaxation, in ours is a resource of “decompression” from dissatisfaction and frustration, whose backdrop is inequality, where dispossession,

abuse, subjection or exploitation that groups, castes, classes, sectors, ethnic groups or countries perpetrate on others, constitutes the basis of the institutions that favor the well-being of a few and the privations and discomfort of the majority. This has forced to generate relievers or discontent attenuators from remote times: effective preservers of the established order. In our time, “whoever is not part of the show, does not exist.” This operates as the means of social control par excellence, without which the floating uneasiness and dissatisfaction would result in effervescence and inconvenient ruptures to the *status quo*.

All the above recognize that the BP remains an intransigent constraint to the delusions of immortality, eternal youth, cure or elimination of all diseases or to achieve “the perfect machine.” The idea that “human evolution” will endow us with superior intellectual and creative powers ignores that the CP governs human variations, and the type of vertiginous change it causes in ecosystems drags us in the opposite direction. For example, the underlying logic of technological development—hidden by media clutter—is to respond to the interests of profit and profitability, and to operate primarily as a means of controlling minds and bodies at the service of domination. “The technology arrives to supplant, not to satisfy real needs”⁶ and as the software is “smarter,” it will require more simplistic, thoughtless, dull minds, with perceptive hypotrophy and increasingly useless to be enough (involution “by disuse”).⁶

Recapitulating, in the transcendent events of human life the PCP, the BP, and the CP coexist but, unlike reductionism (which does not distinguish the orders involved, their hierarchies and places the ultimate explanation of life in physics and chemistry), another sense of the explanation is proposed: each order has its irreducible specificity and has hierarchical relations with others, which means that the CP—in its beginnings an effect of evolution—operated as an all-embracing influence that reorganized and subordinated -not replaced- the other orders involved. By stating that the CP made us human (in the best and worst sense), we were distanced from the now unrecognizable natural world. The CP represents the subordinating order in planetary life, although it is still necessary to decipher what is its structuring logic, the guiding thread of its movement.

Power

A penetrating way of capturing the depth of the social is like a diversity of fields⁷, where forces

(tendencies) that defend/promote the interests of groups expressed in the form of cosmovision, beliefs, values, rights, trades, preferences or aspirations interact on their respective traditions, religions, material conditions of life, location in the division of social work or vital project. Hence, the conflict of interests (divergent, opposed or antagonistic) and, therefore, the struggle of tendencies is inherent to the social. As in its historicity, societies have been characterized by asymmetry and inequality among the collectivities that make them up; it is understood that in each historical moment some tendencies predominate and make their interests prevail. That is, some have more power than others, they exercise power to subordinate, subdue or annul their rivals. Power, then, is not a thing but has its origin in a kind of unequal relationship (of domination/subordination) between tendencies. Here is the profound logic of the CP: the power explains the predominance of certain tendencies in a given time. When the State (and its institutions) emerged as mediator and supposed “neutral arbiter” of social conflicts, and a seat of power and legitimate violence, the source of power was concealed—which allowed to mediate the nonconformity and rebellion of the oppressed and dominant interests in turn—by exhibiting themselves as the “general” interest of society, giving body and direction to State policies.^{8,9} With the predominance of capitalism as a model of production of goods and services, which established profit as the primary reason for economic activities, relations of production constituted the organizational base of societies that progressively incorporated into the world market. In other words, the power over labor (exploitation) characteristic of capitalist production became foundational to the new social organization that became generalized. The interests of capital became the most influential in social events. Institutions, at all levels, made readjustments and transformations under the logic of power emanating from capitalist exploitation relations designed to favor the interests of growth, expansion, profitability, and concentration of capital.

