

THE CONCEPT OF HEALTH IN THE PHILOSOPHY OF MEDICAL SCIENCES

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Many studies and academic research have found that there is a relationship between the concepts of health and disease on the one hand and the cultural and social system of any society on the other hand. Research on the conceptual aspect of health and disease is within the competence of philosophers, especially in the field of philosophy of medical sciences, and all this falls under the name of the philosophical approach to health and disease within the concrete life of human individuals. The findings of this study show that health does not have a single concept, but rather multiple and different concepts according to the standards by which we distinguish the normal state, and it was found that the perception of health differs from medicine, ancient to modern. Thus, health is a state of complete normality for the human being in all aspects of his or her life, including the emotional, social, psychological, and physical aspects. For this reason, it is considered a relatively permanent state. This study will explore the concepts of health and disease, especially in the philosophy of medical science.

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INTRODUCTION

The philosophical foundations of medical science include the set of beliefs, ideas, and global perceptions about the world, life, death, health, and disease. Accordingly, these ideas become paradigms for reflection and action. Thus, human philosophical heritage has indeed been rich since antiquity in terms of notions of health, moderation, and forms of balance. In understanding the conceptual foundation of ancient and modern theories, which attempted to formulate notions and concepts about health and disease as well as about prevention and treatment, it should be noted that the concept of health is not merely limited to the narrow medical field but goes further to fields which comprise the definition of standards of health and standards of disease in life and ordinary daily life. Consequently, one can ask the following questions: what is the concept of health? Is it a state of the organs of the body that

shows the ability to perform their functions properly? Or is it a condition that allows individuals to adapt to his or her natural and social environment? What distinguishes the concept of health in ancient medicine from its concept in modern medicine? What are the sanitary standards and conditions? How can one invest properly in the concept of health in routine, ordinary life?

The Issue of Defining Health

To talk about the concept of health and disease, one can say: Is it not easy for an ordinary person to determine when the disease appeared? It is because he or she is the last one who has the ability to determine this case because the determination of the disease is the role of the specialists, who are not “common people.” Specialists seek to understand and define that moment when abnormality replaces normality and health. Gilles Deleuze (1996) claims that when it comes to defining health, philosophy should be present. Health and disease, normal and pathological, the mad and the normal, the sick and the healthy, the neurotic and the healthy are all characteristics that embody a certain state of life. However, their differences are not absolute indices of their opposition or negation. It is not possible to believe that health necessarily excludes disease. According to Nietzsche, one cannot define the concepts of “health,” “normal,” “disease,” or “pathology” as absolute concepts.

Disease is not only an absolute negation of health. For these reasons, Nietzsche (2001, 116-117) suggested, “for there is no health as such, and all attempts to define such a thing have failed miserably. Deciding what is healthy even for your body depends on your goal, your horizon, your powers, your impulses, your mistakes and above all on the ideals and phantasms of your soul.”

From this point of view, the pathological experience then acquires a decisive methodological importance. Not only that the pathological experience cannot be dismissed as an anomaly, but it is also, on the contrary, the very mode according to which life manifests itself. Far from having to be discarded in favour of an objective approach to life, it must be recognized as a means of access to its essence (Vioulac 201, 289).

The difference between health and disease is essentially a phenomenological difference. It opposes two experiences of the body. It does not, however, oppose two modes of its manifestation. It is more strictly a state of dissimulation of the body which is health, and its manifestation of disease. The essence of health is indeed to allow the living to turn exclusively to its activities and worldly concerns without considering what makes them possible. Disease comes as a state of crisis in which worldly activities are put on hold, and in which the flesh reveals itself both as the condition of possibility of these worldly activities, and as limited in its capacity to accomplish them. It is revealed both in its origin and in its finitude. Health thus reveals the naive attitude of the relationship of the body to its world, which is to say an unconscious enjoyment of its conditions of possibility. Disease shocks this naive attitude and manifests the body as the sole foundation of any relationship to the world, whatever it may be. And if it reveals the originally fossilising status of my body, it is because it brutally lays bare its finitude and its limits. Limits that obviously have no spatial or physical dimension. The true ordeal of disease is also anguish. It is the experience of mortality

that anticipates death, and thus circumscribes an ontological finitude. But this test of carnal finitude provides the thinker with a domain of absolute evidence. The mode immanent to the body by which it reveals itself is indeed suffering. The disease reveals the body because the suffering transits the body in it, and in this sense illuminates it from one side to the other. It ravens the body and imposes its irrefutable presence. The characteristic of experiences of suffering is thus to manifest nothing other than themselves. They do not manifest another than me, but manifest me to myself, as body. Nietzsche is thus led to refute the hypothesis of a physiological apparatus underlying these phenomena (Vioulac 2011, 290).

