

## Rehabilitation Medicine

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### Abstract

By briefly analysing the path of the evolution of medical science, in progressive expansion, one could conclude that medical treatments are divided into three main categories: a. causal, b. pathogenic, c. boosting treatments for the body's sanogenous mechanisms, without which, no treatment is effective. Therefore, the passage of medical science in a new stage is proposed, a stage that could expand to what is called Rehabilitation Medicine, proposed as a freestanding medical speciality.

**Keywords:** History of medical thinking; Treatment of natural sanogenous mechanisms; Rehabilitation medicine

### Premises

When approaching the subject of science evolution in general, which has reached the stage of narrowing specializations, and that of the requirements of current education, Louis De Broglie [1], insists on the correlation of creativity with the size of the general and specialized background of researchers. 'This will create certain inconveniences because the general background, the art of thought expression, the vastness of knowledge-which all enable the discovery of hidden connections and fecund synthesis-have always played a great role in the great scientific discoveries and are undoubtedly vital to its progress'.

When we apply this statement to medical doctors, both practitioners or researchers, it means that one cannot become proficient without a concentricity in extension: the background of one's specialization, the general medical background, the biological background that underlies medicine, general scientific background and general background in a larger sense. Is it too much? Probably that is the reason why only a few of the intelligent people reach high peaks. From this point of view, it is interesting that European thinking evolved from focusing on the particular- which allowed a punctual practical approach- to a systemic understanding, a general interconnection of reality as a supreme unit. Aristotle [2] stated 'of all secondary substances, the species is more substance than the gender as it is closer to the primary substance'. In our case, the hyper-specializations such as hematology, nephrology, cardiology etc, are closer to pathological segments that are posed by the diseases specific to these specializations and which occurred in parallel as their punctual necessities. Aristotle words are: 'the relatives seem to be simultaneous by nature and in most instances this holds true'.

The time gap between Aristotle's statements and the occurrence of medical micro-specializations is natural as medicine developed alongside other sciences and it is not relevant from the gnoseological point of view. Still, the development of science has proved that deep knowledge becomes dependent at one point on an enlarged understanding of the world, which automatically implies

contextualization in ever larger contexts. In philosophy, the first to point out this aspect was Descartes [3]. He states that 'the same thing may unfairly seem extremely imperfect if considered singularly and then, it may become perfect in its nature if regarded as part of this universe'. People then started to become aware of the unity of the world. Godfrey-Smith [4] says 'our perception of the world changes but the world itself stays the same'

We, the medical doctors see the same pathology that previous generations did but we understand it differently and, similarly, the future generations will see the same pathology as we do but will process it in a superior way, in a more integrative one. This is a result of our Faustian nature which ceaselessly seeks knowledge and new meanings and, quoting the same author [4], 'in the case of effective sciences, explanatory inference seems more common than induction'.

With good intuition, but without a clear understanding, yet striving for clarity, Marie Francois Xavier Bichat (1771-1802), quoted by Osler [5], would say: "Sensibility and contractibility are the fundamental qualities of living matter and the life of our tissue", thus replacing the older notions of 'Vital proprieties' lacking experimental base with objective and demonstrable notions.

This was the beginning of modern medicine, but, still, medical thinking was in accordance with general thinking therefore the stage of 'proof based medicine' was reached. As we can notice, progress brought along not just a different comprehension of things or different attitudes to the truth but also a change of notions by elaborating expression notions to define reality to the pioneers of medicine.

The evolution brought about not only a deeper understanding of diseases, a clear moor of the medical practice in the palpable, experimental, 'proof based' foundation, but also the extension of medical knowledge of the human being. While talking about the 'Specific traits of medicine in the 20th century, Radu Iftimovici [6] states: "alongside a medicine for the ill, there is a medicine for the healthy. There are foundations for age medicine, from embryology to geriatrics of the nonagenarian". "Preventive medicine gets more prominent, tending to equal the endeavors and the financial efforts to elevate curative medicine". One can notice that the evolution of medical practice has overgrown the curative stage (of utmost importance!) and has extended in the social area of prevention; yet,

