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Organismic Health in Planetary Emergency Health Situations: A Transdisciplinary Salutogenic Approach

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ABSTRACT

The topic of the health as a planetary affair is returned dramatically to the limelight in the public debate due to the current COVID-19 emergency. The lockdowns imposed almost worldwide have undoubtedly had the beneficial effect of limiting infections, but at the same time generating a civilizational collapse. This Policy brief is an invitation to action addressed to policy makers and health professionals to improve the physical, mental and spiritual (systemic) vitality of the person (salutogenesis) through the application of the Health Circles and +Immunity method, an approach inspired by Integrative-Systemic Medicine and salutogenic transdisciplinary approach.

KEYWORDS

COVID-19; human sustainability; integrative medicine; planetary health; systemic health; transdisciplinarity

Introduction/Background to Hypothesis

Public Health Policies During the SARS-CoV-2 (COVID-19) Pandemic

Almost all scientists around the world rightly believe that what we are still experiencing is a general crisis, which affects various spheres, not only health: cultural, social, political, psychological, economic, environmental and so on (Osofsky et al., 2020; Watson et al., 2020; Yoosefi Lebni et al., 2021; Zhang & Ma, 2020). A microscopic entity, a virus has managed to check the entire planetary order, changing from one

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day to the next the habits of life of individual people and entire nations, so interconnected that none could avoid being affected. It is because of this that we have discovered how much the emergency that has arisen has depended on the weakness of the health systems of various countries all around the world, the vast majority of which (except for a very few) are still characterized by linear intervention schemes, that do not take into account the inherent complexity of reality (Basel et al., 2021; Bateson & Bateson, 1989; Illich, 1976; Klement, 2020; Laszlo, 1972). But not only institutions and collectives have been found to be vulnerable, but also the individual, who has shown that he or she does not possess, in general, the cultural and psychological tools to adequately cope with an atypical event of vast proportions as a pandemic (Andrew & Keefe, 2014).

In short, COVID-19 has exposed not only the lack of public health policies, but also the inadequacy of education systems and policies, national and global, which have inspired them in recent decades. It is on these two points, health and education, that we wish to insist on deepening the issue of health during the pandemic (Amekran & El Hangouche, 2021; Chen et al., 2020; Maugeri et al., 2020). It is absolutely necessary to state, in order not to be misunderstood, that the unexpected crisis, and the various other unforeseen events that have arisen from it, could not be managed through the conceptual schemes and operational practices suggested by a systemic approach to knowledge. The problems had to be immediately limited and, for this reason, the scientific committees set up by various governments were, almost in their entirety, composed of virologists, epidemiologists and doctors. Some critics might legitimately point out that if we were a prudent world community, able to think and plan in the long term, we could avoid, thanks to the spread of recent systemic approaches (multi-, inter- and transdisciplinary) finding ourselves in a situation that we could respond to only in a patchwork way (Zinsstag et al., 2011). Transdisciplinary refers to a quality (a way of being) (Rigolot, 2020) that arises from collaborative and dialogical research-action processes between academics-society to create new knowledge and conceptual, theoretical, methodological and translational innovations that articulate and go beyond of the specific approaches of the disciplines and of the subject-object dualism to address and transform the complex problems of the real world (Augsburg, 2014; Matsumoto et al., 2022; McGregor & Donnelly, 2014; Pipere & Lorenzi, 2021; Ruiz-Cervantes et al., 2018). However, this has not been the case, so we believe it is important now to look to the future. The question we are asking is: since January of 2020, when the health emergency in China broke out, have we started and put into practice procedures that are

useful in generating structural defense mechanisms against such emergencies? The answer, unfortunately, is: only minimally. Scientific committees, in fact, are still dominated by virologists. One example is the reopening of schools in much of Europe, where medical optics still prevail over all the others. It seems absurd that in a case like this the skills, for example, of anthropologists, sociologists and pedagogs, as well as of integrative-systemic/alternative health approaches, are so debased.

