

PalArch's Journal of Archaeology of Egypt / Egyptology

PHILOSOPHICAL REFLECTION ON THE ANTHROPOLOGICAL CONSTANT OF THE PHENOMENON OF DISEASE: INTERDISCIPLINARY ASPECT

Elena Pesotskaya¹, Vera Inchina², Svetlana Aksenova³

ORCID 0000-0001-8788-3472

ORCID 0000-0001-7066-5567

ORCID 0000-0002-0186-5044

^{1,2,3}N.P.Ogarev Mordovia State University, 68 Bolshevistskaya Str., Saransk 430005, Republic of
Mordovia, Russia

cerera-office@mail.ru, vinchina@ya.ru

Elena Pesotskaya, Vera Inchina, Svetlana Aksenova. Philosophical Reflection On The Anthropological Constant Of The Phenomenon Of Disease: Interdisciplinary Aspect-- Palarch's Journal Of Archaeology Of Egypt/Egyptology 17(10), 2477-2490. ISSN 1567-214x

Keywords: Disease, worldview, substrate, reflection, semiotics, information, biomedical rationality.

ABSTRACT

The article explores the possibility of a metatheoretical synthesis of the existing natural science and social and humanitarian ideas about the phenomenon of disease. Until now, specific scientific approaches to disease have not been theoretically integrated into a whole via a common language of description and terminology. In this regard, it is proposed to use the principle of complementarity of medical and philosophical methodologies, and interdisciplinary synthesis as a basis for further research. In the system-parametric analysis of the periods of human life, the systemic approach and the category of "state" are of instrumental value. For the first time in a broad ontological plane inherent in the being of a person, the substrate-substantive basis of the phenomenon is shown. The basis is described on the basis of a broad foundation of philosophical knowledge, as connective reflexive informational causality with specific mechanisms manifested in regional interactions in a person as a social and historical subject. This causality refers to anthropological constants. The creation of a new practice-focused platform for understanding the phenomenon of the disease, its anthropology, in an epistemic sense, is associated with scientific achievements in the field of studying consciousness as its procedural basis. Biomedical rationalism is presented as an explanatory and prognostic concept in the field of cognition and new technologies. The instrumental support of cognition is the method of dynamic substrate reflection. The social distribution of the phenomenon is understood through the convergence of applied and theoretical approaches, which constitutes the potential of meta-paradigmatic research.

Keywords: Disease, worldview, substrate, reflection, semiotics, information, biomedical rationality.

INTRODUCTION

The phenomenon of disease historically has a pronounced social, symbolic and sacred meaning and complex features and is not only of medical nature. In its consideration, mainly specific scientific approaches prevail, which have not yet been united by a common terminology and language of description [Albegov, 2014; Danilov, 2009; Heuer, 2017] as well as a single basic scientific understanding of man. His striving for a life without illness and pain is a movement towards what he would like and should be as a kind of ontological whole. The ontologization of modern synthetic anthropological knowledge means an in-depth knowledge of the substrate nature and phenomenality of man. His contour exists in several worlds, including the virtual one, and at the moment of illness, the world of the body becomes more important than all other worlds. Illness makes the real world relevant and valuable.

In the contemporary times, the meta-paradigmatic understanding of the social distribution of the disease phenomenon and the completeness of knowledge about it is associated with the synthesis of information about its nature, which has not been sufficiently studied. The works that describe the social distribution of the phenomenon, related to the sphere of private space, refer mainly to sociology [Lebedev, Fedorov, 2019]. An “ill” person is viewed as a representative of a specific quasigroup that unites individuals on the basis of a diagnosis.

The causality of the disease with its specific mechanisms, in the level organization of human substrate as a fractal integrity [Majuga, Sinitsina, 2015], in a broad ontological respect, goes back to cognition by the method of ontological work. The purpose of this study was to apply it to the theoretical and philosophical analysis of the anthropological constant of the phenomenon of disease. In this, reflection occupies a central place. The method is widely used in philosophy when analyzing the dynamics of transformation of anthropological constants due to its integrative function. In this situation, the problem of health design is socially related to the analysis of individual traditions and innovations in therapeutic practice and is aimed at their actualization. For this reason, the aim of the present work is to identify the reasons for the ontological approach to a disease affecting the complex human substrate, and to identify a systemic integrative parameter that plays a major role in understanding disease on the basis of paradigmatically new scientific and philosophical approaches.

MATERIALS AND METHODS

The research material for the present work was the study of the cognitive base of medicine, its worldview potential, and semiotic processes from the point of view of theory and methodology, as well as their influence on medical reality. The need for a qualitative transformation of a person in a crisis situation under the conditions of the formation of a technogenic civilization is increasingly associated with the participation of individual consciousness in this reality and the study of the potential of anthropological constants.

