A method and a system for teaching and guiding an individual and changing the lifestyle and in building up a health or healthier behaviour includes the step of making a basic assessment of the individual and of defining at least one program to which the individual should attend on the basis of this assessment. The program includes at least teaching, guiding and actively involving the individual and individually gathering personal objective information represented by at least one health indicator. The individual is taught in accordance with a specific learning program in view of understanding a relationship between the objective information and a phenomenon or symptom caused by pathology or functional deficiency. The individual is further taught and guided to understand the effect of specific behaviour and lifestyle in the pathology or functional deficiency. Finally, actions are identified to be taken for changing the lifestyle and for building up a healthier behaviour in view of reducing health problems or health risks.
Basic Assessment

Select one program

Enroll the program

Subjective Complaint

Individually involve the individual to gather the objective information

Correlate a symptom or complaint with the objective information

Teach short-medium term action in view of immediate relief and execute an action plan based on the objective information

Reveal and teaching an overview of the etiology and pathology and of the progress of the disease including the effect of improper lifestyle behaving and genetic or environmental influence

Goal Setting

To learn and get use to a long term strategy of lifestyle change and make it part of life

End of program

Fig. 1
Free C-Reative Radical Protein

Injury on arterial wall, Fatty Streaks

Accumulation of Cholesterol, Macrophage & Collagen

Hypertension

Apo B↑

Fibrinogen↑

1. Homocysteine
2. Glycosylation

1. Homocysteine

Plague, Obstruction of Vessels

Plagues falling off

Thrombus

Thrombosis

Myocardial Infarction

Thrombotic Stroke

Fig. 2
Reception

Initial Visit

* Answer a Questionnaire
  * Medical information from patient

* Basic blood and urine test
  * Basic functional deficiency test

Overall assessment

Further examination

Yes: Further examination required

No: Prescription

Immediate treatment required

Yes

Select one program, enroll into program and complete the program

End of program

No

Complex chronic condition

Yes

Facility to treat complex chronic condition

No

Facility to give a holistic treatment to improve the inner healing power and relief symptom

End of program

Fig. 5
Fig. 8
Living environment

Life style

Inappropriate diet
Digest & metabolic pathway disorder

Long term stress
Body-mind modulation imbalance

Incorrect posture & lack of exercise
Muscle-skeletal modulation imbalance

Body Stress

Psychological stress

Hypothalamic stress

Spinal cord

Muscle skeletomodulation

Spinal cord

Muscle skeletomodulation

Parasympathetic nervous system

Antonomic nervous system

Sleeping circadian rhythm

Immune system

Lymphocyte

Granulocyte

Cell division

Old cell
disease

Allergy
cancer

Thyroid disease

Gene / heredity

Cell

Mitochondrion

Blood vessel

Spleen

Liver

Pancreas

Intestine

Gastrointestinal tract

Stomach

Intestine

Pancreas

Intestine
Join to start a program

Learning

Make a written agreement to join Reward System: due date, quantitative goal

Implement by oneself

Be evaluated if achieve the goal

Redeem

Yes

Yes

Repeat for Certain periods

Accumulate to next period of agreement

Renew agreement: due date, quantitative goal

Implement by oneself

Be evaluated if achieve the goal

No

Drop the agreement

if achieve the goal by the due date

FIG. 12
Incorrect standing posture  
Correct standing posture

Incorrect sitting posture  
Correct sitting posture

FIG.15
METHOD AND A SYSTEM FOR TEACHING AND GUIDING AN INDIVIDUAL IN CHANGING THE LIFESTYLE AND A METHOD AND SYSTEM FOR TREATING AN INDIVIDUAL

BACKGROUND OF THE INVENTION

[0001] The invention relates to a method and a system for teaching and guiding an individual in changing the lifestyle and to a method and a system for treating an individual.

[0002] Health care systems in most industrialized countries are in an urgent need for reforming. Costs for health care systems are continuously increasing. In parallel, health problems of societies are increasing rather than decreasing despite highly sophisticated medical systems.

[0003] Mood disorder, diabetes, heart disease, hypertension and asthma caused 49% of U.S.A.’s health care expenses in 1996. According to U.S.A. CDC health people 2000 midcourse review, the determining factor of health related to lifestyle is 47%, related to environmental issues is 17% and to genetic issues is 25%. The contribution from medical services is only 11%. There is thus a major trend of lifestyle chronic diseases caused by improper lifestyle and living environment in the industrial countries.

[0004] One known effective possibility for improving the health care system and decreasing the costs is to change the lifestyle and improper health behaviour of each individual. A concept for changing health behaviour has been proposed by Girdano and Dusec (Daniel A. Girdano, Dorothy A. Dusec, “Changing health behaviour”, 1988, ISBN 0-89787-607-5). While this concept generally addresses change of health behaviour, nowadays, there are still no effective systems available for change of lifestyle and improper health behaviour.

[0005] Ulwick et al (Anthony W. Ulwick, Clayton M. Christensen, Jerome H. Grossmann, “A prescription for health care cost reform”, Strategy and Innovation, And newsletter from Harvard Business School Publishing and Innosight) discloses opportunities for giving consumers what the United States Health Care System does not do. A disruption of the Health Care Industries is proposed on the basis of providing general practitioners with a tool to treat maladies which previously required the intervention of highly trained surgeons or specialists, enabling nurses or physician assistants to perform activities in outpatient centres that are currently performed by hospital doctors or also by creating inexpensive products and services that enable individuals with less specialized training to accomplish tasks inexpensively and in a more convenient setting. Consumers could buy such services or products or learn to manage their health on their own.


[0007] While these known articles provide theoretical solutions for improving the health system, currently no practical systems and methods are available which focus on the unmet patient’s and consumer’s needs.

[0008] It is therefore an object of the present invention to provide a method and system which effectively allow individuals to have a better and healthier lifestyle and which help to reduce the cost and increase the effectiveness of the health care system. A method and system according to a further aspect of the invention should help to treat ill patients in a more integrated, convenient setting and help them to avoid costly interactions with the traditional health care system. The system and method according to the invention will eventually reduce the health care cost in most of the modern societies. According to a further aspect, the system and method shall also provide prevention against illnesses.

[0009] According to the present invention, these and other objects are solved with a method and a system according to the independent patent claims.

[0010] Starting from the above mentioned background of the invention, one important aspect of the invention are products and services that place the responsibility of health management and self care back into the hands of the consumers and empower them to take this responsibility.

[0011] According to the first aspect of the invention, there is provided a method of teaching and guiding an individual in changing his or her lifestyle. The method is used to build up a healthier or healthier behaviour of the individual. According to the method of the invention, in a first step a basic assessment of the individual is made. During this assessment, specific lifestyle health problems or potential health risks of the individual are defined. The term of health problems or potential health risks includes specific health problems the individual is aware of, potential health risks the individual is aware of but also problems or health risks which may be unknown to the individual but which may cause a certain risk for the individual to develop health problems at a later stage. This basic assessment, a so called primary prevention screening, can be done in any easily accessible place, e.g. at the work place, a community based outpatient clinic or setting but also e.g. in a Drug Store. It can be operated by a general practitioner (GP). Such place may also be operated by a physician assistant or a professional nurse supervised by a general practitioner to reduce the operation cost.

[0012] In answer to this basic assessment, at least one program is defined to which the individual should attend. Depending on the defined health problems or health risks, one or a plurality of teaching and/or learning programs are provided to the individual.

[0013] Each of said programs includes teaching, guiding and actively involving the individual in individually gathering personal objective information represented by at least one health indicator. In particular, this is a health indicator which relates to the lifestyle health problem or potential health risks which have been identified during the basic assessment. By teaching, guiding and especially by actively involving the individual in gathering objective information, the knowledge and the awareness related to the specific lifestyle health problems are increased and the willingness of the individual to get deeply involved into the program is increased. In a further step, the individual is taught in accordance with a specific learning program in view of understanding a relationship between the objective information which has been previously gathered and a phenomenon or a symptom caused by pathology or by a functional deficiency in context with the health problem or the health risk. By this teaching step, the individual is given a tool to
set a specific health problem or risk in context with the objective information previously gathered.

[0014] In a further step, the individual is taught and guided in view of understanding the effect of a specific behaviour or a specific lifestyle on the pathology or functional deficiency in context with the health problem or the health risk. By this step, the individual begins to understand that by changing a specific behaviour or lifestyle, the individual can influence a pathological situation or a functional deficiency.

[0015] In a further step, a realistic goal to be achieved by the individual at the end of the program under the support of the coach is set.

[0016] In a final step, the individual is guided and taught to identify specific actions and how to carry out these actions which can be taken in view of improving the health, reducing health problems or reducing health risks, in particular by changing the lifestyle or building up a healthier or behaviour.

[0017] Conventional diagnosis and treatment done by a doctor or other health care professional is based on so-called SOAP notes. SOAP stands for Subjective, Objective, Assessment and Plan/Prescription. The initial part of a SOAP note consists of subjective information verbally expressed by the patient. The next part of the notes includes objective observations. These observations include symptoms which can be measured or seen. Included in objective observations are also medical parameters such as temperature, pulse, respiration and the results of specific diagnostic tests. The objective observation is followed by assessment. Assessment is the diagnosis of the patient’s condition. The last part of the SOAP note is a Plan or Prescription. The plan may include further tests, medication, treatments, education and referral of a patient.

[0018] The whole process may last from a few minutes to an hour in most outpatient settings. The involvement from the patient side is very low. In this, due to the intrinsic characteristics of most of the lifestyle health problems like preconditions of hypertension and diabetes, unless in the severe or complex stage, the threat of the disease to the patient’s daily life is not critical. Thus compliance with the medication or education prescription is generally low and the results are poor.

SUMMARY OF THE INVENTION

[0019] The present invention is based on the concept, that the individual is actively involved not only in the subjective step, but also in the subsequent O, A, and P steps, except in the basic assessment. By involving the individual deeply in the overall process, the individual’s knowledge and awareness of the health problems and counter solutions and the individual’s willingness to comply with a plan is increased. Such a plan may include which medication shall be taken, how to take the medication or a change of the lifestyle. The whole strategy about actions and the reasons for these actions are revealed to the individual. The individual understands the causes for health problems or health risks (know why), and is actively involved in taking measures (know how), in order to improve the situation. At the end of the program the individual has all of the knowledge, responsibility and tool to control and manage his own health.

[0020] In the step of defining actions, the individual may be taught in view of understanding short to medium term actions to be taken to relieve symptoms caused by said pathology or functional deficiency. The short medium term actions are developed according to evidence based clinical guidelines. This step including taking actions will increase the confidence, value and good feeling to the individual.

[0021] The step of defining actions may further include guiding and teaching the individual to identify actions in view of a long term plan for improving the health or reducing health problems or risks.

[0022] As mentioned in context with the background of the invention, lifestyle, environment and gene represent 89% of the determining factor for health. Each individual should completely know that his health status may gradually degrade from healthy to a pre-condition to develop a disease and finally develop into disease. Thus it is important to develop a set of health indicators to show the individual’s actual location for an individual who seeks to thoroughly manage his or her own health. In particular this can be done by defining a location in three different health status’.

[0023] The health indicator which represents personal objective information typically may be a lag pathology or disease indicator, a leading functional deficiency indicator or a pre-deposition indicator. A pre-deposition indicator typically may be e.g. a genetic indicator indicating that there is a certain risk for the individual to suffer from a disease or another health problem. A leading functional deficiency indicator typically is an indicator which shows that the individual has a certain functional deficiency which may lead to future health problems although currently there is no specific health problem. A lag pathology or disease indicator typically indicates an occurred pathological situation of the individual.

