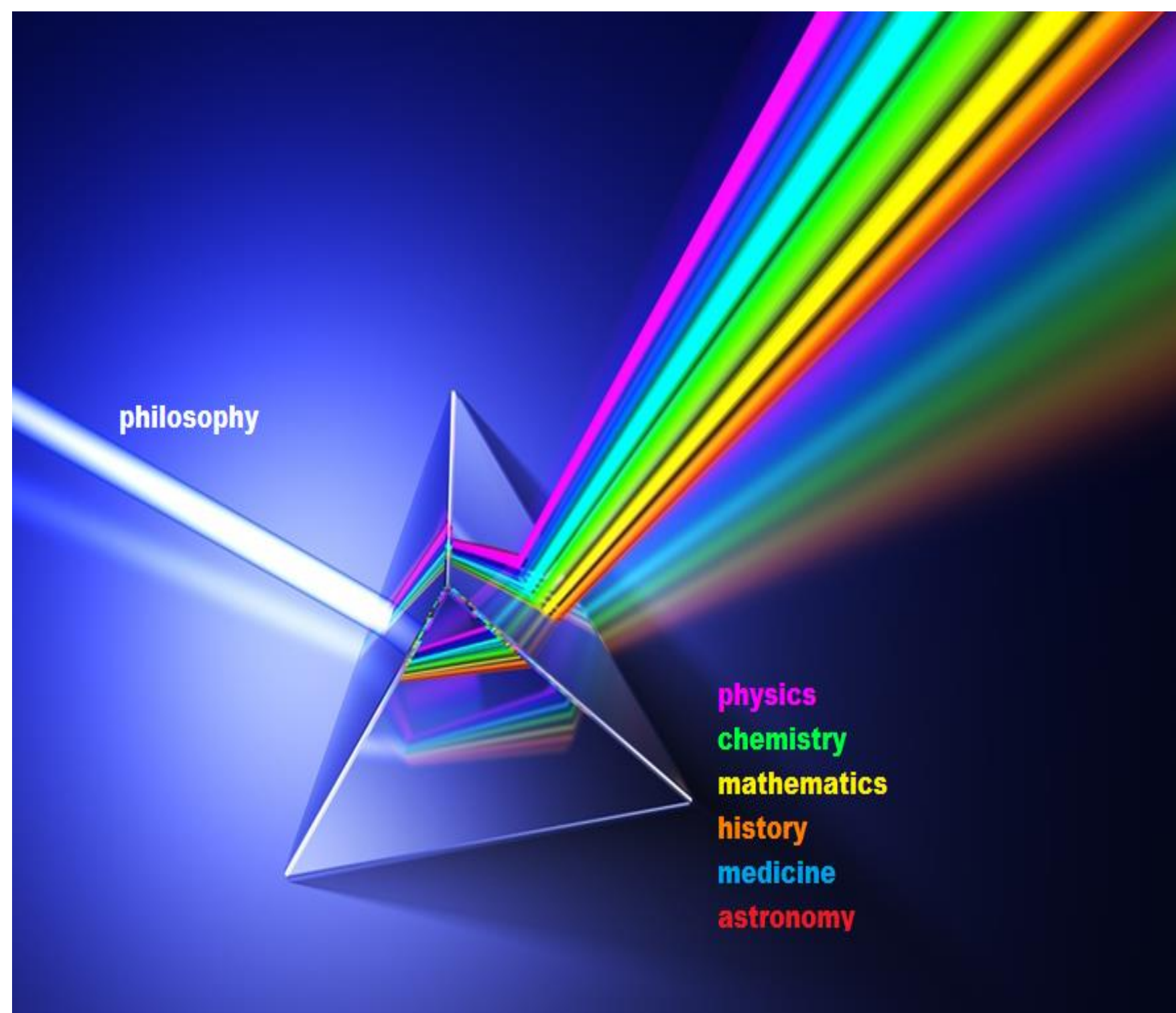


AN APPROACH OF GLOMERULAR DISEASE (GD) THROUGH THE PRISMA OF HISTORY AND PHILOSOPHY OF MEDICAL SCIENCE.

