

Dataset: Resources of Regulatory Medicine - Bio-, psycho- and socio-medical health in its context-d...

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Short Communication

Regulatory medicine asks for human resources

Reporting bio-, psycho- and socio-medical health in its context-dependence 2

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2 German version see GZM.org

The neologism salutogenesis referred to a different understanding of medical theory. Salutogenesis allied health professions nowadays apply for an established health training. [1]

The influence of research and development of the mid-seventeenth century was immense, because of the technocratic orientation. In the meantime again medical theories have been advocated with traditional roots. These theoretical limits of neutrality play in finding the patients exploratory role. The determinants are health and disease, supported in Rehabilitation.

Various authors have used the source publications of *Antonovsky* for formulating practicable teaching and learning programs. This author used metaresources, which he referred to as 'coherence' in regard to social medicine. For classes of allied health professionals in European countries then, health has been developed in this interpretation as a framework program. We extend this didactic project. We emphasize the concept with typical elements of conventional medicine and complementary medicine to 'Integrative salutogenesis'. [2]

For scientifically and practically employed doctors' need for this medicine concept is, however, largely. Medical health professionals must work under medical guidelines which are subject to significant regulations by insurance companies. Therefore, the foundations of salutogenesis must be converted to professional medicine. Therein is the need of explaining conditions of resources for prevention and rehabilitation. [3]

Resources

Resources are a tangible or intangible asset. In medicine and medical care various peculiarities are understood. These include

- heredity, growth, development time, work and power,
- Immune functional morphology and biochemistry,
- Self-control function, energy, human skills
(intellect, emotional, and personality traits),
- spiritual acceptance, mental attitude,
- further education,
- somatic and mental health and
- prestige within the society.

These resources belong to people. Their allocation is usually followed by the training results of education. This leads to the lifelong development process of the human being, in which he expands his personal and his social skills, the intellectual, cultural, and life skills.

As to wellness and medical wellness, the meaning of 'resources' highlights intangible satisfaction sources. In this regard, people are contributing a sustainable lifestyle. This may mean the ability to enjoy, mindfulness, self-acceptance, self-efficacy, meaning and solidarity. These are resources that form the foundation for a strong personality for to track and achieve the own needs and goals.

Medical ethics are based on the individualized treatment of the partnership with the patient, as individual that it does not tolerate any generalization. Medicine expects and promises new approaches to prediction and prevention of disease, using a sophisticated by understanding professional medical tasking.

Resource-based-view

Based on workplace health, we formulate a resource-based view (RBV). It is to ensure that the uniqueness of the individual is not explained by its position relative to others, but by the quality of resources (in constant social competition). In health sciences, the RBV is used to estimate the importance of several characteristics and skills of an individual:

1. What is the assessment of the patient in representational values of life (material and physical design, biological and social dignity)?
2. What is his position on humane education (morality and ethics, leadership and management capacity)?
3. Which organizational asset and what habits (incl. Communications, information systems, integration capabilities) does he care for?
4. How is his work concerning contact and service friendliness, understanding welfare?
5. What technological qualities (standards, safety procedure, assessment of determinism, know-how) he may have? [4]

We expect that more and more people suffer from stress, poor nutrition, lack of exercise, lack of cognitive and emotional interest and pollution, and get health problems therefore. This is the reason why health professionals are asked, who understand themselves as experts with effective screening tests and measurements, as well as the right cure against passivity.

The RBV asks for a 'competitive advantage' for the individual to clients and patients with too little activity to win a more active range of intellect and physical motion. We assume that individual activity within the framework supports the process of getting healthier. In most of today's diseases and conservation means nothing damage, hindrance and delay rehabilitation.

A resource always must fulfill four conditions to secure:

- The resource must be valuable.
- The resource must be scarce in the community.
- The resource must not be imitated and
- the resource may not be substitutable.

