

**Chapter 1 : BBC - Earth - How nature is good for our health and happiness**

*"On the Nature of Health: An Action-Theoretic Account" by Lennart Nordenfelt. [REVIEW] Philip C. HÅ%bert - - Philosophy of the Social Sciences 21 (1) Health, Science, and Ordinary Language.*

Joined Columbia as a member of the faculty, remained until Since , a research associate at Yale University School of Nursing. Recipient of numerous recognitions. In , she revised: She categorized nursing activities into 14 components, based on human needs. Her definition of nursing was: And to do this in such a way as to help him gain independence as rapidly as possible" Henderson, The 14 components Breathe normally. Eat and drink adequately. Move and maintain desirable postures. Select suitable clothes-dress and undress. Maintain body temperature within normal range by adjusting clothing and modifying environment Keep the body clean and well groomed and protect the integument Avoid dangers in the environment and avoid injuring others. Communicate with others in expressing emotions, needs, fears, or opinions. Work in such a way that there is a sense of accomplishment. Play or participate in various forms of recreation. Learn, discover, or satisfy the curiosity that leads to normal development and health and use the available health facilities. The first 9 components are physiological. The tenth and fourteenth are psychological aspects of communicating and learning The eleventh component is spiritual and moral The twelfth and thirteenth components are sociologically oriented to occupation and recreation Assumption The major assumptions of the theory are: Patients desire to return to health, but this assumption is not explicitly stated. Individual Have basic needs that are component of health. Requiring assistance to achieve health and independence or a peaceful death. Mind and body are inseparable and interrelated. Considers the biological, psychological, sociological, and spiritual components. The theory presents the patient as a sum of parts with biopsychosocial needs. Environment Settings in which an individual learns unique pattern for living. All external conditions and influences that affect life and development. Individuals in relation to families Minimally discusses the impact of the community on the individual and family. Basic nursing care involves providing conditions under which the patient can perform the 14 activities unaided 3. Nurses need to stress promotion of health and prevention and cure of disease. Nursing Temporarily assisting an individual who lacks the necessary strength, will and knowledge to satisfy 1 or more of 14 basic needs. Assists and supports the individual in life activities and the attainment of independence.

**Chapter 2 : What does the dynamic nature of your health mean**

*'Medical Testament' The Nature of Health by Keith Addison, Journey to Forever. THE "Medical Testament" published by the 31 doctors of the Cheshire Panel Committee in England on March 22 was a milestone in the development of the infant organic farming movement.*

References Introduction Natural health is a totally reasonable and respectable approach to health care. It refers to the beliefs, concepts, and attitudes held by those who practice natural health care. There are similarities that run throughout all natural health practices. Natural health is a natural healing practice, or a subset of alternative medicine, that only looks towards nature for answers and explanations. Natural health has nothing to do with magic or new age mysticism. Traditionally, Natural health is about the natural healing therapies of prevention and healthy lifestyles , eating natural whole foods, nutritional supplements, physical exercise, and stress management. While the renewed interest in natural health can be called a resurgence of the Popular Health Movement, within certain parameters prevention and healthy lifestyles have been proven to work over and over again by science. There is nothing anti-intellectual or anti-scientific about natural health. It has a strong objective basis, just like any other natural philosophy has by definition. Natural health has nothing to say about the creation of life, beliefs in religion, and other worlds or dimensions other than that all health, wellness , illness, and healing can be positively affected by simple and inexpensive natural therapies. Natural health, thus, excludes all belief systems that say disease is a result of anything other than natural causes. If health, wellness, illness, and healing is held to be caused by something that cannot be physically measured or detected then it is not about natural health. This would accordingly exclude faith and psychic healing, supernatural forms of alternative medicine, and some Eastern philosophies. In essence, many natural therapies are being improved or refined through scientific investigations. Science is paving the way for the medicine of the future--a medicine that recognizes the healing power of nature. Logically, if a faith or psychic healer can perform miracles then there is no point in working on your diet or exercising. Hence, faith and psychic healing are not a part of natural health. Likewise, Eastern philosophies with beliefs in other worlds or dimensions that are invisible to our normal senses are excluded from natural health such as beliefs in spiritual, karmic, or ancestral forces and personal auras or energy flows around the human body. Natural Health as Complementary Medicine Nothing about natural health prevents its alternative healing methods from being used alongside conventional medical treatment. Thus, natural health can be viewed as a complementary or adjunctive form of therapy. History of Natural Health Natural health did not become part of common usage until near the end of the 20th century with the advent of vitamin dealerships, the Internet, and perhaps with some health food stores. Historically, natural health developed from the Popular Health Movement ss in the United States. I will be writing only of real possibilities, consistent with the findings of medical science. Natural health never attempts to treat serious infectious diseases or any acute medical emergencies. The nature cure movement, historically called for a return to nature, but the natural health movement advocates only the use of natural therapies. Just as the hygienic movement added the word natural to separate itself from biomedicine that had by the 20th century incorporated hygiene into its practices, natural health added the word health to separate itself from natural hygiene. Natural health, as an eclectic practice, is most usually associated with the advocacy of the use of vitamin supplements; a practice which natural hygiene considers a prohibited use of drugs. Further, both the hygienic and the nature cure movements did not originally address the stress of modern civilized life; whereas natural health is partially defined or historically developed out of the notion that the stresses of modern life has an impact upon physical health. More precisely, the core tenet of holism evolved to include the concept of the mind-body connection , or the notion that stress, or our mental states, has an impact upon our physical health. The mind-body connection has a very Western origin.