It is about the impossibility of having a universal, unified medicine, and the impossibility of having an absolute, fixed and unified vital normativity. Medicine can never be general, that is, health can never be understood in general too, but each case should be seen apart from other cases. For this reason, the doctor-philosopher cannot see humanity or culture in the light of a general intellectual system, but rather in a methodological approach which takes the symptoms of each state of disease according to the body - be it political, social, or living - behind this image of disease. Nietzsche seeks to cure the sick using his philosophy. According to him, there is no need to reject states of health and disease. There is no normal and normative state of health by which one can define health and disease. There are only states that seem good to us and to our bodies. In this context, Nietzsche rejects the dualist polarities of health and disease. In other words, we have to let go of the idea that we are all equal in face of disease and health. Humans are not equal in this case. Some are more resistant to certain diseases. Others collapse in the face of non-serious diseases. The abnormal simply means the differentiation and inequality between people. Health is not an absolute and fixed standard, and disease is not something against nature. We are therefore entitled to conclude here that the term "normal" has no particular absolute meaning. Consequently, how do we determine the concept of "health"?

It seems that we have neither consistent nor absolute definitions for health. Indeed, health is the entirety of the ability to contract and recover from disease. In contrast, disease is the lack of ability to recover to a normal state. Health is a great strength and a great activity embodied in the ability to overcome all the diseases that can affect humans. However, does not defining health by the ability to transcend disease logically imply giving a negative conception of disease? Indeed, disease is an expected challenge that the body faces at all times of life. It activates the body's immunity which stimulates its ability to face pathogens and returns it to a renewed state of health of pure and growing vitality.

As such, a philosopher who specializes in the philosophy of medical science must reveal the various nuances between health and disease. Therefore, the work of the doctor-philosopher requires deep attention to the differences in degree and relative quantity that characterize the different vital processes of the body. This was emphasized by Georges Canguilhem in his book *The normal and the pathological* when he pointed out that the notions of health and disease do not logically contradict each other. One cannot say that the concept of "pathological" is the logical opposite of the concept of "normal" because life in a pathological state is not the absence of norms but there are other norms. More precisely, "sick" is the vital opposite of health and not the logical opposite of normal (Canguilhem 1993, 137).

The patient is sick in order to be able to admit only one norm. To use an expression that has already served us well, the patient is not abnormal because of the absence of norm but because of the inability to be normative. Disease is an experience of positive innovation in the living and is no longer just a diminutive or multiplicative fact. The content of the pathological state cannot be deduced unless there is a difference in format from the content of health: disease is not a variation in the dimension of health; it is a new dimension of life (G. Canguilhem 1993, 139).

These terms do not contradict each other. They intersect and overlap without contradiction. The ordinary person places health and normality above pathology, and so it seems strange that a philosophical position contradicts common sense to prove that health and disease are not in a position of struggle and resistance. It is here that the idea of life cancels this radical opposition between these two medical terms, which are not logical opposites but rather biological ones. In other words, the principle of noncontradiction, which logically states that a case cannot express both an idea and its opposite cannot be considered as a permanent postulate in the field of studies of human vital functions. Also, it is not subject to linguistic differences imposed by logic, and this does not necessarily mean that language eliminates the contradiction between health and disease, but rather, in the realm of life, one can encounter homogeneous cases of life. Thus, it can be said that there is a correlation between the terms “health” and “disease” in the domain of vitality. It, therefore, seems “no matter” whether to generalize the concepts of health and disease as the concepts of body or soul. Health is the appropriate state for each individual or society, or culture (Malcolm 1978, 147). And since the extrapolation of the concepts of health and disease within theoretical philosophy is far from concrete lived reality, it thus weakens the philosophical sense of life force. According to Nietzsche, disease and intellectual states have pushed certain philosophies and certain philosophers to write and to think. Disease and suffering are physiologically important, so that the philosopher becomes realistic with them, because according to him, in the case of disease, one further expands the perceptions. The wealth of disease, like that of health, comes from the creative force that brings individuals out of the condition that made them suffer. According to Nietzsche (2001, 6):

A philosopher who has passed through many kinds of health, and keep passing through them again and again, has passed through an equal number of philosophies; he simply cannot but translate his state every time into the most spiritual form and distance- this art of transfiguration just is philosophy.

In light of the above, it can be said that the concept of health in the philosophy of medical sciences does not only mean the absence of diseases, but also the ability to recover from and overcome a disease.

THE CONCEPT OF HEALTH IN ANCIENT MEDICINE

Ancient medicine is divided into several forms, including Greek medicine and ancient Arab medicine. We will take these two types as models and compare them with regard to the concept of health.