The development of a macro-metaphysical anthropological base containing the most important universal elements, i.e., concepts that characterize a person in general

from an epistemological standpoint, makes it possible to integrate the obtained results into the worldview concepts of medical treatment. Their initial ontological relationship with the professional mentality is obvious. Semiotic constructions, which are formed in the mainstream of the tradition that unites the spiritual values and moral foundations of reflection processes, make the kernel of the personality and represent a separate material for research.

At a specific historical stage in the development of science, its specific (specialized in the field of medicine) and general (philosophical) levels coexist as a hierarchy of correlated control programs, the actualization of which is effective at the interdisciplinary level. The principle of complementarity of philosophical and natural scientific methodologies is the method of the present research.

On the basis of the concept of multilevel structure, the method of substrate integration of cognitive structures into a single regulatory metasystem of the organism with the key role of professional worldview is relevant, i.e. the method of onto-gnoseological work, as well as descriptive and systemic method. The method of dynamic substrate reflection, semiotic and design approaches are applicable as methodological ones for an integral indicator of a person's state.

RESULTS

The problem of defining the "disease-health" concepts refers to the eternal problems of medicine in general, and to the problems of specific medical areas in particular. It is paradoxical that a long history of healing and a much shorter history of the application of special knowledge from various fields have regarded a disease and a patient as an object of study, and there is no single agreed definition of these categories. A centuries-old desire to reveal the essence of the disease and to quantify this complex social category has not yet been successful. Since the time of the ancient world and civilization, disease has been interpreted as a clinical, and later as a clinical and anatomical phenomenon.

The supernatural essence of disease in religious medicine reflects its occurrence by divine will, as a result of punishment, God's grace, or trial. It can also arise by God's connivance. Disease is viewed as one of the essences of being, a means of redemption, knowledge, a step to bliss. It is a form of overcoming sin. The religious model of disease in various religious worldviews retains a static understanding of the phenomenon of disease and does not contradict the humanistic tradition in science.

By the XIX century, disease was already understood as a dissonance or disorder of the normal functioning of the body. This concept is based on changes in material components, which should be influenced in a biochemical way. In the 1920ies, on the basis of the development of ideas about the disease and its established models (mystical, religious and natural-philosophical), a natural science model is formed as a final one. In the same period, the idea of the integrity of the organism (in relation to its somatic content) was used, and later - the idea of consistency in understanding the phenomenon.

Modern classical medicine cannot influence the entire system of human organization, and therefore is not able to rid humanity of diseases. There is a period of a gradual replacement of the existing approaches to the disease. The disease as an

indefinite and multidimensional category is complicated by the categories of "pre-pathology", "volatile processes" and "pre-illness". In the 1980ies, in the methodology of medicine, the understanding of the disease is based on the systemic approach which theoretically determines Russian therapeutic and diagnostic practices within the framework of the current natural science model of the disease.

The modern scientific picture of the world as a synthesis of the doctrine of global evolutionism with synergetics characterizes world development as a change of structures emerging from chaos, temporarily gaining stability, and again striving for chaos. The importance of accidents, capable of dramatically changing development scenarios, is increasing, in connection with which ideas about the dynamics of the development of phenomena change, when the generative role of the person and his/her consciousness and worldview is increasingly becoming the cause of diseases.

A special type of scientific rationality is being formed, in which, in the post-non-classical period, the phenomena of a person, his/her health and medical and physiological truth as concrete knowledge about living things are of primary importance, which is of direct interest to the authors in this work and eventually get a concrete definition. In the context of the most general rational knowledge about the world, actively formed by philosophy and biomedical science, the need for updating the categorical base has increased, which would express the activity of heterogeneous self-developing reflexively active environments, which include the concepts of health and disease.

For this reason, the authors share the position of modern researchers about the disease as a complex "result of the historical interaction of a person with environment," including the social one [Khabulava, 2016]. The features of reflection of a modern person implicitly contain and take into account the mental nature of socio-objects, the depth of his/her own subjectivity.

In this context, a conceptual study of the processes of interaction between a doctor and a patient at the individual-personal level draws attention to the peculiarities of the philosophical approach in determining the medical worldview and the ontological boundary associated with it, which reflects the events of ontogenesis. The understanding of the ontological boundary of a person as an entity that combines an integral set of fractals as components of the spiritual, mental, physical and social health of an individual presupposes dynamic processes and is determined by the nonlinear effects of human substrate.