**Chapter 3 : The nature, meaning and measurement of health and illness: an economic viewpoint.**

*Understanding the nature of health: New perspectives for medicine and public health. Improved wellbeing at lower costs is an attempt to highlight the interconnected nature of health between the individual and his "lived environment".*

Advanced Search The time is right for health promoters to take a close look at the evidence of the impacts nature has on the health of individuals and communities. Because we may actually be able to achieve more appropriate and sustainable conditions that support health than if we only address interventions that focus on a particular health issue, e. The environment and nature have always featured as key components in health promotion models and concepts. Lalonde Lalonde, , Hancock and Perkins Perkins, , Kickbusch Kickbusch, and many others incorporated ecological perspectives into their constructs of health. These models have been used to inform the development of health promotion practices and have been largely influential in the shaping of the extensive theoretical designs and implementation strategies of the settings movement e. Yet, even with these holistic frameworks and maps, much of the emphasis of health promotion efforts have been driven by health jurisdictions, who see health promotion as a way of addressing specific mortality and morbidity outcomes. This is not surprising and there has been a well documented history of how the health sector has embraced health promotion principles and strategies to make major inroads in many countries and regions into areas such as safety, heart disease and alcohol IUHPE, Environmental factors, such as well-lit and safe walking places, have made substantial contributions to reducing injury and facilitating physical activity. There is considerable data on how the physical environment is a major contributor to individual and community health IUHPE, But what about the evidence for the effects of nature on health? Wilson has put forward a very strong argument about the health benefits of nature over two decades Wilson, ; Wilson, The evidence about the influence of nature on the health and well-being of individuals and groups has emerged from a number of traditional disciplines, e. The evidence tells us that the movement of humans from rural to urban environments across the globe within the last years has facilitated their disengagement from the natural environment Axelrod and Suedfeld, We do not experience the range of natural environmental stimuli of our ancestorsâ€™a built environment of concrete, cars, noise, high-rise housing and pollution has replaced it. The protective factors of nature for health improvement and sustainability have been reduced by our diminishing regular contact with nature. A considerable body of research shows that viewing natural scenes has a positive health impact. For example, Ulrich Ulrich, , in a landmark study, demonstrated that hospital patients who viewed natural scenes, e. In prison, having a cell window with views of plants and animals, e. A number of studies have demonstrated that office workers experienced lower job stress, higher job satisfaction, and fewer illnesses if they had views of nature than if they did not Kaplan and Kaplan, ; Lewis, ; Leather et al. Placing trees next to freeways and roads, and having roads pass through and by green areas, reduces driver stress as measured by blood pressure, heart rate and sympathetic nervous system changes Parsons et al. In addition to physical health improvements, there is considerable evidence to suggest that psychological health is enhanced when a person views flora and fauna. Rohde and Kendle Rohde and Kendle, conducted a comprehensive literature review into psychological reactions to nature. They concluded that viewing nature reduces anger and anxiety, sustains attention and interest, and enhances feelings of pleasure. The above benefits occur by viewing nature. Being in nature also impacts upon health. Many studies have shown significant health gains for those in contact with nature. Some of these relate to assisting new immigrants to a country to cope with the transition of migration. Wong Wong, reported benefits such as increased empowerment, feelings of integration, and willingness to participate. Exposure to nature was shown to reduce mental fatigue, irritability and accidents, and improve problem solving ability and concentration in people from urban areas who are located in a natural environment for a few days Herzog et al. Gardening is an international activity. Millions of people who live in urban environments cultivate gardens of varying sizes. In many cities community gardens exist. Lewis Lewis, and Furnass Furnass, provide evidence to suggest that gardening reduces stress, encourages nurturing characteristics, builds social networks and enhances social capital. Even indoor plants have a positive effect. They have been shown to improve office air quality, increase productivity and facilitate relationships between