The predominance of those interests (the hegemonic tendency) subordinated all social spaces. Thus, the tendencies that prevailed in different fields of social activity owed their predominance to their direct or indirect attunement with such interests. For example, the perpetuation of dogmas in some field fosters the status quo. The division of labor with its progressive specialization is key to productivity with high rates of profit and control resource of the specialists that are manipulated by everything they do not know about the

world they have to live. Empiricism as the “spontaneous philosophy of scientists” that assigns absolute primacy to facts over ideas^c degrades scientific work and its products, which are reduced to the role of technological development inputs that, surprisingly, is key to the competitiveness of companies in the struggle for supremacy and control of markets. It is the social control mean of the resistance, the dissidence or rebellion and that, in the form of massive means of “persuasion,” configures “anesthetized societies” in the face of calamities. The faith in technological innovation as a solution to the serious problems that we suffer, particularly those of health, favors consumerism, the driving force of the market, and blinds the general public to the current logic that underlies technological development and the origin of its afflictions: the inhospitable environments and the lacerating inequalities which are an effect of the empire of the interests of capital. This means that, in each field of activity, the dominance of certain ideas and practices is not an indication that they are the best, most far-reaching or superior when compared with their rivals. It reveals its harmony with the predominant interests and, above all, its contribution to the control that build current human societies.

The anthropocentric CP (deliberate redundancy, it could be *gaiacentric*) that underlies the conflicts and pretensions of domination, goes through a stage of extreme degradation, where the interests of unlimited profit reconfigure social relations under conditions and circumstances incompatible with ways of life worthy for the great majority and with the preservation of the common habitat (the planetary devastation and the irreversible global warming), that show a more greedy, destructive and implacable phase of the CP (see epigraph). At such a historical situation, the diagnosis is inescapable “*Our world, devastated by an all-embracing degradation, demonstrates the exhaustion and ruin of a civilization based on unlimited profit, which has turned the most vile facets of the human condition into merchandise, and has made profitable the worst atrocities and the planetary devastation*,”¹⁰ that in our environment it has frightening, heartbreaking and cynical facies.

c Of course, it is not a spontaneous philosophy, although it is perceived because it is overdetermined by the cultural atmosphere of the era of capital. Also, the technological desideratum of scientific knowledge, by neglecting the search in the universe of ideas, condemns us as scientists to look through dogmas and impoverishes our view of the world and ourselves.

The cultural precept and health

The anthropocentric CP has been, throughout history, the underlying logic ways of thinking and acting of societies about what is now understood as the sphere of health. Specifically, regarding diseases, the concept of health, health care strategies and the type of knowledge generated in the field.

Disease

Humans have always faced the unfailing presence of discomforts of a certain magnitude and permanence that implied corporal or psychic suffering, diverse limitations to carry out tasks or to be enough, several inconveniences for cohabitation or premature death (what is now understood as diseases), by recognizing their value or care according to their myths, traditions and possibilities (primitive ethnocentrism). Historically, different cultures have shaped their ways of getting sick, expressing diseases, perceiving and recognizing them, acting on them, coping with them and dying.¹¹

Contrary to what one might think, it is in the illness that the objection of the BP to the CP is convincingly expressed, and the illusory natural history of the diseases that remains as current theory.¹² A brief recount of the traces of the CP is presented in the configuration of the current nosological panorama, where what is revealed is the cultural history of the diseases.¹¹

- a) Numerous diseases have completely disappeared from the face of the Earth or in many regions because of vaccines, environmental sanitation or increased availability of food. Others, however, are reborn, spread or exacerbated by the inequalities that are accentuated, causing precarious and adverse conditions such as malnutrition, tuberculosis, waterborne diseases or infectious disease.
- b) Some chronic diseases have dramatically increased their presence and morbidity: cancer, diabetes, obesity, high blood pressure, heart disease or lung diseases, because of adverse, uncertain, unsafe, contaminated and severely stressful environments.
- c) The “congenital errors of metabolism” are increasing, and they can remain silent, as a latent threat, unless there is an early intervention to make changes in the diet and institute certain treatments.
- d) The distribution of diseases shows dissimilar frequencies among the collectivities for reasons attributable to the CP: diseases of poverty, by consanguinity, by sexual transmission, by conditions and type of work.

