

Towards a new understanding of health

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Abstract

Despite criticisms of shortcomings, the World Health Organization’s definition of health remains unamended since its adoption in 1948. Subsequent interpretations of the definition have sought to address some of the shortcomings. This paper argues about a new understanding of health. According to this understanding, health is perceived as the quality of being, emanating from satisfying the obligations and responsibilities toward self and others, in proportion with the shape, size and quality of a functioning life structure, as well as one’s economic and social status, at a certain time and a given physical and social environment. Its source is cellular biologic potential energy, sufficiency and efficiency of which make us act, interact, cooperate or refrain, and adapt. Such an understanding has important implications. Individuals, communities and governments can improve their role in the assessment, preservation, protection, upholding, development, measurement and management of both individual and population health, which are fundamental to human wellbeing, progress and prosperity.

Keywords: biological mechanisms, health definition, health measurement, life structure, potential biological energy.

Introduction

The 1948 Constitution of the World Health Organization (WHO) defines health as “*a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity*” (1). This definition was well-received and praised for its positive and multidimensional conceptualization of health (2,3). Subsequent interpretations of the WHO definition of health gave rise to various models of wellness and wellbeing, whereby nearly absolute responsibility for health was given to the individual (4-8). WHO definition of health has not changed since 1948, despite WHO efforts in extending its health dimension approach, through the 1978 Almaty Declaration, and the 1986 Ottawa Charter for Health Promotion (9,10). In addition, it does not fully reflect the considerable transformations that have since taken place in technology, modern medicine and genomics, and physical and social environments. Being “healthy” is more complex and subjective, whilst illness and disability are not as ominous as they used to be. Nevertheless, to date, drastic health inequalities are widely prevalent in both developing and developed countries (11-13). The approach to health as a state of complete physical, mental, and social wellbeing was criticized for corresponding “much more closely to happiness than to health” (14). Others concluded that “*any attempt to define health is futile; that health, like beauty, is in the eye of the beholder; and that a definition cannot capture its complexity*” (15). Furthermore, because of the word “complete”, it was criticized as “*a ludicrous definition that would leave most of us unhealthy most of the time*” (16). Recent approaches underscore the concept of one’s ability to adapt. A 2009 editorial in *The Lancet* highlighted the idea that “*health is the ability to adapt to one’s environment*” (17). More recently, an article in the *British Medical Journal* proposed that health is “*the ability to adapt and to self-manage*” (18).

The WHO and subsequent approaches do not

reflect the individual’s integral role and the mutual obligations and responsibilities between the individual, family, community, and society in preserving, protecting and developing health (19). Similarly, they do not reflect the role of biological mechanism in our ability to adapt, face and interact with physical and social environments, as well as economic and social status.

This paper seeks to present a new understanding, with far-reaching implications for the assessment, preservation, protection, upholding, development, measurement and management of health.

Two components of life

Life is a way of existing. Although soil, stones, ponds, rivers, seas, lakes, earth, planets and the universe exist, they are not living things. In the midst of innumerable non-living things, make their living an enormous number of living structures, human beings included. Whilst all are subject to the laws of nature, the living are additionally subject to those of biology and society (19). Human life is presented in the form of a visible functioning life structure, which comprises a whole set of cells, tissues, organs, and organ systems, organized in an extremely functional form. Such an arrangement bestows supremacy over the human. A single cell, such as that of a virus or bacteria, can act as a single functional unit. In contrast, unless under laboratory conditions, a single human cell, or that of any multi-cellular animal, can survive only within a whole life structure. Furthermore, a single cell can perform actions that are related to its existence and development, as well as to that of the whole life structure. Similarly, the individual exists and operates as an integral functional unit within society, nature and the universe. As such, the individual cannot exist alone. Their functioning is an interactive process that begins with the closest social unit, the family, and extends to the community, country and mankind. Functioning of this unit to the detriment of other individuals, the community, and the physical or social environments,

damages the societal and natural equilibrium, and may accelerate the end of his existence.

