



A Medical, Social and Spiritual Perspective of Healthy Lifestyle in Modern Society

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Abstract: Lifestyle describes a complex behavioural strategies and routines, attitudes and values, norms assumed in order to individual or group to score as convenient in a social context. The importance of medical education in terms of healthy lifestyle is very well recognized nowadays. Lifestyle medicine offers important information about nutrition, physical activity, stress control and social support systems. Lifestyle can be treated as an indicator of social attitudes and of the ideologies that are functioning in the social space. In aboriginal tribes, eating behaviors had a strong religious imprint referring directly to obtain favors from the gods as health, wealth, healing and long life. Even if blatant promotion of a lifestyle can produce civilization, modelling behaviours, yet strongly promoting a lifestyle can become a subtle tool of manipulation and control. Following a healthy lifestyle, regardless of age, will have numerous health benefits, being proven that it reduces the risk of cardiovascular disease, decreases incidence of obesity and diabetes, the risk of malignancy, psychiatric disorders and cognitive dysfunction. The actual guidelines in preventive cardiovascular medicine provide the most important rules for physical training and healthy diet.

Keywords: lifestyle, health, body, nutrition, physical activity

1. Lifestyle – relevance of the concept in modern society

Concept launched at the beginning of the twentieth century, the lifestyle has been made a career in medical, sociological field and beyond. It is considered both an indicator of social integration, quality of life, satisfaction level in the population, social status or consumer needs. In fact, making lifestyle describes a complex behavioural strategies and routines, attitudes and values, norms assumed in order to individual or group to score as convenient in a social context. Although lifestyle is used as a modern term, the extraordinary importance of behavioural habits, such as type and quality of food in Medicine was highlighted even in the time of Hippocrates. Nowadays the importance of medical education in terms of healthy lifestyle was recognized and, in 2010, Lianov and Johnson strongly recommended in the Journal of the American Medical Association physician education and training in lifestyle medicine: “Physician educators at both the undergraduate and graduate medical education levels should consider incorporating the relevant lifestyle medicine competencies into education and training programs”. Other modern-day definitions of lifestyle medicine have been proposed:

- Egger, 2008: “the application of environmental, behavioral, medical and motivational principles to the management of lifestyle-related health problems in a clinical setting”.
- Dysinger, 2013: “lifestyle medicine is the application of simple, natural healing approaches to chronic disease and prevention”.



- The Lifestyle Medicine Competency Development Panel, 2013: “the evidence based practice of helping individuals and families adopt and sustain healthy behaviors that affect health and quality of life.
- Lifestyle medicine offers important information about nutrition, physical activity, stress control and social support systems.
- Nutrition refers not only to natural and organic foods, but especially adapted to particular illness or disease predispositions and dietary supplements.
- Physical activity refers to aerobic and anaerobic training, from mild to vigorous in intensity and should be adapted, supervised and regular.
- Behavioural modification technique and socio-familial stress management, in an integrated mind-body medicine.
- Avoidance of chronic exposure to radiation and to environmental contaminants found in air, food or water.

Thus, today, diet and physical exercise must be understood not only as aspects of wellbeing but, more important, as instruments for building health. Health should be viewed in a much broader perspective, not only medical but also social. According to World Health Organization (W.H.O.), definition of health is very ambitious and far-reaching: “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946) [WHO, Preamble to the Constitution of the World Health Organization, adopted by the International Health Conference, New York, 19–22 June, 1946, online at <http://www.who.int/about/definition/en/>]. In a sense closer to social objectives, Lennart Nordenfelt suggests a more cautious definition, based on the concept of ability and disability, more important in his vision, than the medical concepts of pain and suffering. As consequences of Nordenfelt’s interpretation of health, the definition could be differentiated according to a particular social context. Argued by other international studies, health is related to another important concept, that of quality of life.

Recent investigations in Sweden indicated that health is for many people the most important aspect of the meaning of life. The respondents appreciated that “being in good health” is directly related to quality of life, which is understood as “a multi-dimensional concept depending of several components rather than just one particular ingredient of well-being”. Concern for health and lifestyle can become exaggerated and some authors define these social trends as „healthism“. Robert Crawford and Greenhalgh and Wessely explain the term „healthism“ as “an ideology where maintaining health and avoiding illness have become the supreme human values” or as “a modern cultural, mainly middle class, phenomenon, characterized by excessive health awareness and expectations”.