workers Randall et al. Animals have contributed to our health for thousands of years. In addition to providing a food source, they have been shown to contribute to lowering blood pressure, coping with stress and reducing minor health problems Maller et al. Companion animals are now an important part of enhancing recovery after operations, particularly amongst elderly patients. A major study by Anderson et al. We have a strong desire to engage with animals, as evidenced by the fact that more people visited zoos and aquariums in the USA and Canada than attended sporting events in the early s Wilson, Some emerging research indicates that many people engage in feeding wildlife, e. What does this considerable body of evidence mean for health promotion? On the one hand it has confirmed the work of the early creators of health promotion models and frameworks. However, more importantly, it now emphasizes that we need to be even more vigilant in ensuring interactions with nature are uppermost in our health promotion policy development and interventions. As groups of professionals, we may need to be more proactive in making sure abundant open areas, where citizens can easily experience contact with plants and animals, service the communities in which we live. These can range from small parks in inner city areas to green belts between suburbs. We also need to be more proactive as a professional group in interacting with those who are responsible for the forests, plains and urbanized areas of our country or region. It is important that the considerable health benefits of nature are made clear to governments, farmers, developers and the general community. New fields of study are emerging which draw on the benefits of nature to enhance or restore health. Ecopsychology or nature-guided therapy, wilderness experiences, horticultural therapy and animal assisted therapy all have a growing body of research data which points to the many health benefits of engaging with nature Maller et al. Some of these approaches appear to be just as effective in achieving health gains as traditional drug-oriented treatment regimens. Sadly, most of this has been known for centuries. Our indigenous peoples and many ancient societies knew how closely humans were connected to and linked with nature. They also knew about the consequences of poor care and lack of respect for our natural environment and its animals and plants Martin, ; Burns, David Suzuki and David Attenborough are just two of the high profile international advocates who seek to promote respect of nature and all its components. In health promotion, we need to be more familiar with the evidence and, in many cases, more proactive in making sure our natural environments are protected. The health benefits are considerable. Physical, mental and spiritual health are all enriched when we engage with nature. It is a challenge for us to make sure it happens. The Medical Journal of Australia ,.

## Chapter 4 : What is Natural Health?

*Nature restores. One of the most intriguing areas of current research is the impact of nature on general wellbeing. In one study in Mind, 95% of those interviewed said their mood improved after spending time outside, changing from depressed, stressed, and anxious to more calm and balanced.*