Additionally, after 2 years, there continues to be an emergency approach to the crisis for COVID-19, made even more evident, referring to another field, by the immoderate use of plastics and protective fabrics which, while helping to reduce infections, are perhaps causing an even more serious environmental emergency (Fadare & Okoffo, 2020; Patricio Silva et al., 2021; Prata et al., 2020). COVID-19 has also made explicit the weight of economic, productive and financial aspects all around the world (Basel et al., 2021; Hernandez et al., 2021). Economics, in fact, was precisely the discipline that succeeded most of all in snatching important concessions to the tyranny of medicine. And it has been able to do so, not in the name of a necessary disciplinary rebalancing, but thanks to the strength it possesses in determining the current asset structure of value chains and financial assets at a global level (Giese & Haldane, 2020). The strength that is both political, in relation to the preponderance of the productive and financial social classes compared to those of workers and the third sector, and cultural, because it has made the tendency in man to give more priority to the immediate present rather than a long-range perspective (Panico, 2014). It is clear, therefore, that, both as people and as a society, we still do not know, while possessing the cognitive tools, how to act at a systemic level. We operate and think in watertight compartments, out of an increasingly necessary long-term vision. In view of the above, while recognizing the need to exercise caution by measures of social distancing and the use of masks, it seems to us that public health policies should include a wider range of approaches and knowledges in order to limit the excessive power of virological guidelines and to counter the harmful aspects of economic and psychosocial visions. This is not only due to a greater comprehensiveness of vision regarding interventions and solutions, but also to encourage horizontal methods of social participation capable of forming and empowering people (Heron, 1996; Marston et al., 2020; Olalde Rangel et al., 2005). Only in this way, by increasing the level of participation and the richness deriving from the plurality of knowledge, can the theme of health be addressed in an integral and long-term perspective (Córdoba-Pachón, 2020).

The Policy Hypothesis

Health Circles and + Immunity Method

It is precisely in this salutogenic and integrative-systemic medicine perspectives from which our project of Health Circles takes its cue (Antonovsky, 1979; Pérez-Alvarado et al., 2018). The points that make up the skeleton of our hypothesis are two:

- Natural Hygiene
- Learning community

From Natural Hygiene we recall three of the inspiring principles of the movement born after the studies of Isaac Jennings during the third decade of the nineteenth century and developed to the present day (Jennings, 1847), that is:

- the self-repairing capacity of the body
- the consumption of unprocessed fresh food
- physical exercise

To these we add, however:

- spiritual exercise (in which converge mental and emotional processes)
- esthetic practice

Based on these principles of Natural Hygiene we developed our hypothesis, the “+Immunity Method” (Integrative Method of Immuno-Metabolical Strengthening) based on a weekly practice of the “three pillars of salutogenesis” (Pérez-Alvarado et al., 2018): (i) Movement and breathing for health, (ii) Detox and nutrition for health, and (iii) Emotional and intellectual care for health. This +Immunity method is facilitated in Health Circles in open public spaces (Vargas-Madrado, 2018).

Our position is quite clear, therefore: as indicated by integrative-systemic medicine, to obtain and maintain health, both individual and collective, it is not enough to pursue the medical aspect alone, but particular attention must be paid to the contextual aspects in which the majority of disorders and pathologies occur (Dupras et al., 2019; Sutherland & Costa, 2003). Let us not forget that the causes that determine any situation are always manifold and, in many cases, difficult to perceive. Some are genetic, that is, inscribed in biology and its chemical functioning, others are contingent (or epigenetic) and depend on the circumstances in which an event occurs (Grossniklaus et al., 2013). From this double influence of