2. Healthy lifestyle – a socio-anthropological and spiritual approach

Lifestyle can be treated as an indicator of social attitudes and of the ideologies that are functioning in the social space. Difficulty debated and disputed, today lifestyles make careers in fields different from those in which it arose (the sociological and anthropological). It is found in market research and marketing strategy, in studies of physical training, education and occurs with a certain constancy in trials and medical research. Commercial advertising abound with tips for healthy living, products on the market are designed to ensure the same, medical networks are accompanied by guidelines for a healthy lifestyle, service and technology come to support a healthy lifestyle and all what is around us likely make part of a wider scenario of a lifestyle that ensures a carefree life, perfect health and eternal youth. Medical research contains guidelines announced by lifestyle issues, in fact, a change of



perspective on health. It is not just a purely biological fact but also a socio-human approach. However, what explain the formidable mobility and audience of the concept and its association with health? What are the social effects of a flashy promotion of lifestyle? Here are just two questions that can challenge the sociologist, the anthropologist and the doctor. From a broader perspective would be two answers that could explain the marriage health - lifestyle.

2.1. The presence of the collective imaginary mythical fantasy

At any time the man has been concerned about its origins but was frequented by fantasies of immortality. The ideal of youth without old age and life without death is not only present in myths, legends or stories, he is cloaked in modern scientific research. Among these, the medical field had the highest social level echo. Why? Because besides the miraculous pills and intervention techniques, attention have refocused on one aspect of our existence as far as it is ignored. It is the relationship of our body with the world, that surrounds us. Healthy diet, organic food, movement and exercise, stress management, human relationships, hygiene, rest and sleep are just a few examples. It is however a recent concern. It is found in all times and represent beyond an adaptive reaction, a man's way to harmonize with the natural rhythms, or a gesture or behaviour that mimics a old gesture, originating in „illo tempore“.

For example, eating behaviours in aboriginal tribes had a strong religious imprint referring directly to obtain favours from the gods as health, wealth, healing and long life.

Recent findings on healthy lifestyles are actually attempts to scientifically conduct to a natural behaviour, that man has always felt a natural one, as compared with others and nature. The even set of practices and attitudes of contemporary man announces a certain nostalgia of origins. It is the original condition that assumes a certain position in relation to the universe. Outings, holidays, rural and sea movement, may be expressions of the unconscious needs to escape from the rhythm of modern life.

Perhaps not incidentally, current medical researches are involving isolated populations, that live by different rules and have their own forms of healing. In these circumstances, the new findings regarding a healthy lifestyle come to find their audience because come amid a knowledge and latent needs, unconsciously felt by each of us.

2.2. New technology, ideology and control of the bodies

It would not be without interest to associate the current discourse on a healthy lifestyle with a number of ideological orientations. Relying on new technology and a number of scientific discoveries they set in motion an entire bodies dominance mechanism. The issue of power and their subservience was brilliantly presented by Michel Foucault in the seventies. “This political investment of the body is linked by complex and reciprocal relations to the use of it by economic point of view; to a large extent, the body is invested with relations of power and domination, but in the quality of the force of production, the labour force is possible only if it is involved in a system of subjection (in which need is an organized political tool, calculated and used with great careful). In this way, body becomes a useful force only if it is at the same time productive body and body subservient.” Bodies control today by aesthetic standards of health through education, and sports is promoting healthy lifestyle patterns. Everything putted in the service of the



body seems to generate a perverse and contrary effect: consistency, control and domination of it.

With scientific support and new technologies, state builds different mechanisms of domination over the body, gradually pulling it out from the jurisdiction of the Church. Fasting and abstinence forms from the ancient period turn to diets and healthy eating nowadays. The same happens with other behaviours and body techniques. In this context of domination and control of a number of scientific disciplines, dispute their authority over the body. Until now seems that Medicine have gained enough advance in this dispute. However, his speech and his research is permanently shaped on the dominant ideological orientations. Noteworthy are the concessions she makes to sociology, psychology or anthropology. Thus, the “new physicality is entirely dominated by certain elite project in order to secure control bodies, mastered by the systematic use of technical devices”.

Healthy lifestyles fall within the language and current practices thanks to a certain accessibility (lots of social groups can understand and approach the concept) and an excessive promotion. He becomes for many the perfect solution for good health, an outfit enviable secret key for social and personal success. It may be noted that we enter the body in a certain dynamic of practices, techniques and social representations which can generate confidence and constraints. For example, progress in the field of hygiene lead to “simultaneous censorship of representation and practice consumption of psychoactive substances like tobacco and alcohol”.

