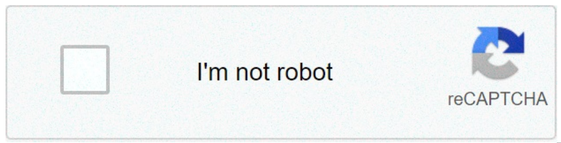

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Communicable diseases meaning in tamil

Non communicable diseases meaning in tamil.

Essay Store. Essay Store. This article is about the science of healing. For medications, see medications. For other uses, see Medicine (disambiguation). Diagnosis, Treatment and Prevention of Disease MedicineStatue of Asclepius, the Greek god of medicine, holding the symbolic Rod of Asclepius with his spiral serpentSpecialist medical specialtyGlossaryGlossary of medicine is the science[1] and practice[2] of care for a patient, management of diagnosis, prognosis prevention, treatment, palliation of their wound or disease, and promotion of their health. Medicine includes a variety of advanced health practices to maintain and restore health by preventing and treating disease. Contemporary medicine applies biomedical sciences, biomedical research, genetics and medical technology to diagnose, treat and prevent injuries and diseases, typically through drugs or surgery, but also through different therapies such as psychotherapy, external sprays and traction, medical devices, biological and ionizing radiation, among others. [3] Medicine has been practiced since prehistoric times, during most of which it has been an art (an area of skill and knowledge) that often has links with the religious and philosophical beliefs of the local culture. For example, a doctor would apply herbs and say prayers for healing, or an ancient philosopher and doctor would apply bleeding according to humor theories. In recent centuries, since the advent of modern science, most medicine has become a combination of art and science (both basic and applied, under the umbrella of medical science). While the sewing technique for sutures is an art learned through practice, knowledge of what happens at the cellular and molecular level in stitched tissues is born through science. Prescientific forms of medicine are now known as traditional medicine or folk medicine, which remains commonly used in the absence of scientific medicine, and are therefore called alternative medicine. Alternative treatments outside scientific medicine that have safety and efficacy problems are called quackery. Etymological medicine (UK: /ËmÉ Ds Éan/ (listen), US: /ËmÉ DdÉasÉasÉan/ (listen)) is the science and practice of the diagnosis, prognosis, treatment and prevention of disease. [4][5] The word “medicine” comes from the Latin medicus, which means “a doctor.” [6][7] Clinical Practice The Doctor by Sir Luke Fildes (1891) Medical availability and clinical practice varies around the world due to regional differences in culture and technology. Modern scientific medicine is highly developed in the Western world, while in developing countries such as parts of Africa or Asia, the population can rely more heavily on traditional medicine with medical evidence. limited effectiveness and no formal training required for practitioners. [8] In the developed world, testing-based medicine is not universally used in clinical practice; for example, a 2007 survey on literature reviewsThat about 49% of interventions lacked sufficient evidence to support benefit or damage. [9] In modern clinical practice, doctors and medical assistants personally assess patients in order to diagnose, prognosis, treat and prevent disease using clinical judgment. The patient's medical relationship typically begins an interaction with an examination of the patient's medical history and medical registry, followed by a medical interview [10] and a physical examination. The basic diagnostic devices (for example stethoscope, language depressor) are typically used. After the examination for the signs and the interview for the symptoms, the doctor can order medical tests (for example blood tests), take a biopsy, or prescribe pharmaceutical drugs or other therapies. Differential diagnosis methods help to exclude the conditions based on information provided. During the meeting, adequately inform the patient of all relevant facts is an important part of the relationship and development of trust. The medical meeting is then documented in the medical documentation, which is a legal document in many jurisdictions. [11] Follow-ups can be brief but follow the same general procedure, and specialists follow a similar process. The diagnosis and treatment can only take a few minutes or a few weeks depending on the complexity of the problem. The components of the medical interview [10] and the meeting are: the main complaint (CC): the reason for the current medical examination. These are the 'symptoms'. They are in the patient's words and are recorded together with each one. Also called "Concern Chief" or "Presenting Lamente". History of current disease (HPI): the chronological order of symptom events and further clarification of each symptom. Distinguishable from the history of previous disease, often called past medical history (PMH). Medical history includes HPI and PMH. Current activity: occupation, hobby, what the patient actually does. Drugs (RX): What drugs the patient takes between prescribed, over-the-counter and home remedies, as well as alternative and herbal drugs or remedies. Alergies are also registered. MEDICAL HISTORY PASSED (PMH / PMHX): concomitant medical problems, hospitalization and operations, injuries, past infectious diseases or vaccinations, history of known allergies. Social History (SH): place of birth, residences, marital history, social and economic