- e) Diseases arising from treatments such as organ transplants (kidney, heart, liver or bone marrow), which cause “transplant disease.” Virosis which under normal conditions are silent or asymptomatic, but in the presence of immunosuppression or suppression are reactivated and cause devastation.
- f) New diseases are constantly emerging: addictions to fashionable drugs; viral zoonoses gestated by iniquitous conditions of animal exploitation (profit imperative); AIDS spread by heterodox sexual habits; Ebola, Chikungunya or Zika, which sprout in communities with precarious forms of life; conditions caused by medical practice (iatropathogenesis) as new technologies are incorporated into conventional use, such as infectious diseases resistant to antibiotics, the harmful effects of medications, damages due to medical errors or “therapeutic obstinacy”.
- g) Not even certain cases of diseases—in those that include a genetic root, where one might suppose that BP operates mainly—are expressed “without contamination”, because their presence, increase or distribution in certain individuals or populations is due to mating by affinities or racial, religious, class, economic, ideological, aesthetic or erotic preferences.
- h) Some metabolic traits that in times of food shortages supposed “survival advantages” now, with the vertiginous changes caused by CP, are associated with a high prevalence of type 2 diabetes (Pima ethnic group)¹³ in the presence of high availability of food and perverted eating habits: an advantage—with biological foundations—was transformed into a disadvantage!
- i) Infectious diseases that spread with unusual speed to the remotest part of the planet: massive migrations due to wars or precariousness, business travelers with transportation facilities in this globalized world.

In the historical evolution of the CP, the ontological ideas of disease (what are they?) were developed, with different intermediate variants, between two extremes:

1. Someone, who predominated in the so-called “Western world” with a Eurocentric foundation, thought of it as a strange anomaly or adversity alien to human nature (extrinsic or exogenous) and, ultimately, as an independent and autonomous entity of the organism. An underlying idea of this thinking based on prevailing myths and traditions would be something like: “We are a privileged creation of the divinity; our ailments reveal influences of a threatening environment or inscrutable designs of the supreme being,” which reveals an *anthropocentric* vision characteristic of monotheism.
2. The other extreme that remains in the Far East and some native cultures considered it, more or less, as

a *disturbance of internal harmony or vital energy flow*, attributed to unconformities or transgressions of the natural order (intrinsic or endogenous). Here the underlying idea would be reversed: “We are part of the cosmos, of ‘mother earth,’ our sacred responsibility is to understand it, respect it, and take care of it.”^d

The persistence of these ideas in some alternative medicine practices illustrates that the CP, in certain differentiated spaces of the human culture, can be subtracted from the *anthropocentric* perspective.

Between both ends arose doctrines and practices. The Western case with the idea of “alien and foreign object,” which sought to reduce, eliminate or remove it, will be called *suppressive medicine* (SuM): the anti-disease medicine, with actions aimed at counteracting, battling or destroying the object. In contrast, for other medicines where the object is the sick person and their circumstances, the objectives were other: strengthen it, revive it or harmonize it to restore balance and harmony with its environment. It will be designated *stimulant medicine* (StM).

This dichotomy between the SuM and the StM, simplified and schematic, seeks to show that in a time of “unique and exclusive thinking”, there are still ways for understanding the human condition contrasting with the dominant ideas (StM), manifest in the ideas of illness and in the ways of confronting them, revealing of the diversity of CP expressions today. It should be clarified that none exist in a pure state, since “contaminations and hybridizations” have occurred since a long time ago.

