

EDITORIAL

NEW EVOLVING PARADIGMS IN THE XXI CENTURY MEDICINE

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The human species has evolved through out the years where evolution took place not only in its genotype and adaptation, but also in their knowledge and paradigm shifts. Those knowledge that was thought to be true yesterday (e.g. heliocentric) might be the opposite today. As a species, we are subject to risks, but somewhat different to other species. We are subject to perennial risks of war, natural disasters, famine, epidemics, industrial accidents and occupational diseases. Also, among all the zoological scale, we are subject to suffering and pain, because we are the only species which are aware of our own finitude. Hence, medicine and philosophy have always been hand in hand where firstly we tried to explain who we are and why we exist, and secondly, how to make our life more bearable with least suffering and also to extend our existence with a better quality of life and try to beat diseases while acknowledging the impossibility of defeating death.

Medicine is a human invention, which emerged as an art and as science and today it is considered more scientific than artful. Humanism is one of the values that distinguish the eminence of a medical practitioner, where nowadays unfortunately it is less than it should, due to the necessary technological invasion and as a result of the rapid development of knowledge that man has achieved in its evolution. Due to development and evolution, medicine has become increasingly specialized (as some philosopher said, knowing more about less). Paediatrics was born during this evolution process to care for the weak and of the slow process of growing up, from birth until the onset of maturity: the adolescence.

Later, Gynaecology appears because there are differences in the genetics, architecture and vasculature between both sexes. Then Geriatrics appeared, because as you get older there are changes in attitudes, behaviour, physiology and in the cognitive together with aging, commutating the experience by oblivion, which has its own degenerative processes of the human body in its fight against time.

Orthopaedics and Traumatology appeared as a respond to the human vulnerability to accidents, aggressions and to self-aggression. Infectology appeared to fend off plague, which undermined greatly to humanity in the Middle Ages, and other infectious conditions, including bacterial resistance by the misuse of antibiotics. Then Psychiatry came to understanding and improving the individual's perception and their interaction with the environment, Cardiology emerged to understand the body's engine, Neurology to try to understand the complex neurochemistry, Internal Medicine with its holistic sense, and the one called by everything traditional as Alternative Medicine. Other specializations emerged all of them with the aim of alleviate suffer and pain.

This evolutionary process of science applied to different needs through specializations, has not yet ended. For instance, today we know that women have higher cardiovascular risk than men and with an increased risk after menopause, due to the loss of the estrogens shield. Among races, there are medical differences as well, for example renin-angiotensin-aldosterone system and adrenergic system are different in Afro-descendants in comparison to other races. More specifically, the management of hypertensive disease and heart failure is also different in this race. Lately, we have also seen how AIDS patients died of cardiovascular diseases and more alterations in the lipid profile induced by anti-AIDS drugs. There are other aspects that we are learning, such as the new concept of Gender Medicine, as there are different responses to therapy and intervention between them.

There is also a significant inequality in the mega-based studies which apply the evidence-based medicine (women of childbearing age are usually excluded from studies of pharmacological intervention, for fear of lawsuits if any eventual teratogenic effect appears). It is for all the mentioned above those new medical areas such as Gender, Race and Minorities Medicine are surging; they aimed at bringing together these new concepts, or rather, the differences between these populations.

It is necessary to investigate, publicize and educate the medical community and the public in general about the differences of what, until recently, was all seen under the same optics.

There is already global awareness of the differences in risk for cardiovascular disease in women. Hence, the AHA (American Heart Association), ESC (European Society of Cardiology), CSC (Canadian Society of Cardiology)-among others, and now the SCCyCC (Colombian Society of Cardiology and Cardiovascular Surgery), all developed specific campaigns to inform scientist and the general community.

It is more frequent to find research that acknowledges such differences so that the guidelines have changed accordingly with these circumstances.

Recently, the notorious Dr. Jaime Urdinola, a well known Gynecologist-Endocrinologist, and I published the book: "Cardiovascular Risk in menopausal women", with the support of the SCCyCC and FECOLSOG (Colombian Federation of Societies of Gynecology and Obstetrics) with the aim of partaking the medical community in general the multi-role women of the

XXI century is getting sick and is dying more than ever because of cardiovascular problems. The first cause of mortality in women is not the fearsome breast cancer. For every woman with breast cancer, there are ten who died of infarction or stroke. However, Colombian women think stroke is the sixth leading cause of mortality. Recently the SCCyCC created the Gender, Race and Minorities Cardiology Committee in order to encourage our scientific community to broaden the knowledge in this new area through research and promotion, as well as to contrive prevention policies.

The Medicine Faculty of the Military University "Nueva Granada" through its Journal Med, opens a specific space in this topic with the article: "Pregnant patient with heart valve disease, a methodological approach" seeking those who are interested in this new area, make their contributions through research, reflections or revisions aiming to expand the knowledge on the gender, race and minorities differences. Pages are open and the medical community is hoping to change paradigms consequences of evolution, since as species and as individuals, it is a must to do in order to give our descendants a better world, such is our duty as a medical practitioners.