[0024] These indicators are learning contents in the above mentioned programs. The individual should be aware thereof and control his or her own health and adopt appropriate counter measures in advance.

[0025] The program to which the individual should attend further may also include the step of teaching and guiding the individual in accordance with a learning program in view of understanding that a determining factor of health is at least one physiological process in interaction with the living environment and gene through specific individual’s behaviour. Such a process typically may be selected from the group of a food intake and metabolism process, a Psychoneuro-immuno process and a biophysical muscle skeleton process. The inventors of the present invention have found that by analysing the relationship between these three processes and the chronic diseases of modern society, almost all major health problems caused by improper lifestyle and behaviour may be properly addressed by the treatment proposed in this invention. As mentioned above, these physiological processes are in interaction with the living environment of the individual and eventually induce certain health problems based on the genetic predisposition. During the long development phase of almost all of the chronic diseases, at least a specific improper behaviour or lifestyle is a key mediator or trigger for such a disease development process.

[0026] The method according to the present invention further may also include a treatment step. Especially in case of individuals having a health problem or having a specific
health risk, improving the health or reducing the health risk of the individual may be appropriate. According to this embodiment of the invention, a choice of treatment in a specific facility is made. This facility is selected from a facility specialised in treatment of a specific class of complex health problems, a facility for improving the individual’s health, in particular by means of a holistic treatment and a facility for guiding and teaching the individual to change his/her lifestyle and build up a healthier behaviour. This choice or selection is typically made on the basis of the result of the basic assessment. A choice may also be made following the steps of gathering the objective information or following an assessment during the period when the individual attends the program. If in the basic or in a following assessment, it is determined that the individual has a serious health problem, a treatment in a facility specialised in treatment of complex health problems may be necessary.

[0027] If no severe health problem is found in the basic or following assessment but if there are certain chronic clinical preconditions, a holistic treatment in a specialised facility in view of improving the individual’s health is considered to be appropriate.

[0028] If no complex chronic health problems or chronic clinical precondition but certain genetic predisposition or certain improper lifestyle are found in the assessment or assessments, it will be sufficient to guide and teach the individual to change his/her lifestyle in view of building up a healthier behaviour and specifically to reduce the risk caused by the certain genetic predisposition.

[0029] In particular, during these assessments, the individual also may be classified in one of a plurality of health categories. Typically, the categories are the category (1) healthy, (2) a chronic precondition or a genetic predisposition for developing a health problem or a health risk and (3) of a complex chronic condition. Depending on this classification, different treatments may be necessary or appropriate.

[0030] According to a further preferred embodiment of the invention, the method also includes a step of remote monitoring or following-up at least one health parameter of the individual. Remote monitoring compliance of the individual with a specified program, e.g., an exercise schedule or a medication schedule may also be possible. This further step allows for verification whether the method was successful for the individual and whether the individual continuously has changed his/her lifestyle or has complied with the program.

[0031] The teaching and guiding program may include a plurality of different subjects or class rooms. These subjects may also be selected on the basis of the basic assessment. Subjects typically are selected from the group of the subject of environmental influence on the health, genetic predisposition for a health risk, food intake and metabolism, physical and body knowledge, mind-body interaction and medication knowledge. It has been found that these subjects are especially important in view of teaching a individual to change his/her lifestyle and to empower individuals for self caring themselves.

[0032] The program which deals with the environmental influence on the health may e.g. contain information about specific toxic products which may be present in the environment or to the way and knowledge to avoid such toxic products.

[0033] The program directed to genetic predisposition for a health risk may include gathering and understanding genetic information from the individual and increasing the individual’s awareness in view of a risk of suffering from a specific disease and the way and knowledge to avoid such disease by adopting certain measures in the individual’s daily life.

[0034] The subject relating to food intake and metabolism especially shall show the individual how and why a change in diet nutrition or taking certain nutrition supplements that can have positive effects to his/her health.

[0035] The subject of physical and body knowledge deals with individualized problems or potential problems in the joint, muscle, bone or skeleton. The individual typically learns to use correct posture of the body in daily life. Knowledge and skills are practised and the individual learns to make exercises in a right way and at a correct frequency.

[0036] The subject of mind-body interaction teaches the individual in context with the influence of mental well being or physical well being. The knowledge and skill to have a clear and focused mind or a sharp memory and ways to be free of stress are taught.

[0037] Medication knowledge is important for the individual in view of understanding the reason and also the function of certain medication which is prescribed. Medication may be prescribed in view of certain short to medium actions dealing with health problems which are determined in the basic assessment or following the steps of gathering objective information and following an assessment during the period the individual attends the program.

[0038] The program typically is selected form the group of a prevention program and an improvement program in view of a chronic lifestyle condition.

[0039] Typically, such chronic lifestyle conditions may be cerebral cardiovascular diseases, type 2 diabetes, overweight and obesity, malnutrition, malabsorption and deficiency of liver detoxification. These problems typically are related to the physiological process of food intake and metabolism.

[0040] The program also may be directed to health problems such as depression, alzheimer, allergies, asthma, autoimmune diseases, cancer and hormone imbalance. These health problems basically are related to the physiological process of the Psycho-Neuro-Immuo system and/or the hormone process.

[0041] The program may also be directed to scoliosis, chronic back pain and poor fitness, poor muscle tone or poor joint flexibility. These problems are related to the physiological process of the physical structure and bone structure.

[0042] The programs for teaching the individual further may also include self-care programs in view of chronic fatigue, stress, anaemia, menstrual cramp, cold, headache, insomnia, abdominal discomfort, adrenal fatigue, bone loss or menopause problems.

[0043] The teaching program may be primarily designed in view of understanding at least one process which selected from the group of the process of flow of nutrient, the neuro signal in the autonomous nervous system, the hormone process or the process of mechanical force and the interaction
between these processes. The individual thereby shall be provided with a systematic and comprehensive understanding and with the knowledge of the function of the human organism in order to allow self care disease prevention, management and improvement.

[0044] The program may be further designed in view of increasing the individual’s awareness of the relationship which may exist between a symptom which is present in the daily life and the lifestyle of the individual. Thereby, the individual’s capacity for self-care disease prevention and health management shall be increased.

[0045] According to a further embodiment of the invention, short term measures in view of immediate relief from specific health problems may be prescribed to the individual depending on the result of the assessments. This is especially important for individuals who suffer from specific severe or acute health problems.

[0046] In the course of the program, it is furthermore preferable to provide the individual with teaching material, in particular with at least one book directed to the program. The book may include information in view of a specific health problem or health risk. The book is designed to be completed with personal data individually by the individual. Because the individual is personally in charge of reading and understanding the book and to complete the book with personal data, the individual’s willingness and readiness to change his/her lifestyle and improper health behaviour is increased.

[0047] In particular, personal data which is to be entered into the book may include the personal objective information which is individually gathered by the individual in accordance with the present invention.

[0048] The book may also include information to the individual in view of so-called trial behaviour and skill development. Once the individual has a certain awareness that a change of lifestyle may be necessary, he/she needs to try how a change in lifestyle feels in a trial phase. In this context, it is also important to develop skills for changing an improper lifestyle. This basic concept is described in theory in more detail by Girdano and Dusec.

[0049] According to still a further preferred embodiment, the book may also include information and procedures in view of assuring that the knowledge and the information contained in the book are read and understood and are used properly by the individual. Typically, this may include test questions to be answered or certain trial behaviour and skill to be practiced and demonstrated or check lists to be completed by the individual.

[0050] In addition or as an alternative to a book, it is also possible to provide an electronic interactive book. This book may include information in relation to the program. Furthermore, the book may be designed for interaction with the individual. Thereby, entry of personal data into a memory of the book is possible. In particular, such personal data may also include the personal objective information which has been previously gathered. If such an electronic book is used, there is also a possibility of data processing of said data. Furthermore, it is also possible to directly link such an electronic book with measuring devices for measuring medical parameters such as blood pressure monitors, glucose monitors or the like.

[0051] It is also conceivable to extend such an electronic book with a communication capability, e.g. a bidirectional communication, such as to form a personal terminal for remote monitoring or for a follow up system. Such a terminal may further increase the compliance to a program such as a medication schedule or behaviour change schedule for the individual who attends the program.

[0052] In context with the present invention it is also possible to provide the individual with information and demonstration in context with trial behaviour and development of skills in the electronic book, e.g. also by showing pictures or videos of proper behaviour.

[0053] According to a further embodiment of the invention, at least a professional coach or teacher is available to answer the questions or clarify the misunderstanding which the individual may raise during the program.

[0054] In combination with a procedure for assuring that the information are read and understood, a new behaviour and skill may be practiced by or demonstrated in a proper way to the individual. Thereby, good results of the method according to the present invention are achieved.

[0055] According to a further embodiment of the invention, there is provided an information technology platform. This platform is used for administration of an organisation which carries out the method according to the present invention. In particular, such a platform may be used for operating, e.g. continuously maintaining or developing a program database or for maintaining or updating an individual database. The platform may also be used for book-keeping or for making appointments with a plurality of individuals. In particular, it is useful to have such a platform if the method is carried out at a plurality of locations, e.g. in a franchise system. In this context, a centralised information technology platform may also provide up to date information including the medical or health records to teachers or coaches.

[0056] It is also preferable to provide a learning platform for teaching guides, coaches, teachers or care persons to carry out the method according to the present invention. Such a learning platform can be partially made electronically by means of E-learning. Other platforms are, however, conceivable.

[0057] According to still a further embodiment of the invention, the method comprises a further step of defining and operating a reward program for the individual. The individual is provided with a reward if a predetermined individual goal has been achieved by the individual. One major problem in context with programs for changing lifestyle or improper health behaviour of individuals is a lack of motivation of the individual. The present invention primarily addresses this problem by actively involving the individual. Furthermore, the motivation of the individual may be increased, if certain rewards are granted. Rewards typically might be monetary rewards or vouchers for institutions supporting the change of lifestyle such as fitness studios or wellness facilities. A permission to charge the attending fee for the program from the tax free Health Saving account (HSA) is another alternative for increasing the motivation. According to another preferred embodiment, the reward may also be a share or stock option of an organisation which carries out the method according to the
present invention. Such a reward program may have a leverage effect. If the individual becomes a shareholder in such an organisation he or she will get a personal interest in the organisation. The motivation to continue to attend programs proposed by the organisation is thus increased. Furthermore, such a reward may also be an incentive to the individual to motivate friends to attend to such programs.

[0058] According to a further aspect of the invention, there is provided a system for teaching and guiding an individual to change the lifestyle and to build up a healthy or healthier behaviour.

[0059] A major component of this system is at least one program to which the individual should attend. The program includes means for teaching, guiding and actively involving the individual in individually gathering objective information represented by at least one health indicator relating to the health problem or to a potential health risk. The system furthermore comprises means for teaching the individual in accordance with a specific learning program. The learning program is directed to understand the relationship between symptoms which are caused by pathology or by a functional deficiency in context with the health problem or with a potential health risk on the one hand and said objective information on the other hand.

[0060] This system furthermore includes means for teaching and guiding the individual to understand the effect of a specific behaviour or lifestyle on the pathology or functional deficiency. The individual shall understand that the specific behaviour or lifestyle may influence pathology or a functional deficiency in context with the health problem or the health risk. This system also includes means for guiding and teaching the individual to identify actions to be taken for changing the behaviour in view of reducing health problems or health risks.