state, habits (including diet, drugs, tobacco, alcohol). History of the family (FH): List of family diseases that can affect the patient. A genealogical tree is sometimes used. System review (ROS) or inquiry systems: a series of additional questions to be asked, which can be lost on HPI: a general request (noted any weight loss, sleep quality change, fever, lumps and shocks? Etc.), followed by questions about body organs (heart, lungs, digestive tract, urinary tract, etc.). The physical examination is the patient's examination for medical signs ofthat are objective and observable, in contrast to the symptoms that are volunteers from the patient and not necessarily observable. [12] The health care provider uses sight, hearing, touch, and sometimes smell (e.g. in infection, uremia, diabetic ketoacidosis). Four actions are the basis of physical examination: Inspection, palpation (sensation), percussion (rubinetto to determine the resonance characteristics) and autcultation (Listen), generally in that order, although autcultation occurs before percussion and palpation for abdominal evaluations. [13] Clinical examination involves the study: [14] vital signs including height, weight, body temperature, blood pressure, pulse, breathing rate and saturation of oxygen of hemoglobin [15] general appearance of the patient and specific indicators of disease (nutritional state, presence of ittero, pallor or clubbing) head of skin, eye, ear, nose and throat (Heentcular) The treatment plan may include the ordering of additional medical laboratory tests and medical imaging studies, initial therapy, referral to a specialist or vigilant observation. The follow-up can be recommended. Depending on the health insurance plan and the management care system, various forms of "use review", such as prior authorization of tests, can make barriers to access expensive services. [18] The medical decision-making process (MDM) covers the analysis and synthesis of all the above data to find a list of possible diagnosis (differential diagnosis), along with an idea of what should be done to obtain a definitive diagnosis explain the patient's problem. In subsequent visits, the process can be repeated in a short way to obtain a new history, symptoms, physical results and laboratory or imaging results or specialist consultations. Institutions The hospital of Santa Maria della Scala, fresco by Domenico di Bartolo, 1441 - 1442 Contemporary medicine is generally conducted within health systems. The legal, credentials and funding frameworks are established by individual governments, increased on occasion by international organizations, such as the Churches. The characteristics of a given healthcare system have a significant impact on how medical care is provided.Ancient times, the Christian emphasis on the practical charity gave rise to the development of systematic nurses and hospitals and the Catholic Church today remains the largest supplier of government non-governmental doctor in the world. [19] Advanced industrial countries (with the exception of the United States)[20][21 and many developing countries provide medical services through a universal health care system that aims to ensure care to all through a single paid healthcare system, or private or cooperative compulsory health insurance. This is intended to ensure that the entire population has access to medical care on the basis of need rather than the ability to pay. Delivery can be through private medical practices or from state hospitals and clinics, or from charitable agencies, more commonly from a combination of all three. Most tribal societies do not provide any health guarantee for the population as a whole. In such societies, health care is available to those who can afford to pay for it or to have self-insured (or directly or as part of a contract of employment) or who can be covered by care financed by the government or the tribe directly. The transparency of information is another factor that defines a delivery system. Access to information on conditions, treatments, quality and prices has a significant impact on the choice of patients/consumers and, therefore, on the incentives of medical professionals. While the US health system came under fire due to lack of openness,[22] new legislation can encourage greater openness. There is a perceived tension between the need for transparency on the one hand and such issues as patient confidentiality and the possible exploitation of information for commercial gain on the other. Delivery See also: Healthcare, clinical, hospital and hospital The provision of medical care is classified in primary, secondary and tertiary care categories. [23] Nurses in Kokopo, East New Britain, Papua The medical services of New Guinea Primaria are provided by doctors, medical assistants, health care professionals or other health care professionals who have the first contact with a patient seeking medical care or treatment. [24] These occur in medical offices, clinics, nursing homes, schools, home visits and other places close to patients. About 90% of medical visits can be treated by the primary care provider. These include the treatment of acute and chronic diseases, preventive care and health education for all ages and both sexes. Secondary medical care services are provided by medical specialists in their offices or clinics or in local community hospitals for a patient of whom a primary care provider diagnosed or treated the patient. [25] Referrals are made for patients who