Framework of capable Resources

For medical purposes it has to be necessarily to understand the resources of the patient so that one can control them. The extended knowledge about the biological, psychological and social-medical resources, is a framework, to be developed covering the source of Capabilities. These capabilities apply the organizational ability, resources and actions to combine, coordinate and develop new ones. This means that the resource base must be permanently altered. The result is the individual, but dynamic 'core competence'.

The more authentic a person is perceived, the more resources will be recognized and acknowledged. This includes self-confidence, serenity and sovereignty. It may be important for health to clear if a person is helpless in a duty, his job, met some clichés, fulfills gender or status stereotypes in the service or plays roles in private, to please others. The medical doctor must get knowledge about all of the persons role in life. [5]

Under the approach of the RBV it could be thought and expected how it would be possible to direct patients to their health security. [6]

It is known that stress causes problems in the workplace, representing that cause more than half of the employees on the lack of attention in their professional performance. From the state of emotional exhaustion states are developed, which are psychologically known as 'burn-out'. The basic needs solidarity and self-determination may be satisfied. But in this moment in which the individually perceived pattern of activity loses its meaning, threatening disease and infirmity win. This view is represented in nature too, such as the observation of spawning behavior of salmon proves. The reason for the mass extinction in their spawning grounds which exhaustion is indicated by the spawning process and exhaustion, because the animals are apathetic. They take no food and swim around aimlessly. Only few recover, overwinter in freshwater and migrate back to the open sea, instead of dying. [7]

Holism

The life structure sizes, which are detected with bio-, psycho- social indications are individually so, that they cannot be generalized. This also affects the value of the so-called additive diagnostics and therapies. While conventional medical procedures based on generalized and predictable evidence, the complementary medical procedures depend on personal appraisal. To their framework, the concept of wholeness is used. Wholeness can mean "using all known knowledge". Holism is often understood as a comprehensive care. Under this premise however, the parameters of caring are in the concern for the welfare of clients and patients to expand influence factors of coherence and sustainability. [8]

Between conventional and complementary medical treatment a patients problem of causality appears in the very moment when the patient is free of alleged disabilities. He takes apart from the time of a causal relationship between intervention and outcome. This is equivalent to saying: "I was sick, now I am cured, so the treatment was the reason for my recovery." This conclusion is causal fallacy, which is referred to as post hoc ergo propter hoc ("after this, therefore because of this"). This is a common logical fallacy. This appears when two consecutive events are premature and misinterpreted as another cause. In reality, the fact does not prove causality: post hoc non est propter hoc ("afterwards this time" cannot mean "this event because"). [9]

Another phenomenon of recovery is the regression to the mean: A patient who has an unusually high or low biological measurement at the initial examination can reach at a follow-up study without therapy a better result of the measurements because of statistically middling the values. This statistical phenomenon is due to the variability of the measurement itself.

Behavior as non-verbal communication - Context-dependent changes

Belonging to medicine and health effectiveness, medical interventions do include more holistic side-effects. These include cheap, attributable to the person of the actor, the type of procedure used, or the environment influences. This refers to the commonly called "**placebo effect**" described phenomenon. A placebo is understood as "therapeutic intervention, which is indistinguishable from the active therapy according to appearance, color, taste and odor, but with no specific known action mechanism". The use of the term placebo heard within comparative clinical studies on the basis of pharmacodynamics. It describes the placebo effect "all influences, pulling the (desirable) changes a patient characteristic by itself, except in this study to be tested treatment components". The term placebo effect often is layman-like used for sham treatments.

As to clinical trials and our medical practice instead of using the term placebo we prefer the hint on **context-dependence**. Context-dependence, however complained no causal relations and cannot be misinterpreted within the identification of effective and ineffectiveness. Context dependency can disappear, other causal fallacies could be extinguished, but they could be replaced by sketching a context of meaning. A context is descriptive, but not necessarily causality related. Therefore include contextual references to the heterologous features of the disease and the levels of health.

