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Bidirectionalism: An Ancient Tool to Navigate the World from Antiquity to Modernity

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Abstract

Bidirectionalism is a term which, describes perceiving something from two diametrically opposed directions. Thinkers with diverse areas of expertise have explored this concept : philosophy, religion, literature, music etc. It is also an essential tool to better understand otolaryngology : sinusitis, tonsillitis, neurology, facial plastic surgery and treating symptoms versus ensuring wellness. Arguments are presented to support these hypotheses.

Keywords: Bidirectionalism; Otolaryngology; Sinusitis; Tonsillitis

Introduction

Bidirectional is the ability of reacting or functioning in two, usually opposite directions. It is first recorded as an adjective in 1940-45 [1]. I then investigated this, consulting an authoritative philosophy source i.e., The Stanford Encyclopedia of Philosophy [2]. I first searched 'bidirectional' ,and found 19 documents. Several are : game theory, philosophy of immunology, analysis, justice, pleasure and experimental philosophy. I then restated the concept by searching 'perspective', and found 1350 documents! Several are : art, microbiology, neuroscience, epistemology of geometry and philosophy of psychiatry. One can obviously first conclude, that even though more information is at one's fingertips, knowledge that kings and other privileged coveted; it is not easily extracted. Thus, even now everyone must know something i.e., tools [specialized knowledge in a variety of areas] to deal with the complexities of our modern world.

I herein sequentially explore this topic, from multiple directions. This establishes a foundation upon which, I proceed to limit my focus to otolaryngology. This is information, which in my opinion, changes the way this specialty is practiced. It shifts the initial consultation, allowing logical strategies to aid with dx/ tx. It allows the doctor to start a cooperative relationship. The doctor presents on one hand evidence of knowledge, persistence, and diligence, while manifesting patience, concern, with an attention to detail the patient has heretofore not often experienced. Let us start the journey.

Philosophical Analysis

I during the past 7 months have investigated a variety of topics in this journal [3-7]. Major points made by these papers are: Table 1 Therefore, it is absolutely essential to start forming a professional human relationship on the first encounter, both components are essential. As we develop the human connection, the professional aspect needs to be repeatedly stated. The duality of the relationship is shown , both verbally and non-verbally. You state your purpose is to improve their well-being. You explain that you both are beginning a journey for their benefit. Initial measures are taken for dx/tx. Everything is explained in a calm, humble yet knowledgeable way. We expect questions, more than ever, answering them to the best of our knowledge. It is human to not know everything, and have doubts. I remember on many occasions I went on the internet with my patients. The patient has responsibilities: bring in previous data i.e., consultations, office notes, test results [not only the reports but the actual discs, which I re-read and discuss with the patient]. Two, patients need to be on time, and pay ahead of time for the services. Three, patient must realize that I analyze diverse data, and based on my past experiences recommend a course of action . If unsuccessful, I reevaluate and seek consultations. Thus, I am not a procedure provider for the patient i.e. I do not work at fast food restaurant providing exactly the services they 'order'. I am an experienced, ethical professional, offering my opinion. If after hearing their

concerns patiently, and their minds are unchanged, I make I serious effort to suggest alternative doctors.

Table 1: Major points made by these papers.

Humans are social	Humans seek
Human ask how and why	Happiness
Humans use tools	Mechanism
Physical - wheel , ax etc.,	Active agent
Mental	Pursuing
Humans are imperfect	Spirituality
Humans are enmeshed in	Family
Social/political culture	Community
Human communication	Complex

Professional Uniqueness

ENT doctors/surgeons are in a specialty that is unique in many ways. Common problems occur to most people, sometimes in their lifetimes. They occurs in both sexes [8]. Since most feel their center of being located between their eyes [i.e. soul], these issues are a serious source of concern. Adequately evaluating this domain requires precision, knowledge in diverse areas, possessing surgical skills, and a basic understanding of psychology. Many times, a person presents, who has seen multiple health providers and enduring an extensive and expensive work-up, without resolution. There is another specialty that shares many of these factors i.e. plastic and reconstructive surgery. I was attracted to and pursued certification in both. It allowed me to also use another skill in my practice [M.A. in psychiatry]. I use the traditional techniques of the open ended interview [9], and complete the algorithm of HPI/ ROS/ etc. A near- complete physical is mandatory to see if areas outside the head and neck are also involved in each situation [10]. I now expand this discourse to different topics.

Common Complaints

Over my years of practice in an Atlantan basic ENT practice, I realized the importance of the initial encounter. History incorporating the journalistic questions of 'who, what, where, when and how' are mandatory. Often I found that the chief complaint i.e. ringing in ears, sore throat, neck mass etc are the result of a primary problem. Many times, it involved decreased nasal function. Common scenarios are resultant Eustachian tube dysfunction causing aural fullness, tinnitus; decreased nasal breathing at night, causing oral dryness and resultant tonsillitis etc. Many of my patients had concerns, that these symptoms indicate something serious. Increased internet information [11] and increased narcissism in patients are major factors causing this [12,13].

Major Insight One

Allergy is a major concern in this area. I did an allergy questionnaire, where many were tested and treated. Major insight two I found that most of my patients had multiple issues that involved my area of expertise : sleep apnea, structural / allergic/ infectious nasal pathology [flexible endoscopy and in-office CT essential here].

Major Insight Three

Many times, the psychological issues were simple enough, that I could address. However, I found that many patients requiring surgery, needed simultaneous psychiatric intervention. It is interesting that oral procedures [dental , small soft tissue etc] are well tolerated by most. However, many people find nasal procedures either extensive or requiring nasal packing are not well tolerated .

Major Insight Four

Facial aesthetic therapies require a bidirectional approach. When one is planning external procedures, correct diagnosis is essential. An example is lower lid blepharoplasty, which has several potential complications, some very serious [14]. Various skin treatments are needed to maximize the results [15,16]. Each surgeon needs to arrive at what combination of treatments are the best to the improve surgical results. It is well known that various vitamins and other nutrients improve a person's skin integrity and improved internal nasal/ oral function [17,18].

Major Insight Five

There are two traditions in the healing profession. Allopathic is a philosophy of the medicine, started at the turn of the 20th century at the Johns Hopkins Medical Institutions [19], and standardized by the Flexner Report [20]. It's goal is to diagnose, and treat symptoms by medicines, various physical treatments, vaccines, and surgery. Wellness is an alternative tradition, practiced for millennia [21]. It's goal is to preserve health. Recently, two disciplines has arisen for this purpose i.e. functional medicine [22] and anti-aging medicine [23]. Both based on the view, that in many ways a person is like a car, and thus fuel [food], engine [mitochondria], accelerator [hormones] etc are monitored and adjusted. Human behaviors i.e. sleep, GI habits, exercise etc noted, and suggestions are made to improve these functions. This is a major change in what people expect from healthcare, and we all need awareness and expertise in these issues to better serve our patients.

Major Insight Six

Healthcare is radically different from, what it was only a few years ago. A full discussion of this is available elsewhere [24]. We all are in an exciting in medicine. There are multiple factors involved. It is our duty to stay up to date with these changes, increase our ability to handle most seen problems and seek help elsewhere if not. Finally, it is not our job to do everything a patient seeks; and if so, we should refer to someone else.

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