So, blatant promotion of a lifestyle can produce civilization, modelling behaviours and our attitudes in relation to ourselves and the world. Either it is the dream of any ideology, while strongly promoting a lifestyle can become a subtle tool of manipulation and control.

In this social context, the church and its representatives can play an important role in the implementation of the educational measures in population. Some authors reported that persons who are religiously active, defined, for example, in churches attendance, were healthier than others, less religiously. In this kind of people, were noted indicators of superior health, like a normal blood pressure or lipid profile.

This holistic approach that combine Biomedicine with traditional, complementary and alternative medicine, having the purpose of improving the quality of life, received the term of integrative medicine. The spirituality is also useful in comprehensive approach of treating addiction, especially for alcohol dependence, or in particular social categories, like teenagers or elderly people. Despite the known positive influence of religion and spirituality on teenager’s lifestyle, modern life and mixture of religious trends may drop the importance of religious component. Modern society has determined also the polarization of spiritual tendencies, some people choosing the path of atheism, while others are inclined to cultivate their religiosity. Since most young people are going through rapidly emotional changes, religion can be a support but can sometimes become a barrier to some expected transformations. Relationship between ethnic differences and the influence of religion can be more powerful revealed on young people. In addition, many young people reported high levels of stress perception in the period of high-school and college. Teaching students stress management should prevent social and family later problems.

Older people represent another vulnerable group to which barriers are otherwise active: although spirituality is well represented, access to healthy lifestyle or complex and integrative therapies is more difficult to implement because low financial support.



3. Healthy lifestyle – a medical perspective

3.1. Healthy lifestyle – importance in preventive and curative medicine

Lifestyle is particularly important at any age, but it is built during childhood and adolescence. National and international discussions and publications are trying to define the components of lifestyle (Quality of life magazine, Social Psychology magazine, Annals of sociology and social work, etc.) and highlight the particularities of age. More broadly, lifestyle is the way a person or a wider group of people choose to live, this being referred to their economic, occupational level and type of activities they practice during leisure. Lifestyle can be healthy or unhealthy, in terms of diet, level of exercise, some habits and mode of activity alternating with periods of relaxation. A healthy lifestyle is correlated with good health and a high perception of well-being, while an unhealthy lifestyle leads to depression and isolation. Unhealthy behaviours such as smoking, alcohol abuse, overeating, in combination with high levels of stress, lead short and long term to many diseases.

Building a healthy lifestyle, regardless of age, will have numerous health benefits, being proven that it reduces the risk of cardiovascular disease, decreases incidence of obesity and diabetes, the risk of malignancy, psychiatric disorders and cognitive dysfunction. Childhood and adolescence are critical periods for the development of personality and for building a lifestyle. These can put their mark on all subsequent development of the individual. Current studies share a number of negative behaviours on the lifestyle of adolescents: more than 30% of high school students spend more than 3h/day watching television or playing computer games, over 60% of students do not reach a level of physical activity recommended for their age and this contributes to the early development of metabolic and cardiovascular diseases.

Studies have shown that low levels of physical activity leads to a number of diseases such as high levels of systolic and diastolic blood pressure, increased prevalence of overweight and obesity. Similarly, obesity is a consequence of irregular schedule of meals and sugary snacks from fast food. Health and social programs to improve lifestyle were addressed up to now, more to adult and elderly, neglecting the major changes that have affected the lives of children and adolescents in the past two decades, and the implementation of preventive initiatives in comprehensive lifestyle programs was sporadic and less substantiated by research conducted on our population.

Healthy lifestyle is many times efficient not only for prevention but even for treating many diseases, the most important being cardio-metabolic categories, like diabetes mellitus, atherosclerosis, hypertension and dyslipidemia. This approach of disease in terms of lifestyle could be very cost-efficient, as demonstrated Herman et al. They tested both lifestyle intervention and metformin against placebo intervention in the prevention of type 2 diabetes mellitus in patients with impaired glucose tolerance. Lifestyle delayed the onset of diabetes by 11 years and metformin treatment by 3 years, with fewer expenses in lifestyle strategy and they concluded that “lifestyle costs less and performs better”.

Medicine could better individualize the lifestyle programs for some diseases and for different age categories: women, children and teenagers, elderly. For example, a subject now under debates is weight loss in elderly people. In this age category, an excess of adipose tissue, but also a very rapidly weight loss could contribute to physical frailty



syndrome. In general terms, weight loss is not dangerous when is slow and supervised, and resulted from diet associated with physical exercises.