Evaluation of disease concepts within the framework of paradigmatic knowledge of a person means referring either to scientific or non-scientific model of a person as a carrier of this phenomenon. Differences of anthropological concepts within paradigms of scientific and extra-scientific knowledge have been investigated in detail [Pesotskaya, 2018]. Each of the concepts is not universal and methodologically limited. These paradigms need a mutual complementary approach in description of the world properties within universal construction. Ignoring of these properties discredits the concepts themselves.

Evaluation of human paradigmatic models makes it possible to identify the limits of their instrumental potential. As personalized concepts of a person, those have been

studied in which the philosophical and medico-biological aspects of ideas about a person are combined [Ibid]. The development of a specific area of medicine and the development of methods for treating diseases is determined by general theoretical ideas about a person, norm and pathology.

With the growing interest in the multidisciplinary aspects of the study of the disease, the study of the interactions of the social environment and the symbolic nature of the psyche in health and disease, as well as their influence on the integrity of a person, is becoming more relevant. With the development of a semiotic approach to disease, in the present performing explanatory functions in general medical and anthropological methodology. The approach appears with the consideration of pain as a symptom in early documented ancient sources and is called "semeion" (Ancient Greek σημεῖον), giving rise to the name of semiotics as a science. As a holistic teaching about the features of disease and their diagnostic meaning, semiotics poses the task of a comprehensive informative assessment of symptoms in diagnostics. In the semiotics of disease, the symptoms and features of the general characteristics of the patient are studied. The place of the pain factor as the result of the dynamic interaction of biosocial, psychological and cultural characteristics is considered in the late twentieth century within the biopsychosocial concept of George L. Engel, playing an integrative role. The development of a systemic integrative approach as a descriptive one touches upon this issue as an interdisciplinary one. When treating a disease, both psychological and cognitive processes, emotional characteristics of the individual, his/her consciousness and communication are influenced through speech. Buddha, in the context of describing the famous eightfold path of salvation, was the first to mention correct speech as a process of abstaining from lies, slander, cruel words, which means a step to truth and a guarantee of health. This marks the legacy of ethical and philosophical ideas about the causal relationships of the spiritual and the bodily, mental and somatic in man. Thus, the convergence of the material levels of reality and the cognitive levels of human experience is implemented semiotically, through submolecular processes in the generation of signs, phenomena and intersubjective communicators. The causality of diseases is located on this nanoscale and is anthropologically related to the effects of meaning, which makes it possible to consider the phenomenon of the disease in a transdisciplinary and socially distributed manner.

The human phenomenon focuses informational and substrate realities, where methodologies and languages for describing his states intersect. The category of disease is no exception. Thus, the study of information and information storage in the living beings as a basic form for the existence and manifestation of the potential of semiotic systems, has contributed to the definition of an informational approach to disease at the turn of the 20th and 19th centuries as a general scientific one. This meant that one can understand the disease only within the framework of dependence: "information - energy - substance". Language is interconnected with different semiotic systems, which means that it is possible to consider the complex impact of communication on a person's substrate via cognitive schemes. In the reflection schemes of the conscious regulation of the activity of the individual, there is always a system-forming role of linguistic synthesis in concepts and conclusions, developed evolutionarily. Therefore, in the analysis of the role of the semiotic approach, the authors of the present article adhere to the psycholinguistic concept that interprets the text as a communicative, cognitive and functional [author] unit, and define it as

an outwardly focused, objectified local mental formation. Due to this, the synthetic unity of the personal traits of the individual has social nature, and the phenomenon of the disease is distributed socially. This synthetic unity carries a functional sanitary-genetic and physiological load. In relation to the worldview of an individual, semiotic systems become functional systems of his/her body, associated with a certain ethnic and social and cultural potential. Evaluation of the nature of the disease is complemented by the study of the object of research in the hermeneutic plane, representing disease as an information failure and the state of health as an optimal response to any information.

Sociality is organically connected to the anthropological component. The anthropological approach to the disease, historically reflecting the dependence of the level of medicine on religious anthropology [Siluyanov, 2011], solves the problem of understanding the disease by fixing its true causes - violation of the integrity of a person, deformations of his/her lifestyle. This causality in the conditions of technological deformations of medicine, due to its separation from religious anthropology, in the context of the philosophical and anthropological approach to the disease means understanding the ontological essence of the disease as a violation of instinctive spirituality.

The need to analyze the psycho-physiological status of an organism through the functional sphere, the dynamics of its development as a nonlinear systemic complexity leads to the need to consider the concept of "information" or measure of order.

In the essential scientific paradigm of the early XXI century, the category of information refers to the syntactic, semantic, pragmatic and physical description of its carrier, the code structure in the theoretical unification of the existing terminology of description into a single whole. This is how the problem of explaining the nature of complex biological and social phenomena, studied simultaneously in natural science, social and humanitarian sciences and medicine, is solved.

