

The Value of Consciousness in Health-Disease

El valor de la conciencia en la salud-enfermedad

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The new physics is a new beginning, an infinite succession of universes. Man with his matter is within this transformation, but where lies the single and unrepeatable human consciousness of each being? Consciousness is the only possibility the universe has of being qualified and also of man to recognize himself. Here, at this point, starts the existential mystery that touches everyone with an everlasting seal. Today, irreversible and phenomenological descriptions have permeated the scientific intellect. The current physics does not describe phenomena with a mathematical ideal, but appeals to a sensitive, subjective knowledge, which places individual consciousness as the repository of its beliefs and consequences. A consciousness that lives in strain between the being and the future, between time and eternity.

Therefore, the trait of this new physics is that of a "spiritual physics", as stated by Prigogine and Stengers, where eternity is in the very transformation of matter. Thus, the relationship between oriental physics and philosophy has allowed the emergence of texts, such as that of Edwin Schrodinger, *Ma conception du monde-Le Veda d'un physician* (1982) (*My view of the world-The Veda of a physician*), and the one by Fritjof Capra *The tao of physics* (1975). Classical science appeals only to a logic that is generally quantifiable disregarding what is present in each human deed, the development of a qualitative consciousness full of sensations which are not biometric but which constitute the uniqueness of each man. This way of envisioning things has confronted science with man, a circumstance which in factic disciplines, as medicine, may lead to an absolute deviation of its necessary human function. There is no clear concept of a philosophical medicine. The relationship between wisdom and meaning -knowledge and experience- is fundamental in the physician. Therapeutic generalizations in a population and not in the individual instability the patient exhibits lead to a diagnostic and therapeutic conflict between the physician and his patient. The approach to the intimate experience of the patient, as well as that of the physician, is a tool that cannot be disregarded to appreciate the nature we are part of. To understand this dilemma is to advance on

the undisclosed lucidity of nature.

The role of the transcendental phenomenological process called consciousness has not been considered in depth in the health-disease system. Its feedback with the organism, as it is an essentially qualitative process and cannot be quantified, has been neglected across medical history. This situation was considered as belonging to parallel disciplines to the medical clinical act, as psychology and parapsychology. Studies performed in this aspect have revealed the transfer of information between a sender and a receiver, even in persons separated by considerable distances, as shown by Bell's theorem (1964). The same occurs with biofeedback mechanisms on specific controls in certain parts of the body (increase in heart rate, blood pressure, cardiac output or muscle electrical activity). This view speaks about the influence of the brain activity on the organism. There is a brain/body interaction in the health-disease system. A similar manifestation associated with this connection has been made by current physics. For this concept, we have to resort again to Bell's theorem, which indicates that an objective world is improbable at the level of Quantic Physics. There is a profound interaction between human conscious activity and the physical world.

In the light of current science there is no risk in confirming that the mind diffuses in time-space interconnected with consciousness and the physical world. What is the role of this concept in medicine? The answer is that the mind has implications in the different scales of the organism up to the cellular intimate level and performs a central function in the health-disease system. During the course of research, it also binds us to dismiss the concept of independent observer without interference in the experiment. In the classical concept of physics the aim was to protect the objectivity of the investigation. However, the present criterion tells us that an objective medicine does not exist, as the consciousness of the examiner interferes with the observation.

Regarding the role of consciousness, medicine has always encountered that survival impulse developed by Arthur Schopenhauer (1788-1860) in his seminal book *The world as will and representation* (1819). This

impulse (“will”, *wille* in Schopenhauer) in the evolution of man’s consciousness is going to confront with intelligence (“representation”, *vorsfellung* in Schopenhauer) as an essential seasoning of its constancy and genius to evolve towards metaphysics, which always emerges when impulse and consciousness need the explanation that takes away the drama from man. Impulse evolves more strongly in each complexity step acquired by living forms to merge with human consciousness as the last force attained by the initial existential being towards its natural development.

All physicians have faced in their practice the patient’s “will to live”. This evaluation is not quantitative nor is contemplated in medical education, but is a fundamental trait to integrate it in the physician’s effort to care for his client. Therefore, it should be acknowledged that every clinical examination cannot be purely dedicated to the organism disregarding the analysis of the patient in its conscious intimacy. This body-mind divorce adds to today’s deficit of medicine of advancing its knowledge independently of the other sciences and of its specific specializations that form a divided context, to the point that the physical integrity of the body is lost.

An example of this consciousness situation is the “placebo effect”. The positive response to drug simulations has become uncomfortable for trials of certain medications, when good results, albeit in different percentages, are obtained either with the study medication or placebo. This finding has led to assume that the object of therapy was not real, that it was in the mind of the sick person. Actually, from the non-objective reality, this shows the mind-body connection and thus, the beneficial effect of placebo should be taken advantage of to improve the patient, not disregarding this possibility. Ultimately, what matters is that the patient feels better. Obviously, technocapitalism, evident in drug management, is a barrier for the true application of placebo through the conscious effect.