have requested the experience or procedures performed by specialists. These include both outpatient care and patient services, departments ofIntensive care medicine, surgery services, physical therapy, work and delivery, endoscopy unit, diagnostic laboratories and medical imaging services, hospice centers, etc. Some primary care providers can also take care of hospitalized patients and deliver children into a secondary assistance environment. Tertiary Tertiary Medical Services Provided by specialized hospitals or regional centers equipped with diagnostic and treatment plants not generally available at local hospitals. These include traumatized centers, burning centers of burns, advanced neonatology unit services, organ transplants, high-risk pregnancy, radiation oncology, etc. Modern medical assistance also depends on information â € "still delivered in many health care settings on paper documents, but more and more today by electronic means. In low-income countries, modern health care is often too expensive for the average person. Researchers in international health policy claimed that "user taxes" were removed in these sectors to ensure access, even if even after removal, significant costs and barriers remain. [26] The prescription separation and provision is a practice in medicine and pharmacy in which the doctor who provides a medical prescription is independent of the pharmacist who provides the prescription drug. In the western world there are centuries of tradition to separate pharmacists from doctors. In Asian countries, it is traditional for doctors to also supply drugs. [27] Branches Drawing by Marguerite Martyn (1918) of a nurse visiting St. Louis, Missouri, with medicine and children working together as an interdisciplinary team, many highly trained health professionals in addition to doctors are involved in the delivery of Modern sanitary care. Examples include: nurses, emergency medical technicians and paramedics, laboratory scientists, pharmacists, poodists, physiotherapist, respiratory therapists, speech therapists, labor therapists, radiographs, dieters and bioengineering, medical physics, surgeons, surgeon assistant, surgical technologist . The scope and sciences that submit human medicine overlap many other fields. The pantry, while considered by a discipline separated from medicine, is a medical field. A patient admitted to the hospital is usually under the care of a specific team based on their main presentation problem, for example, the cardiology team, which then can interact with other specialties, for example, surgical, radiology, to help To diagnose or treat the main problem or subsequent complications / developments. The doctors have many specializations and subspecializations in some branches of medicine, which are listed below. There are variations from country to country regarding the specialties in which there are certain specialties. The main branches of medicine are: basic medicine sciences; This is what every doctor is polite in, and a bit of return in biomedical research medical specialties interdisciplinary fields, where different medical specialties are mixed to work at certain occasions. Basic sciences Anatomy is there of the physical structure of organisms. Unlike macroscopic or gross anatomy, cytology and histology deal with microscopic structures. Biochemistry is the study of chemistry that takes place in living organisms, especially theand the function of their chemical components. Biomechanics is the study of the structure and function of biological systems through the methods of Mechanics. Biostatistics is the application of statistics to biological fields in the broadest sense. A knowledge of biostatistics is essential in the planning, evaluation and interpretation of medical research. It is also fundamental for epidemiology and medicine based on evidence. Biophysics is an interdisciplinary science that uses methods of physics and physical chemistry to study biological systems. Cytology is the microscopic study of individual cells. Louis Pasteur, as described in his laboratory, 1885 by Albert Edelfelt Embryology is the study of the first development of organisms. Endocrinology is the study of hormones and their effect throughout the body of animals. Epidemiology is the study of the demography of disease processes, and includes, but it is not limited to, the study of epidemics. Genetics is the study of genes and their role in biological inheritance. Histology is the study of biological tissue structures through light microscopy, electron microscopy and immunohistochemical. Immunology is the study of the immune system, which includes the innate immune system and adaptive in humans, for example. Medical physics is the study of the applications of physical principles in medicine. Microbiology is the study of microorganisms, including protozoa, bacteria, fungi and viruses. Molecular biology is the study of molecular subpinning of the process of replication, transcription and translation of genetic material. Neuroscience includes those disciplines of science that are related to the study of the nervous system. A main focus of neuroscience is the biology and physiology of the human brain and spinal cord. Some related clinical specialties include neurology, neurosurgery and psychiatric. The science of nutrition (theoretical attention) and dietary (practical attention) is the study of the relationship between food and beverages to health and disease, especially in determining an optimal diet. Medical