

Mini-review

## Medical Practice and Research in Primary Care with Hinohara-ism

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### Mini-review

In the 1960s the public started to express their dissatisfaction with the practice of medicine [1]. They included mainly inaccessibility of health care in rural areas and inner cities, high cost of medical care, increased depersonalization of medicine and fragmentation of care.

Millis Report of 1966 was presented by the Citizens Commission on Graduate Medical Education, which was an external body requested by the American Medical Association (AMA) to study Family Medicine [2]. It recommended a physician who focuses not upon individual organs and systems but upon the whole man. In 1969 the specialty American Boards approved Family Practice as a new specialty [3]. Thus, primary care medicine has developed in United States.

On the other hand, primary care medicine was introduced to Japan by Dr. Shigeaki Hinohara, who was one of the most respected physicians and continued a variety of activities till the age of 105 years old [4]. He has developed primary care and educated medical staffs for several years, then he has been called 'the father of PC in Japan'. He was the President of St. Luke's International Hospital in Tokyo and has reported lots of medical journals concerning the research of common diseases as follows [5].

Japanese people tend to have more gastrointestinal symptoms. According to epidemiological research, its incidence was 25%, including abdominal pain, diarrhea, nausea, constipation, dyspepsia, and so on [6]. Risk factors for developing these symptoms include female gender, younger age, and low baseline quality of life (QOL).

Common symptoms were investigated out of 2371 patients for 1 month. There was headache in 716, 52 consulted a physician, 475 used other medical resources, and 189 did nothing about the headache [7].

New onset of chest symptoms was studied for a month with evaluation of demographic, socioeconomic or clinical characteristics. As prospective observational cohort study in 3477 participants, cough was the most frequent with 20%, chest pain, dyspnea, palpitation, and wheezing were identified in less than 1%. Associated factors for cough were younger age, unemployment, and poor physical quality of life [8].

Low back pain was found 32% in women and 25% in men among 2,170 participants during certain period. Although women had greater incidence, but health-related quality of life (HRQOL) was more seriously affected in men [9].

Hinohara et al. has developed several researches about HRQOL from the bio-psycho-social- point of view. HRQOL was investigated using SF-8 to obtain the data on physical component summary (PCS8) and mental component summary (MCS8). Working with a higher income may potentially improve HRQOL [10].

The ecology of medical care was reported in Japan. In the 1000 Japanese population per month, 862 had at least one symptom, 307 visited a physician's office, 232 a primary care physician, 88 a hospital-based outpatient, and 7 was hospitalized [11].

Little is known about health of the growing subpopulation of the working poor in Japan. In the light of medico-economic aspect, health status and healthcare utilization in relation to income among Japanese working adults were evaluated [12].

In order to develop meaningful daily life of aged people, Dr. Hinohara have established 'New Elderly Association (NEA)' in 2000. He has continued medical research on the basis of the members of NEA. The protocol was a health evaluation program for those apparently healthy new elder citizens over the age of 75 [13]. A ten-year cohort study was in progress, which was designed to accumulate health check-up data annually. The study collected information on physical well-being, as well as information on the individual's lifestyle, and social, emotional and spiritual environment. The degree of frailty of the individual was also carefully evaluated, so that the QOL of the seniors in Japan can be elucidated.

Comparisons of comorbidity and related risk factors of cardiovascular disorders were performed between two groups; health research volunteers (HRV) from New Elder Citizens with NEA members and control subjects [14]. Prevalence of stroke, myocardial infarction, angina pectoris, diabetes mellitus and hypertension were significantly lower in HRV than controls. On the other hand, hypercholesterolemia was significantly more frequent in HRV. Prevalence of male smokers in HRV and control was 4.5% and 29.5%, respectively. This suggested better lifestyle continuation of NEA people. Furthermore, Brachial-ankle pulse wave velocity (baPWV) was investigated for 5 years in these subjects [15]. Thus, his long term project included a cohort study based on HRV and NEA [16].

Dr. Hinohara was not only a physician, but also a musician and philosopher. He had more than 400 books and more than 6000 published articles [17]. He was prolific author, Oslerian scholar, devout Christian, and peace advocate [18].

Compared with Gross Domestic Product (GDP), the meaning of Gross National Happiness (GNH) was well-known, which was introduced by the former king of Bhutan. On contrast, Prof. Adrian White, University of Leicester produced the world Map of happiness in 2006 [19]. Happiness is found to be most closely associated with health, followed by wealth and then education. The Denmark people were ranked as first, USA was the 23rd, and Japan was the 90th.

As to peace and happiness, Hinohara-ism has been spread through NEA movement [16]. Furthermore, he suggested a poem 'Hope and real happiness': "It tells Happiness is present in our mind of our hope, but not in the behavioral desire of us."

Finally, significant meaning about the health would be described. English word "Health" evolved from the Old Anglo-Saxon English word Hāl, which meant whole or well [16]. This changed into Helthe in Medieval English, and after that, became Health. As the original word Hāl meant whole, holy or healing, it is natural that the concept of health embodied wholeness of well-being, that is Holistic Medicine. Hāl also connoted Spirit or Soul. Therefore, 3 H are deep and meaningful which are health, happiness and hope in our lives and future.

In summary, the concept of primary care medicine, Hinohara-ism and related topics were described in this article. Primary care is always patient-oriented, and the development of clinical research from the viewpoint of

HRQOL would be desired. Furthermore, Hinohara-ism has an inherent key to 3 H, which are health, happiness and hope in our spirit and heart.

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