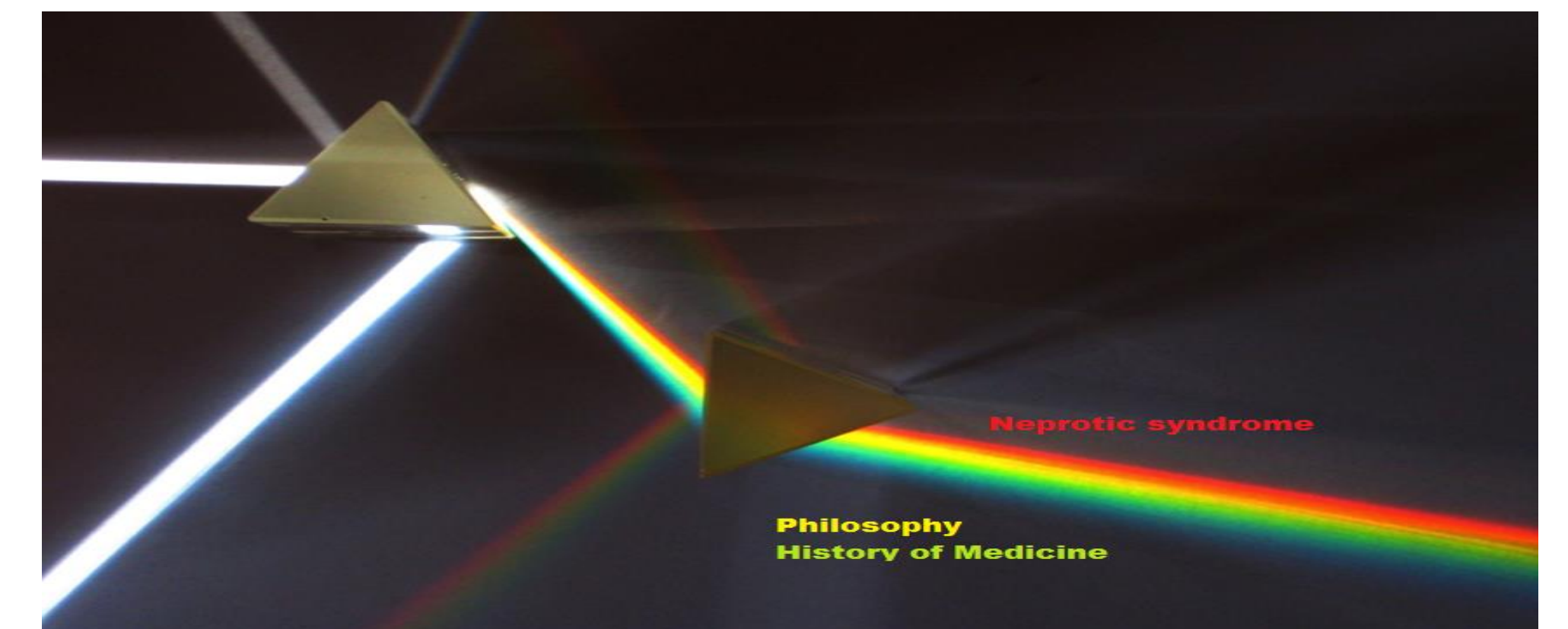
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Anciently philosophy embraced the whole human knowledge. Gradually medicine as many other branches detached from the main trunk of philosophy and constituted separate sciences. From this separation medicine has borrowed less from philosophy but in compensation it has been influenced and supported by other “applied” sciences such as physics, mathematics, chemistry. Now days current medicine has banished all theory all philosophical systems and preserves only the facts and results of experience and research.

A critical question arises :
Is the knowledge of medical history and philosophy only an interest of an erudite doctor or it can still be useful in current medical practice?



In order to answer this a radical concept was attempted. A peculiar approach of parallel examination of history of medicine and philosophy in parallel with the history on one of the most challenging and debated nephrology issue the glomerular disease.

Medical history and philosophy	
Empirics → Methodists	
Observations Referrals furnish by senses and experience	Pathogenesis/hypothesis Classification of data
THERAPY Treating without knowing Dogma/Experience	Pathogenesis targeted therapy
Medical art → Medical science	

History of Glomerular Disease	
Empirical era → Methodical era	
Earliest referrals Observations	Clinico-etiological classification Histological classification Forthcoming omics classification