Adolescents represent another category with many perspectives and social issues, continuously increasing in the world today, where health and education are priorities. Unfortunately, both the educational and the health system does not always provide youth and adolescents fundamentals needed to build a healthy lifestyle. While medical research investigations has focused on adolescent perception about unhealthy behaviours (smoking and alcohol drinking, drug abuse and fast-food alimentation), the social determinants of health were considered personal and parental economical and educational status, employment opportunities, emigration or social exclusion. Current existing data describe worrying phenomena that develop within adolescents groups (obesity, lack of concentration, social isolation or negative social comporment, deviant behaviour expressed as aggression, alcohol, tobacco, and other substances, etc.), generated by adopting an improper and unhealthy lifestyle.

Women health and lifestyle importance is very much related to some life periods like pregnancy and menopause. Although older studies underlined some beneficial effects of estrogens for vascular system, these positive actions have been challenged by the results of the Women's Health Initiative trial and the Million Women Study, which demonstrated an increase in cardiovascular risk and related adverse events. Evaluation, treatment and changing in lifestyle are needed for controlling the important comorbidities associated with menopause: hypertension, dyslipidemia, obesity, diabetes mellitus and metabolic syndrome, sleeping disorders, depression, osteoporosis and sexual dysfunction. All this perturbations should be holistic approached, in terms of traditional and alternative therapies.

3.2. Healthy lifestyle – modern guidelines for cardio-metabolic disease prevention

In this field, European and American joint team researchers and physicians established evidence-based comprehensive guidelines. For example, in 2012, was updated, the European Guidelines on Cardiovascular Disease Prevention in Clinical Practice, which contain detailed recommendations for people in different risk categories, at different ages, with a special focus on patients with metabolic syndrome [28]. The guidelines start with strategies for risk estimation. At a population level, in the people without a previous established cardiovascular disease, the family doctors should use SCORE diagram, based on age, gender, and some risk factors like hypertension, smoking and dyslipidemia. The authors suggested that total risk assessment should be offered during a consultation to physician if:

- The person asks for it;
- One or more risk factors such as smoking, overweight, or hyperlipidaemia are known;
- There is a family history of premature cardiovascular disease or of major risk factors such as hyperlipidaemia;
- There are symptoms suggestive of cardiovascular disease.

In 2012, the guidelines recommended also a brief evaluation of psychosocial risk factors that can contribute to increase the cardiovascular and metabolic risk: low socio-economic status, lack of social support, stress at work and in family life, depression, anxiety, hostility, and the type D personality. “These factors act as barriers to treatment adherence and efforts to improve lifestyle, as well as to promoting health and wellbeing



in patients and populations” In addition, the psychobiological mechanisms have been identified to interfere with inflammation and endothelial dysfunction to promote pathogenesis of cardiovascular disease. Other non-traditional risk factors as C reactive protein, homocysteine and lipoprotein-associated phospholipase 2, should be screened in case of high-risk patients.

The guidelines offer precise recommendations about the level of physical activity that should be encouraged and the principles of nutrition. “In healthy subjects, growing levels of both physical activity and cardio-respiratory fitness were associated with a significant reduction (20–30%) in risk of all-cause and cardiovascular mortality”.

For nutrition, are presented some key messages:

- Energy intake should be limited to the amount of energy needed to maintain (or obtain) a healthy weight (body mass index 25 kg/m²);
- If a person follow the rules for a healthy diet, no dietary supplements are needed;
- The main characteristics of a healthy diet are: saturated fatty acids should be replaced by polyunsaturated fatty acids, salt is reduced to < 5 g/day, are recommended 200 g fruit, 200 g vegetables and 30-45 g of fibre per day, consumption of alcohol should be limited at 20 g/day for men and 10g/day for women.

4. Conclusion

Preventive medicine has gained new achievements in recent years and was organized to formulate comprehensive guidelines on population and particular disease categories. Extension to social is becoming more evident and there were individualized social risk factors that interact with those medical traditional. Health population programs must be more extensive but it is important to target specific groups such as postmenopausal women, the elderly and adolescents. Healthy lifestyle have to be learned in childhood and must include all components related to diet, dietary supplements, rest and relaxation, stress management, physical activity. Personalized lifestyle medicine will become the future of medicine in order to effectively prevent and treat disease, including using of modern technological advances.

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