Information medicine as a set of studies on the border of medical and information concepts is becoming an addition to the scope of official classical medicine. The interrelation of the processes of signal communication at all levels of the organism both inside and at the level of interaction of information flows with the living components of the external world is the object of research. Here, the main principle of the mathematical approach - modeling, is effectively used to study a specific scientific signal model of Nature, in this case - an information model. In the context of analysis, the meaning of the study of information and information medicine is: instrumental and experimental at the first stage of formation and practical work, and systemic and general scientific in subsequent activities. Generation of information and its convergence ensure the existence of nature and man as open quantum systems.

In the concept of information exchange, where information is an instrument of interactive social communication, the disease is interpreted as an information failure in the body's activity. The generating principle of the informational cause of the disease is the specific structure of the cerebral neurodynamic code, which embodies the information of the "influence of the soul on the body." Thus, information

medicine serves as the basis for adaptation and psycho-physiological harmonization of the human.

The prospect of convergence of information, biological, nano- and cognitive technologies (as NBICS-process in the humanities [Fayola, 2016]), creating a means of transforming human nature and at the same time risks for it, is directed from applied to social and humanitarian technologies. The creation of new, including hybrid, substances as a form of control of biological processes at the submolecular level forms a socio-technological structure with new value orientations and a concept of human nature. The place of philosophical technologies as socio-humanitarian technologies is in the instrumental application of the worldview approach to disease with its implementation as a means of self-regulation, actualization of a person through self-cognition and reflection.

The philosophical category of "state" is a logical unit for the systemic analysis of specific moments and periods of ontogenesis. In a paradigm sense, it includes the operational characteristics of words as elementary structural units of mentality-thinking. In the cognitive aspect, the category of "state" merges with the category of the singular (individual). In physiology, as in special scientific knowledge, a state serves as an integral characteristic of biosystems and is significant in methodological terms: the adaptation process, which takes place in time, whose characteristics are measured and recorded, loses its uncertainty and can be described by a number of successive states (as the initial level of obtaining information, or primary amount of information that changes over time). The summarized signs of subjective and objective assessments characterize the well-being of the individual, and in clinical practice are designated by the term "state". In theoretical natural science, the category of "functional state" is used, which carries a probabilistic meaning. The applied aspect of using the category of state (functional state) is implemented in medicine and exists in the systemic approach to disease. With its help, a complex of descriptive characteristics of the past state is obtained, in particular, the manifestation of pathos in dynamics. This shows a temporal picture of the investigated functions in qualitative and quantitative terms and is essential in theoretical and practical terms.

Specific scientific knowledge about disease and its causation are presented as an integrity via a common language of description and terminology that make relevant the integrative function of the descriptive approach. In this regard, the basic principle is the complementarity of medical and philosophical methodologies, where anthropological constants are the axial pivot. The worldview and semiotic systems simultaneously fulfill the role of the ontological foundation of modern practical medicine and the instrument of individual and social self-organization and therapeutic action.

DISCUSSION

In society, in understanding human communication as a self-organizing system, an important role is played by such an essential property of the substrate as a dissipative factor, identified in constructive ontology and presented by the authors in the cognitive model of the philosophical support of practical medicine [Pesotskaya, 2018], and in social and medical knowledge. This means that the introduction of synergetics ideas and approaches in biomedical sciences has not been completed

[Stepin, Zatravkin, 2016]. The substrate of mental, physiological (pathological) and social life, which has law-forming potentials and is an instrument of self-regulation of the highest levels of the hierarchical organization of the living matter (which are the foundations of health, disease and medicine), is a person's worldview and value orientations in the form of related attitudes. The latter have been studied as a phase of human development [Tolmacheva, 2014].

Substrate reflection, as a self-sufficient methodological approach, proceeds from the formulation of the problems of the genesis of relations of the person, the conceptual description of ontology. This is of great importance in considering the practical functioning of the concept of a substrate. Thus, in living organisms, self-organization is accompanied by a change in the symmetry of the system and an increase in the amount of valuable information used. In this case, the latter is capable of either re-emerging or being received from repositories (genome, etc.).

Changes in the parameters of the internal environment of the body, which is blood, that is, the complex of its indicators that ensure its constancy, show the change in the boundaries of the dynamic norm, as well as the adaptation system, adjusted for the instability factor. The introduction into instrumental studies of the feature of dimensionality of experimental models and interdisciplinary concepts [Miles, 2016] makes it possible to investigate all the substrate complexity that determines the behavior of organisms and the nature of physiological, ecological and social norms by means of synergetics as a theory of self-organization.

