

THE STRESS MANAGER...

DEFINING GOOD HEALTH

Here's a question for you. What do you mean by "good health"?

How you define good health very likely also defines your health strategy. I use the word "strategy" advisedly. In light of the challenges we all face, good health requires a strategy. Your strategy will determine your health outcomes. So its pretty important how you answer the question.

Even if you haven't thought about it, you have a health strategy that arises from a definition of health you haven't thought about either. Either way, this is an opportunity to give it some thought.

Interestingly enough, there is not clear agreement within the medical community on what good health is. That disagreement accounts for very different approaches even among medical practitioners.

The disagreement on a definition has been around a long time. Because of these differences, its equally important for you to understand how your doctor defines good health.

Dr. Sidney MacDonald Baker suggested in 2003 that current mainstream medical practice rests on two principles, which I paraphrase here. The first is that the fundamental subject of medical concern is disease. The second is that the doctor's job is to determine whether your symptoms amount to a disease, which it is then the doctor's job to name and treat.

This is as familiar as the question we ask about our aches and pains: "Doc, what have I got?" If the doctor says that you don't have heart disease, cancer, high blood pressure or high cholesterol, you might go home relieved, but frequently untreated for what brought you in to the doctor in the first place, and relatively uniformed about the true nature of your health.

In other words, mainstream medicine is focused on whether you have a disease or not. The implicit definition of health in this approach is the absence of disease. If you don't have a disease, your doctor may not intervene.

There's little room for the notion of prevention in such a definition. In fact, mainstream medicine does little in the way of prevention. Most of that is about vaccination and "early" diagnosis. As a result, most of our medical dollar goes into diagnosis and treatment of disease, and most of that in the latter part of life. In recent decades, diagnosis and treatment of disease have become high tech, very pharmaceutical and very expensive.

Despite the huge cost of high tech and pharmaceutical approaches, medical schools continue to emphasize the diagnosis and treatment of disease rather than look at prevention in a a more effective way.

The alternative that includes prevention comes with a different definition of health.

Functional medicine – a more recent voice in clinical medicine – suggests that the conventional approach fails to acknowledge that there is a long lead up to the onset of disease. Long before disease, there are "dysfunctions" that occur early in the journey that leads from optimal health to a diagnosable disease.

In other words, disease has a long latency period, and it begins to show up in signs that don't amount – yet – to the recognized symptoms of a disease.

Although knowledge of disease is important, as this approach suggests, doctors trained primarily to diagnose disease are not well prepared to deal with the dysfunctions that presage disease.

In functional medicine, optimal health is regarded as more than the absence of disease. Instead, it is viewed as the ability of the body to withstand the challenges of everyday life and to maintain a dynamic vitality while adapting to such challenges. These challenges may arise from infections like flus and colds, increased stress, increased physical activity, a more toxic environment, trauma or diet.

The body has its own way of continually adapting to change – balancing – in the environment. Functional medicine identifies certain core imbalances that may be discovered with lab tests that look at flora in the gut, absorption of nutrients, whether the body is detoxing normally, hormone balances, and immune responses. Since these

changes are essentially invisible to those of us experiencing them, the best indication that they may be present is some chronic problem like headaches, unexplained aches and pains, digestive problems, or tiredness and low energy. It is very different to focus on the presence of disease, on the one hand, than to focus on the absence of wellness, on the other.

In the 1970's, Dr. John Travis – practicing then in the U.S. and now living in Australia – developed an “illness-wellness continuum” in which he illustrated that treatment of illness is only half the story. Although treatment is necessary, he says, it doesn't address the process of wellness.

A wellness process – while it includes attention to the familiar concerns with diet and exercise – also includes addressing our emotional states. “Even cancer,” says Dr. Travis, “can be brought on by excessive stress that weakens the immune system.”

Travis goes on to say that smoking, overdrinking, and overeating may constitute “attempts to fill the void left when other basic human needs are unmet, such as acknowledgment and respect, a stimulating and supportive environment, and a sense of purpose and meaning.”

In other words, wellness – and good health – require that we learn to pay attention to ourselves, our emotional states, and the state of our spiritual lives.

Disease diagnosis tends to focus on serious, late states problems in some part of the body. Functional medicine tends to focus on whether the system of the body as a whole is functioning normally long before disease has settled in. Both functional medicine and the wellness perspective look beyond and before illness to whether a person is thriving.

By focusing on the absence of normal function, including chronic negative emotional states that translate into stress, the eventual formation of disease much less likely. This is the essence of prevention in clinical medicine.

When we know the body is out of balance, we can look to our own behaviors that are affecting balance. We can learn to control stress, a common cause of core imbalances. We can become educated about diet and how processed foods fail to provide what our body needs and contain other things that take the body out of balance. We can learn to look at our environments and understand what may be affecting our imbalance, such as various forms of pollution. We can better understand how exercising – or not exercising -- affects the process of maintaining balance and vitality. We can learn about the importance of our relationship with nature.

Yet, these forms of preventative health care that we can engage as individuals tell only part of the story of prevention. The other part is about our responsibility to urge government to address those environmental factors that are beyond the control of an individual and her doctor: pollution (including heavy metals, electromagnetic fields, pesticides, noise, light), the food industry's domination of food distribution (heavily processed foods, additives, inefficient use of natural resources), an economy based on consumption of unnecessary rather than production of necessities, and the poverty that is the single highest risk factor for health. The governmental role brings the definition of health to a broader and public plane. But I'll save that for another day.

So my choice on the definition of health is to look beyond the absence of disease and focus on whether I'm thriving in every way that is important to me. My strategy is to manage my own stress, to learn about dietary practices that support a high level of energy, to maintain a program of exercise, and to make sure that I am continuing to align what I do every day with a heartfelt purpose for my life.

Disease is not a simple fact of aging, and it is not inevitable. It is quite possible to die of old age without dying of cancer or heart disease. On the other hand, good health – however you may define it -- is not likely without our learning early on to understand and support it.

It takes a strategy.