genetic elements on the one hand, and epigenetic on the other, derives the need for actions that are not only concerned with curing a disease, but to strengthen the body's ability to respond to a possible disturbing event, its salutogenic capabilities (Bauer et al., 2020). Medicine, despite its high and positive degree of technological progress, will never be able to solve the health problems of a person or a community that does not take care of itself. On the one hand, it is necessary and desirable to have a medicine that possesses and develops an effective capacity to respond to possible health crises. On the other hand, it is also essential to know what prevention and defense (salutogenic) mechanisms are essential to limit the emergence of these crises (Barcan, 2011; Rakel, 2017; Yang et al., 2010). As we have pointed out, the organism possesses a spontaneous propensity to regenerate itself (self-organization and self-reparation), that is to return naturally toward dynamic equilibrium (rheostasis or homeodynamics) (Bateson & Bateson, 1989; Laszlo, 1972; Pérez-Alvarado et al., 2018), in a constant movement where health is not an optimal state (a steady state) which we always enjoy, but is a flexible objective to achieve which we must act on a daily basis (Facchin et al., 2018; Grossniklaus et al., 2013). We do not ignore that it is often the body itself (as in autoimmune diseases) that is an obstacle to healing, and it is for this reason, as well as for emergency situations, that it is not at all wrong to resort to medical help. We also note that several of the many medicines that have been described as alternatives have often been mistaken in pointing to clinical medicine as the only enemy of health. Indeed, they themselves are often involved in unjustifiably imposing attitudes and in intervention practices which lack analysis and evaluation (Barcan, 2011; Illich, 1976). Having said this, we cannot but consider that clinical medicine has systematically evaded the themes of spirituality and emotionality, which it considers impossible to measure and therefore irrelevant to medical practice (Pérez-Alvarado et al., 2018). This is because it continues to be, for better or worse, a discipline anchored to a purely pathological vision of health, for which there is no patient as a subject but the disease as an evil that must be eradicated (this warlike approach to disease can be clearly seen now, in the midst of a pandemic emergency, where the words that most recur, in reference to the virus, are "war" and "enemy") (Benziman, 2020). It is certainly true that, in recent years, supported by rigorous scientific studies, progress has been made which has led to a greater consideration of the patient, but this has only slightly improved the focus of clinical medicine on human and existential aspects and the effect that these have on the course of pathologies (Ficagna et al., 2020; Tsamakidis et al., 2020). Hence our hypothesis focuses in need to work on the spiritual and esthetic aspects. Esthetics, by its refusal to establish fixed rules and therefore its flexibility, is not only an excellent working strategy in

the diagnosis of physical and emotional illness, but also a conceptual reference point to see health as an open, participatory and ongoing process (Pérez-Alvarado et al., 2018; Rodríguez et al., 2020).

For the reasons stated above, we define Health Circles as a stage of our hypothesis that encompass practices of systemic complementary medicine, since their function is to improve different actions and solutions for the prevention and resolution of diseases (sustainable health). The reader will ask himself at this point how to integrate different actions and solutions to achieve a good state of health. The answer lies precisely in the second principle of our hypothesis that guides our research: The Learning community. This means education for health through transformative learning. Here, participation works not only as an element of social integration but also has a therapeutic value: reflexive individual and collective learning and action. It is in fact more than demonstrated that health is strongly related to the development of sociality and the construction of a network of protection that offers the individual both the awareness of being able to rely on the advice (Kok et al., 2013; Paek et al., 2011), empathy and experience of other people, both the tranquility and balance that derive from the consciousness of belonging (Weinberg, 1961). The training factor also plays a role no less important, since health is seen by us as a path of training, where both the individual and the community become aware of the problems related to their lifestyle and decide to undertake a research route to identify any imbalances and trace the solutions (Mrosovsky, 1990; Pérez-Alvarado et al., 2018; Wallerstein & Bernstein, 1994). Research and solutions that, because of the uniqueness that distinguishes each of us, can be very different from each other despite proceeding from the same disease. Health Circles as learning communities are groups in which the rule of horizontality and the equal dignity of all members applies. There are not, strictly speaking, masters who prescribe fixed rules, but health facilitators of the basic practices of our +Immunity method (experts in various fields, from clinical medicine to medical anthropology) who, through the tools of exercises, dialogue and storytelling, help to build, in the community in general and in the individuals who are part of it (facilitators included), meaningful paths useful to the pursuit of the state of a sustainable health. During the training process, everyone can become facilitators and, for this reason, it is very important that everyone's professional knowledge (and not only) is shared so as to enrich the learning background of all participants. In this path self-consciousness, although built through a community dynamic, becomes a fundamental trait to allow the individual to act actively and consciously on his/her lifestyle in order to achieve optimal health levels.