[0061] Typically, this system is used for operating a method as outlined above. Appropriate means for carrying out such a method are provided.

[0062] This system furthermore may comprise one or more facilities. In particular, these may be facilities which are specialised in treatment of a specific class of complex chronic conditions, facilities for improving the individual’s inner or self-healing power by means of a holistic treatment and also facilities for teaching the individual to change his or her lifestyle and to build up a healthy or healthier behaviour. By providing such facilities, individuals with different types of health condition can be appropriately treated.

[0063] Part of this system may also be means for remote monitoring or following-up health parameters of the individual or compliance of the individual with certain programs. While such remote monitoring means as such are known in the art, they may be particularly advantageous in context with a system according to the present invention.

[0064] The means for teaching or guiding typically are selected from the group of written or electronic books. Such electronic books typically may be provided with a wire or wireless link to medical parameter measuring devices such as e.g. blood pressure monitors, weight scales, glucose monitors or the like. It is also possible to provide such an electronic book with e.g. bi-directional communication capabilities such as to form a personal terminal for remote monitoring or following up to enhance the compliance of the individual with prescribed medication or exercise schedules.

[0065] The method and system further may comprise at least one device for recording and storing data, in particular multimedia data such as a sound, pictures or video. Such a device can be adapted for direct or indirect connection with a personal electronic device used by the individual, e.g. an electronic book as described hereinabove.

[0066] According to another aspect of the invention, there is provided a method for treatment of an individual. In context with this specification, treatment is to be understood not only in the classical term of treatment of a specific disease. In particular it may be a treatment directed to healing a patient but also a treatment in view of preventing against health risk or in view of improving the health of the individual.

[0067] In a first step, an assessment of the individual for defining at least one health problem or health risk is made. When this health problem or health risk is defined, the individual is classified in a class of problems which are primarily related to at least one specific physiological process. Differentiation between the processes of food intake and metabolism, the Psycho-Neuro-Immuno process and a biophysical process is made. The term “biophysical process” relates to processes which are in context with the physical aspects of the body, e.g. joints, bones, muscles.

[0068] The individual is then treated in a facility which is specialised for treatment of health problems or health risks lying in this class of problems. The focus of the method according to the present invention is thus physiological process and patient centric. Treatment is not made in view of symptoms or in view of treatment of specific parts of the body but rather in view treating the individual as a whole by analysing and treating said specific process or processes.

[0069] During the assessment, the individual further may be classified into a category relating to the severity of the health problem or health risk. In particular, the individual is classified in a category which is selected from one of the following categories: (1) a healthy condition, (2) a chronic precondition or a predisposition for developing health problem or a health risk and (3) a complex chronic condition. Depending on this category, different treatments may be helpful or necessary.

[0070] According to another preferred embodiment of the invention, improving the health is made by increasing an inner healing power of the individual. Treatment of a pathological situation is made through a medical procedure or through medication. This treatment may be followed by improving the healing power of the individual as mentioned above.

[0071] A further aspect of the invention refers to a system for treatment of an individual, in particular for carrying out the above-mentioned method. This system comprises at least one facility for treatment of health problems or health risks. The facility is specialised for treatment of a class of problems which are related to at least one specific physiological process. The process is selected from the group of food intake and metabolism process, a Psycho-Neuro-Immuno process and a biophysical process.

[0072] While depending on the circumstances, these facilities may be located at different places such that the
individual is referred to one or another place depending on the basic assessment, it is also conceivable, however, to combine these facilities in one and the same location.

[0073] According to still another aspect of the invention, there is provided a method for treating an individual where in a first step an assessment of the individual in view of defining one health problem or health risk is made. Depending on the result of the assessment, a treatment in a specific facility is chosen. This facility may be a facility specialised in healing a specific class of health problems, a facility for improving the individual’s health by means of a holistic treatment and a facility for teaching and guiding the individual to change his/her lifestyle and to build up a healthy or healthier behaviour.

[0074] The method which is carried out in a facility for teaching and guiding the individual is typically a method as described herein above.

[0075] In accordance with this aspect of the invention, there is also provided a system for treating an individual which comprises a facility specialised in treatment of a specific class of health problem, a facility for improving the individual’s inner healing power, in particular by means of a holistic treatment and a facility for teaching the individual to change his or her lifestyle or behaviour.

DETAILED DESCRIPTION OF THE DRAWINGS

[0076] The invention is explained in more detail below in exemplary embodiments and with reference to the drawings in which:

[0077] FIG. 1 shows a flow chart of a schematic overview of one aspect of the present invention,

[0078] FIG. 2 schematically shows by way of example a relation between the etiology and the progress of heart disease and stroke and risk factors,

[0079] FIG. 3 schematically shows by way of example a relation between etiology and the progress of heart disease and stroke and risk factors and lifestyle,

[0080] FIG. 4 shows a block diagram showing processes and causes leading to hypertension,

[0081] FIG. 5 shows a flow chart for operating a method according to the present invention,

[0082] FIG. 6 shows a more detailed service flow chart for operating a system according to the present invention,

[0083] FIG. 7 shows an embodiment of an electronic interactive book,

[0084] FIG. 8 shows a block diagram of an electronic interactive book,

[0085] FIG. 9 shows an overview of a treatment system according to the present invention and possible treatments,

[0086] FIG. 10 shows different health status and a health status Progress,

[0087] FIG. 11 schematically shows three basic physiological processes,

[0088] FIG. 12 schematically shows a structure for operating a reward program,

[0089] FIG. 13 schematically shows an IT platform for running the method and system according to the present invention,

[0090] FIG. 14 schematically shows a remote monitoring system and

[0091] FIG. 15 shows an example of a skill learning system.

DESCRIPTION OF THE PREFERRED EMBODIMENT(S)

[0092] A method of the present invention according to one aspect is based on personally, individually involving the individual in a modified SOAP procedure.

[0093] The modified SOAP procedure is shown in the flow chart of FIG. 1. After a basic assessment, one specific program is selected to which the individual shall enrol. The individual then proceeds with a modified SOAP procedure. In the first step, subjective symptoms or complaints are first revealed and recorded by the individual in the so-called S step. In a further step, direct causes or reasons causing these symptoms are analysed and the functional status of the individual is evaluated, e.g. by means of tests. In accordance with the invention, these objective steps O are made with the participation of the individual by individually gathering objective information. In particular, the individual is taught how to make measurements, e.g. of physical parameters such as the blood pressure and is guided and coached during the analysis process. In the assessment steps A the individual is taught to correlate a symptom or complaint with the objective information.

[0094] In a prescription step P1 the individual is further guided in view of providing a self to medium term solution in view of immediate relief of health problems on the basis of test results. In a prescription step P2 the etiology and pathology and the progress of a disease is taught. This step includes teaching the effect of improper lifestyle, behaviour or genetic or environmental influences. In a step P3 personal goals are set. In a final step P4, long term strategies in view of change of lifestyle are taught and learned by the individual.

[0095] By way of example, the following examples indicate the differences between traditional methods and a method according to the present invention seen from the individual’s perspective by way of example in context with hypertension. Traditionally, during the subjective steps, individuals do self reports of all possible symptoms or complaints without much knowledge about diseases or the function of the body, e.g. about hypertension or clinical conditions caused by hypertension. According to the invention, individuals are made reading an example case which illustrates possible symptoms for hypertension or clinical conditions caused by hypertension. Individuals can better note symptoms which they did not know previously. Knowledge will be built up at this point in time.

[0096] During the traditional objective phase O, patients may stay in an examination room waiting for a nurse to take the blood pressure. Patients usually don’t know the mechanism of blood pressure and in particular they do not know how to correctly measure individually the blood pressure. According to the present invention, the objective phase O involves the coach demonstrating how a blood pressure monitor is operated, and the standard operation procedure to
take the blood pressure correctly. The basic mechanism of the blood pressure monitor is explained. It is made sure, that patients can correctly operate a blood pressure monitor at home. Individuals can relate knowledge learnt during this stage with knowledge which they previously learned during the subjective phase. A neural network starts to emerge in the individual’s mind.

[0097] Traditionally, during the assessment A, a doctor gives the individual a diagnosis without explaining the cause of e.g. hypertension. According to the invention, the doctor or the professional coach gives the individuals a diagnosis and also reveals the reasons behind such diagnosis. The individual is educated about basic pathology of hypertension. Individuals may also be given a general, simplified overview of hypertension. Typically, this overview may include reasons and root causes for hypertension, related symptoms and improvement, prevention of hypertension. Individuals then have a more complete knowledge in view of hypertension (see also FIG. 4).

[0098] In the traditional prescription P step, drugs for patients may be prescribed. There is usually no explanation, why this kind of drugs is prescribed. Patients traditionally are forced to follow blindly a drug solution. This is one of the major reasons why the compliance with medication programs usually is low. According to the invention, the doctor or the professional coach explains possible long and short term solutions. The individuals together with a coach work out solutions which are suitable for them. Before the solution which usually includes a lifestyle change is implemented, a goal to be achieved is set. According to the invention, the individual will be inspired and given a hope that other options are available besides taking drugs for the rest of his or her life.

[0099] Furthermore medium to long term solutions in view of a holistic treatment and better behaviour are learnt. During the program the individual starts to understand his/her pathology and to understand how changes in the lifestyle can influence pathological problems. In particular, the individual learns to know causes for health problems as will be shown hereinafter with reference to FIGS. 2, 3, 11 and 15. The individual is learning and gets used to change the lifestyle continuously.

[0100] Individuals become empowered and encouraged throughout the whole SOAP process, because knowledge, trial behaviour and skills are built up and integrated. This is mainly due to the individuals being actively involved in the S, O, A and P phase. A neural network in the individual’s mind is integrated.