Substrate reflection, as applied to a therapeutic process, is the essence and result of a universal multidimensional method [Pesotskaya, Inchina, Selezneva, 2017], reflecting the intersection of many ontologies, including the pharmacotherapeutic one in the search for the integral indicator of state. The inactivation of the doctor's and patient's reflections are related as dissipative structures of different levels, and the diagnostic process, as a cognitive one, is presented as a substrate integration of the cognitive structures into a single regulatory metasystem of the body with worldview playing the key role. The latter is determined by the sociocultural and natural characteristics of the individual. For this reason, a new psychopharmacological model of a person is required, correlating with the updated medical and diagnostic templates and the constantly developing medical worldview. The multidisciplinary understanding of the boundaries of the diagnostic field when designing a new model is focused on practice. The epistemological basis of the model is the modern understanding of the fractal structure of a person and nonlinear synergetic methodology.

Pharmacotherapeutic treatment as the core of the official Western, classical medicine, the theoretical and methodological basis of which is the concept of a person put forward by I. Newton, adheres to the concept of a person as a physical body and a substrate, whose diseases can be corrected by pharmacotherapeutic methods and means. The effectiveness of pharmacotherapy in the presence of treatment standards is temporary, and sometimes absent. The overwhelming number of diseases progresses throughout the life of the individual, with the exception of infectious diseases, where the causal (etiologic) factor is known - etiologic therapy. In other cases, pathogenetic therapy is used, which temporarily affects the mechanisms of the disease (pathogenesis), as a result of which a constant use of drugs with side effects is required. As a result, a long-term pathological process

significantly changes the morphological and functional characteristics of all systems with the development of irreversible changes. Insufficient effectiveness of treatment is largely due to the incompleteness of medical and physiological facts and knowledge about the disease.

New facts of modern natural science and medicine about the pathological process and new drugs, do not bring the process closer to its completion, which is due to the limitations of the healthcare system, and the ontological infinity of the object of medicine. The substrate (disease in the body) is also infinite in diversity, as well as the substrate-related reflection (cognition of the substrate, its cognitive basis). Codifiable and uncodifiable knowledge [Oseledchik, 2020] in individuality as ontological infinity is not a closed integrity, since a person constantly reflects and his individual knowledge system is constantly changing, being dynamic and self-organizing.

The problem of therapy is the problem of intersubstrate relations: on the one hand, there is a sick organism, on the other, the reflection of this substrate by the doctor and the formation of the cognitive basis of the disease, and, thirdly, there is the relationship of the basis with the primary substrate - the disease of the organism. Intersubstrate relations are dialectical and interdependent - the development of the disease changes the states, which affects the cognitive perception of the disease, which again changes the substrate of the disease - and so on ad infinitum, forming the development of intersubstrate relationships in a spiral.

In therapy, the doctor deals with a complex dynamic system and changes in parameters over time, where the disease introduces an additional factor into the dynamics of homeostasis. The number of dynamically changing parameters is endless. The goal of the doctor is to return the stream of changes to the original state. Sanogenesis is also possible - without the interference of a doctor due to the activation of self-regulating mechanisms. Disease can be considered as substrate chaos, where several options are possible from the point of instability: recovery without damage to health, recovery with damage, recovery with additional acquired properties (immunity after infectious diseases), and death. Correction of a new substrate (chaos) is carried out by medical means, as a rule, with the help of chemical compounds, which introduces an additional changing parameter into the chaos substrate - "chaos - correcting factor", etc. The choice of a correcting factor in a complex dynamically changing system, and moreover, in a period of chaos is a task with many unknown variables. As a rule, this choice is based on empirical experience and on models: experiments on animal or clinical tests. The effectiveness of treatment is evaluated according to the values of the end points such as blood glucose, cholesterol, clinical data: blood pressure, etc. That is, from an endless set of parameters, like a frame, a fragment of chaos or only single parameters are snatched out. In this regard, the integral state of the dynamic system is not evaluated.

It is impossible to assess and predict the conduct of the body system in a state of illness and the effect on the initial result of the use of drugs; it is impossible to direct the course of chaos into the sanitation mechanism by snatching out single parameters of the system; it is necessary to find an integral indicator of the state by the method of dynamic substrate reflection, which is theoretically impossible without modern

philosophical concepts about the synergism of substrate reflection, autopoiesis, the theory of chaos and development.