We also find this body-mind connection in the survival after the diagnosis of certain diseases, which course with improbable life preservation. This “natural history of disease”, sometimes fails before this impulse for existence that rises from the mind. Every treatment, including placebos, have a wide span of response trajectories. We observe this in the analysis of an important number of patients. Here emerges again the concept of non-objective reality. The diversity of physiological responses in the course of a disease make consciousness and its input in the organism an essential topic in the individual response. Thus, “there is disease only in those who are sick”, as stated by an old aphorism of the Hippocratic school. This situation implies assimilating that the patient’s uniqueness applies, with its mind-body integrity, a fundamental bias in the response to disease.

Medicine has the curious characteristic of having always considered itself successful, despite its methods have changed radically with time. The risk of this

concept has increased at present, with an exaggerated technocapitalism at the service of corporations and in detriment of the “human factor”.

The concept of patient self-responsibility has been generated within the context of the holistic movement in medicine. This idea involves a patient exonerated from technology used with abusive ends and elevated costs, that leaves within the unequal distribution of wealth an immense range of the population without access to an egalitarian health care and that, in addition, is conducted with absolute depersonalization. With this medicine, the sick individual loses his distinctiveness and mimetizes in a mass of probabilities and evidences that ignores his distinctive individuality. However, this uniqueness should not be used as a contradictory effect of the universe implexion (quantum interlacing) in all its aspects and above all among human consciousness. The opposite thought is to enter into a deficiency of the phenomenological acquisition called consciousness and in a fiction about man’s psyche.

We are used for each science to develop the system and language that determines its own level. There is no interrelationship with other disciplines. This is a hindrance for global knowledge. The universe is unique and interwoven despite the scales in which systems develop progress in their identity derived from time and space. The same happens in the human being and also in medicine. Each medical discipline has taken care of its space overlooking the interconnection it has with man. *The trend is towards discontinuity and quantification and not towards unity of the entity-being to the society it conforms.* The wider systems act as repressors of the subsystems.

Within this concept, there can be no confrontation between scientific medicine and the possibility of other aspects that can lead to an unsuspected discovery with positive additions that can complement therapy. Both possibilities can coexist in a complementary logic. The fundamental fact lies in understanding man as participant of a “whole”, including his consciousness, and not exonerated from the organism or the environment. This interconnection plays a fundamental role in the therapeutic act. Emotions cause damage and also relief. And this is the unity that the physician must understand in his art.

Coming back to the previous concept of patient self-responsibility, we should understand that there is no defined limit between acts, either conscious or unconscious. The information crosses permanently and can gain access from one sphere to another. In general, making conscious the unconscious it is an unknown property. This interchange between automatic control and the superior centers of the brain is a possibility that can be explored to improve patient control. We must think of a non-linear science beyond the concept of causality that has colonized our judgment in any branch of science. We are tied to this attitude as to the Gods, as stated by Henri Poincare (1854-1912).

Similarly, the permanent attempt that science has had of mechanizing the universe has translated to the human organism. This is a convenient and comfortable way of explaining ourselves, although it does not represent at all the truth shown by the last century of science.

Consciousness has a potential that has been disregarded by medicine. The non-objectivity advocated by current science implies the incorporation of the observer's consciousness as participant of the investigated processes, and plays an important role in health-disease. And this does not invalidate the rational medical process, but supplements it. This posture tries to lead reductionist medicine towards humanism. It attempts to move from the organs to the transformations, to that nature in which cause-effect does not have the mechanization that demands the comprehension of a medical model in which the division between micro and macro, and between conscious and unconscious, is more permeable than is admitted. This stance revives the humanistic posture because matter has ceased to be the fragments of a mechano. Regarding this concept of matter Prigogine (1917-2003) expresses "it is that which defies the entropic decadence and disorganization" and also Eugene Wigner (1902-1995) declares "it is that which shares the same type of reality

than spiritual values".

We are not simply matter. We are an implexion in the cosmos, including our amazing consciousness, which allows us to appreciate the universe and acknowledge ourselves. This is not easy to assimilate by a medical science that functions as a reductionist, mechanical model of cause-effect, in which consciousness is an interference difficult to qualify and quantify, as it is not found when the body is separated in its parts, but which nobody can deny. It is appreciated by Italo Calvino (1923-1985) who states: "The more illuminated our homes are, the more ghosts arise from their walls".

It is unquestionable that the medical act must start from complexity (technical, philosophical, linguistic, humanistic and artistic knowledge), but the goal should be the singularity of the patient, understood as a unique and unrepeatable psycho-organic-socio-natural integrity. The pathway is through the phenomenology of consciousness, which includes instinct, reason and spirit.

Conflicts of interest

None declared.

(See authors' conflicts of interest forms on the website/Supplementary material).