[0101] According to the invention during the basic assessment and during gathering of objective information, a plurality of tests will be made or optionally made. Such tests typically include genomic and predisposition tests, digestion and metabolism tests, psycho-neuro-immunology tests, hormone related tests and tests in view of incorrect posture and physical functional tests. In table 1, a typical set of full spectrum tests is summarised:

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cardiac genomic test (5 items)</td>
<td>1. genomic test for dementia (ApoE)</td>
</tr>
<tr>
<td>2. Blood pressure genomic test (5 items)</td>
<td>2. genomic test for homocysteine metabolism (MTHFR)</td>
</tr>
<tr>
<td>3. Detoxification genomic test (6 items)</td>
<td>3. genomic test for cholesterol ester transport protein (CETP)</td>
</tr>
<tr>
<td>4. Antioxidation genomic test (3 items)</td>
<td>4. genomic test for fibrinogen (FBG)</td>
</tr>
<tr>
<td>5. Immuno/Bone health genomic test (3 items)</td>
<td>5. genomic test for fibrinogen-converting enzyme (ACE)</td>
</tr>
<tr>
<td>6. Metabolism typing (1 item)</td>
<td>6. genomic test for angiotensin converting enzyme (ACE)</td>
</tr>
<tr>
<td>7. Cold/Hot predisposition (1 item)</td>
<td>7. genomic test for angiotensin receptor (AGTR1)</td>
</tr>
</tbody>
</table>

**B. Digestion and metabolism functional & pathological tests**

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chewing test</td>
</tr>
<tr>
<td>Gastric acid test</td>
</tr>
</tbody>
</table>

**TABLE 1**
<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Biomark of gastric ulcer (1 item)</td>
<td>1. antibody of Helicobacter-pylori(HP-Ab)</td>
</tr>
<tr>
<td>11. Chronic food allergy (93 items)</td>
<td>Chronic food allergy IgG test for 93 kinds of food</td>
</tr>
<tr>
<td>12. Leaky gut (1 item)</td>
<td>Leaky gut challenge test</td>
</tr>
<tr>
<td>13. Liver function (7 items)</td>
<td>1. Total Protein(TP)</td>
</tr>
<tr>
<td></td>
<td>2. Albumin(ALB)</td>
</tr>
<tr>
<td></td>
<td>3. Albumine/Globulin ratio(A/G ratio)</td>
</tr>
<tr>
<td></td>
<td>4. Direct Biliurbin(D-Bili)</td>
</tr>
<tr>
<td></td>
<td>5. Total Biliurbin(T-Bili)</td>
</tr>
<tr>
<td></td>
<td>6. Alkaline Phosphatase(ALK-P)</td>
</tr>
<tr>
<td></td>
<td>7. GOT</td>
</tr>
<tr>
<td></td>
<td>8. GPT</td>
</tr>
<tr>
<td></td>
<td>9. γ-GT</td>
</tr>
<tr>
<td>14. Hepatitis marker (3 items)</td>
<td>1. B-hepatitis surface antigen(HBeAg)</td>
</tr>
<tr>
<td></td>
<td>2. B-hepatitis surface antibody(Anti-HBs)</td>
</tr>
<tr>
<td></td>
<td>3. C-hepatitis antibody(Anti-HCV)</td>
</tr>
<tr>
<td>15. Renal function (3 items)</td>
<td>1. BUN</td>
</tr>
<tr>
<td></td>
<td>2. Creatinine</td>
</tr>
<tr>
<td></td>
<td>3. Uric Acid</td>
</tr>
<tr>
<td>16. Urine routing (10 items)</td>
<td>1. Gravity</td>
</tr>
<tr>
<td></td>
<td>2. PH</td>
</tr>
<tr>
<td></td>
<td>3. Protein</td>
</tr>
<tr>
<td></td>
<td>4. Sugar</td>
</tr>
<tr>
<td></td>
<td>5. Biliurbin</td>
</tr>
<tr>
<td></td>
<td>6. Urobilinogen</td>
</tr>
<tr>
<td></td>
<td>7. Ketone body</td>
</tr>
<tr>
<td></td>
<td>8. Nitrite</td>
</tr>
<tr>
<td></td>
<td>9. RBC</td>
</tr>
<tr>
<td></td>
<td>10. WBC</td>
</tr>
<tr>
<td>17. Electrolytes (5 items)</td>
<td>1. CA</td>
</tr>
<tr>
<td></td>
<td>2. P</td>
</tr>
<tr>
<td></td>
<td>3. Fe</td>
</tr>
<tr>
<td></td>
<td>4. K</td>
</tr>
<tr>
<td></td>
<td>5. Na</td>
</tr>
<tr>
<td>18. Cardiovascular disease risk factors (11 items)</td>
<td>1. Triglyceride</td>
</tr>
<tr>
<td></td>
<td>2. T-Cholesterol</td>
</tr>
<tr>
<td></td>
<td>3. HDL-C</td>
</tr>
<tr>
<td></td>
<td>4. T-Cholesterol/HDL-C ratio</td>
</tr>
<tr>
<td></td>
<td>5. LDH</td>
</tr>
<tr>
<td></td>
<td>6. CPK</td>
</tr>
<tr>
<td></td>
<td>7. LDL-C</td>
</tr>
<tr>
<td></td>
<td>8. Lipoprotein-a</td>
</tr>
<tr>
<td></td>
<td>9. Homocysteine</td>
</tr>
<tr>
<td></td>
<td>10. hs-CRP</td>
</tr>
<tr>
<td></td>
<td>11. Fibrinogen</td>
</tr>
<tr>
<td>19. Blood routing (14 items)</td>
<td>1. WBC</td>
</tr>
<tr>
<td></td>
<td>2. RBC</td>
</tr>
<tr>
<td></td>
<td>3. Hb</td>
</tr>
<tr>
<td></td>
<td>4. HCT</td>
</tr>
<tr>
<td></td>
<td>5. Platelete</td>
</tr>
<tr>
<td></td>
<td>6. MCV</td>
</tr>
<tr>
<td></td>
<td>7. MCH</td>
</tr>
<tr>
<td></td>
<td>8. MCHC</td>
</tr>
<tr>
<td></td>
<td>Differential count:</td>
</tr>
<tr>
<td></td>
<td>9. Neutrophile</td>
</tr>
<tr>
<td></td>
<td>10. Eosinophilhe</td>
</tr>
<tr>
<td></td>
<td>11. Basophilhe</td>
</tr>
<tr>
<td></td>
<td>12. Lymphocyte</td>
</tr>
<tr>
<td></td>
<td>13. Granulocyte %</td>
</tr>
<tr>
<td></td>
<td>14. Lymphocyte %</td>
</tr>
<tr>
<td>20. Atherosclerosis (1 item)</td>
<td>1. COLIN atherosclerosis analysis</td>
</tr>
<tr>
<td>21. Obesity (2 items)</td>
<td>1. Body Mass Index(BMI)</td>
</tr>
<tr>
<td></td>
<td>2. Basal metabolic rate</td>
</tr>
</tbody>
</table>
### TABLE 1-continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Psycho-neuroimmunology functional and pathological tests</strong></td>
<td></td>
</tr>
<tr>
<td>22. Stress (1 item)</td>
<td>1. stress questionnaire test</td>
</tr>
<tr>
<td>23. Adrenal stress (2 items)</td>
<td>1. Cortisol 2. DHEA</td>
</tr>
<tr>
<td>24. Nervous system: Test of autonomic nervous system, test the activity of sympathetic and parasympathetic nervous system</td>
<td></td>
</tr>
<tr>
<td>25. Immunity assessment-</td>
<td></td>
</tr>
<tr>
<td>26. Immunity assessment-</td>
<td></td>
</tr>
<tr>
<td>NK cell analysis (3 items)</td>
<td>1. NK cell No. 2. NK cell % 3. NK cell activity</td>
</tr>
<tr>
<td>28. Positron Emission Tomography, PET (1 item)</td>
<td>PET/CT Tumor early detection</td>
</tr>
<tr>
<td><strong>D. Hormone modulation</strong></td>
<td></td>
</tr>
<tr>
<td>29. Diabetes (4 items)</td>
<td>1. AC sugar 2. AC insulin 3. PC sugar 4. PC insulin</td>
</tr>
<tr>
<td>30. Thyroid function (3 items)</td>
<td>1. T3 2. T4 3. TSH</td>
</tr>
<tr>
<td>33. Osteoporosis (1 item)</td>
<td>1. Bone mineral density (BMD)</td>
</tr>
<tr>
<td><strong>E. Physical functional test</strong></td>
<td></td>
</tr>
</tbody>
</table>

Total: 5 Parts 33 categories [M] 222 items [F] 224 items
Analysis and tests which are done by actively involving an individual and tools in view of short or medium long term relief may depend on the individual. Typical tests and measures to be taken in view of a cerebral-cardiovascular disease improvement and prevention program are summarised in Table 2.

TABLE 2

<table>
<thead>
<tr>
<th>MUST</th>
<th>OPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collagen atherosclerosis</td>
<td>Body fat scale</td>
</tr>
<tr>
<td>Tanita body composition</td>
<td>Blood pressure meter</td>
</tr>
<tr>
<td>Blood physiological analysis</td>
<td>Hawthorn berry supplement</td>
</tr>
<tr>
<td>Cardiac profile analysis</td>
<td>Mg/Ca supplement</td>
</tr>
<tr>
<td>Physician consultation</td>
<td>High potency vitamin B supplement</td>
</tr>
<tr>
<td>Cardiac profile tests</td>
<td>Vegetable powder supplement</td>
</tr>
<tr>
<td>Triglyceride</td>
<td>Red yeast supplement</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>Natto green juice</td>
</tr>
<tr>
<td>High density lipoprotein</td>
<td>Vitamin E-tocotrienol supplement</td>
</tr>
<tr>
<td>Low density lipoprotein</td>
<td>Kanna C-plex supplement</td>
</tr>
<tr>
<td>Oxidized-LDL</td>
<td>Quercetin supplement</td>
</tr>
<tr>
<td>Apo-A</td>
<td>Fish oil supplement</td>
</tr>
<tr>
<td>Lipoprotein(a)</td>
<td>Kanna Zinc-plus supplement</td>
</tr>
<tr>
<td>Cholesterol/HDL-C ratio</td>
<td>ACEX-niacinoids supplement</td>
</tr>
<tr>
<td>Homocysteine</td>
<td>Digestive enzyme supplement</td>
</tr>
<tr>
<td>High sensitivity CRP</td>
<td>Vitamin E-Gemulisite supplement</td>
</tr>
<tr>
<td>Fibrinogen</td>
<td>Pure garlic supplement</td>
</tr>
<tr>
<td>Insulin</td>
<td>O3 Cleaner</td>
</tr>
<tr>
<td></td>
<td>Energetic H2O equipment</td>
</tr>
<tr>
<td></td>
<td>Pulse counter</td>
</tr>
<tr>
<td></td>
<td>Glucose Meter</td>
</tr>
</tbody>
</table>

Some of these tests are a must for each individual (left column of Table 2). Optionally, measurement devices or supplements in view of relief may be provided to the individual (right column of Table 2).

Table 3 shows a summary of exemplary contents of a textbook in view of a cerebral-cardiovascular disease prevention and improvement program according to the present invention.

TABLE 3

<table>
<thead>
<tr>
<th>How to study this book</th>
</tr>
</thead>
<tbody>
<tr>
<td>A true case story of cerebral-cardiovascular disease</td>
</tr>
<tr>
<td>The real cause of cerebral-cardiovascular disease</td>
</tr>
<tr>
<td>Step1: Injury on endothelium of blood vessel</td>
</tr>
<tr>
<td>Step2: To form the plaque on endothelium of blood vessel</td>
</tr>
<tr>
<td>Step3: Blockage on blood vessel</td>
</tr>
<tr>
<td>Stress and Etiology &amp; progression of heart disease &amp; stroke and the relationship with risk factors</td>
</tr>
<tr>
<td>Risk assessment for the cerebral-cardiovascular disease</td>
</tr>
<tr>
<td>Quick relief for the cerebral-cardiovascular disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why does the cerebral-cardiovascular disease happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lowering your blood pressure</td>
</tr>
<tr>
<td>2. Removing the plaque from blood vessel</td>
</tr>
<tr>
<td>3. Lowering the C-reactive protein</td>
</tr>
<tr>
<td>4. Softening the blood vessel</td>
</tr>
</tbody>
</table>

[0105] In a textbook, the individual is given information about the program. There are several purposes of the program. Through the application of knowledge and skill learning taught by the program, the individual can:

[0106] become aware of the risk factors that may affect cerebral-cardiovascular system

[0107] apply a correct diet selection in the daily life

[0108] establish a good lifestyle in view of cerebral-cardiovascular health

[0109] learn to use nutritional supplements to support the cerebral-cardiovascular function

[0110] As a final outcome, through the application of knowledge and skill learning from the program, every individual shall be capable to promote cerebral-cardiovascular health and keep his/her cardiovascular function in the best possible condition.

[0111] Table 4 shows exemplary contents of a check and practice manual part of textbook (not shown in detail) in context with a program for cerebral-cardiovascular disease prevention and improvement according to the present invention.