We use **contextual references** to categorize the variety of features that makes the patient's self-image in relation to the medical needs of his recovery.

Another variant of the effectiveness of medical interventions is offered by the so called "**Hawthorne effect**". This designation is based on an operational psychological examination for the study of working conditions that were the end of the 20s and early 30s of the last century conducted in the Hawthorne Works near Chicago. This psychological effect indicates that people behave differently when they are aware of the fact that their behavior is observed. The term is used today as a scientific feature to explain that patient satisfaction is very subjective. Therefore, in the case individuals who know that they are participating in a scientific study or in a supervised client- and patient-relationship, are to be expected with altered responses to oral or written questioning.

Efficiencies can also be shown by pleasing responses from clients and patients. This includes the effects of **social desirability**.

Respondents patients give answers that they consider comply with the standard or include a **yes-forecast-trend**. The reason for the patient's readiness can be called to submit to the expectations of the medical authority. The patient says, what is his opinion expected of him.

The most important activity arises, however, from the specific effect of the diagnostic and therapeutic approach to the medical indication.

Indications of Regulatory Medicine

The bio-medical indication of the pursuit of recovery is like a very basic request, one of the oldest in the European culture. The ancient Roman thinker Cicero argues (Book 3, paragraph 261), that care for cure is to be the highest good of people who are to preserve health of the body and comfort the states. The well-being is dependent on attention, observation, condition, obligation, fixed rules and principles that need to be met. [10]

The psycho-somatic medical indication on the way to health is shown by the self-image of the patient under present aspects. The patient is the recipient of a specially effective diagnosis and treatment. This he receives because of his medical history, the findings typing, and treatment planning. The plan follows the epicritic characteristics of the relationship to the state "without treatment". The patient has to respect wishes of his personal environment that accompany his therapy. The patient brings personal wishes in the medical procedures. In many cases the primarily conducting therapy is accompanied by other therapies or maintenance therapy. Patient and medicine are not free of "placebos". This effect of transmission-countertransference within the partnership team between medical practice with their clients / patients can go far. Psychological sensitization is known. The patient knows his own life plan and life change and can assess the medical planning that effect. The patient assesses his life planning but different from that of the therapist, who observed him and cared for. The patient has an influence on his lifestyle, therapy planning and therapy course. [11]

The socio-medical indication of the path to recovery is still dependent on the so-called external perception of the patient under today's conditions. It is about the perception of the patients in their immediate living environment, especially in their home environment. This environment provides expectations of the patient. This interest does not go into therapy but usually detail. The social networking requires every man to work on healing and health back. The environment of a patient starts out with no idea of a treatment plan and expected above all an effective therapy of patients by health care professionals. This expectation is burdened because of social demands. In addition, the environment defines only amateurish.

This may be culminate particularly in workplace health. This leads to the sufficient perception of medically defined illness. Findings and diagnosis are rarely decisive. The requirements for the patient hence are based on the expectation by his relatives that the patient may be seen objectively cured quickly. This seems to be similar as to the original desire and ambition of the nomads so that the patient does not hinder the continued contraction of the group. [12]

The use of regulatory medicine

Basis of the regulatory process, including diagnostic and medical therapy are the biologically known regulatory mechanisms from life sciences. They are assigned to the cybernetic basis of biophysical and biochemical processes, the psychological self-correction of the people and the socio-economic nature of communication and group life.

Conventional Anamnesis, diagnostic assessment, diagnosis, treatment and rehabilitation are expressly directed to detect diseases at preliminary stages to attack and eliminate. The understanding of regulatory control mechanisms affect each batch of medicine. Intangible sources of satisfaction people can constitute resources for our patients. Mindful and self-confident people are able to integrate multiple forms of therapy for themselves, without leading to polypharmacy.

They often have their own application goals of Naturopathy and make the accompanying self-medication with this. Condition for this, however, is that the self-efficacy of the patients remain under the control of therapy by medical doctors.