Research into the causes of infectious diseases and the development of vaccines and pharmaceuticals quelled once-devastating illnesses such as polio and smallpox. The first successful organ transplant occurred in , and now, thousands of transplants each year—more than 28, in —are prolonging the lives of recipients UNOS. Over the past decade alone, better understanding of the mechanisms that cause disease has improved the ability to prevent, diagnose, and treat common afflictions such as diabetes and heart disease. The innovation underlying such progress continues to advance and accelerate change, while many new technologies and medical interventions provide new options for care and treatment. Between and , for example, the number of medical device patents per year doubled AdvaMed, , and the biotechnology patents tripled over roughly the same time BIO. Increasingly, discoveries in the biological sciences are being applied toward the development of medicines and treatments targeted to refined subsets of patients to better address genetic or life circumstances. Recent advances in research, however, are not producing commensurate improvements in the quality of the health care received. In a survey about perceptions of health care, 60 percent of Americans said they did not believe that the United States had the best healthcare system in the world, and 41 percent said they knew of a time when they or a family member had received the wrong care Research! These perceptions are borne out by recent reports and analyses and were highlighted in several IOM Annual Meeting presentations summarized in this publication. For example, despite spending more on health care than other industrialized nations, the United States lags significantly in basic measures of quality such as overall life expectancy at birth and infant mortality Anderson, ; Mathers et al. Additional reports characterize a healthcare system that is highly fragmented and prone to errors IOM, , Unnecessary spending, duplication of efforts, and widespread disparities in spending and health outcomes across geographic areas are also common features of health care IOM, b. Underlying many of these shortfalls is a system struggling to contend with the changing nature of health care—from shifting patient demographics and disease burden to the increased complexity of therapy and treatment options and factors to consider as part of clinical decision making. Systems of care, historically devoted to the prevention and treatment of infectious diseases and discrete episodes of acute care, are now increasingly occupied with the management of chronic health conditions such as heart disease, diabetes, and asthma. In fact, half of those reporting a chronic illness suffer from more than one Wu and Green, Chronic illnesses make up the leading cause of illness, disability, and death in the United States, and also account for 78 percent of U. In contrast to acute care, chronic care processes often require sustained coordination across multiple specialists and facilities, a characteristic that is currently testing the limits of an often-fragmented healthcare system. Key system components are also under increased pressure. However, clinical encounters often require providers to manage a significant number of variables and factors for any one medical decision IOM, a. The number of journal articles, technology assessments, and practice guidelines that any provider must read to stay current is now well beyond human capacity and the rapid evolution of care practices and availability of many therapeutic alternatives compound this already overwhelming body of information available to guide clinical decision making. Despite the quantity of information available, there are also substantial shortfalls with respect to the quality of information available to guide decision making. Evidence is often not available or not presented in a form useful to practitioners at the point of care delivery. Often, when evidence is available, it has little relevance to the questions and patients faced by healthcare professionals in clinical practice. Also, as emphasized in several presentations, very little evidence exists on the comparative effectiveness of one course of treatment versus another. While 5 percent of the overall healthcare expenditure is devoted to research, the majority of that is spent on basic research or product development Research! It is estimated that, currently, less than 0. To orient our existing expertise and emerging resources towards improved development and application of evidence in health care, a broad view of