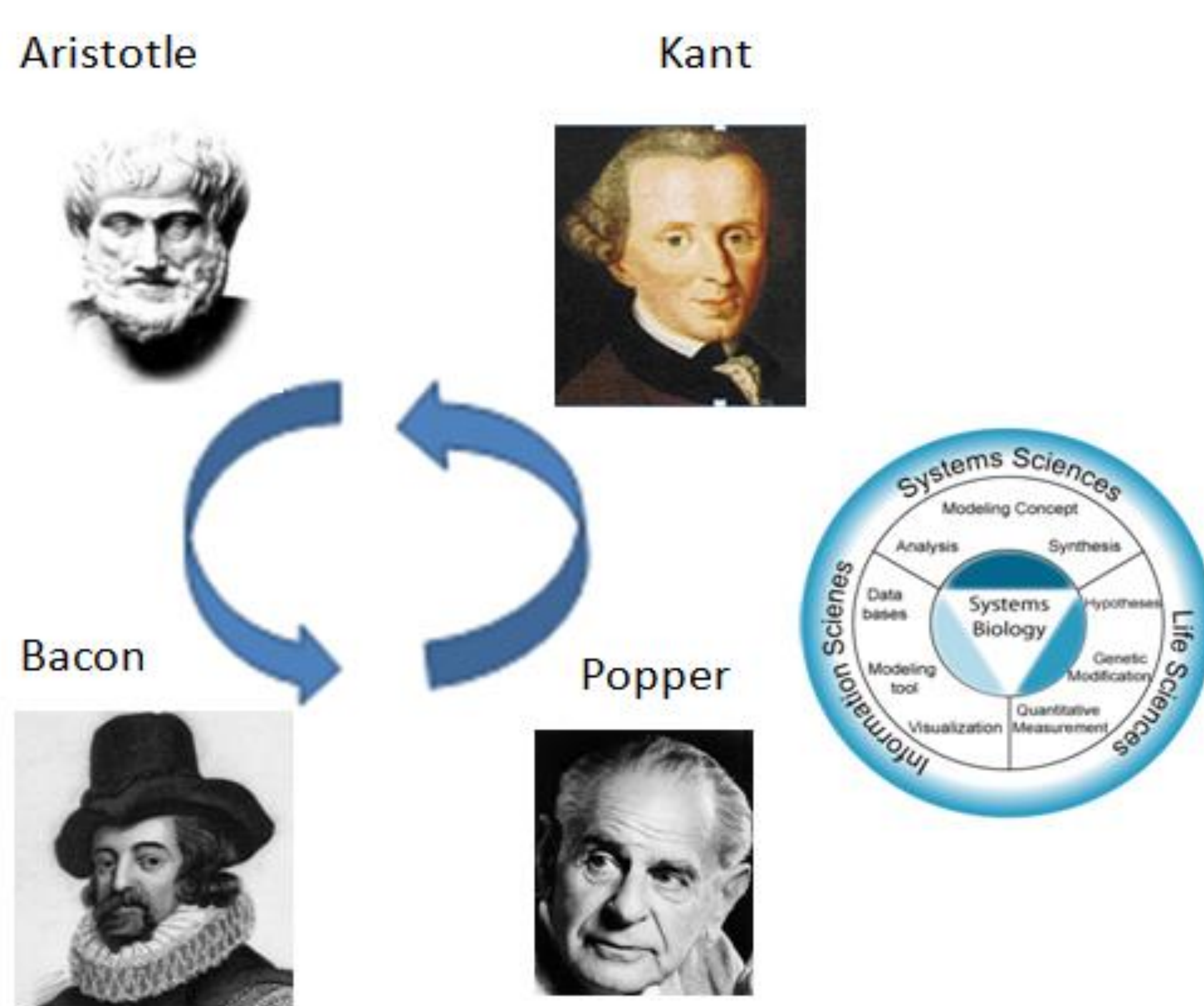
The empirical era of medical history based on senses and experience followed by the more defined and rational methodic era and the gradually mutation of medical art to medical science. The first empirical references from the earliest times of medical art, follow more defined rational and methodic classifications such as the clinical-etiological of Bright, the current histological and probably the forthcoming omics classification, of medical science. In accordance treatment by the empiric dogma of treating without knowing followed more specific and targeted therapies focus on pathogenesis of the disease leading to the individualization of therapy.

Mathematics in history of medicine	Mathematics in current medicine
Sacred numbers of Egyptians, Babylonians Theories of Pythagoras	Sacred number of $p < 0,001$ of statistics Random control clinical studies (RCTS) Models of systems of biology

Eclectic doctors of the past	Eclectic doctors of today
Adopt /choose/collect what they think is best	Adopt reports of beneficial <u>experience</u> (clinical guidelines) carefully and <u>methodically</u> controlled by RCTS follow modern <u>dogmas</u> (evidence-based data, cost/effectiveness ratio).

The mystic period and the sacred numbers of Egyptians and Babylonians, the mathematical theories of Pythagoras have now been replaced by the sacred number of $p < 0,001$ and the mystic of statistic values of random controlled clinical trials (RCT).

According to the mentioned above current doctors could be considered as “eclectic” ones: they adopt the reports of beneficial experience (clinical guidelines), carefully and methodically controlled by RCT and follow the modern dogmas such as the individualization of therapy and cost/effectiveness relation combined with the diachronic one “the beneficence of the patient”.



Ancient times	Today
Produce more philosophy than they could incorporate in daily practice	Produce more data that they can consume in daily clinical practice

During the history of medical science there was a shift of the human mind from the domain of purely vague conjectures and tenacious obedience to authority (dogma) to the actual study and collation of facts in order to deduce conclusions and the institution of experimental tests instead of the dictum of doctrines (philosophy).

Epilogue

In conclusion the study of medical history and philosophy may still be useful in current medical practice, in understanding, and individualizing treatment of “current unknown, under research” issues indicating the route followed by the science where the past is dogmatic in the present and the present will be empirical in the future so that every current generation will be the empirical candidate of the future.

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6. Back to the Future Therapies for Nephrotic Syndrome. Renal Research Institute 17th Annual Conference on Dialysis. Keisha L. Gibson, MD MPH UNC Kidney Center Chapel Hill, NC.
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We do not allude that the acquisition of knowledge and the progress of science is a “circular process” incessantly repeating. Regardless the adoption of any “cognitive” model; from Aristotle and Kant to Popper and model of systems biology, each era has its own way of approaching knowledge.