[0112] There is provided a sequence in a step by step process. The individual is asked to read texts, practise exercises and write essays in accordance with the schedule. Whenever the individual completes one item, he/she is asked to sign.
TABLE 4

Part 1: A true case story of cerebral-cardiovascular disease

1. Reading: pages 2–4 of the textbook
2. Essay: To write an essay on practice book page 1: have you ever experienced similar symptoms as the actor in the story?
3. Practice: To make a practice on practice book page 2: (To run the Body-mass test in the lab)
4. Practice: To make a practice on practice book page 3: your family history/status of current health and drug use
5. Practice: To make a practice on practice book page 4: To draw a blood sample for the cerebral-cardiovascular test panel in the lab

Part 2: The real cause of cerebral-cardiovascular disease

1. Reading: pages 5–6 of the textbook
2. Practice: To make a practice on practice book page 5: To evaluate your circulating function
3. Practice: To make a practice on practice book pages 6–8: To practice a blood pressure measurement and determine hypertension
4. Practice: To make a practice on practice book page 9: To run a blood test in the lab evaluating your oxidizing stress
5. Reading the auxiliary teaching material: How to promote antioxidizing ability
6. Reading: pages 7 of the textbook
7. Practice: To make a practice on practice book page 10: To run Arterial hardness test in the lab
8. Reading: pages 8 of the textbook

Part 3: To assess your risk of cerebral-cardiovascular disease

1. Reading: page 9 of the textbook
2. Practice: To make a practice on practice book page 11: To put your cerebral-cardiovascular test panel results on a chart

Part 4: The excellent tools to improve cerebral-cardiovascular disease

1. Reading: pages 10–11 of the textbook
2. Practice: To make a practice on practice book page 12: To fill the questionnaire and determine your predisposition
3. Reading: pages 12–14 of the textbook
4. Reading the auxiliary teaching material: To share a successful experience
5. Practice: To make a practice on practice book pages 13–15: To practice Yi-Chin-Gia exercise and observe blood pressure change
6. Reading: pages 15–17 of the textbook
7. Practice: To make a practice on practice book page 16: To fill the solutions into the chart on practice book page 11
8. Practice: To make a practice on practice book page 17: To evaluate the risk of cerebral-cardiovascular disease within next 10 years

Part 5: Why does the cerebral-cardiovascular disease happen?

1. Reading: page 18 of the textbook
2. Practice: To make a practice on practice book pages 18–20
3. Reading: pages 19–20 of the textbook
4. Practice: To make a practice on practice book page 21
5. Reading: page 21 of the textbook
6. Practice: To make a practice on practice book page 22
7. Reading: page 22 of the textbook
8. Practice: To make a practice on practice book page 23
9. Home work: To do the home work on practice book page 24
10. Reading: pages 23–25 of the textbook
11. Practice: To make a practice on practice book page 25
12. Reading: pages 26–27 of the textbook
13. Reading the auxiliary teaching material: cerebral-cardiovascular disease at a glance

Part 6: To learn how to stay away from cerebral-cardiovascular disease

1. Reading: page 28 of the textbook
2. Practice: To make a practice on practice book page 26
3. Reading: page 29 of the textbook
4. Practice: To make a practice on practice book page 27
5. Reading the auxiliary teaching material: To learn reading the food labels
6. Practice: To make a practice on practice book page 28
7. Practice: To make a practice on practice book page 29
8. Reading: pages 30–31 of the textbook
9. Practice: To make a practice on practice book page 30
10. Practice: To make a practice on practice book page 31
11. Reading: pages 32–33 of the textbook
12. Practice: To make a practice on practice book page 32
13. Practice: To make a practice on practice book page 33
14. Practice: To make a practice on practice book page 34
15. Reading: pages 34–36 of the textbook
16. Practice: To make a practice on practice book page 35
17. Reading: pages 37–40 of the textbook
18. Practice: To make a practice on practice book page 36
TABLE 4-continued

19. Practice: To make a practice on practice book page 37
20. Practice: To make a practice on practice book page 38
21. Reading the auxiliary teaching material: The relationship between fats and inflammation
22. Reading: pages 41-42 of the text book
23. Practice: To make a practice on practice book page 39
24. Practice: To make a practice on practice book page 40
25. Reading: pages 43-45 of the text book
26. Practice: To make a practice on practice book page 41
27. Reading: pages 46-47 of the text book
28. Reading the auxiliary teaching material: The method of quitting smoking
29. Reading: pages 48-50 of the text book
30. Reading the auxiliary teaching material: To enhance your cerebral-cardiac function/fast walking
31. Practice: To make a practice on practice book page 42
32. Practice: To make a practice on practice book page 43
33. Reading: page 51 of the text book
34. Practice: To make a practice on practice book page 44
35. Reading the auxiliary teaching material: Body-mind exercise
36. Practice: To make a practice on practice book page 45
37. Reading: page 52 of the text book
38. Reading the auxiliary teaching material: Caution for hypertension
39. Essay: To write an essay on practice book page 46
40. Reading: page 53 of the text book

[0113] The contents shown in the textbook represent the knowledge the individual should learn and understand through the SOAP process in the invention. The contents in the check and practice manual guide the individual in reading the textbook and in getting the information and knowledge. The individual thereby is involved in gaining objective information (test results) in the O process and record these test results in the check and practice manual.

[0114] Table 4 generally shows a structure of such books, without explaining its contents in detail. Typical contents of the book will now be shown by way of example with references to Figs. 2, 3, 4, 11 and 15. Similar contents may be prepared for other diseases or health problems.

[0115] In the textbook, an overview map of the etiology and progress of heart disease and stroke and the relationship with risk factors (functional deficiency) is shown to the individual. Fig. 2 shows such an overview map according to the present invention.

[0116] In the centre portion of Fig. 2 in rectangles there are shown potential health problems, health risks or actual health problems. The problems shown in Fig. 2 are directed to heart disease and stroke problems. From the top to the bottom of Fig. 2, health problems are increasing and the individual’s health is gradually degrading.

[0117] These specific health problems or potential health risks are surrounded by health indicators which represent personal objective information of the individual. In context with the problems relating to heart disease and stroke, such indicators may be an high level of Fibrinogen, high APO B, hypertension, high TG, LDL, LPa or a low level of HDL which acts e.g. on accumulation of cholesterol, macrophage and collagen. C-reactive proteins, free radicals or LPA may also have an effect on injury of the arterial wall or fatty streaks. High insulin or high homocysteine may have an influence on thrombosis. During the program according to the present invention, the individual starts to understand that these health indicators are in direct context with the health problems or potential health risks. Furthermore, the individual starts to understand and is taught a sequence of health problems or health risks which may at the end lead to severe health problems such as stroke.

[0118] The textbook includes another overview map of the stress etiology and progress of heart disease and stroke and their relationship with risk factors (functional deficiency) and lifestyle and behaviour. This overview is revealed to the individual again.

[0119] Fig. 3 shows such an overview map according to the present invention. The individual is taught how specific behaviour or lifestyle has an effect on health indicators or a pathology or functional deficiency. In particular, the effects of an inadequate diet, smoking, stress or lack of exercise and specific vitamin on the health indicators or on the pathology of functional deficiency is explained to the individual. Based on the representation of Fig. 3 or based on parts taken out thereof, the individual starts to understand why lifestyle has to be changed in order to reduce health risks or health problems. Pathological situations and functional deficiencies are shown in the rectangular map for the centre of Fig. 3. Health indicators are surrounding the rectangular boxes and are shown in circles which represent risk factors caused by functional deficiency in molecular, cell or tissue level.

[0120] Specific behaviour, lifestyle but also external factors which influence the pathology or functional deficiency are surrounding the health indicators and are displayed as clouds.

[0121] Health indicators are provided by a health status-check-up, in particular done individually by the individual. Such indicators may be a pathological indicator. Typically, such indicators indicate existing diseases based on symptoms which are visible in the past or at present. Such “lag” indicators indicate an existing disease and may show that there is a requirement for immediate relief.

[0122] Functional deficiency indicators may be leading indicators, e.g. indicating that certain health problems exist, which have not yet led to symptoms perceived by the individual or by a clinical protocol. Such leading indicators e.g. may be an increased blood pressure close to a pathological limit but not yet above such limit.
Thirdly, genetic predisposition indicators may be analysed. Typically, genetic information may indicate a higher risk of a certain person to suffer from diseases some day, although there are no actual symptoms.

Depending on the type of indicator, different treatments of the individual, e.g. in different facilities as shown in FIG. 9 herein below may necessary. FIGS. 2 and 3 show exemplary contents of the book in view of cardiovascular diseases. Similar figures will be provided in view of other types of diseases or health problems.

Chronic diseases based on modern lifestyle are increasing nowadays. Typically, many chronic diseases may be based on mental pressure or on stress. Such diseases may be a disorder of the immune system such as cancer, allergies, collagen diseases or ulcer due to mucosal disease. Several cardiovascular diseases such as arteriosclerosis and obstruction, thrombosis, cerebrovascular diseases, arrhythmia or ventricular fibrillation may also be due to pressure. Diseases relating to brain function such as brain cell death leading to memory loss, damaged connection of nerves in the hypocampus leading to memory loss or disturbed neurotransmitter functions leading to emotional disorder may be based on stress. Furthermore, stress may influence the metabolic system or the digestive system. Typical solutions to stress induced diseases may be stress management by controlling the pressure source, by developing anti-stress supporting systems or also be learning to relieve the stress. The autonomic nerve or the impulse parasympathetic nerve may be adjusted by acupuncture, by bathing, healthier food, massage or guasha. Body-mind balance exercises such as yoga may also help to relief pressure or stress.

A second source for diseases may be wrong or bad food. Such disease may be typically diabetes or the X-syndrom or cerebral-cardiovascular diseases, but also saturated fat or hoard induced obstruction, sclerosis or overweight. Typical solutions may be the selection of integrated food and supplements which fit a metabolic type of the individual (e.g. determined by item 6 in table 1). Furthermore, elimination and avoidance of ingestion of heavy metals may be a solution to this type of problems.

A third type of chronic lifestyle illness may be caused by improper posture and lack of exercise. Typical symptoms may be backache, headache or irritation. Solutions may be reconstruction of the vertebra function by back intensification exercises, physical fitness exercises, improvement of a living environment and of posture but also relief and release of physical pressure (see also FIG. 15).

FIG. 4 shows a map which will be shown and explained to the individual in view of understanding the processes in context with the function and root causes of hypertension.

The left and the right hand side branch of FIG. 4 show pathways leading to hypertension which are based on influences from the brain to the sympathetic nervous system (left branch) and to the adrenal gland (right branch). Where and how medication such as alpha blockers, beta blockers or Ca channel blockers intervene in this pathway is indicated.

Hypertension as a result of these pathways has its roots mainly in psycho stress, hidden stress or physical stress. Such hypertension is rather brain driven. A wrong diet and obesity may furthermore influence these pathways.

The middle branch of FIG. 4 shows a kidney driven pathway which influences hypertension, e.g. by intake of too high amounts of salt. The genetic effect of e.g. AGT, ACE or AGTIR1 or Renin on production or conversion of angiotension I and II and aldosteron is shown. Counter measures by medication such as ACE inhibitors or AGTII blockers are shown and may be explained to the individual on the basis of this map.

By showing and explaining this map to the individual, the individual understands the causes and possible counter measures of hypertension.