Health in Greek Medicine

There is no doubt that the natural practice is rooted in human history, and it is not difficult for us to identify its origins or its first beginnings, especially with regard to the therapeutic methods that have attempted to define what are health and disease. In order to understand the concept of health in Hippocrates, it is necessary to approach the nature of the body. Hippocrates sees that the body is composed of four humors: blood, pituita, yellow bile and the atrabile. These four components are directly related to the basic elements of the four rituals: fire, water, earth, and air. Also, Hippocrates emphasizes the “fusion between the microcosm (man) and the macrocosm (universe) what happens in the former is a minimized picture, but it is identical to what happens in the second” (Hippocrates 1839-1861, 39-53). The four fluid humors or secretions are opposed even in the organs that produce them, where they are in order: the heart, the brain, the liver, and the pancreas. In this way, the organs of the body are functionally balanced and organically compatible. As for health, it is the result of moderation and balance between the four humors, where no element can change by increase or decrease. There the organs perform their full functions to the fullest because imbalance of the humours leads to upset of the functions of the organs, and this is what results in disease. The roots of this idea of Hippocrates are found in the scientific Greek heritage – an idea based on the principles of ethical virtue and perfection as the foundations for balancing a set of contradictions, whether in medicine, or social life or political life.

Hippocrates refuses to attribute disease to unnatural causes such as: magic or curses resulting from sacrilege. Rather, he attributes the reasons for dropping out of the health conditions to their natural causes, such as: unbalanced diets or excessive increase in any of the four humours too, physical trauma, or due to an external natural factor related to climatic conditions, such as winter. As for the method of treatment, Hippocrates adopts the theory of “Natura Mediatrix” which is based on the idea that living nature is able to heal and repair itself from diseases and ailments, and that the serious error that the doctor might commit is when he intervenes to modify the course of the disease, as this means a total absence of wisdom. That is why the doctor's task is to anticipate and wait for the evolution of the condition of the patient, and in the most extreme cases, to help nature recover through sports exercise, massage, diet and mineral baths (Pichot 1993, 39). It seems that, through this idea, the doctor helps nature (the body) to recover its normal state and its original balance; that is, to recover the balance of the four humours that make up the body. This is done in two ways. The first is to work to remove excessive humours by digestion or burning with body heat. As for the second way, it consists of eliminating excessive humours in the body by burning or by excrement etc. In this way, the main idea of Hippocratic medicine manifests, which states that the ill body is oriented towards life by resisting the disease, so the doctor must help the organism to regain its balance. Disease is a continuous struggle, carried out by the body to maintain its health against the risks that food entails, then against the natural environment and climate which must adapt and face their effects. In this case, the doctor's task is to monitor and control this struggle and to help it to occur effectively, since it is for the health and for the protection of the body by which it maintains the state of normality. It is about making nature play its role. In

this context, Hippocrates emphasizes the need to help nature by doing sports exercises daily and visiting mineral baths to massage the body because these activities support and strengthen the nature of the body in the face of disease.

Health in Arab Medicine

Arab medicine followed Avicenna and Abu Bakr Al-Razi. Avicenna sees in his book *The Canon of Medicine* that the treatment and prevention of disease pass through the knowledge of its causes. He begins his book by defining medicine as a science through which we understand the conditions of the human body in terms of what makes it healthy and in terms of diseases that affect human health. Medicine maintains health, and this is called therapeutic medicine. Then he divides medicine into two parts: theoretical and practical. The theoretical aspect of medicine pertains to medical theories. It deals with the basics of medicine in order to maintain health security and prevent disease. While the practical aspect of medicine refers to how to work or practice medicine to the fullest (Abu 'Ali al-Husayn 2013, 65).

As for health, Avicenna does not deviate from the Greek medical model of the theory of the four humors. He maintains that the standard of health security lies in the balanced middle between exaggeration and lessening. That is, in which health is in a state of equilibrium between two extremes. In other words, to prevent disease and maintain the normal state of the body, one must maintain the balance of the four humors in the body (Abu 'Ali al-Husayn 2013, 65).

As for Abu Bakr Al-Razi, although he was influenced by the model of Greek medicine, he brought additions and improvements to the practice. He mentioned that he established the science of therapeutic chemistry and drugs, which had a great impact on the course of medicine. During the Middle Ages and the Renaissance, he became interested in the study of genetic infections. He was one of the first to take an interest in mental diseases and their role in health in general. As he did with organic diseases by providing detailed descriptions of the disease in which he shows the symptoms and adds a treatment, he did the same with psychic diseases, trying to diagnose the totality of human psychic disorders and to prescribe the appropriate treatment for them. Accordingly, Al-Razi built his conception of the definition of health which he combined organic health and psychic health; since an individual is composed of the duality of body and soul. Therefore health must take this duality into account. Therefore, he saw the need to pay attention to psychic health as a guarantee of organic health, and in this context, he stressed that the doctor's duty is to instill a spirit of hope in patients as to the possibility of recovery and restoration of their health even if he is not sure. The doctor must examine the patient in order to know the causes and the history of the disease. He says: "The doctor must ask the patient about everything he can say about his disease" (Ibn, Abi Usaybi'ah 2010, 3). The detection of the causes and symptoms of diseases is necessary to develop a general concept of health. In this sense, he referred to a set of health tips in his book *Al-Kitābal-Manşūrī*. The fourth article says: "He mentioned the phrases of preserving health: the foundations of maintaining health: good appreciation of movement, of stillness, of eating and drinking, removing droppings, improvement of habitat...and approval with psychological vigor and reservation of habits" (Razi 1592, 57). It is then understood

from this text that health, according to Al-Razi, combines the conditions of bodily health with the factors of mental health.