Evaluation of the Hypothesis

The Experience of Health Circles During the Health Emergency

With the worsening pandemic of COVID-19 in Mexico in the beginning of March, our research group in “Integrative Systemic Medicine” proposed and implemented an intervention project based on two lines of action to check our hypothesis: (1) The protection of the hospital system through the organization of digital networks of a Health Circle called “Preventive Program for the Strengthening of Health” (PPRS); (2) Support to people potentially at greater risk, age and previous diseases (identified in the PPRS), through a proposal of Integrative Therapeutics (IT) based on a combination of electromagnetic and psychological treatments. The PPRS involves many people (from a minimum of 22 to a maximum of 47) thanks to the use of a strategy based on synchronous meetings (once a week) and asynchronous through e-learning platforms. During the PPRS sessions we work on three main aspects of our +Immunity method: (1) Movement and breathing; (2) Nutrition and detoxification; (3) Emotional and intellectual care. After filling in an initial self-diagnostic survey proposed by the facilitators, participants are invited to keep a personal diary in order to document the evolution of their health through narrative tools. Some of these reflections, according to the will of each, are published on the digital platform so as to receive feedback from both facilitators and other participants. It is important to specify that the facilitators’ task is to moderate and evaluate the relevance of the proposed content in order to suggest possible areas of individual and collective exploration. At any time, all participants have access, not only to the history of the debates and the training materials made available by the facilitators, but they can themselves propose dialogue groups specific issues and doubts can be addressed. Every two weeks the personal self-diagnostics scheme is updated and uploaded to the platform to allow facilitators to follow the progress of each participant. People with some slight symptoms and previous health problems are assisted *in situ* by the program of IT, with electromagnetism, and at a distance with psychological sessions. The two interventions are carried out by professionals specialized in the two fields. The project, endorsed by the University of Veracruz, will continue at least until March 2022. However, after almost fourteen months from its beginning, we have had the opportunity to observe the first comforting results that support our hypothesis of Health Circles and + Immunity Method:

- The periodic self-diagnosis system has shown that in 82% of cases participants have improved their health conditions by changing, some massively others in part, their lifestyle.
- Participation in dialogue groups, narrative exercise and the use of training materials, based on the evaluations expressed by the

participants through a survey applied at the end of the fifth month, helped to deal with the pandemic emergency more calmly, lessening the fear of being infected and encouraging the adoption of measures to prevent the contagion (adequate distance, use of masks in enclosed spaces, healthy nutrition and movement, online support groups).

- The people (18 in total) who participated in the IT program, interviewed personally, said, in 87% of cases, that the attention received so far has generated in them a feeling of improvement in their state of health.
- So far, none of the people with whom the project has been working have any symptoms associated with COVID-19, so, in accordance with the provisions of the Federal Health Authority, no swabs have been carried out on them.

Consequences of the Hypothesis and Discussion

Policy Recommendations

All the attention on the epidemic is focused on the prevention of contagion, behavior that, unfortunately, makes invisible the care of the internal milieu in which the interrelation between all the subsystems on which the reaction of each person and the population to the presence of the virus depends. On the other hand, the focus is mainly on the specific aspects of the diseases caused by the virus, while, instead, to deal with a conjuncture of this nature, systemic ones should be considered of greater relevance. For this reason, the implications of our hypothesis suggest the adoption of health policies to promote:

- Participation of the person in the care of his or her own health.
- The adoption of self-diagnosis and self-care strategies.
- The adoption of solutions aimed at the integral (spiritual, corporal, and psychic) well-being of the individual and the community.
- The establishment of multidisciplinary groups to address and manage public health issues, especially in situations of health stress such as the current one.
- The adoption of open and long-term strategic health plans to strengthen the resilience of the system.

How to Achieve These Policy Options

- The Public Health System in Mexico, both at state and federal level, must promote the establishment of Health Circles in Health Centers already present in most neighborhoods of each city and,

where not present, create them. This would enhance the effectiveness of territorial medicine through an effective pedagogy of health.

- Public health strategy committees need to be complemented by professionals from different disciplines and adopt an integrative-systemic perspective in addressing emerging issues.
- Redesign the Curriculum of Medical Degrees introducing transversal themes and specific courses in Integrative-Systemic Medicine, Participatory Medicine and qualitative methods of research, intervention and treatment.

Conclusions

As we can see, the COVID-19 pandemic has impacted various spheres of society and unfortunately at the same time has generated great environmental damage due to the immoderate use of plastics. In the face of this civilizational collapse that has impacted primarily the health sector, urgent actions are needed that not only address measures such as social distancing and the use of masks, if not going further, trying to establish multi-, inter- and transdisciplinary health policies that improve the immunological vitality of the population; the above with the aim of responding in the best way to the current scenario we are living. Therefore, it is of the utmost importance to centralize actions based on the method of health circles in order to address physical, mental and spiritual aspects; that impact both the individual and the collective level, strengthening autonomy, the quality of life, as well as the health processes of individuals and the community: Optimal Healing Environments (Sakallaris et al., 2015).

Disclosure statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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