Complementary diagnostic and therapeutic procedures can be integrated in examination and treatment rows, unless crossovers made with the planned procedure. Complementary methods of practical regulatory medicine are preferred in order to obtain the compliance of patients for whose defining cooperative behavior in the context of functional circuits with health professionals.

The preferred medical function within the methods include:

Unconditional positive regard is believed to be popular with basic acceptance and support of a person, regardless of what the person says or does, especially falling on the course of client-centered therapy. This belongs along with genuineness and empathy to create necessarily an atmosphere of support. [13]

Reasonable caring attention sense directed donation is based on the exchange of information within the partnership between patient and physician on the bio, psycho-social adjustment value determination of self-image and public image of the patient. It is repeated and involved in the entire process.

Trauma-centered Eye Movement Desensitization and Reprocessing (EMDR) is often used to treat pain and anxiety (Source: Tsunami therapy). It is a tested method to evidence, which is also used for intervention in autoimmune diseases, if they are based on a documented trauma. We use for to compensate pain associated occlusal and other muscular habits. [14]

Homeopathy works, even if explanations of pharmacology and science are not sufficient. It is in the history of centered medicine. Homoeopathy asks the appropriate directed effect on the patient. It leads free of side effects to a large compliance of the patient.

Medical homeopathic practitioners

- listen to what the patient says authentic,
- observe gestures and facial expressions of the patient,
- take all the senses true,
- recognize the foreign image and the self-image of the patient,
- documented over the entire range of contacts with the patient,
- ask questions that concerns psychosocial reasons,
- analyze by conventional medicine claim with evidence,
- try to understand the mental state of the patient,
- combine,
- translate understanding justice,
- select from the various diagnostic and therapeutic procedures,
- discuss the proposals with the patient and
- combine the reasons for the patients personal function and actions.

Homoeopathy is based health services with research. On the image of the patient's individual needs is where that leads to medical care. Homeopathy is one of the globally most thoroughly studied traditional medicines.

According to *Hering's* rule it does not correspond to the improvement of individual symptoms of healing, but the shift of the main manifestation of the underlying illness to live less debilitating forms. [15]

Trigger point - pain - medicine is standardized pain medicine. It has as goal the elimination of myofascial trigger points, the pressure-sensitive localized muscle tightness in skeletal muscle. Indicator is the transfer from the initial point of injury or immobilization to the point of reference. The body reaction is done in a "posture". The accompanying muscles and tendons are overused and so prepare the pain. Therefore the local cause of injury sensation and another point of need have to be treated locally. From this point of view trigger pain of the body and the extremities, head and jaw, neck, chest and back could be affected. Even the hip and the lumbar spine can be involved in events and thus affect the entire body structure. Approximately 80 to 90% of pain syndromes should be due to such muscle tightness. Diagnosis and treatment are focused on manual medicine, with high prevalence of patient-oriented panels. [16]

(Periosteal) Osteopathy denotes a scheme with a special understanding of emergence and behavior of chronic pain. Osteopaths assess the body as a functional unit and principle, capable of self-regulation. All body functions get supply from by the nervous and vascular system. The states of health, the way of recovery, and thus the performance against disease can be assessed by medical and scientific thinking. Morphological point of view and perspective play a special role in the function. [17]

It has been presented that the interactions between head and jaw functions have proven with periosteal tissues and their analogs. [18]

Conclusion

We always work strict and very hard to treat our patients effective in general. Therefore, we verify the effectiveness of our work scientifically. In practice, research and development of medical treatments, the effectiveness of regulation is monitored. Medical health working with patients (the philosophy behind intervene) has to be in the already early phase of disease as possible, because of the current in this period there is no irreversible organ damage. Therefore it may be possible to reach real healing. The focus on the biological control systems of the patient is to be brought back into the physiological function of equilibrium. Regulatory medicine is holistic. Regulatory medicine primarily means to look at the whole person and its resources.

These resources are the essential control elements of a good medical and nursing intervention. [19]

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