This ancient conception of health is based on the idea that medicine is an art and that every art is a simulation of nature. We understand from the conception of health in ancient medicine that the emphasis was on the theoretical and practical side. It is dealing with the problem of human health from multiple aspects. The value of this old perception lies in understanding current medicine, placing the old theorizing of medicine in the context of the new view. The idea of “natura mediatrix” according to Hippocrates will reappear with physiology under the name of “Self-Regulation.” But the idea of “natura mediatrix” remains limited to finding treatments.

To summarize, ancient medicine in the Greek milieu was linked to philosophical doctrines, while in the Arab-Islamic milieu, it is linked to religious beliefs mixed with the heritage of philosophical ideas. In addition, the efforts of Arab physicians have focused on attempting to reconcile Greek medicine and its philosophical origins with the medicine developed in the ancient Arab civilization in a way that does not contradict the essence of religious belief. The attempt at reconciliation appears by adhering to the theory of causes that explains disease and loss of health on the one hand, and concern for what is related to the soul in determining the characteristics and standards of health, on the other hand.

THE CONCEPT OF HEALTH IN MODERN MEDICINE

Modern medicine is attributed to the French doctor Claude Bernard through his book *An Introduction to Experimental Medicine*. Modern medicine differs from ancient medicine in the following characteristics: 1) Modern medicine adopts experimental induction as a method, unlike ancient medicine, which applies the method of meditation. 2) Modern medicine relies on the idea of mechanism and emphasizes the principle of determinism in interpreting the organic activities of humans, which means that the functional nature of the organism is purely mechanical, which contradicts the idea of teleology, which prevailed in ancient medicine. 3) Modern medicine emphasizes the principle of reductionism, which reduces the biological activities of the organism to physical and chemical explanations. Accordingly, there is a need for laboratory work that accompanies the work of the doctor. This means that modern medicine is tied to biology and other experimental sciences, unlike ancient medicine, whose connection to religion or metaphysics was clearer.

Although modern or experimental medicine is linked to Claude Bernard, its roots go back to the French physician François Broussais, who opposed and rejected the eidetic vision of ancient medicine, which was concerned with the classification of diseases and was not concerned with seeking the corresponding treatment. Broussais considers this point of view as a remnant of metaphysics (Broussais 1986, 20). According to Broussais, there is merit in separating metaphysics and medicine as an objective and positive science. Le Bruce also found merit in having freed medicine from the deposits of metaphysics, magic, and witchcraft and in having attached it to the rank of the positive sciences. It is related to the nature of viewing disease as an

autonomous physiological state that follows or is attached to the normal state. Meanwhile, Auguste Comte integrates physiology and medicine within the positive sciences, defining the pathological state on the basis of laws that are the same as the laws of the normal state. Thus, the medical approach has transformed.

Health in an Empirical Positivist Perspective

For his part, C. Bernard asserts that the prevailing separation between physiology, pathology, and therapeutic therapy is one of the remnants of the pre-scientific stage of the history of medicine. Because “the world makes no difference between medicine and physiology” (Bernard 1966, 205). Medicine as a science takes physiology as a starting ground, whether in research, diagnosis, prediction, or treatment. Physiology is the scientific base of medicine (Bernard 1966, 279). C. Bernard established scientific or experimental medicine on three postulates: the principle of the participation and identification of health and disease laws, the principle of the inevitability of biological phenomena, and the principle of the specificity and independence of biological functions and the asymmetry of the internal and external environment (Canguilhem 1965, 139).

Following in that vein, C. Bernard asserts that diseases do not exist at all as self-contained or independent entities. In fact, they are only members under normal conditions or under unusual and abnormal conditions of life. Diseases are, therefore, only confused physiological functions (Moulin 1995, 132). “The pathological state produces nothing,” that is, in excess of what already exists (Bernard 1947, 138).

C. Bernard emphasizes that scientific theory guides experience and practice. Pathology must inevitably be based on the research, data, and results of physiological science. It is undoubtedly an application of Comte's theory on the relationship between science and technology. Pathology must inevitably be based on the research, data, and results of physiological science. It is undoubtedly an application of Comte's theory on the relationship between science and technology. And that the latter - that is, technology - is an application of the theories of science. Theoretical science is also ranked higher than technology because of its association with macro laws (Braunstein 2009, 162-163).