The general accepted idea of a disease as a strange anomaly, when associated with health (counterpart of the disease), integrated the health-disease binomial, a guiding paradigm of care and health care tasks that, among other things, required of the development of statistical patterns of “normality” of infinity of anatomical-functional-molecular indicators that operated as references to define the existence of alterations and to support diagnostic criteria. This meant the reduction of the concept of disease to that of deviation (from the “normal” pattern) and the rise of technological medicine based on measurements of a variety of indicators, to contrast with the “normal patterns”, assess the number and degree of deviations from the disease in question and consequently prescribe with precision the corrective measures in order to take them back to the reference patterns.

d It does not include the Hippocratic medicine of the humoral imbalance attributed to the way of being of people (temperamental features) because it does not represent the end that is intended to characterize but is located in an intermediate situation with a clear predominance of the intrinsic.

The concept of health by its origin, “the non-disease,” little or nothing has contributed to clarify what is a dignified, pleasant, full or serene life (good living). However, health, regarding its preservation or recovery, has become community’s main vital desideratum. Although it is a commonplace to affirm that the imperative of health is, increasingly, the way of life of people and communities, what is often left aside is that such pressure causes, on the one hand, a “sick obsession” for health, and on the other, a kind of disease phobia. In turn, the persistent anxiety of “losing health” is generated, where the idea of a good life tends to be restricted to the absence of disease. Therefore, the meaning of life has been supplanted by a blind attitude of surviving at all costs.¹⁴ Population becomes progressively dependent on health care and is introducing the rationality of the medical vision (alert and permanent suspicion of disease and relentless struggle) into their lifestyles as the center of their vital concerns and an idyllic well-being, which is designated as life *medicalization*.

The medicalization of social life

The progressive medicalization of human life¹⁴ is not an obligatory consequence of the assimilation of the scientific truths of the sphere of health to daily life nor evidence of the arrival to “the knowledge societies” that the mass media preach. Medicalization is a differentiated expression of the CP—in a historical moment of civilizing collapse—whose hidden logic, which explains its existence and growing influence, is dual: *tune in* with the interests of profit without limits and contribute to the of minds and bodies control by make them insensitive, permissive or accomplices of degradation. Such “social anesthesia” appears in several ways:

- 1) Obsession with health and the horror of illness turn into restlessness and inextinguishable frustrations that polarize human life and operate as distractors that divert attention from the civilizing collapse that affects and involves everyone.
- 2) Faith that the incorporation of scientific knowledge into the ways of living is a guarantee of benefit and a safe guide to achieving better ways of life (good living) loses sight of the fact that medicalization is a historical situation shaped by the health industry, where the dosed truths that are spread—with an infallible aura—respond, above all, to the high profit rates by manipulating the market with overwhelming publicity, which victimizes users and providers with high doses of fantasies, illusory securities, induced and alienating needs or unfounded expectations that

underlie the pattern of compulsive consumption “in order to be healthy and to distance oneself from the disease” (health, merchandise of increasing cost).

- 3) Researchers, surrendered by the health industry, increasingly reduce their science to the input of innovations, encouraged by the financing of the selective project in favor of those interests (more and more commissioned projects). This conditions the researched problems, the way to approach them, the established priorities and the technology involved in their achievement. In such situations, the freedom of investigation is a decoy; the critical and creative potential vanishes or silences, and “the search for knowledge has been supplanted by that of financing.” In other words, the prevailing research (mainly the biomedical one) initiates and closes the circle that perpetuates the medicalization.

- 4) Genetic determinism, the dominant idea of the chronic diseases that afflict humanity and the nosological basis of medicalization, is expressed as several premises: “has a genetic predisposition for what is suffered,” “inherited wrong genes” or “carries genes that made her vulnerable to the suffered disease.” The previous statements raise impotence, resentment, resignation or depression, and distract people from their living conditions: precariousness (material or moral), uncertainty, restlessness, insecurity or violence, whose generalization represents an unprecedented diathesis (ignored) that underlies many of the chronic problems that overwhelm us.