Individuals having certain genetic predisposition, e.g. shown by tests according to category 2 in Table 1 hereinabove will now understand that they may be at a risk to suffer from hypertension.

By way of example item 24 in Table 1 shows whether in the autonomic nervous system, the sympathetic or the parasympathetic nervous system is more active. Individuals having a more active sympathetic nervus system rather suffer from brain driven hypertension. The cause for hypertension of individuals having a more active parasympathetic nervous system is rather kidney driven. Depending on the result of item 24, the reason or risk for the individual to suffer from hypertension based on the brain driven pathways (right and left branch in FIG. 4) or based on the kidney driven pathway can be explained and appropriate medication (e.g. alpha blocker, beta blocker or Ca channel blockers for brain driven hypertension or ACE inhibitors, AGTII blockers, direct or beta blockers for kidney driven hypertension) may be prescribed.

As a long term action in context with the above mentioned program, the individual with a kidney driven hypertension will be taught how to change the life style, e.g. by restricting salt intake or by taking appropriate food or nutricenticals in order to reduce or replace such medication in view of avoiding side effects of such medication. Typical food supplements may be products such as Fosfu anti hypertension food sold by Ameal S, or Katsuo bushi (dried bonito) Oligopeptid sold by Nippon Supplement, Inc.

As a long term action, individuals with brain driven hypertension will be taught to practise mind body balance exercises such as meditation or deep breathing or improvement of diet and reduction of weight in order to reduce the activity of the sympathetic nervous system.

FIG. 5 shows a flow chart of the general process carried out if an individual wants to participate in a method for changing lifestyle and improper health behaviour according to the present invention. After reception and an initial visit, an overall assessment is made. This is done after an overall questionnaire is answered and medical information are obtained from the individual.

This step is followed by a basic blood and urine test and basic functional deficiency test. After this overall assessment it is decided whether further examination is necessary. This consultation of an integral professional team or optionally of a medical doctor or physician assistant leads to a certain prescription. Depending on the prescription, treatments of the individual may need to be taken (see also FIG. 9). Individuals with a complex chronic condition should be treated immediately in a facility specialized for this condition. A complementary alternative therapy may be integrated.
with the conventional medicine to start a holistic therapy in view of improving the individual’s healing power but also to quickly relief an uncomfortable complaint. If no immediate reaction is required, a program is selected for the individual and the individual follows said program. A program may also be prescribed directly to the individual based on the basic test result and on overall assessment.

[0139] FIG. 6 shows in more detail the process shown in FIG. 5. During the reception step the individual and consumers are interviewed by a receptionist. Typically, basic tests are proposed to the individual, registration and payments are made. In these basic tests, the individual’s basic information in view of choosing a program to which the individual shall attend is acquired. In particular, health or body parameters such as height, weight, body construction, blood pressure are taken or health care questions are answered. It is also possible to consult a doctor for a short period of time in view of confirmation of a content of a selected program or also in view of a prescription by a doctor for short term relief. After registration and payment by the individual for a specific program or classroom, a schedule is made with the individual.

[0140] During the program, classrooms are held in view of the chosen program. During classroom periods entry tests are done, knowledge is transferred to the individual and the learning and practicing process is verified. Classrooms may be accompanied by consultation of doctors or other experts. Classes are made on the basis of teaching means such as books.

[0141] At the end of the program, the success of the program is analysed and the experiences between participants are shared. It is furthermore possible to follow or coach the individual after the end of the program, e.g. by remote monitoring health parameters or the like.

[0142] The program may also be carried out on the basis of teaching means such as an electronic book as shown by way of example in FIG. 7.

[0143] The electronic book comprises a main body 500, 501 is a main LCD display to display a text, e.g. as described in Table 2 and Table 3. 502 is also one part of the LCD display but equipped with a touch screen for entering the data and information. 504 to 509 are keys set for operating the electronic book.

[0144] 510 is another data port that could be a socket for wire connection or a wireless port like Bluetooth or IRDA to receive the objective information transmitted from a measuring device 600. In this example, this is a blood pressure monitor.

[0145] 511 is a socket to plug in a memory card to upload the contents of the program to which the individual attends to the electronic book. The memory card may also be used to receive and store the gathered information of the individual. A personal plug-in memory may be used for several purposes. It may be used to upload to the book the contents of the program to which the individual attends. The contents of the program may also be uploaded online through a communication network such as the internet. The plug-in memory may also be used for storage of data of the individual, e.g. information gathered during attendance to the program. From time to time the individual may upload data from the card to the individual database.

[0146] This electronic book can be installed in an unmovable manner in a table in a classroom. It can also be a portable unit purchased or leased and carried home by the individual in between the courses of the program or after the end of the program. The electronic book may be connected to a communication device such as a mobile phone through another data port 512 that could be a socket for wire connection or a wireless port like Bluetooth or IRDA. In particular in view of making such a book less expensive and less heavy, the use of an external communication device such as mobile phones may be useful.

[0147] According to this embodiment, all of the knowledge which the individual has to learn, including the information mentioned in the above text book, the guiding instructions including gathering and entering the objective information, check lists in view of reading, practicing and understanding the contents of the book and the information related to trial behaviour and skill development and the check and practice manual can be integrated in the electronic book. This can be supported also by multimedia, including text, audio and video. The embodiment will make this kind of learning and class become a very convenient and knowledgeable tool.

[0148] FIG. 8 shows a block diagram of the electronic book as schematically shown in FIG. 7. The electronic book comprises a central processing unit CPU. The book is provided with a plurality of communication interfaces such as a modem connection, a RS 232, IrDA, USA or LAN interface. A LCD display and touch panel with appropriate controllers is also provided. The book further includes an audio unit with an amplifier and a speaker, memories such as flash memories or RAM controlled by a memory controller. It can also be provided with external expanded memory. A matrix of buttons may be provided for operation of the book.

[0149] FIG. 9 shows an overview of a system for delivering health care. This system basically consists of three facilities which are designed for different types of treatment.

[0150] For healthy individuals desiring to have disease prevention or health promotion and for individuals having a chronic precondition, a school for a healthier life is provided. This school is especially running a program as shown or explained in FIG. 1 to 6 and tables 3 to 4 herein above. In different classes in this school, an individual is taught how to change his/her lifestyle or behaviour. Typically, the school may have different subjects which are taught.

[0151] One classroom is directed to environmental medicine. The individual learns how the environment may influence health.

[0152] Another classroom is directed to genetic aspects. Individuals learn to know whether they are at a genetic risk to suffer from certain diseases and how to take counter measures.

[0153] A third classroom is directed to food intake and metabolism. During courses, the individual learns to understand the effect of different nutrition on the body and health and how to correctly purchase, cook and eat food and nutrient supplements in order to meet the individual’s need and to provide a positive effect on the health.

[0154] A fourth class is directed to biophysical aspects, e.g. to issues in relation with joints, muscles, bones or the...
skeleton. In particular, the posture or bearing of a person may be analysed and improved (see also FIG. 15). This may relate to posture during sleep, during work and/or during walking.

[0155] In a fifth classroom, the individual learns to understand the interaction of the mind to the body and how to practice for mind-body balance.

[0156] In a sixth classroom, the individual is taught and guided in view of medication and the effects of medication on the body.

[0157] The term class room is used in this context in view of different topics which are taught. Of course different class rooms requiring similar equipment may be located at the same physical location or in the same physical room.

[0158] In context with a school for a healthier life, this system may also provide actions or tools in view of improving the patient’s or in the individual’s health. This may be in particular done through association with external partners such as healthy food stores, fitness clubs, wellness resorts, sports centres but also tools for improving the environmental situation such as water cleaners and the like. The school for healthy life may be in interaction with laboratories allowing to make low cost tests and also with a healing clinic in case improvement of a chronic pathological situation will be necessary.

[0159] A second facility according to the present invention is a healing clinic in view of improving chronic problems. This healing clinic typically offers a holistic and optimal treatment which may include energy therapies, mental healing, biology based therapies, manipulative, body based therapies or other complementary and alternative therapies integrated with conventional medicine to provide the patient with an optimal solution based on the clinical condition of the patient. Such a healing clinic is especially used for individuals with a chronic precondition or with less severe health problems.

[0160] In the healing clinic, the inner healing power of the individual is improved and restored.

[0161] A third facility of the system according to the invention is a centre of excellence for specific complex chronic diseases for individuals with a complex chronic condition. Such hospitals are especially necessary in view of immediate relief from severe health problems. As soon as acute conditions caused by a complex chronic condition are treated and the health status improves, the individual may be referred to the healing clinic. This may also be accompanied by a remote health monitoring service after the hospital discharge.

[0162] FIG. 10 shows different health status. Depending on the status, individuals are classified into different categories and are treated in one of the facilities shown in FIG. 9. Healthy persons will attend classrooms in a school for healthy life. They start to know their body and to have a proper lifestyle.

[0163] Persons with a “sub-healthy” status may join the school for healthy life or also a healing clinic in view of eliminating latent disease factors or reversing the disease state. An acute problem caused by a complex chronic condition is treated by medicine or surgery in a centre of excellence to control or restore the damage or the function of the organism followed by a holistic treatment in the healing clinic to improve the inner healing power. The long term health can be maintained and promoted by a daily life strategy such as nutrition, proper diet, exercise or change of improper lifestyle and management of stress.

[0164] Seriously ill individuals are treated by medicine or surgery.

[0165] Depending on the status of the individual, the specific facility is helping to progress the health.

[0166] The system shown in FIG. 9 may further be based on the finding that diseases can be categorised according to a process by which they primarily may be caused. In particular, they may be caused by an inadequate lifestyle or behaviour which interacts with the environment and eventually disturbs, effects and degrades the functions of the cells, tissues, organs which belong to this physiological process. It has been found that if the human organism is considered to have a nutrition/food intake and metabolism process, a Psycho-Neuro-Immuno process and a biophysical or muscle-skeleton process as shown in FIG. 11, the root cause of a large number of known diseases can be easily found and appropriately treated.

[0167] By way of example, FIG. 11 shows in the left hand side a food intake and metabolism process. In the middle branch there is shown a neuro-immuno or mind-body process. In the right branch a biophysical or bone-muscle-skeleton process is shown. FIG. 11 typically may be part of the book as mentioned above for explaining the individual the function and effects of these different processes.

[0168] These three processes and some of the major chronic diseases relating to these processes are shown in Table 5.

| TABLE 5 |
|------------------|------------------|
| Disease categories for major chronic lifestyle disease |
| Major chronic disease related to food centric metabolic process | Cardiovascular diseases, Diabetes, Obesity |
| Chronic disease related to MIND-Body-IMMU (PNI) process | Mood disease, Depression, Alzheimer’s Disease, Cancer |
| Chronic disease related to physical Body Basic process | Auto-immune disease, Allergies, Asthma, Fitness, Muscle tone, Joint flexibility, Bone broken |

[0169] Typically, chronic diseases related to the food centric metabolic process may be cardiovascular diseases, diabetes or obesity.

[0170] Chronic diseases related to the mind-body or the so-called Psycho-Neuro-Immuno process may be immune diseases, alzheimer, cancer, auto-immune diseases, allergies or asthma.

[0171] Chronic diseases related to the biophysical process may be broken bones, reduced joint flexibility, muscle tone or poor fitness.

[0172] Depending on these processes, specified facilities for treating and educating the individual are provided and a
more integrated professional team by be formed and trained to provide a more continuous and effective health care service.