Ontological and scientific-methodological foundations of alternative medicine are built on the concept of understanding the world of A. Einstein, according to which matter is interconnected with fields and energies: electromagnetic, gravitational, and quantum. A person can be understood as a unity of matter and energies, the harmonious connections of which are the basis of health, while their violation causes disease. In such a unity, the person is viewed not in isolation, as a separate material object (as is customary in classical medicine), but in connection with nature. The scientific and philosophical foundations of alternative medicine are focused on such an interpretation and modern natural science concepts that support it. This understanding of a person exists within the framework of specific schools of traditional and alternative medicine, playing a certain methodological role of one of the basic directions of practical medicine, largely scientifically explained by synergetics. Consideration of a person's worldview as a substrate of life and as an anthropological constant is the subject of discussion of the features of the influence on the broad substrate basis of the body in order to eliminate the disease. In the history of science, these representations performed the task of human adaptation to the social environment.

The project approach in the phenomenology of a person, leading from his/her cognition to transformation, raises the issues of the ontic measurement of personality as a substrate of social interaction, transformation of existential experience and impact on the somatics through a change in mental state [Reznik 2017]. It is relevant for expanding the diagnostic field, which in the designing of human nature from substrate to subjectivity covers the areas of its possible existence in their combination (spiritual – social and cultural - psychic – somatic or biological). Using theoretical models, we have shown that, depending on the priority of their value-motivational order, the combination of the distinguished areas of the ontos determines the processes of reflection/self-reflection as self-regulation on the substrate, psychophysical and social well-being in general [Pesotskaya, Inchina, Makarova, Skopina, Pyatin, 2017]. Ontological concepts of human substrate in alternative medicine contain variations of the influence on such a substrate basis of the body as connective tissue in order to eliminate the disease (the concept of “connective tissue” as a key one, meaning the basis of vital activity, is practically absent here).

The increasing medicalization of life and human ontos, having become a trend, means the actual self-exhaustion of scientific medicine of disease in modern times. The need to postpone this self-exhaustion by developing methods to optimize the use of drugs, with the impossibility of complete cancellation of drugs, is currently indicated in the interdisciplinary publications of the authors [Pesotskaya, 2018.]. The postulates of drug treatment have evolved over the centuries depending on the ideas about the causality of the disease and the needs of society. Pharmacotherapeutic approaches are being updated today due to the modification of views both on the causality of the disease and on advances in the interdisciplinary field. In this regard, the authors introduce the concept of biomedical rationality as “a special type of scientific rationality, in which, in the post-nonclassical period, the phenomena of a

person, his health and medical and physiological truth as concrete knowledge about living things are of primary importance” [Pesotskaya, Inchina, 2020].

In the context of the maximum generalization of rational knowledge about the world in philosophy and medicine, the concept is included in the theoretical and methodological base for expressing the activities of heterogeneous self-developing reflexively active environments with their essential characteristics. The phenomenon has spatial-temporal boundaries and two structural components: basic (stable) and variable (concrete historical), adapted to specific conditions and manifested through the social and cultural environment. The basic component combines social and cultural patterns, symbols, values, attitudes, skills, automatisms and stereotypes of thinking, including those not realized by the carriers. The variable component contains the parameter of ontological ethnoscepticism, which fixes in dynamics the unique states of the personality in the social group in the aspects of health-disease and the body's functional response to painful deviations in time and space and its ontogenetic stage (later periods of life) [Ibid.].

“Connective tissue” reflexive informational causation with specific mechanisms that are manifested in regional interactions in a person as a social and historical subject, in our opinion, refers to anthropological constants performing an adaptive function.

In this regard, the definition of biomedical rationality, considered in the context of the development of a macro-metaphysical anthropological base as the basis of ideas about a person, the study of the causality of morbidity in a global society and the resulting anthropological constants of the disease phenomenon, gains practical value. Biomedical rationality consists in the formation of onto-gnoseological foundations of fundamental research of the contours of human health as regularly updated substantial schemes and variables of his/her interactions with nature, society and virtual environments, in the establishment of an epistemic model for studying the dynamics of psychosomatic activity and reflection in these conditions [Pesotskaya, Inchina, Makarova, Belova, 2020].

The state of consciousness is a systemic parameter that is decisive in understanding the disease and assessing the state of the functional complexes of the body. The latter contributes to the formation of a general model of the generating principles of informational causality in therapy, the understanding of treatment as an epistemic action.

In 2020, in reflection research in the psychological and pedagogical sciences as the basis of sociality, aim-setting and semantic chains [Chekushkina, Rodina], there is practically no reference to the basic substrate mechanisms of reflection as a “deep dimension” (Tief-bereich) of the sphere of human action in ethics and philosophy of biology [Pugacheva, 2020], which the authors of the present article regard as an essential anthropological constant for the analysis of cognitive (epistemic) action.

