



Thoughts Upon a New Way of Viewing Disease Classification

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Preface

While waiting for the furore of my last article (Concepts of Healing) to die down, I came up with a possibly helpful new manner to classify disease categories. I decided to determine if it would be beneficial to classify diseases according to the major body systems involved directly at the site of the infection. At the beginning, I just sorted, grouped and looked for pattern(s). Presented herein is the result of those investigations, according to the body of knowledge known as Peripheral Neuropathy (PN).

Introduction

The medical body of knowledge known as PN has shown us that there are 3 major Enteric Nervous System (ENS) elements that are directly involved in the control and clean up after predation of the body by pathogenic microorganisms. These elements are the nerve cell bodies located directly within the skin, next to the muscles and spread throughout the interior of the body cavity. Please remember that the ENS works directly and very intimately with the circulating white blood cells of the spleen/bone marrow system (immune system). Also directly involved are the non-cellular components of the blood that are produced and maintained by the liver. At the present time, diseases are usually classified in the main as to the type of microorganism involved - virus or bacterium. These are the usual causative agents involved in most types of communicable disease. For the sake of this presentation, viruses, protozoa, helminths, insects and other causative pathogenic agents are not discussed. The reason for this is to simplify the nature of the following discussion. A bacterium is said to be and is classified as to be a pathogen if any activity by said microorganism is such as to cause any manner of

disease within the said host organism. Also, what may be described as acute symptomology and not chronic symptomology is to be discussed.

Discussion

There are only 2 ways to directly begin a disease process! The intact human organism must in some manner have the integrity of 1 or both of their 2 body tubes breached. The human body is, in a very general sense, comprised of an outer body tube (the skin) and an inner body tube (the lining of the alimentary canal). Your complete body may be considered as a tube within a tube held in shape by a rigid bony structure. In the very strictest sense, the respiratory system is but an offshoot of the alimentary canal. However, for this discussion, it will be considered as a separate independent system. Thus, both the gut and the lungs are very susceptible to infection by a pathogenic bacterium. Please remember that the lining of the gut is next to and in contact with outside of the body just as is the lining of your lungs. Food may be said to be in your gut but in actual reality the food is still outside of your body proper. The same case holds with your lungs, the air is still outside of the body.

When and if the integument of either or both of your 2 tubes is breached, a series of events begins that is orchestrated in concert by the activities of blood cell components, by presence of non-cellular components produced by the liver and the activities of nerve cell groupings. The location of the nerve cell groupings is dependent upon the location of the integument breach. This is where we may look at the 3 major types and locations of the elements of PN. The first to be regarded for this discussion will be for the sensory nerves found mainly in the skin and outer portions of the body

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where symptoms may include: 1. pain: burning, dull, sharp, jabbing or electric-like numbness, tingling, "pins & needles" & itching 2. loss of feeling 3. the sensation that you're wearing an invisible glove or sock 4. Extreme sensitivity to touch, even light touch. The breach of the integument will most likely involve the rupture of blood vessels and therefore directly result in bleeding. Consequently, the actions of the various passive and living components of the blood will always be first in play and directly influence subsequent functionality of any nervous elements. Thus, the list of symptoms above will most likely be directly due to the influence of the aftermath of any physical injury. It is when the injury is not to be seen as directly visible that any sub-acute and possible chronic conditions may need to be addressed. Directly applied physical pressure, severing of nerve cell processes and brief physical trauma to the nerve cell will produce all of the above symptomology.

The next cell groupings to be considered is that of a motor nerve supplying any particular muscle group. Any injury of a motor nerve will result in: 1. lack of coordination, falling over, lack of dexterity 2. partial or complete loss of movement 3. muscle atrophy & bone degeneration 4. cramping and spasms, tremors 5. difficulty in swallowing or breathing. All of these symptoms describe the result of direct physical injury that will result in the severing of the nerve path, in its most severe form.

Finally, the third nerve cell grouping will be that of the Autonomic Nervous System (ANS) as a whole. The ANS is also directly involved in the overall co-ordination of the entire ENS. The symptoms of injury to ANS elements are varied and include: 1. Blurred vision, dizziness, fainting due to inability to control blood pressure 2. Decreased ability to sweat & intolerance to heat 3. Intolerance to cold 4. Abdominal bloating, nausea & vomiting after meals, early satiety 5. Diarrhea and/or constipation 6. Unintentional weight loss (greater than 5%) 7. Urinary incontinence, feeling of incomplete bladder emptying, urinary hesitancy 8. Impotence and infertility.

When PN is looked at in this manner, it is apparent that in regard to dealing with a specific threat, there does not seem to be much there to work with as all elements are couched in such broad terms. As one might gather, injury to ANS elements tend to be more of a system wide and thus seemingly generalized pattern of symptomology rather than involving any 1 particular type of system as

with the skin or the muscles. As such, it may be sometimes difficult to separate the effects of any specific blood cellular and non-cellular components from those activities of any particular generalized groupings of nerve cell body elements that might be directly or indirectly involved. After all, the effects to and of nerve cells are localized quite close to the cell processes of the nerve. However, nerve cells may directly involve other cellular components at some distance from the site of possible injury like as unto those of various secretory gland cells.

It is obvious by reference to nerve axon route, that the nervous system coordinates activities at long distances from the centres of nerve cell bodies as the desired outcome. These bundles of nerve cell groupings are called ganglia. Nerve cell ganglia that coordinate the overall activities of the ENS are located along the spinal cord and send their axons to other ganglia located in the area of organs, glands, smooth muscle and other coordinating ganglia. This fact is the result of evolutionary processes that ensure that necessary coordinating elements remain close to the core of the body. This is to ensure that distant elements that may be lost do not unduly hamper the abilities of the organism to survive.

Conclusion

It is the result then of the activities of any pathogenic bacteria, the location of the pathogenic lesion, the various kind of pathogenic bacteria involved at the site of lesion and their interaction with host body metabolism that directly involves the activation of any healing activities of the host at the site of infection. As we have seen, the non-nervous healing elements are just as important as any local nervous element which is directly involved in any healing efforts. At this time, any certain method of viewing the 3 major elements of PN as part of a systematic disease classification system remains unclear and uncertain.

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Conflicts of Interest

The authors declare no conflict of interest.