Medical practice based on research into the causes of the condition in a physiological laboratory that studies the normal state, theoretically refers to the establishment and implantation of biology in physiology. In principle, the matter can be explained as follows: In order to treat the disease or disorder, it must be diagnosed, and its diagnosis requires its knowledge, and its knowledge requires its perception in its normal state. Therefore, logically, in order to know disease-causing dysfunctions and functional disorders, we must first know or at least have a schematic perception of the work of those functions in their normal state. Here, we cannot ignore Descartes and the example of “the clock.” In order to repair the damage to “the clock” machine, it is necessary to know the actual positions of its parts in the case of its normal operation. On this basis, the mechanical engineer who repairs machines and motors must have received a formation in natural theoretical mechanics first and then a study on possible malfunctions and breakdowns.

In addition to adopting quantitative approaches and concepts in dealing with biological phenomena, Bernard adds two more key points (Canguilhem 1993, 39). Firstly, do not look at the causes of disease – because this enters us into the labyrinths of metaphysics - and does not focus on the lived experience and suffering of the patient – because this contradicts objective scientific medicine that excludes any reference to the same patient as a founding reference for understanding the disease. He refuses to look for the “Why of things” and focuses on the “How of things” instead. He is truly committed to the basic positivist principle, which states that there is no point in researching the causes and that it is better for science to search for laws and mechanisms (Comte 1934, 3-4).

Secondly, in fulfillment of the positivist scientific tendency based on the fragmentation of phenomena into their simplest partial components and the fragmentation of problems and isolating them from their general framework, C. Bernard argues that the disease, whatever it is, is local to an organ. Meaning, the disease is a breakdown defect that affects an organ without affecting the entirety of other functions and organs. This contrasts with subsequent and contemporary medical and physiological research.

Leriche considered medicine to be the art of curing diseases, so treatment is the essence of its entire existence (Leriche, 1965). However, this art never involves the selection of a particular treatment in a pre-tribal way; it must be preceded by many complex processes that we simply call 'diagnostics' (Leriche, 1965). On this basis, Leriche believes that medicine should proceed from medical practice to the criterion or value that regulates and theorizes this practice, and not vice versa. Medical technology precedes medicine as a science and theory because without patients, there would have been no need for medicine in the first place. Historically, even today, the patient is the one who feels the disease and then goes to consult a doctor. Rarely was the doctor the discoverer of the disease without complaint and suffering on the part of the patient. What is not medically debatable is that the patient's lived experience precedes every conception of the disease. Dedicated to this, Leriche proposes to study pain as a lived experience in order to establish human medicine in the fullest sense of the word (Leriche, 24/09/2006)

In the latter years, however, Leriche's interest in disease became non-subjective, aimed at formulating the disease in a conception or plan of an abstract schema stripped of the human dimension. The human aspect of the disease is secondary. Not because it is worthless, but because it is a barrier to mechanical or physio-chemical understanding of the disease. In addition, it is not quantifiable and athletic and, therefore, neither identifiable nor assimilable within a general theoretical conception. Hence the famous phrase of Leriche: “In scientific medicine, the least important thing is the truth: man” or “If we want to define disease, we must dehumanize it.” This is in stark contrast to what Leriche had declared before when he called for the foundation of a humanistic medicine based on the study of pain. In fact, this positivist view, which Leriche failed to change or reformulate, leads to an inhumane medicine that considers the patient a machine that has been damaged only: “The doctor, according to Leriche, should not take a deductive method from the patient to the doctor, but rather beforehand: from the doctor to the disease with the complete exclusion of the patient” (Canguilhem 1993, 53).

Health in the Rational Perspective

George Canguilhem subscribed to Leriche's definition of health according to which health is defined as "life lived in the silence of the organs" (Canguilhem 1993, 50). A definition that is as relevant as it is intriguing because it seems to forget that members are never silent while having fun. This is very fortunate, otherwise having fun will be satisfying. Moreover, even pain can be a sign of health. This is the case, for example, for an athlete who tests their strength in physical exercise and enjoys it.

Health as the absence of disease

To solve this difficulty, we can define health as the absence of disease, but this definition has a major disadvantage because it is negative in the logical sense of the term; it defines health as what it is not, which doubles the difficulty because we are, and then it is necessary to define the term opposite to the term we want to define, which here suggests that the disease will be the complete opposite of health, and that there will be a difference in nature between one of them and the other, which we have dealt with previously, is not self-evident. Without falling for the absurdity of Dr. Knock's formula in which Jules Romains says, "Every healthy person is an unconscious patient," it is true that, on the one hand, as we said earlier, we always feel fairly well, and on the other hand, we feel ill only when adapting to the environment becomes difficult depending on the activities we wish to do. Everyone sets their own life standards based on the way their desire is expressed and manifested. To be sure, the perception of an athlete who is outstanding about his or her health will not be exactly the same as that of a musician, craftsman, or intellectual. Because of the different paths they have taken, each needs to develop and maintain their own abilities in order to affirm and express their ability to act in their own way.