CONCLUSION

Summing up the above, the following can be stated.

1. The role of the state of consciousness as a systemic parameter that plays a decisive role in understanding the disease confirms the paradigmally new natural science and philosophical positions in non-adjacent areas of knowledge

[Pesotsky, 2018] for the development of ideas about the process of disease. Its research is promising due to quantum and synergistic approaches that carry additional research potential.

2. The focus of medicine on personal individuality and the application of the “connective tissue” theory of biology and medicine to analysis means the inclusion of the ontological parameter in the problem and the relevance of the ontological approach to the disease as connecting ontos of the individual and the entire “connective tissue” reality. The concept of the connective tissue mechanisms of life provides a fundamental theoretical basis for the conclusion that the state of the functional complexes of the body in ontogenesis determines the motivational connective tissue mechanism of human substrate. The mechanism reflects the essence of the disease and the state of the functional complexes of the organism in ontogenesis. Thus, it is possible to develop a general model of the generating principles of informational causality in therapy. The influence of the mental and the ideal on the material (physiological), consists in the fact that the mental, as the information content of the brain's neurodynamic codes, has the control function in the same sense that information has.
3. In connective tissue medicine, treatment as the influence of the doctor's intellect is an epistemic action lying in the field of connective tissue reflection. Diagnostic cognition is field conditioned [Alekseev, 2005], which epistemically affects the hierarchy of homeostatic processes from informational to tissue processes, and the intensity of the motivational-connective tissue mechanism. The emergence of models of structured stable systems of the homeostatic type gives grounds to use them to construct models of the human body in systemic medicine [Albegov, 2014]. The introduction of parameters characterizing instability during the period of illness into the model deepens the cybernetic approach to the phenomena occurring in the living things. In connection with the abovementioned interactions, the epistemic approach to the disease is consistent within the boundaries of the prevailing concept.
4. The phenomenon of disease is socially distributed and can be effectively considered in the convergence of applied and social and humanitarian approaches, natural-scientific and social and humanitarian paradigms in the field of biomedical rationality [Pesotskaya, Inchina, 2020] as a separate type of reflection. The substantive basis of the phenomenon in the ontological dimension is defined as connective tissue reflexive informational causality, the mechanisms of which are manifested in the system of interactions of the spiritual and bodily, mental and somatic in a person as a social subject of history.

CONCLUSION

Health design issues are socially related to the analysis of individual traditions and innovations of therapeutic practice, medicine as part of social development, as well as the ecology and culture of society. Variations of anthropological constants in the current situation represent the intention to deeply reflect on individual and social health, which undergo transformations at the level of substrate. The study of the substrate has become the focus of attention of researchers in recent decades, bringing together specialists in socio-humanistic and biomedical sciences. In evaluating the prevailing paradigm of human existence in modern times, the prevention of diseases becomes of paramount importance, and therefore the formation of a practice-focused

platform for prevention and treatment of diseases [Pesotskaya, Inchina, 2020] is the beginning of a fundamental analysis of the constants of the phenomenon studied in the present article.

The initial meta-theoretical foundations of the study of the phenomenon of disease in the subject field of interaction between philosophy and medicine represent an interdisciplinary synthesis of natural science and social and humanitarian ideas about the disease, i.e. theories and approaches formed in the course of empirical research.

According to the authors, the existing theoretical approaches to understanding the disease can be combined only on the basis of specific ideas about a person that exist in anthropology. This means an interdisciplinary analysis of reflections in therapy, which is, empirically, an epistemic action.

The definition of biomedical rationality, first introduced by the authors in the context of the development of a macro-metaphysical anthropological base as the basis of ideas about a person, the study of the causality of morbidity in a global society, and the anthropological constants of the disease phenomenon arising from this, has practical value for the development of disease medicine. Thus, the research potential of scientific approaches based on the principle of complementarity of knowledge ensures the comprehensiveness of the analysis of the features of the phenomenon in order to create its general metatheoretical model.