A life structure is only a carrier for the property that makes it work. This property is the biological potential energy (BPE). The effects of BPE sufficiency and efficiency are perceived as health, and are associated with the ability to act, interact, cooperate or refrain, and adapt. A person feels well, very well, excited or happy (all of them, elements of a perceived quality of being), when this capacity is not diminished, relative to the shape, size, quality and functionality of a life structure, and their economic and social situation. Otherwise, the individual feels bad. The perception of the quality of being becomes negative once one's ability to act, interact, cooperate or refrain, and adapt diminishes because of disease, physical or brain disability, and aging, or becomes insufficient and inefficient under certain physical or social environments, also depending on economic and social situation. One's resiliency recovers should he manage to compensate for this reduction in other ways (19).

It follows that there are two integral components of life, the life structure and the BPE. Life's lengths, and individual characteristics, are genetically determined. Such characteristics can possibly be changed only through genetic manipulation. Life's two components are linked in such a way that either one affects the other's existence. However, while the BPE cannot exist without a life structure, the latter can exist with a mandatory minimum of BPE. A recent example would be that of a developed country's prime minister who lived in a coma for the last eight years of his life. Natural death (theoretical!) occurs when the involution of a life structure, and a decline in BPE become entirely incompatible with being alive. Death can also occur when the BPE is brutally interrupted by damage to one or several essential elements of a life structure, which may have been completely intact up to that moment. This would be the case of death from homicide, suicide or accidents, and it is potentially preventable. Or, it

might occur from an acute or chronic, communicable and non-communicable disease, which might also be potentially preventable and curable.

The co-production of life begins with the joining of male and female sex cells, the carriers of genetic codes, and certain amounts of BPE. At inception, the coupled BPE acquires the attribute of expansion through absorption of outer energy. This triggers chemical, electrical, electromagnetic, kinetic and mechanical transformation. This biological endowment enables the merged cells to develop into an embryo, and eventually a functioning human life structure (19). Any further development of the new creature is characterized by a parallel growth in life's two components, depending on self and other contributory factors. It follows that human creature growth is accompanied by the establishment of several inevitable obligations and responsibilities toward self and others, which are mutual, indeed. These become vital to additional development, quality of being and existence of the human being (11,20).

Biological potential energy (BPE) sufficiency and efficiency, or health

Awareness of one's existence, quality of being, and life emerges with awareness of one's ability to see, hear, touch, think, act, interact, cooperate or refrain, and adapt. It is not possible to be aware of life, and quality of being in a coma or asleep and not dreaming. Therefore, life comes to be understood as the structural and holistic integrity of oneself. The effects of BPE enable this awareness. And death does not represent the end of existence; rather, the end of the BPE and functioning life structure. At first, a functioning living structure transforms in a non-living structure, a resemblance of a former one. Furthermore, in the absence of BPE, the components of this structure, such as proteins, carbohydrates and fats, are subject to the process of decay and fermentation. If the process of decay and fermentation is hindered by mummification, then the living

functional structure transforms in a nonliving, non-functional structure, which can be stored for hundreds or thousands of years. This is why we still have today, amongst many others, the non-living structures of Tutankhamen and Lenin. Even though they exist, they are not alive. In the absence of written statements, it is not possible to be certain about whether they felt well, happy or unhappy when living. It is possible, however, to be certain that one was taller or shorter, bigger or smaller, and to even identify disease or physical deformity. Then, why is it that, when alive, one can feel well or unwell, happy or unhappy, and so on? This is not because of the functioning life structure *per se*. For instance, during vaso-vagal syncope, a common cause of fainting, a life structure seems intact; yet, it is not possible to feel anything. For a couple of moments, the brain BPE becomes inefficient. It is, therefore, the BPE sufficiency and efficiency which determines the extent of one's ability to act, interact, cooperate or refrain, and adapt. Changes in the state and efficiency of the BPE are determined by the extent of its expansion or reduction, and its brain to body ratio. The level of this energy is perceived positively when it is

sufficient and efficient. As such, it is the extent, quality and efficiency of BPE which determine the quality of being and functioning of our life structure. It follows that health is the perceived quality of being, emanating from satisfying the obligations and responsibilities toward self and others, in proportion with the shape, size and quality of a functioning life structure, as well as one's economic and social status, at a certain time and a given physical and social environment. Its source is BPE, which is stored in each cell of our functioning life structure, sufficiency and efficiency that makes us act, interact, cooperate or refrain, and adapt.

From this point of view, health could be considered in all its dimensions.

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