nutrition therapy is made by dietaryists and is prescribed for diabetes, cardiovascular disease, weight and consumption disorders, allergies, malnutrition and neoplastic diseases. Pathology as science is the study of the disease — causes, course, progression and resolution of it. Pharmacy is the study of drugs and their actions. Gynaecology is the study of the female reproductive system. Photobiology is the study of interactions between non-ionizing radiation and living organisms. Physiology is the study of the normal functioning of the organism and the underlying normative mechanisms. Radiobiology is the study of interactions between ionizing radiation and living organisms. Toxicology is the study of dangerous effects of drugs and poisons. Special ArticleMedical specialties In the wider sense of "medicine", there are many different specialties. In the UK, most of the specialties haveits own body or college, which has its own admission examination. These are collectively known as the Royal Colleges, although not all use the term "Royal." The development of a specialization is often guided by new technologies (such as the development of effective anaesthetics) or by working methods (such as emergency departments); the new specialization leads to the formation of a unifying body of doctors and the prestige of administering its examination. Within the medical circles, the specialties generally fall into one of the two major categories: «Medicine» and «Chirurgia.» «Medicine» refers to the practice of non-operative medicine, and most of its subspecializations require preliminary training in Internal Medicine. In the UK, this has traditionally been demonstrated by overcoming the enrollment exam at the Royal College of Physicians (MRCP) or the equivalent college in Scotland or Ireland. «Chirurgia» refers to the practice of operating medicine, and most subspecializations in this field require preliminary training in General Surgery, which in the United Kingdom leads to membership in the Royal College of Surgeons of England (MRCS). Currently, some medical specializations do not easily fall into any of these categories, such as radiology, pathology or anesthesia. Most of these have branched out from one or another of the two fields mentioned above; For example, anesthesia first developed as the faculty of the Royal College of Surgeons (for which the MRCS/FRCS would be required) before becoming the Royal College of Anesthetists and membership of the college is obtained by sitting for the Fellowship examination of the Royal College of the Fellowship of the Royal College of Anesthetists (FR). Surgical specialty Main article: Surgery surgeons in the operating room Surgery is an ancient medical specialty that uses manual and instrumental techniques on a patient to investigate or treat a pathological condition such as a disease or injury, to help improve function or physical appearance or to repair damaged areas (for example, a perforated tympane). surgeons also need to manage pre-operative, post-operative and potential surgical candidates in hospital departments. Surgery has many subspecializations, including general surgery,[28] ophthalmic surgery,[29] cardiovascular surgery, colorectal surgery,[30] neurosurgery,[31] oral surgery and maxillofacial surgery,[32] oncological surgery,[33] orthopedic surgery,[34] otolaryngology,[35] plastic surgery [36] podistic surgery, traumat surgery, trape In some centers, anesthesiology is part of the division of surgery (for historical and logistic reasons), although it is not a disciplineOther medical specialties may use surgical procedures, such as ophthalmology and dermatology, but are not considered surgical sub-specialties in itself. Surgical training in the United States requires a minimum of five years of residence after medical school. Surgery subspecialties often require seven or moreMoreover, scholarships can last from one to three years. Since post-residence scholarships can be competitive, many trainees spend another two years on research. So in some cases surgical training will not end before more than ten years after medical school. Moreover, surgical training can be very difficult and time consuming. specialty of internal medicine main article: internal medicine is the medical specialization that deals with the prevention, diagnosis and treatment of adult diseases.[41] according to some sources, the emphasis on internal structures is implicit.[42] in the North America, specialists of internal medicine are commonly called “internists.” elsewhere, especially in the nations of commonwealth, such specialists are often called doctors.[43] these terms, internalist or medical (in the common sense, surgery) Because their patients are often severely ill or require complex investigations, the internees do much of their work in hospitals. in the past, many interiorists were not subspecialized; such generic doctors would see any complex non-surgical problem; This style of practice has become much less common. In modern urban practice, most interiorists are sub-specialists, i.e. they generally limit their medical practice to problems of an organic apparatus or a particular area of medical knowledge. For example, gastroenterologists and nephrologists are specialized in bowel and kidney diseases respectively.