the changing nature of health care and implications for capacity and necessary cultural change is needed. The challenges to creating an evidence-driven healthcare system are great, but so, too, is the potential reward: Leadership is needed from the healthcare professions to reach consensus on the problems and solutions and to facilitate the necessary change. Perhaps the most widely known are a series of reports by the Committee on the Quality of Health Care in America. The first of these reports, *To Err Is Human*, estimated that as many as 98,000 patients die in any given year from medical errors that occur in hospitals and established ensuring patient safety a critical first step in improving quality of health care. A year later, a follow-on report, *Crossing the Quality Chasm*, focused on the delivery system as a whole and issued a call to action to improve system performance in the six dimensions of quality—“to ensure safe, effective, patient-centered, timely, efficient, and equitable care. Expanding the evidence base to support quality medical care for each patient poses an ongoing challenge to healthcare improvement, and to contend with this issue, in 2002, the IOM convened the Roundtable on Evidence-Based Medicine. Over the last 2 years, the Roundtable has explored, through its series of meetings and workshops on the learning health-care system, the key opportunities and challenges to establishing evidence as the linchpin of the healthcare enterprise. Collectively, the Roundtable seeks the development of a healthcare system that is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care. Roundtable activities focus on accelerating the development of a learning healthcare system; expanding the capacity to generate evidence on medical care that is the most effective and produces the greatest value; and improving public understanding of the nature, importance, and dynamic character of medical evidence. The IOM convenes annual meetings dedicated to the examination of topical and critical issues in health care and health policy. The meeting was structured to provide an overview of some of the key issues and challenges as well as to present some of the primary opportunities for progress that have emerged from the work of the Roundtable. The chapters in this publication provide important perspectives on the changing nature of health care: To provide context for these discussions, comments were provided by the meeting co-chairs Mark B. McClellan and Elizabeth G. Nabel and by session moderators Denis A. Rowe, and John K. A summary of these perspectives follows. Challenges and Opportunities Mark B. Healthcare costs are rising and not sustainable, and a tremendous, largely untapped potential exists for much better health through better, more targeted treatments. In principle, better evidence will result in higher confidence about what works for every patient in the healthcare system. This is a precondition to achieving what health care should be about in the 21st century—“care that is based on solid evidence—what will work in particular patients. With the advent of electronic medical records EMRs, clinical data registries, and other new forms of electronic data, care is becoming rich with information that can reveal patterns of disease mechanisms and markers of risks and benefits. These data also hold promise for instilling a greater confidence in health care than currently exists for a system that offers widely varying medical practices, with possible consequences for outcomes and definite consequences for costs. In addition, even treatments effective for some may not be beneficial for others and may carry significant risks. With the cost of health care rising along with its benefits, creating an evidence-based system will be critical to achieving the promise of personalized medicine in which treatments are more effectively targeted to those that benefit, an achievement well worth its cost. Although there has been progress toward this goal, attaining such a system remains a distant prospect. Better disease models and evidence relevant to the treatment of individual patients is lacking, despite publications and news stories that seem to suggest otherwise. Also, much of the current data are not from traditional randomized controlled trials RCTs, creating a dilemma about the relevance of EBM in clinical practice. Some practitioners believe that if evidence is developed using traditional RCTs, it may not be reflective of the complexities of populations and the delivery settings in real-world practice. For example, even if different practice methods appear to have a similar effect in an overall population, this may not be the case for different subgroups or different types of patients within that population. The key elements that should inform strategies for change are contained within these pages. Porter notes in Chapter 7, while simple steps such as price controls or restrictions on access to control costs might seem useful on the surface, they have failed in the past. Instead, a new vision is needed,

marked by effective evidence and targeted treatments that account for the diverse characteristics—findings, histories, validated biomarkers, and preferences—of the various patient groups in this country. With the complement of secure EMRs, access to these patient and population characteristics will bring relevant evidence to healthcare decision making. This will, in turn, lead to better results and higher value. Clearly, there will be challenges along the way to gather the evidence necessary for the backbone of this type of healthcare system: In addition to studying the discrete interventions of particular drugs or particular modalities in treatments, the performance of healthcare systems themselves should be addressed. The variations in care discussed by Elliott S. Fisher in Chapter 2 must be aligned. Also, costs will increase and value will be compromised if patients receive care from a number of different providers who do not collaborate effectively. To study these delivery system issues in real-world practices, traditional approaches such as RCTs will not be effective. Policy challenges must also be addressed. Halvorson acknowledges in Chapter 6, small shifts in the system will not create fundamental change. Value and outcomes cannot be achieved by micromanaging practices, but rather by providing support for better care at a lower cost. Rewarding better quality and lower costs will give healthcare professionals the opportunity to deliver quality care and still make ends meet. This includes changing reimbursements to focus on higher value. Making these changes will provide an opportunity for patients to become more involved, and not simply through cost sharing. Many opportunities exist for people with chronic diseases to improve their own health, since most care is actually self-care. In our traditional insurance system, these individuals do not always have the opportunity to make choices that can save money. However, recent reforms have begun to allow chronically ill patients in this country to control the services they receive. For example, the tiered benefits in Medicare allow beneficiaries to save money by switching to generic drugs—one of the main reasons that Part D in Medicare is less expensive than projected. There are a number of programs being implemented around this concept of shared savings, in which healthcare professionals working together reap savings when they document better outcomes at a lower cost. However those savings are accomplished—through system redesign, information technology IT, or remote monitoring systems—they are a step toward a bundled reimbursement approach that focuses on the effective outcomes in our healthcare system while promoting better care for everyone in it. Clearly, the technical and policy challenges of fulfilling the vision of EBM are great. In spite of these challenges, the promise of EBM has put it at the forefront of policy making. The Food and Drug Administration is working to implement major new reforms, including plans for a public-private partnership to support a post-marketing surveillance system to gather data on drug risks and benefits. Also, Congress is considering proposals for a major initiative to support the generation of comparative effectiveness information about healthcare interventions. In addition to work by the federal government, the practice of EBM will require numerous public- and private-sector strategies and collaborations. Needed are new approaches to the evaluation and adoption of medical best practices, new methods for drawing appropriate conclusions from vastly expanded data resources, and new approaches for using evidence to improve care and reduce health costs. The process will not be easy, but unlike previous times, there are now widespread calls from healthcare leaders for the reforms needed to develop a system that delivers efficient and effective care. The IOM has the opportunity to catalyze that change. The roles and responsibilities of all healthcare stakeholders are undergoing transformative change and—whether we approach reform as providers, payers, researchers, health product developers, or consumers—there is much to learn from all who are involved in these collaborative discussions about how to contend with the rapid changes in the healthcare system. Healthcare providers, whether involved in delivering or reimbursing care, face a unique set of challenges as care is increasingly informed by and organized around rapidly evolving evidence. Developing better approaches to reimbursement and other mechanisms that support the delivery of quality care are at the forefront for all providers, and many pilot projects are already under way. A key consideration, as illustrated throughout this report, is the strong influence of local cultures on practice patterns. They can prevent the infiltration of evidence-based decision making, but they can also lead to great innovation to support the application and development of evidence. The papers by William W. Stead and George C. Halvorson in Chapters 4 and 6 discuss lessons learned from their efforts to harness electronic health record EHR systems for improved application of evidence in practice and improved capacity for