[0173] While these processes are considered to be primarily continuous, independent processes, of course there may be interaction between these processes. The crossing lines at the background of FIG. 11 indicate that organs and cells are mutually interconnected.

[0174] FIG. 11 thus shows a new approach to view and understand the human organism from the point of view of an ordinary individual. Instead of viewing the human organism as a plurality of systems defined by functionalism, e.g. the circulation system, respiration system as it is done in standard medicine, this new approach provides an overall picture for the human organism with a simpler and easier explanation to understand the operation of the organism based on physiological processes. Health issues caused by the determining factors for health which interact with these processes can be basically controlled and addressed by empowering and educating the consumer to change the lifestyle and build up correct knowledge and healthy behaviour. This approach is further based on the finding that a whole process will be generally inefficient if there are problems at one point which belongs to that process. The map in FIG. 11 also helps to explain to the individual that the processes are in interaction and are influenced by genes, lifestyle and living environment.

[0175] FIG. 12 schematically shows a reward program for providing an incentive to the individual. By signing up a written agreement containing a due date and a quantitative goal, an individual may join a reward program, e.g. right after or during he or she attends the learning program. The due date typically could be after six months or a year. A quantitative goal could be a lower pulse rate per minute, a certain body fat, weight, or total cholesterol. When the individual achieves the goal before or at the due date, he or she may redeem the reward. Un-redeemed rewards could be accumulated to a next period of agreement. For those who choose not to redeem the reward in case of an achieved goal after each agreement period, a reward can be accumulated to renew the agreement and to repeat the reward program for a certain period.

[0176] FIG. 13 shows an IT platform used in context with a system or method according to the invention. An organisation or individual 1 operating a system according to the invention uses a web server to operate a web site. Programmable code of the web site is stored on said web application server. The platform includes program database 2 which contains learning programs and trial behaviour items used in a teaching and learning program as explained hereinabove.

[0177] A professional coach 3 uses a web server to operate another web site, for him to manage and guide an individual database 8. Once a new program for an individual is defined and created, the system will request data of a program 4 from the Program database 2. A result 5 will be fed back to the web related to the individual database.

[0178] The individual uses an electronic book 9 to enrol into or order a program. The status of the individual will first be checked by a certification server 7, then be passed to the individual database 8. Data for starting a program will be downloaded to the E-book first. Then a request for downloading an individual teaching and guiding program will be made. The individual database 8 includes data such as the SOAP notes of the individual (gathered objective information), personal profiles relating to lifestyle or health parameters (so called lifeware data), personal behaviour records or data relating to the program.

[0179] While attending a program, further devices such as a mobile phone 10 with a camera may be used e.g. to capture photos or videos of a special posture or image. Such image or video may be transmitted to the E-Book. The phone or camera may be used for many different purposes. The individual may e.g. use the phone to look up information when purchasing food in a supermarket in order to check whether a specific food is suitable in context with the lifestyle change program.

[0180] It is also possible for the individual to record certain situations, e.g. posture or specific food but also situations in context with emotional stress in view of a later discussion with his or her coach or teacher. This system can be extended to a personal life assistant system which assists the individual not only in view of health issues but e.g. also in view of social or family issues. By recording situations, e.g. discussions or interaction between a couple or between colleagues at work, the individual may show real life situations to his or her coach which then can develop counter measures together with the individual.

[0181] The personal life assistant 9 is a personal central device allowing the individual to store information, gather new information, learn and communicate. It typically includes a specifically designed operation system onto which appropriate application can be run.

[0182] Other objective information 11 of an individual may be collected by another equipment such as measuring devices. These data can be input into the E-Book.

[0183] When attending for the first time a program according to the invention, the individual may learn with paper textbooks. When he or she is familiar with the learning model, he or she may switch to learn with the Electronic Book for a next program. The E-Book may be rented or shared between users.

[0184] After frequent programs, the Individual may also buy such electronic book by his own.

[0185] FIG. 14 shows a remote monitoring or follow up system. Customer service representatives 16 work with a call center system to create individual accounts for individuals who joined a follow-up program. The representatives 16 are qualified with nursing background and trained to personalize items for the individual who subscribed the program. Every day the representative 16 remotely monitors the follow-up records of a large number of individuals’ daily health status or medication compliance. The representative 16 delivers appropriate responses or actions to the individual, e.g. by direct phone calls, informing medical professionals. Responses and actions are kept as part of the follow-up records.

[0186] The follow-up program database for Remote Monitoring 12 is an extension of the Program database 2 and individual database 8. The Remote monitoring system further may be a mass storage system of all the follow-up records. The Program database 2 replicates its data portion
for follow-up purposes, whereas the individual database replicates its data to the follow-up program database.

[0187] An individual who joins a follow-up program may use a web browser to deal with daily monitored follow-up items. Such an item typically may be the measurement of a medical parameter or compliance with a medication schedule. There is a personal web page for the individual having a secure login with a user ID and password to protect health privacy.

[0188] The individual may choose to use a simple home terminal instead or in addition. This Terminal has a LCD panel to display questions in text mode. Answers may be provided by pressing one of the few buttons, like “1”, “2”, “3”, “4” or “Yes” / “No”. When the individual is asked for numerical questions such as “what is your systolic blood pressure now”, is displayed on the panel by default. E.g. by pressing the “>” key the value is increased by “1”, by pressing the “>>” key the value is quickly increased by “5”.

[0189] The terminal may also comprise a vocal mode where questions are given in spoken language. Answers may be given by pressing a specific button, e.g. representing “yes” or “no”. This is especially convenient for blind or elderly individuals.

[0190] A similar operation sequence can also be carried out on a Java or 3G mobile cellular phone. Before use, a follow-up program has to be downloaded into the terminal or the mobile phone. Individual’s answers are uploaded automatically to the database. A PC, the terminal or the mobile phone further may be equipped with a receiving port to transmit data from home monitors such as blood pressure meters.

[0191] FIG. shows by way of example a guiding tool for teaching the individual in view of a correct posture in context with the body basic process. Correct and incorrect posture is shown by way of pictures, e.g. printed in a text book, displayed in an electronic book or shown in a class room. The pictures may also be animated in case of an electronic book.

[0192] As many apparently widely different embodiments of the present invention can be made without departing from the spirit and scope thereof, it is to be understood that the invention is not limited to the specific embodiments thereof except as defined in the appended claims.

1. A method of teaching and guiding an individual in changing the lifestyle and building up a healthy or healthier behaviour, the method comprising the steps of making a basic assessment of said individual and defining specific health problems or potential health risks, in answer to said basic assessment defining at least one program to which said individual should attend wherein said at least one program includes teaching and guiding and actively involving the individual in individually gathering personal objective information represented by at least one health indicator relating to said health problem or potential health risk teaching said individual in accordance with a specific learning program in view of understanding a relation-ship between said objective information and a phenomenon or a symptom caused by pathology or a functional deficiency related to said health problem or said health risk

teaching and guiding said individual to understand the effect of a specific behaviour or lifestyle on said pathology or functional deficiency of the said health problem or health risk

guiding and teaching said individual to identify actions to be taken for changing the lifestyle and building up a healthy or healthier behaviour in view of reducing said health problems or reducing said health risks

2. A method according to claim 1, comprising the step of teaching said individual in accordance with said specific learning program in view of understanding a short to medium term action to be taken to relieve symptoms caused by said pathology or functional deficiency of said health problem or health risk.

3. A method according to claim 1, comprising the step of guiding and teaching said individual to identify actions to be taken in view of a long term plan for reducing said health problems or reducing said health risks.

4. A method according to claim 1, wherein said indicator is an indicator selected from the group of a lag pathology indicator, a leading functional deficiency indicator and a predisposition indicator.

5. A method according to claim 1, wherein said step of teaching and guiding includes teaching said individual in accordance with a specific learning program in view of understanding that a determining factor of health is at least one physiological process selected from the group of a food intake and metabolism process, a Psycho-Neuro-Immuno Process and a physical Muscle-Skeleton process interacting with the living environment, genetic predisposition and behaviour of the said individual.

6. A method according to claim 1, comprising the further step of making a choice of a treatment in a facility selected from a facility specialised in treatment of a specific class of complex health problems, a facility for improving the individual’s health, in particular by means of a holistic treatment, and a facility for guiding and teaching the individual to change the lifestyle and build up a healthy or healthier behaviour, said choice being made depending on the result of said assessment.

7. A method according to claim 1, wherein in said assessment, the individual is classified into a category selected from the categories of (1) a healthy condition, (2) a chronic precondition or a predisposition for developing a health problem or health risk and (3) a complex chronic condition.

8. A method according to claim 1, comprising the further step of remote monitoring or following up at least one health parameter of said individual or compliance of said individual with said specific schedule.

9. A method according to claim 1, wherein said program includes teaching said individual in at least one subject selected from the group of environmental influence on the health, genetic predisposition for a health risk, food intake and metabolism, physical and body knowledge, mind-body interaction and medication knowledge.

10. A method according to claim 1, wherein said program is selected from the group of prevention and improvement programs in view of a chronic lifestyle condition.
11. A method according to claim 10, wherein said program is directed to a health problem related to the physiological process of food intake and metabolism, in particular to at least one of cerebral cardiovascular diseases, type 2 diabetes, overweight and obesity, malnutrition, malabsorption and deficiency of vitamin detoxification.

12. A method according to claim 10, wherein said program is directed to a health problem related to the physiological process of Psycho-Neuro-Immuno system and/or hormone, in particular to Depression, Alzheimer, allergies, Asthma, Autoimmune diseases, cancer and hormone imbalance.

13. A method according to claim 10, wherein said program is directed to a health problem related to the physiological process of physical and bone structure, in particular to scoliosis, chronic back pain, poor fitness, poor muscle tone, or poor joint flexibility.

14. A method according to claim 9, wherein said group of programs further includes self care program in view of chronic fatigue, stress, Anemia, Menstrual cramp, cold, Headache, Insomnia, Abdominal, Discomfort, Adrenal fatigue, Bone loss, Menopause.

15. A method according to claim 1, wherein said program is designed primarily in view of understanding a process selected from the group of flow of nutrient, neurosignal, hormone and mechanical force in said physiological process in view of providing the individual with a systematic and comprehensive understanding and knowledge of the function of the human organism.

16. A method according to claim 15, wherein said program is further designed in view of increasing the individual’s awareness of a relationship between a symptom present in daily life and lifestyle in view of increasing the individual’s capability for self-care disease prevention or health management.

17. A method according to claim 1, comprising the further step of prescribing short term measures to the individual in view of immediate relief, depending on the result of said basic assessment.

18. A method according to claim 1, the method comprising the further step of providing the individual with at least one book directed to said program, said book including information in view of said health problem or health risk and being designed to be completed with personal data individually by the individual.

19. A method according to claim 18, wherein said personal data include said personal objective information.

20. A method according to claim 18, said book including information in view of trial behaviour and skill development for changing an improper lifestyle and behaviour.

21. A method according to claim 18, said book including information and procedure in view of ensuring that the knowledge and information of the said book are read and understood by the individual.

22. A method according to claim 1, comprising the further step of providing an electronic interactive book, said book including information relating to said program and being designed for interaction with said individual allowing entry of personal data into a memory of said book.

23. A method according to claim 22, wherein said personal data include said personal objective information.

24. A method according to claim 23, comprising the further step of providing in said electronic book information related to said health problem or health risk and information related to a trial behaviour and a skill development and providing a procedure for assuring that said information are read and understood by the individual.