Medicalization that leads people to place their health in the center of their interests and their obligations to take care of their health in their aspiration to live well is, at the same time, the effect and cause of highly effective social control. Because it is not perceived as such, it diverts the attention of the disadvantaged from the injustice it generates and perpetuates and deepens inequalities, causing “unhealthy and pathogenic” environments that overwhelm people. Also, by force of habit, they seem “normal “and” inevitable” and urge to adapt at the expense of moving away from decent, pleasant, full or serene ways of life (good living).¹⁴

Suppressive medicine and stimulant medicine

In our time, the power of the unlimited profit interests that devastate civilization explains the predominance of certain ideas and practices in various fields of collective experience that does not obey a supposed superiority over others, but rather its harmony or affinity, direct or indirect with those hegemonic interests; therefore, they

are a particularized expression of collapse. In the health field, the idea of disease as a *strange anomaly or alien adversity* and its complement prevails; the SuM aimed to fight the disease is a clear example. It obeys its sympathy with the economic interests by representing one of the most lucrative veins in the market, and being the visible face of degradation in this field by favoring the commodification of life, the “dehumanization” of medicine and intensifying the medicalization, which controls minds and bodies by instilling fear and discomfort to its victims. In contrast, the idea of illness as a disorder of internal harmony and the StM that accompanies it, with modest technological requirements, is aimed at restoring patients’ harmony that involves regaining autonomy and decreasing dependence and vulnerability to medicalization (seeds of a dignified, measured and serene life). By inducing “anomalous consumers,” it is an obstacle that needs to be removed for “the great health business”: the underlying reason why the StM has been systematically relegated and vilified, although it survives and there are indications of its growing influence.

Suppressive medicine

Western medicine is a mixed set of ideas and practices, where SuM (preponderant) and StM coexist. The greatest achievements respecting life expectancy under vaccines is the emblem of the stimulating and environmental sanitation that anticipates the risk represented by profusion and proximity of infectious and polluting sources. About chronic diseases, the SuM enjoys exclusivity, despite innumerable failures, unfailing collateral effects and counterproductive consequences (the rule is that the first is the beginning of a chain of suppressions that seek to counteract the undesirable effects of the preceding one). Their ontological bases are not even questioned; in part, by the conviction that, sooner rather than later, the appropriate technology will be available to eliminate them. This *techno-fetishism*⁶ loses sight of the fact that the increasing cost of each novelty supposes the exclusion from its benefits to even larger sectors of the population, and that its primary reason is not to benefit people but pockets. Some successes, such as those of “the fight against cancer” (deposit and confusion of immense diversity) or the control of certain diseases, depend more on those affected (obsessive alert and early suspicion, the keys to an “opportune” treatment, or “healthy” changes in voluntary life habits) than the effectiveness of the suppression. In other promising developments, what is at stake is the StM, such as vaccines against certain types of cancer on condition of the individualization of the

therapy (antigens from the patient itself) or bone marrow transplants. Other therapies also correspond to the StM: the substitution (functional or organic) and, above all, the regenerative (of tissues and organs), which entail potential benefits, unimaginable in other times. Although its mere presence indicates the reason for its viability: good business in the substitution, the donation is an insurmountable limitation, and the “disease of transplantation” requires, in turn, the suppression. The regenerative is seen as the most promising, with the heavy and inescapable burden of the high cost of the technologies involved. Concerning the infectious and acute diseases that require prompt results, it is where SuM has its most propitious scope: the suppression usually acts faster than the stimulation. For example, reincorporating the worker in a short time does not interrupt the exploitation or reduce the gain; surgery is essential when it is indicated in acute and severe problems. On the other hand, in many problems that resolve themselves, the suppression, with its secondary effects, delays or complicates recovery.

Stimulant medicine

The StM that is oriented to restore the internal harmony in consonance with its environment (base of a genuine medical humanism) has been the target of the ravages of the health industry—more the homeopathy—through the discretionary use of “the truths” of medical science, one of its main elements that has “denounced its fallacies and recommended its exclusion from clinical practice”.¹⁵ Hence, its negative image. With such precedents, the qualitative differences between the StM and the SuM are specified to grasp their current implications, to understand the reasons for their disqualification and to argue about some of their ignored or relegated potentialities.