REFERENCES

1. Alekseev A.A. Integrative (systemic, family) connective tissue medicine. Vol. 3. Moscow: LENAND, 2005, 528 p.
2. Albegov E.V., Butenko D.V., Butenko L.N. Homeostatics: Conceptual Modeling of Structured Stable Systems. Monograph. M. Ed. Academy of Natural Sciences. 2014, p.p. 66-88.
3. Danilov A.V. Biopsychosocial-cultural model of pain. Vrach, No. 12. Moscow, 2009. P.p. 5-8.
4. Lebedev V. Yu., Fedorov A. V. Disease as a phenomenon of private space. Chelovek, 2019, vol. 3, p.p. 109-122.
5. Madzhuga A. G., Sinitsina I. A., 2015 - Madzhuga A. G., Sinitsina I. A., Uvarova D. I. Human health as a multidimensional phenomenon: a fractal approach. Health and Education, 2015. P.p. 292-298.
6. Oseledchik M.B. Understanding mechanisms from the point of view of fractal interpretation of knowledge. Context and reflection: philosophy about the world and man. 2020. Volume 9. No. 2A. S. 8999. DOI: 10.34670 / AR.2020.99.73.009
7. Pesotskaya E.N., Inchina V.I., Selezneva V.I. New approaches to the problem of forming a psychopharmacological model of a person in the structure of diagnostic systems (synergetic aspect). Health and medicine in the XXI century. Journal of scientific research. articles. Ed. by V.M.Filippov. No. 4, 2017, Vol. 19. P.p 81-90. Series: Preventive Medicine.
8. Pesotskaya E.N. Metatheoretical model of philosophical coverage of medicine: optimization aspects. Ministry of Science and Higher Education of the Russian Federation, Moscow State University. N.P. Ogareva. Saransk, 2018, 188 p.
9. Pesotskaya E.N., Inchina V.I., Makarova Yu.A., Skopina Yu.A., Pyatin R.V.

- About the diagnostic process in the aspect of modern anthropological project discourse. Directions and mechanisms for the development of modern science: from theory to implementation of results: collection of articles of the International Scientific and Practical Conference on March 25-27, 2017. Publishing house KultInformPress. St. Petersburg, 2017, p.p. 39-42.
10. Pesotskaya E.N., Inchina V.I., Makarova Yu.A., Belova L.A. Biomedical rationality in post-nonclassical thinking: modern challenges and anthropocentrism. Context and reflection: philosophy about the world and man. 2020. Volume 9. No. 2A. S. 100-106. DOI: 10.34670 / AR.2020.70.50.010
 11. Pesotskaya E. N., Inchina V. I. Biomedical rationality: contours of transdisciplinarity Biomedical rationality: contours of transdisciplinarity. Ministry of Science and Higher Education of the Russian Federation, Mordovia State University. N.P. Ogareva. Saransk, 2020, 178 p.
 12. Pesotsky V. A., Zhebit V. A. Classification approach to assessing scientific achievements that can influence the formation of the metaparadigm of social communication. Bulletin of the Moscow State Regional University, 2018, No. 1, p.p. 85-96. Series: Philosophical Sciences.
 13. Pugacheva N.P. A call for ethics of responsibility. In memory of Hans Jonas. Context and reflection: philosophy about the world and man. 2020. Volume 9. No. 2A. S. 129-134. DOI: 10.34670 / AR.2020.31.94.014
 14. Reznik Yu.M. Phenomenology of man: being of the possible. Moscow: Canon + ROOI "Rehabilitation", 2017, 632 p.
 15. Siluyanov I.V. Anthropology of the disease. Publishing house of the Sretinsky monastery, 2011, 304 p.
 16. Stepin V.S., Zatravkin S.N., Scientific revolution in medicine in the second half of the XX - early XXI century: the emergence of new ideas about the human body and the nature of diseases. Problem of social hygiene, health care and history of medicine. No. 4, Vol. 24, 2016, P.p. 246-251.
 17. Fayola E, Voiskunovskiy AE, Bogacheva N.V. Human complemented: the formation of cyber consciousness. Problems of Philosophy, 2016. No. 3, P.p. 147-162.
 18. Khabulava G.G. Philosophical and anthropological analysis of communication between doctor and patient. Dis. Dr. Philos. n, cn. 09.00.13., St. Petersburg state university, St. Petersburg, 2016, 309 p.
 19. Chekushkina E.N., Rodina E.N. The role and significance of reflection in the process of teaching social studies to schoolchildren // Context and reflection: philosophy about the world and man. 2020. Volume 9. No. 2A. S. 107-113. DOI: 10.34670 / AR.2020.47.84.011.
 20. Heuer B. The words we work with that work on us: clinical paradigm and cumulative relational trauma. // J Anal Psychol. 2017. Nov; 62(5):720-731. doi: 10.1111/1468-5922.12359. <https://www.ncbi.nlm.nih.gov/pubmed/28994476>.
 21. MacLeod Miles. Heuristic approaches to models and modelling in systems biology. // Biology & philosophy (2016) 31:353-372 DOI 10.1007/s10539-015-9491-1
 22. Tolmacheva S.V. To the Question of Impact of Advertising Communication on Young Audience // Biosciences Biotechnology Research Asia, December 2014 Vol. 11(3). P.p. 1299-1302.