

Commentary

Teaching of health with Meikirch model

Some recent concepts in the field of Community Medicine are so innovative that the human mind wonders and recognizes that the depth of knowledge he or she possesses is far from complete. These feelings came to my mind when I read the article titled “Teaching of health with the Meikirch model to indigenous people improves their health supporting behaviour A pilot study.” I then went on a quest to decipher this truly new concept/model. What I discovered was much more than what can be called interesting or fascinating.

The model says that an individual possesses certain potentials at birth and some which he/she must acquire thereafter.^[1] These along with the demands of life, social and environmental determinants of health interact with each other and thereby form a complex adaptive system that describes an individual's health. The model can contribute to recognition and operationalization of the aspirations in the WHO definition of health, and its systematic study may be useful to assess several of its components in more detail. Sustainable development

goals say that the development should not compromise the future generations to meet their own needs. This model thus leads us well into this new millennium.

In 2010, an international conference of experts criticized the WHO definition of health which it considered as neither operational nor measurable.^[2] In 2013, Sturmberg thought that somatic, psychological, social, and semiotic aspects are the only four features of health.^[3] The “Expanded Meikirch Model” applied both inductive and deductive logic analysis, included reviewing and codifying literature and definitions of health, critiques of these definitions, synthesized empirical and real-world experiences in clinical practice, patient experiences with health, conceptual frameworks for clinical medicine, feedback from peer-reviewed publications, presentations in scientific meetings, iterations and reiterations. Thus, it was concluded that health is a state of well-being emergent from conducive interactions between individual potentials, life's demands, and social and environmental determinants.^[1]

Let me discuss this model giving some examples: An individual who gets an Olympic medal had certain biological potentials at birth but mostly acquired much more potentials during life that made her fit and successful. Her social determinants such as motivation by the family and environmental determinants such as living near a city might have influenced her outcome. Another athlete had to overcome his origin in a remote village but has achieved the same results even though she could not get a similar conducive environment. A further example is a person who acquired diabetes mellitus at early age. Therefore, the biologically given potential received at birth was already compromised, but he was able to improve his personally acquired potential by knowing about the disease and by handling himself with care during the strenuous training sessions. Even people who battled cancer could completely recover and come back. Another example is a diabetic who suffered a pubertal crisis and, therefore, had a compromised personally acquired potential. He did not adequately take care of his diabetes and succumbed to a stroke. If an individual overcomes the crisis by his/her own willpower and personal growth, then the diabetes will be much less damaging although this is easier said than done. A smoker, who chain-smokes, has already compromised his personally acquired potential but damages also his biologically given potential. A wealthy person, who lives in a city and suffers from a myocardial infarction, is at an advantage compared with another living in a remote village where medical care facilities are not developed as well. Social and environmental determinants play an important role in influencing health outcomes of a person. They all depend on the complex adaptive interactions that may create causal loops. I would suggest to interested persons to read the stories by Leo Tolstoy, "The Death of Ivan Ilyich," by Yuvraj Singh, "The Test of My Life: From Cricket to Cancer and Back," and by Lance Armstrong, "It's Not About the Bike: My Journey Back to Life." The above examples can be understood better by reading other relevant articles written by the editor as well as the authors of the above study.^[4,5]

The strength of this article lies in its data collected from forty remotest villages of Gondia, Orissa, India, the places where the real India lives. Qualitative interviews instead of a knowledge, attitude, and practice study were used in this exploration. Even superstitions, blind beliefs, use of mosquito nets for fishing, and other serious confounders

were embattled easily by just a bunch of selfless data collectors who spent a lot of their time in the field conducting meetings (e.g., focus group discussions). The study did not include a formal randomization process. Yet, this does not emasculate the strong message this pilot study conveys, i.e., formal education in schools is not the prerequisite for understanding the model and its significance.

I thus congratulate the author as well as the team of the National Youth Service Action and Social Development Institute who have done a commendable work both in terms of data collection and honestly answering my queries raised in the manuscript. This paper might be used as a starting point for the initiation of prospectively planned field experiments. I thank the editor for introducing me to this topic and giving me the opportunity to write a commentary.

Long live the Meikirch model....

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