Health as Well-being

Finally, as the World Health Organization does, we can define health in terms of well-being: health is a state of complete physical, mental, and social well-being, not merely the absence of disease and disability. (Préambule à la Constitution de l'O.M.S. 1948.)

The definition considered by Dominique Folsheid and Jacques Wunenburger qualifies as ideological and totalitarian (Folsheid & Wunenburger 1997, 146). As far as wellbeing is presented as a specifically deterministic rule that will make any ill-satisfactory and falls within the scope of medicine. However, it is not certain that a rejected lover is sick, and it would certainly be unfortunate from an ethical point of view if that were the case, even if it were true that the trend today is towards the medicalization of all. Our misfortunes. Therefore, this definition forgets that there are malheurs together, but also that there can be satisfactory safety, such as the case of a heroin addict who took his dose, for example.

Health as Power

I also prefer, inspired by Spinoza, the definition of health in terms of power, that is, the power with which one maintains one's existence and actions. One of the central concepts in Spinoza's thought is the concept of conatus, which in Latin means "effort,"

and thus in Spinoza refers to the effort by which a thing seeks to persevere in its existence: "Each thing, as far as it is in itself, endeavors to persevere in its being" (Spinoza 1954, 135).

However, this translation should be taken with caution, as it can lead to a misinterpretation that will lead to the assimilation of tension into the will of the self of free will, which is quite contrary to the principles of Spinoza's own philosophy.

It may also be possible to make another misunderstanding of the conatus as a kind of vital principle that would cause Spinoza's thought to slip into vitalism, which would also be in complete contradiction to the concept of living that emerges from Spinozian thought and that is an object closer to a particular form of mechanism.

In fact, for Spinoza, there is only one truth which is nature, and man is an inseparable part of this nature as body and soul, to the extent that body and mind are not inherently different from one another. But they are expressions of the same individual that lead to two possible perceptions. Thus, I perceive myself as flesh and see myself as spirit, but I do not perceive two distinct parts of my being, I perceive myself wholly as flesh and wholly as spirit, for flesh and spirit are but one thing perceivable in two different ways

Human, therefore, as a part of nature, is embedded in a web of causes and effects which are subject to the general laws of nature; he is not, as stated in the third part of the Book of Ethics, a "state within a state." It is not governed by laws of its own which would be contrary to the laws of nature.

Thus, man is subject to the laws of natural causality, which is intrinsically efficient and unique. In other words, it is subject to the action of external causes on the one hand, and on the other, the parts of which it is composed within it react according to the same laws of causation. Moreover, he does work on the outside world inasmuch as it is the cause in itself. It is in this sense that we must understand the idea that everything in nature affects and is affected.

Where should we now put the conatus, to continue to exist in this conception of nature? Conatus is precisely the effect of these laws of causality within the individual. First of all, it should be made clear that when we talk about an individual in the Spinozian concept of nature, it is not simply about the human individual, not even the living individual, but about anything singular. It represents a relative unit because of the cohesion of the parts that make up it.

There is a conatus of stone, of my pen, as there is a conatus of this or that tree or of this or that man, and the solidarity, the cohesion between the parts that make up the individual is precisely what makes up the conatus. For Spinoza, the individual is not an undivided being, he is always a compound and a component at the same time. For example, my body is made up of organs, which themselves are made up of cells, which themselves are made up of molecules made up of atoms and so on. But my body is also part of the whole of nature. In other words, it is the correspondence between all the characteristics of the parts of which an individual is composed, the relations of motion and stillness, and between speed and slowness, which maintain his unity, and which make that individual constant in existence and capable of action. on other objects outside of it. But this individual who influences, that is, who influences other individuals, is also affected, and the emotions to which he is exposed can strengthen or weaken his movement, that is, increase or decrease his power over being and doing.

Thus, healthy air, nutritious food in reasonable quantities, and the presence of friends, all this will affect me positively and increase my potency, and on the other hand, will affect the rotten air, toxins, and pathogenic bacteria in a way that reduces my power. Under these circumstances, we can say that illness means that I am affected in such a way that my power is diminished that I am no longer able to behave in my environment as I did before. What applies to illness also applies to death, which can only come from an external cause: "A thing cannot be destroyed except by an external cause". (Spinoza 1954, 134).

That is why, for Spinoza, death is conditional, not because it may not occur, but because it is merely the result of an external necessity. Death is not written in my essence, it is accidental; sickness and death are, for Spinoza, unavoidable accidents. This expression can be understood as a contradiction, but it is not so in Spinoza, death is accidental because it is caused by the influence of external causes and inevitable because these causes are subject to whatever happens to necessity. As Gilles Deleuze said in his editions of Spinoza, "Death always comes from the outside, never from the inside."