this is not sufficient, as the mere annihilation of diseases, of any human suffering, does not bring the human being (who is more than a body with veterinary correspondences) to a functioning stage, to satisfaction and to a life quality comparable to the one prior to disease. In order to get a clear understanding, we must accept the extension of practice of the medical act in the sense of re-establishing the life quality and we must accept new notions and expressions with which to outline reality. We can compare this to the situation the physicists had to face at the beginning of the 20<sup>th</sup> century. Heisenberg [7], referring to the difficulty of describing the inter-atomic relations at the dawn of their experimental knowledge, stated: 'this thing is not ever so terribly weird if we think that what is happening here cannot be the object of experience, that we cannot notice these phenomena directly, so we do not base concepts according to them.

### A New Extension of Medical Practice?

Scientific mentality has its own rigidities conferred by its formation. This scientific mentality measures step by step the physiological and the physio-pathological particularities, basing the final result on them. But, one cannot gradually and completely measure the fact that a child raised in clear air, with appropriate food and exercise develops more vigorously than a child raised in opposite conditions. One has to do with the final result alone. Partial measurements do not allow for multiple simultaneous comments, while the final result does. That is why a medical mind will have difficulty accepting the skip of partial measurements and consider the final result alone, although this is the one that matters- it represents the wholeness, and the human being is an absolute wholeness.

This very wholeness enables us to ease the functioning of all organs by easing the functioning of say the digestive system or the circulatory system, thus easing the psychic as well. The connection of the parts within the wholeness of the human being does not just occur at physiological and physio-pathological level or just at the level of all three integrative systems (psychic-neuro-endocrine). The connection is produced at metabolic level, as proven by the pre-inflammatory factors, especially the interleukins (interleukin 6 particularly), which are related metabolically to depressions, cardiovascular pathology and Alzheimer disease.

Naturally, the relation and consequently, the connection potential originate in the nucleic acids. It is important to remember that if we open up a clock we will influence the movement of a wheel for the better or for the worst and thus influence the functioning of all the other wheels and of the clock as a whole. On the other hand, it is certain at this point that that no treatment, no matter how beneficial, has any result unless it favors the body's sanogenous mechanism. In the case of AIDS, where the immune system is destroyed, no matter how many tons of ultra-efficient antibiotics are administered, the infection will still kill the body. Things happen similarly, but at a different level, for all pathological species.

Therefore, treatments fall into three main categories: a) Causal treatments b) Through specialized agents for pathogenic segments, and c) Boosting treatments for the body's sanogenous mechanisms, such as illness prevention treatments.

The first category belongs to the science of human particularities (of systems and organs) and the latter to the human wholeness, to rehabilitation, or the process of regaining the level of life quality prior to the disease.

From this point of view, the medical practice and theory are currently limited to segments: bone and articulation recovery, bone and muscular recovery, neurological recovery following vascular strokes, recovery from major psychic diseases etc. But the recovery must refer to the four levels of any human being: biological (systems and organs), psychological, social-cultural ( at the level of groups) and spiritual. Consequently, the recovery must be complete and enable personal 'happiness' or content at least. There is enough information critical mass and practical experience to reach the synthetic stage, the one of Rehabilitation Medicine, as a science in its own right, as an integrative science which takes over the cases from the medical systemic sciences, after the diseases have been pathogenically solved, in order to lead them back to the quality of their previous existence.

The rehabilitation medicine must have specialization status within medical education and practice. This way, similarly to the way the 20<sup>th</sup> century contributed to the extension of medicine by creating Preventive Medicine, the 21<sup>st</sup> century can contribute to further extension by creating Rehabilitation Medicine as an expression of tuning medical thinking to general holistic thinking.

The growth of Rehabilitation Medicine requires not only a huge amount of research but it will alter the perception people have on health, disease, recovery, life quality. It will generate a new existential paradigm. To make it statutory, all factors involved in medical recovery practices, medical doctors, experts in physical medical education, psychologists, all practitioners and beneficiaries must put pressure on academic and social-decision officials to create the organizational, juridic and educational framework which are vital from the start.

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