research and discovery, respectively. However, these local solutions may need restructuring to succeed at a national level. There has been considerable advocacy for sharing best practices nationwide, but it may be necessary to set goals and work backwards to align the systems. For consumers, access to care is a priority but an additional, emerging challenge will be to ensure that incentives for research and care are properly aligned to support care focused on individual patient needs, circumstances, and preferences.

**Chapter 5 : Virginia Henderson's Nursing Theory**

*While Compass is on the side of the fence that believes the true nature of health insurance should be more related to catastrophic events, I would offer the point that catastrophic health insurance is much more feasible from an access and society standpoint when you have health professionals helping individuals and employees gain access, find.*

Human health is dependent on the environment and needs to take good care of it. Humans need to adjust to the environment and to protect it. Their fulfilment is a condition for life 6. In people, these demands are physiological, psychosocial and environmental. Humans have to meet physiological needs that vary with time and circumstances. They present themselves in many ways related to input, output, homeostasis, work, and procreation. Some specific characteristics differentiate humans from other higher animals, e. All these are interlinked. The final psychosocial demand is to achieve peace with the fact that every human must die. Environmental factors may decrease or increase the demands of life in many ways, thereby affecting personal health. Examples are availability of clean drinking water, conditions for food production, air pollution, radioactivity and safe workplaces. In addition, protection from physical, chemical, and microbiological threats and safe disposal of waste matter recycling is essential. Some of these are apparent immediately, while others could be latent for many years e. Potentials Each person needs resources to meet the demands of life. They have to satisfy the demands both in the present and in the long term. In order to serve the purposes of the Meikirch model the term potential was introduced to express both present and future resources. The potentials of an individual person have a double nature, parts are given and parts are acquired. Biologically given potential BGP. The BGP represents the biological basis of life. At the moment of birth it has a finite value resulting from genetic equipment, epigenetic regulation and quality of the pregnancy. This is the gift of life everybody receives. This potential diminishes naturally throughout life, reaching zero at the time of death. Every substantial social disadvantage, somatic disease, injury, or defect diminishes the BGP either transiently or permanently. Personally acquired potential PAP. The PAP is the sum of all physiological, mental, spiritual and social resources a person acquires during life. Presumably it starts to develop in utero while the baby hears the heart beat and the voice of the mother and feels her bodily movements. After birth, as the brain and other organs mature, this potential increases rapidly. Interactions in families, schools, and communities play a pivotal role for children and adolescents in supporting their acquisition of knowledge and skills and personal development. Even in adulthood the development of the potential continues, provided an individual cares for it. The social determinants of health have a very important enabling or inhibiting function. Integration and participation in the society is of outstanding importance for each individual. The society also provides many other helpful possibilities, such as work, food shops, health information, social security, and a health care system. Finally, the environmental determinants of health exhibit decisive enabling and threatening functions for the PAP of each individual. This starts in families and continues in schools and during professional formation 7 , 8. These influences result from interacting individuals or as a result of the prevailing culture in the society. Throughout life social concerns, mutual trust, and collective efficacy support a good health outcome. Wilkinson and Pickett identified better health of people in countries with less inequality of incomes 9. In many parts of the world the social determinants of health are not optimal. Poverty, difficult living and work conditions may limit the health people can achieve. The "environment" is where we all live; and "development" is what we all do in attempting to improve our lot within that abode Factors in living and work environments may not be cared for sufficiently, e. Also coal mining is an important environmental cause of diseases as are water-borne contaminants. Use of antibiotics in agriculture has contributed to human infections with resistant germs. Health as a complex adaptive system A complex adaptive system is an entity with a boundary between it and its environment, that can take up material and energy from the environment input , release end products output of entropy and do work 12 " Within the system there are many different parts called agents. They continuously interact with each other in a nonlinear manner, resulting in an outcome, called emergence, that is more than the sum of the properties of these agents. In the Meikirch model the five components, including their subcomponents, are regarded as agents Figure 1. They spontaneously and