StM, which by definition implies another concept of the organism and the disease (chronic), does not seek circumscribed influences (characteristic of SuM), but rather diffuse, global and, above all, individualized because it is based on recognizing the inherent peculiarity of every sick person. Therefore this truism: the StM treats patients, not diseases, where what matters is to understand each irreducible individuality to choose and recommend the more appropriate “stimulus,” not to prescribe a suppressor for “a disease” based on a significant value of “p” of a comparison between groups where the individuality is annulled. Hence, the incongruousness of requiring scientific evidence of its effectiveness—which is nothing other than comparing groups of the same disease (denying individuality) to assess the same treatment (the opposite of

individualization)—to this type of medicine. Thus, it is almost impossible to show evidence of effectiveness under the rigid criteria of dominant scientific approach, which are based on measurements and comparisons of sets of abstract and standardized objects, and not on the characterization of specific people in their singularity. Here lie the main objections and disqualifications of the StM by the official science.¹⁶ However, we must question the science that by definition excludes unique and potentially relevant cases to knowledge and ignores that each new disease that has integrated the nosological catalog, derived from the recognition of “strange anomalies to the expected” by the in-depth study of the cases in question,

Some variants of the StM are the following:¹⁷

- Psychotherapy -not pharmacotherapy, which is suppressive-, whose stimulus to the totality through language promotes associative rearrangements that remove fixed affectivities, seeking to modify neurotic traits or attenuate discomforts.
- Homeopathy uses subtle energy, seeking individualized stimuli that invigorate the patient’s reaction to achieve healing (the disease as a reactive form of the “whole”).
- Acupuncture is based on the stimulation of energy points on the body’s surface, to affect its totality and reestablish internal harmony or the energetic flow.
- Hypnosis. Through insinuations that affect the unconscious plane, causes associative rearrangements that lead to modifications and favorable changes, in the ways of being and proceeding (including diseases).¹⁷

The *placebo effect* (PE) deserves a special mention since it is omnipresent in medical practice of any kind.¹⁷ Patients experience improvement of symptoms, signs, discomfort or indicators mediated by the auto-suggestion (non-conscious) of expectations of relief derived from the benefit of trust evoked by the presence of certain objects (the doctor, a special place, an injection, “a red pill”), usually from previous experiences.^e Otherwise, the PE anticipates the expected (therapeutic effect), fulfilling expectations of relief.¹⁷ Although the PE is not properly a

variant of the StM, it reveals what the ancients called the *vis medicatrix naturae*, the healing power of nature. That is, the healing forces of the organism (ignored or killed by the StM) and, therefore, the possibility of using them as a therapeutic resource. The universality of the PE bases the viability of the StM and justifies it, which, of course, is not a guarantee that it necessarily accomplishes what is proposed or that it is immune to deception or fraud.

Under the prevailing CP, the StM represents an obstacle to the great business of health; hence, its marginalization and disqualification. Science subjected to one of the most powerful industries has contributed to its discredit by attacking it as anti-scientific and, most importantly, excluding it from its objects of knowledge, which explains its languor and stagnation when it comes to deepening its potentialities and scopes for achieving greater benefits for people. The PE demonstrates the feasibility of stimulating the internal healing forces on its own (it is considered as the background of most of the “miracles” and “impossible cures” of the anecdotal). It also suggests the possibility of stimulating them consciously and deliberately, and even strengthening them, which would involve learning habits such as those that characterize the traditions where StM emerged: introspection, meditation, concentration, mentalization or visualization in the search for self-knowledge, self-control, serenity, healing or “cosmic tuning.” However, the historical moment is averse to the boom of such traditions by the formative environments where individualism prevails, “the money god,” consumerism, competitiveness, mediatization, uncertainty and the commitment to technology as human progress. It is important to underline that it is not proposed to move the SuM by the StM—something impossible and inconvenient—but to rescue the StM for the investigation, to deepen in its possibilities and scope, and to weigh some advantages with respect to the SuM, in order to explore complements, synergies or replacements. Find its location in the field of health, so as not to deprive so many of the potential benefits that the StM can bring. Finally, revert the prison of medicalization¹⁴ in the search for autonomy and self-management, for dignified, measured, serene and caring ways of life.

