Rhetorics of cure

Retóricas de la curación

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Nobody questions the supremacy of prevention over medical care aimed at repairing established harm. The arguments underpinning this advantage are at least philosophical, economic and practical in nature. It is obvious that avoiding disease is infinitely more desirable than suffering from it, let alone experiencing its complications or sequelae. Prevention is, without a doubt, the supreme purpose of medicine.

What is the question then, if everything converges to commend prevention? The issue that stands in the way is feasibility. The conditions to prevent diseases include the knowledge of its natural history and of the maneuvers that effectively modify it. The greatest success has been in infectious diseases that are susceptible to vaccination, some of which have even been eradicated thanks to medical or sanitary actions. But generalizing this victory to many of the diseases that plague contemporary urban societies, such as chronic diseases, has not been possible. Although we know something about the influence of lifestyles, it has been very difficult to convince and to obtain adherence. What the extension of the concept of prevention to the modification of natural history at any of its stages has achieved, is to emphasize anticipation, the convenience of acting before we usually do. Secondary, tertiary, and quaternary prevention weigh the value of anticipatory tasks, while still honoring the philosophical, economic, and practical arguments of preventive medicine.

Preventive feasibility has left, as already has been said, numerous frustrations that today overwhelm areas of the so-called “curative medicine”, generally

ranked at a lower level than prevention. It is criticized that health services are more about disease, that medical training is focused on the diagnosis and treatment of established diseases, that large investments in equipment and hospitals could be moderated by emphasizing prevention and that thereby we would also avoid numerous iatrogenic damages.

This work does not intend to discredit this point of view, but to recognize that the ideal perspective of being able to get by without curative medicine has not yet been reached, even when certain of its drawbacks are recognized. It is only about understanding the moment the profession is facing, in which the care of established disease exceeds the requirements of professional tasks above much longed-for prevention. Calling it curative medicine may be an excess, but the term has been adopted due to the lack of a better adjective and to contrast it with preventive medicine. To cure is to heal, to restore health, to eliminate disease, which is certainly an aspiration, but often it has to be limited to minor achievements. Acute disease is usually curable, but chronic disease is not. Hence, “curative” medicine sometimes settles for alleviating, slowing down, reducing discomfort, stopping progression, controlling, adapting the patient to his/her illness, delaying death and avoiding complications and sequelae. In short, it is expected to provide a cure, but rarely does it in absolute terms, although the intermediate benefits are not minor. If an attempt was made to substitute the designation of curative medicine, other terms can be proposed, but they are not very euphonic or accurate: restorative, therapeutic,

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care of harm, healing, prescriptive, reestablishing, comprehensive. In this work, we will continue to call it curative.

Curative and preventive medicine are not supplementary; on the contrary, they are complementary and should not be confronted or compared since they are different in nature. Certainly, curative medicine is reactive and not always anticipatory, more linked to repair than to maintenance, more focused on responding to a demand than to taking an initiative. The expectation that preventive medicine will make curative medicine obsolete (if it ever does) will have to wait a long time. The proposal to focus all medical training on prevention is still mistimed, which would be valid if the care of diseases is not neglected.

But to cure is not only to restore what was lost. It is also moderating and mitigating, and it can refer to the process and not just the outcome: the curing of a wound is a procedure that can last several days. Perhaps it would be preferable to speak of treating or dressing the wound rather than providing its cure. But the origin of the term cure (*cura* in Latin) also means care in English, as well as dedication, attention and even love; therefore, it harmonizes with health professions' service philosophy. Although "healing" is referred to as synonymous with being cured, for some people it is more of a spiritual change than physical restoration.

Attempts to provide a cure not always result in one, and some intermediate outcomes have already been mentioned. Curing a hangover aims to relieve symptoms, but often perpetuates alcoholism (in Chile and Argentina, the term to cure (*curar*) is used for drinking, getting drunk and cheating at gambling). Sometimes, a *cura* ends up in sequelae or generates collateral inconveniences.

The term *curar*, which is the Spanish word for "to cure" expands to inert entities, when solving some inconveniences or preventing some consequences is tried. Inherent defects are corrected and others avoided when a volcanic stone mortar (*molcajete*) or a clay pot is treated (*curada* in Spanish) insofar as the pores are sealed with the procedure. Metal

appliances are treated (*curados* in Spanish) prior to their use to remove manufacturing residues; in the case of iron appliances, to prevent rusting. Meat or fish are cured to preserve them (by salting, smoking, drying them); tobacco leaves, to prepare them; skins of dead animals, to market them; threads are bleached (*curados*) to whiten them. In Mexico, *pulque* is cured by mixing it with various substances to modify its flavor and to reduce its intoxicating effects. Iron grill grates, stainless steel grates, and cast iron pans are treated (*curados*); artifacts are "cured" to undo spells, the same as Spanish decks, lottery cards, and poker cards; bamboo is conditioned by treating it (*curándolo*) to manufacture crafts; wood, for kneading, manufacturing rolling pins and chopping; aquarium trunks and roots, homemade soap, prickly pears are prepared (*curados*) before cooking to remove the slime; cucumbers, to remove bitterness, pickles, salt stones or plates, and different varieties of cheese undergo a curing process.

To cure is, then, to restore, heal, reestablish, improve, and alleviate. In Spanish, and in some cases in English too, the term is used to refer to drying, salting, tanning, staunching, maturing, and conditioning processes. It cannot be that a term that means so many things and that has contributed more than many others to social development is despised or subordinated. Curative medicine will continue to be alive for many years and the training of physicians cannot marginalize it, without the priority of prevention being denied.

Recommended reading

1. Wang F. The roles of preventive and curative health care in economic development. *PLoS One* 2018;13:e0206808.
2. Lifshitz A. La medicina curativa y la medicina preventiva: alcances y limitaciones. *Med Int Méx.* 2014;30:64-72.
3. López-Moreno S. Salud pública y medicina curativa: objetos de estudio y fronteras disciplinarias. *Salud Publica Mex.* 2000;42:88-89.