autonomously arrange themselves in such a way that the evolving products are an emergent expression of the functioning of the system as a whole. These arrangements are operational, but are not necessarily the best solution for the system. Nevertheless, in complex adaptive systems, including humans, emergence is definitely more than the sum of the properties and functions of the parts. In a complex adaptive system there is a flow of energy. Via their inputs all living organisms take up energy from their surroundings. Humans have within themselves an additional source of energy, *e.* One part of the total energy is spent to maintain the person physically and emotionally and another part to do work. The material output excretions contains the end products and represents entropy. The flow of energy in human beings also leads to a desire for being loved, pursuing values, and living for a purpose. Investigating the double nature of this energy flow of an individual helps to better understand her or his state of health. Methods For the purpose of this investigation the Meikirch model was used as a basis to investigate selected possibilities to positively influence personal and public health as described in the Results section. In each instance two questions were asked: Does the examined situation agree with or contradict the Meikirch model? Results The Meikirch model is designed to support a new, unified approach to health and disease under various conditions in diverse health systems. Some results of such an approach are delineated in the following section: Modifying the demands of life Environmental determinants of health have impacts on the two human potentials and on the demands of life Figure 1. Geography may dictate, for example, how and which type of food can be produced, and how housing and clothing has to be. In addition, the demands of life vary with the social determinants of health. They differ in low income and high-income countries. Demands also vary from person to person and in different cultural backgrounds. In some places women are primarily concerned with raising children, whereas men care for food production. In others the tasks are different. But role models change continuously. It often appears that not much can be done to modify the demands of life. For young individuals, therefore, it is important to choose wisely among them and, if possible, get away from life conditions that are detrimental to health. In the future, for a given cultural background, this might be reflected in appropriate educational programmes. Care of the biologically given potential BGP After a healthy pregnancy the BGP at birth is a gift of nature and its vitality may vary from person to person. Thereafter it must be cared for. Social factors may foster or curb physical exercise, quality and quantity of food, alcohol intake, smoking, and consumption of narcotic drugs. These features are well known in pedagogy. In earlier times epidemics have wiped out large portions of populations. Acute and chronic disease burdens threatened the BGP. Today, improved social determinants of health, *e.* Everywhere economic factors limit in one way or another what can be done for the BGP. It is subject to strong influences through interactions with other components of the model. The PAP is a critical factor for the achievement of satisfactory or unsatisfactory responses to the demands of life. Thereby it strongly influences the realization of health or disease. Consequently, it is of greatest interest to review the factors that may promote or impede the development of this potential. Important factors that modify the PAP. In each individual this potential is small at birth, yet grows rapidly thereafter. From the first day children mature with the love and care of their parents Later, teachers play important roles. Eventually individuals have to assume responsibility for their PAP themselves. Yet, they remain affected by their social settings. Although every person continuously has to contribute him- or herself to this potential, it may be supported further by trusting, loving, respectful, and life affirming human relationships. A well-founded sense of purpose in life strengthens it also Alternatively it may be damaged by stress, adverse social circumstances like educational deprivation, sexual exploitation, and abuse of alcohol and narcotic drugs. Theoretically, at any moment, each individual has choices about how to handle his or her life situation. In order to choose from the existing possibilities as wisely as possible, each person develops more or less personal leadership Thus, the PAP of any individual is the result of complex interactions between the respective personality and his or her social settings. A high PAP is important for health. The PAP is critical for the choices an individual makes about how to approach the demands of life.