e Confusing the PE with “the placebo thing” is a gross error of scientific research. The belief that comparing a drug with an inert substance allows separating the pharmacological effect of PE loses sight of the fact that in any therapeutic situation PE can be present and that, in many cases, the benefits attributed to medicine are due more to PE than the pharmacological. On the other hand, the so-called nocebo effect inverse to PE refers to the worsening of symptoms, signs, discomfort or indicators of the patient due to the suggestion/expectation of negative effects of therapy due to previous experiences. In such a case, it is possible to speculate about the participation of this effect in the poor, undesirable or counterproductive results of certain forms of suppressive therapy (chemotherapy).

Epilogue

The CP, which reveals the role of human feeling, thinking and acting in the current appearance of the earth’s surface and the configuration of their historical ways of being, allows the understanding of why we are the way we are and why we behave as we do. Also, how we arrive at degradation (spiritual, intellectual and moral) without precedent that makes us indifferent or accepts civilizational bankruptcy, by action or omission. In the

words of Ítalo Calvino, quoted by Z. Bauman¹⁸: *"The hell of the living is not something yet to come; there is one, the one that already exists here, the hell we inhabit every day (.). There are two ways of not suffering it. The first is easy for many: accept hell and become part of it to the point of not seeing it. The second is risky and requires continuous attention and learning: to seek and know how to recognize who and what, in the midst of hell, is not hell, and make it last and give it space"*.

The effects of the CP have been analyzed in the field of "health" (an unattainable desideratum and a euphemism that conceals painful and unbearable realities that are generalized), particularly medicalization, ontological ideas of disease (especially chronic) and the respective ways of proceeding under two approaches: the SuM and the StM. In the case of the StM, these forms can be summarized around the cure, understood as the achievement of a free or attenuated and stable existential situation of the disease, without adverse side effects (exclusive of the SuM) that, when it arrives to occur, it remains, and it does not revert—in the short term—because it is the result of mobilizing the healing power of the organism itself. In contrast, suppression does not cure. When it is effective, it means a "mutilated state" (with undesirable effects), and its recurrence or adverse effects require new suppressions, whose result, when weighing the favorable and the unfavorable, is usually of little global benefit, or even counterproductive.

Other ideas,¹¹ according to the case of disease as an individual case of intrinsic origin: "Diseases are forms of being, particular and differentiated from human beings that, in the value-connotation of the culture of belonging, are considered negative, and cause of *sui generis* actions with the purpose of avoiding them, mitigating them, suppressing them or preventing their most harmful effects". This approach allows us to transcend the nosological and technical scope of illness and health, to enter into suffering (the subjective experience of the sufferer), in the psychosocial sphere (the network of links with high emotional meaning of the life experience), in the beliefs and traditions that are professed, and in the way of living. From this derives another idea of the chronic patient: a person who, because of its history, biological and cultural heritage, and the multiplicity of environments of which it has been a part, and its network of links with the significant objects and the vicissitudes and contingencies of daily life, has reached a certain way of being that causes suffering, discomfort, inconvenience and various types of limitations for daily living, which requires understanding, support, help and comforting actions.

It concludes with an existential precept:

"Illness is a way of being that we cannot choose or avoid;

It is usually adverse to realize our beloved desires and aspirations;

As such, we must understand it, assume it and learn to live serenely with it;

Only then, its presence will make us better people, more dignified and supportive."

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflict of interest

The author declares no conflicts of interest.

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