25. A method according to claim 1, comprising the further step of providing an information technology platform for administration of an organisation carrying out said method.

26. A method according to claim 1, comprising the further step of providing a learning platform for teaching care persons to carry out said method.

27. A method according to claim 1, the method comprising the further step of defining and operating a reward program for said individual and providing said individual with a reward if a predetermined goal has been achieved by said individual.

28. A method according to claim 27, wherein said reward is selected from the group of paying an attending fee for the program from a tax free Health Saving Account, shares or stock options of an organization carrying out said method.

29. A method according to claim 1, wherein said objective information is information selected from the group of pathological information, functional information and information relating to genetic predispositions.

30. A system for teaching and guiding an individual to change the lifestyle and to build up a healthy or healthier behaviour, the system comprising at least one program to which said individual should attend, wherein at least one program includes

- means for teaching, guiding and actively involving the individual in individually gathering objective information represented by at least one health indicator relating to said health problem or potential health risk,
- means for teaching said individual in accordance with a specific learning program in view of understanding a relationship between symptoms caused by pathology or functional deficiency in context with said health problem or potential health risk and said objective information,

- means for teaching and guiding said individual to understand the effect of specific behaviour and lifestyle on said pathology or functional deficiency in context with said health problem and health risk,

- and means for guiding and teaching said individual to identify actions to be taken for changing the behaviour in view of reducing said health problems or reducing said health risks.

31. A system according to claim 30, further comprising means for teaching said individual in accordance with a specific learning program in view of understanding short to medium term actions to be taken to relieve a symptom caused by said pathology or functional deficiency of said health problem or health risk.

32. A system according to claim 30, wherein said system includes a at least one specific learning program in view of understanding that a determining factor of health is at least one physiological process selected from the group of the food intake and metabolism process, a Psycho-Neuro-Immuno Process and a physical Muscle-Skeleton Process which interact with living environment, genetic predisposition and behaviour of said individual.

33. A system according to claim 30, comprising at least one of a facility specialised in treatment of a specific class of complex chronic conditions, a facility for improving the
individual’s inner healing power by means of a holistic treatment and a facility for teaching the individual to change the lifestyle and build up a healthy or healthier behaviour.

34. A system according to claim 30, comprising means for remote monitoring or following up at least one health parameter of said individual or compliance of said individual with a specified schedule.

35. A system according to claim 30, wherein said facility for teaching the individual is designed for teaching at least one subject selected from the environmental influence on health, genetic predisposition for a health risk, food intake and metabolism, physical and body knowledge, mind-body interaction and medication knowledge.

36. A system according to claim 30 wherein said means for teaching and guiding are selected from the group of written books or electronic books.

37. A system according to claim 36, the system comprising at least one book directed to said program, said book including information and being designed to be completed with personal data, in particular data relating to the personal objective information, individually by the individual.

38. A system according to claim 30, the system comprising at least one book directed to said program, said book including information in view of trial behaviour and skill development for changing an improper lifestyle and behaviour.

39. A system according to claim 37, said book including information and procedures in view of assuring that the knowledge and information of the said book are read and understood by the individual.

40. A system according to claim 30, comprising an information technology platform for administration of an organisation carrying out said method.

41. A system according to claim 30, comprising a learning platform for teaching care persons to use said system.

42. A system according to claim 30, comprising at least one electronic interactive book, said book including information relating to said program and being designed for interaction with said individual, allowing entry of personal data into a memory of said book.

43. A system according to claim 42, wherein said data include said personal objective information.

44. A system according to claim 30, the system comprising means for operating a reward program for said individual and for providing said individual with a reward if a predetermined goal has been achieved by said individual.

45. A method for treatment of an individual, said treatment including at least one of a prevention against a health risk, improving the health and treating a pathological situation of said individual, the system comprising at least one facility specialised for treatment of health problems or health risk of a class of problems related to a specific physiological process, the process being selected from the group of a food intake and metabolism process, a Psycho-Neuro-Immuno process and a Biophysical process.

47. A method according to claim 45, wherein improving said health is made through improvement of an inner healing power and wherein treating said pathological situation is made through a medical procedure or through medication.

48. A system for treatment of an individual, said treatment including at least one of a prevention against a health risk, improving the health and treating a pathological situation of said individual, the system comprising at least one facility specialised for treatment of health problems or health risk of a class of problems related to a specific physiological process, the process being selected from the group of a food intake and metabolism process, a Psycho-Neuro-Immuno process and a Biophysical process.

49. A method for treating an individual, said method comprising the steps of

- making an assessment of the individual in view of defining at least one health problem or health risk
- depending on the result of said assessment, choosing a treatment in one of a facility specialised in treatment of a specific class of health problems, a facility for improving the individuals health, in particular by means of a holistic treatment and a facility for teaching and guiding the individual to change the lifestyle and build up a healthy or healthier behaviour.

50. A method according to claim 49, comprising the step of teaching and guiding and actively involving the individual

- in individually gathering personal objective information represented by at least one health indicator relating to the said health problem or potential health risk
- in understanding a relationship between said objective information and a phenomenon or symptom caused by pathology or functional deficiency of the health problem and health risk
- in understanding the effect of specific behaviour and lifestyle on said pathology or functional deficiency related to said health problem or health risk
- in identifying actions to be taken for changing the lifestyle and building up a healthy or healthier behaviour in view of reducing said health problems or reducing said health risks.

51. A method according to claim 50, comprising the further step of teaching said individual in understanding short to medium term action to be taken for relief of the symptom caused by said pathology or functional deficiency of said health problem or health risk.

52. A method according to claim 50, wherein said indicator is an indicator selected from the group of a illness indicator, a functional deficiency indicator, a predisposition indicator

53. A method according to claim 50, wherein said step of teaching includes teaching said individual in accordance with a specific learning program in view of understanding that a determining factor of health is related to at least one physiological process selected from the group of the food intake and metabolism process, a Psycho-Neuro-Immuno Process and a physical Muscle-Skeleton process.
54. A method according to claim 49, wherein in said assessment, the individual is classified into a category selected from (1) a healthy status, (2) a chronic precondition or a predisposition for developing a health problem or a health risk or (3) a complex chronic condition.

55. A method according to claim 50, comprising the further step of remote monitoring or following up at least one health parameter of said individual or compliance of said individual with a specified schedule.

56. A method according to claim 49, wherein said holistic treatment for treating said individual in at least one therapy is selected from the group of complementary and alternative therapies including energy therapy, mental therapy, biologically based therapy, manipulative and body based therapy, acupuncture, and homeopathy.

57. A method according to claim 56, wherein said holistic treatment further is including with therapy of western conventional medicine.

58. A method according to claim 49, wherein said teaching and guiding includes teaching said individual in at least one subject selected from the group of environmental influence on the health, genetic predisposition for a health risk, food intake and metabolism, physical and body knowledge, mind-body interaction and medication knowledge.

59. A method according to claim 49, comprising the further step of prescribing short to medium term measures to the individual in view of immediate relief depending on the result of said assessment.

60. A method according to claim 49, the method comprising the further step of providing the individual with at least one book directed to said health problem or health risk, said book including information relating to said health problem or health risk and being designed to be completed with personal data individually by the individual.

61. A method according to claim 60, said book including information in view of trial behaviour and skill development for changing an improper lifestyle and living behaviour.

62. A method according to claim 60, said book including information and procedure in view of assuring that the knowledge and information of said book are read and understood by the individual.

63. A method according to claim 49, comprising the further step of providing an information technology platform for administration of an organisation carrying out said method.

64. A method according to claim 49, comprising the further step of providing a learning platform for teaching a teacher or doctor to carry out said method.

65. A method according to claim 49, comprising the further step of providing an electronic interactive book, said book including information relating to said health problem or health risk and being designed for interaction with said individual allowing entry of personal data into a memory of said book.

66. A method according to claim 65, wherein said data include said personal objective information.

67. A method according to claim 65, wherein said book includes information related to said health problem or health risk and information in view of trial behaviour and skill development and a means for assuring that the said information are read and understood by the individual.

68. A method according to claim 49, the method comprising the further step of defining and operating a reward program for said individual and providing said individual with a reward if a predetermined goal has been achieved by said individual.

69. A method according to claim 68, wherein said reward is selected from the group of shares or stock options of an organization carrying out said method.

70. A method according to claim 50, wherein said objective information is information selected from the group of pathological information, functional information and information relating to genetic predispositions.

71. A system for treating an individual, said system comprising a facility specialised in treatment of a specific class of health problems

a facility for improving the individual’s inner healing power, in particular by means of a holistic treatment and

a facility for teaching the individual to change the lifestyle or build up a healthy or healthier behaviour.

72. A system according to claim 71, wherein said facility for teaching the individual to change the lifestyle and build up a healthy or healthier behaviour comprises means for teaching and guiding and actively involving the individual in individually gathering objective information, represented by at least one health indicator relating to said health problem and potential health risk,

means for teaching said individual in accordance with a specific learning program in view of understanding a relationship between said health indicator and said health problem or health risk

means for teaching and guiding said individual to understand the effect of specific behaviour and lifestyle on said pathology or functional deficiency of the said health problem and health risk

and means for guiding and teaching said individual to individually identify actions to be taken for changing the behaviour in view of reducing said health problems or reducing said health risks.

73. A system according to claim 71, wherein said facility for teaching the individual to change the lifestyle and build up a healthy or healthier behaviour includes at least one specific learning program in view of understanding that the determining factor of health is related to at least one physiological process selected from the group of the food intake and metabolism process, a Psycho-Neuro-Immuno Process and a physical Muscle-Skeleton process interacting with the living environment or genetic predisposition.

74. A system according to claim 71, wherein said facility for treating the health problem and teaching the individual to change the lifestyle and build up a healthy or healthier behaviour comprises means for remote monitoring or following up at least one health parameter of said individual or compliance of said individual with a specified schedule.

75. A system according to claim 72 wherein said means for teaching and guiding are selected from the group of written books and electronic books.

76. A system according to claim 75, wherein said means for teaching and guiding are provided with wire or wireless linking to at least one medical parameter measuring device.
77. A system according to claim 75, said book including information and being designed to be completed with personal data individually by the individual.

78. A system according to claim 75, book including information in view of trial behaviour and skill development for changing an improper lifestyle or behaviour.

79. A system according to claim 75, said book including information and procedures in view of assuring that the knowledge and information of the said book are read and understood by the individual.

80. A system according to claim 71, comprising an information technology platform for administration of an organisation operating said system.

81. A system according to claim 71, comprising a learning platform for teaching care persons, teachers and doctors, to use said system.

82. A system according to claim 71, comprising at least one electronic interactive book, said book including information relating to said program and being designed for interaction with said individual allowing entry of personal data into a memory of said book.

83. A system according to claim 82, wherein said data include said personal objective information.

84. A system according to claim 82, wherein said book includes information related to said health problem or health risk and information in view of trial behaviour and skill development and a procedure for assuring that the said information are read and understood by the individual.

85. A system according to claim 71, the system comprising means for operating a reward program for said individual and for providing said individual with a reward if a predetermined goal has been achieved by said individual.

86. A system according to claim 30, the system further comprising at least one device for recording and storing data, in particular multimedia data such as text, audio and video, wherein said device is adapted for connection with a personal electronic device, in particular an electronic book for teaching, guiding and learning, to be used by said individual.

87. A system according to claim 86, wherein said device is selected from the group of a mobile phone, a camera, a personal digital assistant, a terminal and a medical measuring device.