Attention to Spinoza's philosophy allows us to think of health in terms of the ability to exist and act, a power that each person is able to evaluate according to the way in which their desire is fulfilled, a form specific to the individual conatus in humans, expressed in a unique way. Also, since each person takes different paths, each person sets the parameters of his or her life differently, and it is precisely in this sense that health, as a force, as a normative force, is ultimately a concept that is Perhaps more ethical than science.

In fact, what is ethics? Otherwise, it is a way of living well based on the definition of certain norms of life which are intrinsic to life itself and which, to use Georges Canguilhem expression, are "requirements imposed on existence" (Canguilhem 1993).

We can also recall here that health in the etymological sense means salvation, and what saves us can therefore be interpreted as allowing us to live a life worth living, a full human life. Morality, which is not morality, insofar as it refers to the search for what the ancients called the good life, is inseparable from health, at least the health of the mind which seeks to live a meaningful life, despite the Virtual or real disease..

Therefore, it is permissible to think of the concept of health as an Attic concept, insofar as we can consider that ethics can be defined as a system of life norms. If we consider, as Paul Ricœur sees it, that ethics is defined as "the object of a good and good life," we can conclude that health, insofar as it is an individual's ability to set the parameters of this "good and good life." She is no stranger to morality. Pa Paul Ricœur's thought also makes it possible to clarify morale, which are not necessarily contradictory, morality defines the fixed rule, the common rule, while ethics defines the goal of the full and worthy human life. In general, ethics is sufficient to provide us with the norms of life necessary to live well, but there are conditions in which public morality is not sufficient (Kerrache, 2024).

"I will reserve the term ethics for the aim of a fulfilled life and that of morality for the articulation of this aim in standards characterized both by the claim to universality and by a constraining effect." (Ricœur 1990, 200).

Thus, if health is normative, or even the ability to “break the norms,” using the expression C.anguilhem himself, she undoubtedly has a certain dimension. Thus, the antithesis resulting from Spinozian philosophy, the antithesis that is the result of the mind's understanding of the connections that bind it to all of nature, can be interpreted as an immanent production of the norms of life. “The health of the mind is not wholly determined by the health of the body, even if, as Spinoza says, the mind is 'an idea of the body. (Delassus 2011). Indeed, it is conceivable that by thinking, and in various forms, a “certain strength in weakness” can develop and manifest itself. Isn't this how thinkers like Spinoza, who suffered from tuberculosis, or Nietzsche, whose diseases seem to be innumerable, despite the diseases that overwhelmed them, were able to produce masterful works? But this applies not only to exceptional individuals, but it can also apply to those who, in spite of disease, manage to produce something, even a simple one, such as snatching a smile or laugh from another man. So, there is a health that does not conflict with the disease, a health that exceeds the norms. Perhaps this is what Nietzsche should call “great health”? “The great health, a health that one doesn't only have, but also acquires continually and must acquire because one gives it up again and again and must give it up!...” (Nietzsche 2001, 246).

Is the difference between health and disease: a difference in degree or a difference in nature? The idea that health is the norm and disease is the opposite because it deviates from it assumes that there is a difference in nature between health and disease and that health corresponds to the ideal state of organism while disease is a change of organism. This is perfect. This method of representing validity is not entirely separate from the origin of the term criterion referring in Latin to square. It is true that, implicitly, we represent the criterion as the criterion that allows us to judge what is right, what should be, and consider that whoever deviates from the criterion is, for the most part, abnormal, presumed to have been traced by nature. It is no coincidence that we generally describe what we judge to be social diseases as deviation, for the deviant is always the one who deviates from the straight path, and he is the one who does not follow the straight path for which he was drawn. However, it is difficult to consider diseases of the organic system as deviations from the absolute norm of health. On the other hand, it can be viewed as such to the extent that it makes it easier for an individual to adapt to its milieu.

HEALTH AND THE NORM

By the above, one understands that the problem of health or normality is posed by the human being as a rational being who exists for himself or herself, and this is the purpose of his or her existence. Faced with this existence, the human mind wonders about the standards of health or the model of the normal state, and therefore, one question: what should a person do to be in a healthy state?

The answer to this question leads directly to a norm of health according to its nature: the norm of classical scientific thought was an ontological norm that determines the reality of an existing human being by listing his or her “specific characteristics and qualities as a part of living beings” (Bourdin 2002, 11). However, this standard did not go beyond generality because it is concerned with the species in

general and did not concern itself with the disease that affects certain parts of the species. The ontological norm is, therefore, incapable of distinguishing between a healthy state and a pathological state.