## Chapter 6 : Medical Testament - The Nature of Health

*Natural health is a natural healing practice, or a subset of alternative medicine, that only looks towards nature for answers and explanations. Natural health is about a few Western forms of alternative medicine that NCCAM has classified as Biologically Based Therapies and their Mind-Body Interventions for stress management.*

Ill Fares the Land by Dr. Walter Yellowlees Dr Yellowlees argues passionately for a return to sanity from the lunacy of fragmentation in agriculture, food manufacture and medical treatment of the ills these fragmentations produce, pleading for a return to the wholeness which leads to true health in soil, plant, animal and man. Full text online at the Small Farms Library. Nutrition and Physical Degeneration by Weston A. Price, ; Price-Pottenger Nutrition Foundation. He discovered what health is made of, and proved it beyond any doubt. In the early s Price travelled more than , miles to study the diets and health of isolated primitive peoples all over the world, at a time when such communities still existed -- people "who were living in accordance with the tradition of their race and as little affected as might be possible by the influence of the white man". What he found makes fascinating reading, turning many of our modern ideas on their heads -- the Hunza were not the only healthy people in the world, far from it. He found it takes only one generation of eating industrialized food to destroy health and immunity. But he leaves us with the promise of regeneration -- thwarted health can be recaptured. See the Weston A. Price Foundation for more information: Cleave, John Wright, Cleave, Director of Medical Research at the Royal Naval Medical School, whittled down the root cause of dozens of the ills of industrial societies to one simple factor, also noted by McCarrison: McCarrison, Price and Cleave showed that health very simply depends on healthy food, which can only be grown in fertile soil, and Albert Howard and the other organic farming pioners provided the full solution to that part of the problem. Why has their work been ignored and largely forgotten -- though never discredited? The sad answer is that it was, and is, incompatible with the immensely powerful worldwide interests dependent on the production of industrialized food, whose shadow touches and sways warps everything and everyone: Wrench, Daniel, , reprinted , Dr. By approaching the problem of disease from the unusual angle of a study of a perfectly healthy people, their diet and their way of life, Wrench shows that health depends on environmental wholeness, of which a whole diet is the vital factor -- not only the right sorts of foods, but their right cultivation as well. This highly intelligent book is a delight to read. See also Discussion for further comments from Dr Wrench: There is no separate human health, no separate animal health, no separate vegetable health, no separate soil health. There is one whole, and it starts with the soil. Rodale, Rodale Press, Rodale, founder of Rodale Press and Organic Gardening magazine, researched virtually all previously published data on the Hunza to write this book, and also had a lengthy correspondence with the Mir, the hereditary Hunza leader. Also covers the work of McCarrison and Howard. Full text online at the Soil and Health Library: The essence of organics is brilliantly encapsulated in the Introduction, which begins: Full explanation of the Indore composting process and its application. Excellent on the relationship between soil, food and health.

## Chapter 7 : The Nature Of Health | Herbalist | Charlestown | Womens Health |

*The nature, meaning and measurement of health and illness: an economic viewpoint. Williams A. Health can be seen as a capital asset, subject to depreciation due both to the passage of time (ageing) and to 'wear and tear'.*

## Chapter 8 : Lennart Nordenfelt, On the Nature of Health an Action-Theoretic Approach - PhilPapers

*Underlying many of these shortfalls is a system struggling to contend with the changing nature of health careâ€”from shifting patient demographics and disease burden to the increased complexity of therapy and treatment options and factors to consider as part of clinical decision making.*