With the progress of research in natural sciences and social sciences, the ontological norm has been abandoned in favor of social and ethical norms thanks to the dominance of the political and cultural system in society, which determines the normal and pathological conditions and standards.

What are the norms set by the culture for health in society? Are these norms the same in all human cultures? Since life is defined by different meanings, it necessarily also depends on multiple and different norms. The determination of the norm follows the conception of life in the social environment. And since human life has several meanings: biological, social, and psychological, the state of health has several meanings and standards. It is necessary, therefore, to determine the nature and reality of the norm. In terms of language, *norma* in Latin means the square or triangle that contains a right angle, while it idiomatically means: “Ideal type or rule with respect to which value judgments are made” (Foulque 1962, 481). In this way, the normal state is what corresponds to the ideal model.

However, by what standards is the ideal model determined? In order to answer this question, one refers to two different approaches to determine the standard of health, each of which proceeds with the determination of the state of the disease and by which the state of health is determined. The first is the “naturalism” vision, which determines the disease to biological upheavals, far removed from judgments of values; i.e., apart from the conditions of the social environment surrounding an individual, nothing can determine the state of health or disease because it is not anymore a question of biology.

The second position is represented by the “constructivist” vision, which affirms that the biological structure of the human being is not enough on its own to judge the normal or the abnormal state. It is the intervention of judgments of societal values that define the norms of health and disease.

The constructivist view is represented by Lennart Nordenfelt, who attempts to present what he calls the holistic theory of health. Through this, he distinguishes between health and disease, emphasizing that there are two levels of distinction between health and disease. At the first level, attention must be paid to the analytical aspect. It is an analysis and dismantling of the organism into numbers and quantities that represent the members of the organism separated from each other. The second level is a holistic level through which the organism is seen as an integrated unit with capabilities and objectives through which it seeks to ensure adaptation to a particular environment at a specific time, and thus, the conception of health becomes “simply a structural condition subject to social and cultural norms” (Arnaud 2017, 25).

It is linked to a holistic conception of the idea of health, which starts from the biological nature and then moves on to mental health. From this point of view, the emphasis was first placed on biological health, since the upheavals of psychic health can be caused in many cases by bodily damage in some of its organs, which in turn has repercussions on the behavior of the individual and makes him or her unable to adapt properly to his or her environment. For example, genetic factors affect mental retardation, and accidents and injuries such as poisonings and traffic accidents affect

the psyche of the individual and make him or her unable to perform his or her functions in the social environment. In other words, if the individual suffers from an organic defect, whatever the cause, this defect hampers his or her life and affects his or her psychological health.

In this context, psychologists define a set of norms for measuring the normal state of psychological life. The first is the “ideal norm” from which mental health is considered an ideal goal that all members of society strive to achieve, even relatively. On the basis of these norms, we can qualify the individual as normal if his or her behavior conforms to the ideal imposed by the dominant culture in society. We can call an individual abnormal if his or her actions conflict with their ideals.

Second is the “statistical norm”: this norm depends on the calculation of the recurrence rates of the behavior among the members of the community. Behavior that is repeated by the majority of community members is normal, and behavior that is repeated by the minority is abnormal. Third is the “clinical norm”: in this norm, mental health is determined at the level of clinical work that diagnoses pathological symptoms. Whenever the pathological symptoms are absent, the individual enjoys psychic health. Fourth is the “socio-cultural norm”: each culture is characterized by a particular pattern that determines health and disease. This pattern varies among different societies. What is normal in one society may be abnormal in another. This means that the normal situation is a socio-cultural structure subject to social norms.

CONCLUSION

We can summarise our findings as follows:

1) It is impossible to speak of a global definition of the term health because the concept of health brings together many different fields of knowledge: philosophical, social, psychological, cultural, and the sciences of medicine.

2) Health is the normal state of humans on all sides of life, including the emotional, social, psychological, and physical sides. It is not an absolute state.

3) In Ancient medicine, from Hippocrates to the period of Arab medicine, health was seen as the most precious thing that cannot be evaluated with any other value. With the advent of modern medicine and its adoption of the mechanical or physio-chemical model, its primary focus shifted to understanding disease and realizing it in its abstract form as a quantitative relationship between a group of phenomena and variables.

4) Modern medicine focuses on the cognitive side for the determination of the normal and the pathological. The positivist perspective saw health as an objective event. The sick person is another mere fact that is measured and controlled quantitatively, with normal and abnormal being two standard values. The state of health is not considered as such with regard to an external norm, but with regard to integrity itself. The state of health of a particular individual is not measured or defined by the conditions of other individuals or the so-called median norm. On the contrary, the health of the individual is measured by detailed, quantitative and subjective biological values, which are a measure of himself or herself. For this reason, the biologist and the doctor admit that the state of health is not subject to the same

standards as the state of disease. These are two special cases, and each disease is unique and exceptional in itself.

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