[44] in the commonwealth of nations and in some other countries, pediatricians and specialized geriaters are also described as specialist doctors (or internalists) who have subspecialized for patient age rather than for organic apparatus. elsewhere, especially in the north of America, the general pediatrician is often a form of primary care. there are many sub-specialties (or sub-disciplines) of internal medicine: Angiology/Medicine Vascular Bariatric Cardiology Medicine Critical Endocrinology Gastroenterology Geriatric Ethology Epathology Ethology Infectious Diseases Nephrology Oncology Pediatrics Polmonology/Pneumology/Respirology/Tasco Medicine Reumatology Sports Medicine Training in Internal Medicine (as opposed to surgical formation) varies greatly from one country to another: see articles on medical and medical training for more details. in the north of America, it requires at least three years of training of residence after the medical school, which can then be followed by a scholarship of one or three years in the subspecialities listed above. in general, working hours resident in medicine are lower than those in surgery, with aabout 60 hours a week in the United States. This difference does not apply to the United Kingdom, where all doctors are now obliged by law to work less than 48 hours per week. Diagnostic specialties Laboratory sciences are clinical clinical diagnosis that apply laboratory techniques to the diagnosis and management of patients. In the United States, these services are supervised by a pathologist. The staff working in these medical laboratory departments are technically trained personnel who do not hold medical grades, but who usually holds a degree of medical technology undergraduate, which actually perform the tests, analyses and procedures necessary to provide specific services. Subspecialties include transfusion medicine, cellular pathology, clinical chemistry, hematology, clinical microbiology and clinical immunology. Pathology as a medical specialty is the branch of medicine that deals with the study of morphological and physiological diseases and changes produced by them. As a diagnostic specialty, pathology can be considered the basis of modern medical knowledge and plays an important role in test-based medicine. Many modern molecular tests such as flow cytometry, polymerase chain reaction (PCR), immunohistochemical, cytogenesis, gene rearrangement studies and situ fluorescent hybridization (FISH) fall into the territory of the pathology. Diagnostic radiology is concerned with body imaging, such as x-rays, x-ray computer tomography, ultrasonography and nuclear magnetic resonance. Interventional radiologists can access the body areas under imaging for surgery or diagnostic sampling. Nuclear medicine deals with studying human organ systems by administering radiolabelled substances (radiopharmaceuticals) to the body, which can then be displayed outside the body by a gamma camera or a PET scanner. Each radiopharmaceutical consists of two parts: a specific tracer for the study function (e.g., neurotransmitter path, metabolic path, blood flow, or other), and a radionuclide (usually a gamma emitter or a positron emitter). There is a degree of overlap between nuclear medicine and radiology, as evidenced by the emergence of combined devices such as the PET/CT scanner. Clinical neurophysiology is responsible for testing physiology or function of central and peripheral aspects of the nervous system. These types of tests can be divided into recordings of: (1) spontaneous or continuous electrical activity, or (2) stimuli evoked responses. Subspecialities include electroencephalograph, electromyography, evoked potential, nerve conduction study and polysomnography. Sometimes these tests are performed by technicians without a medical degree, but the interpretation of these tests is made by a medical professional. Other main specialties Below are some important medical specialties that do not fit directly to any of the above mentioned groups: Anestesiology (also known as anesthesia): concerningperioperative of the surgical patient. The role of the anesthesiologist during surgery is to prevent disorder in vital organs (i.e. brain, heart, kidneys) functions and postoperative pain. Outside Outside operating room, the anesthesiologist also performs the same function in the labor and delivery department, and some are specialized in critical medicine. Dermatology deals with the skin and its diseases. In the UK, dermatology is a subspecialty of general medicine. Emergency medicine deals with the diagnosis and treatment of acute or life-threatening illnesses, including traumatic, surgical, medical, pediatric and psychiatric emergencies. Family medicine, family study, general practice or primary care are, in many countries, the first point of reference for patients with non-urgent medical problems. Family physicians often provide services in a wide range of settings, including office-based studies, first aid coverage, hospital care and home care. Gynaecologist Michel Akotionga of Ouagadougou, Burkina Faso Obstetrics and Gynaecology (often abbreviated as OB/GYN (American English) or Obs & Gynae (British English)) are concerned respectively with childbirth and female and associated reproductive organs. Reproductive medicine and fertility medicine are generally practiced by gynecological specialists. Medical genetics deals with the diagnosis and management of hereditary disorders. Neurology deals with diseases of the nervous system. In the UK, neurology is a subspecialty of general medicine. Phthalmology deals exclusively with the eye and the ocular appendages, combining conservative and surgical therapy. Pediatrics (AE) or Pediatrics (BE) is dedicated to the care of infants, children and adolescents. Like internal medicine, there are many pediatric subspecialties for specific age groups, organ systems, disease classes and care delivery sites. Pharmaceutical medicine is the medical science discipline that deals with the discovery, development, evaluation, registration, monitoring and medical aspects of the marketing of medicines for the benefit of patients and public health. Physical medicine and rehabilitation (or physiatry) deals with functional improvement after injuries, diseases or congenital disorders. Podiatric Medicine is the study, diagnosis and medical and surgical treatment of disorders of the foot, ankle, lower limbs, hip and lower back. Psychiatry is the branch of medicine that deals with the biopsychosocial study of the etiology, diagnosis, treatment and prevention of cognitive, perceptual, emotional and behavioural disorders. Related areas include psychotherapy and clinical psychology. Preventive medicine is the branch of medicine that deals with the prevention of diseases. Community health or public health is an aspect of health services that deals with threats to the general health of a community on the basis of Population health. Interdisciplinary fields Some interdisciplinary subspecializations of medicine include: Aerospace medicine deals with medical problems related to flying and spatial travel. Addiction medicine deals with the treatment of addiction. Treaties of medical medical ethics ethical and moral principles that apply values and judgments to the practice of medicine. Biomedical engineering is a field that deals with the application of engineering principles to medical practice. Clinical pharmacology deals with how therapeutic systems interact with patients. Conservation medicine studies the relationship between human and animal health and environmental conditions. Also known as ecological medicine, environmental medicine, or medical geology. The disaster medicine deals with medical aspects of emergency preparation, disaster mitigation and management. Underwater medicine (or hyperbaric medicine) is the prevention and treatment of diving problems. Evolutionary medicine is a perspective on medicine derived from the application of evolutionary theory. Forensic medicine deals with medical issues in legal context, such as time determination and cause of death, the type of weapon used to inflict trauma, reconstruction of facial features using deceased remains (skull) so helping identification. Gender-based medicine studies biological and physiological differences between human sexes and how this affects differences in the disease. Ospitium and Palliative Medicine is a relatively modern branch of clinical medicine that deals with pain and relief of the symptom and emotional support in patients with terminal illnesses, including cancer and heart failure. Hospital medicine is general medical care of hospitalized patients. Doctors whose primary professional goal is hospital medicine are called hospitalists in the United States and Canada. The term Most Responsible Physician (MRP) or the attending physician is also used interchangeably to describe this role. Laser medicine involves the use of lasers in diagnostics or in the treatment of various conditions. Medical humanity includes human sciences (literature, philosophy, ethics, history and religion), social sciences (anthropology, cultural studies, psychology, sociology), and arts (literature, theater, cinema and visual arts) and their application to medical education and practice. Health information is a relatively recent field dealing with the application of computers and information technology to medicine. Nosology is the classification of diseases for various purposes. The nosokinetics is the science/subject of the measurement and modeling of the care process in health systems and social assistance. Work medicine is the provision of healthcare advice to organizations and individuals to ensure that the highest standards of health and safety at work can be achieved and maintained. The management of pain (also called pain medicine, or algiatria) is the medical discipline concerned with pain relief. Pharmagenomics is a form of medicinePodiatric medicine is the study, the diagnosis and medical treatment of foot disorders, ankle, lower limb, hip and lower back. Sexual medicine deals with diagnosing, evaluate and treat all related related disorders Sexuality. Sports medicine deals with the treatment, prevention and rehabilitation of sports injuries such as muscle spasms, muscle tears, ligament injuries (lacerations or broken ligaments) and their repair in athletes, amateur and professionals. The therapeutic is the field, most commonly mentioned in previous historical periods, of the various remedies that can be used to treat diseases and promote health. [45] Travel medicine or emporiatrics treats the health problems of international travelers or travelers in very different environments. Tropical medicine deals with the prevention and treatment of tropical diseases. It is studied separately in temperate climates, where these diseases are quite unknown to doctors and their local clinical needs. The emergency assistance focuses on the supply of unchaded care, outside the emergency room of the hospital, for injuries and diseases not sufficiently serious to request care in a first aid. In some jurisdictions this function is combined with the first aid service. Veterinary medicine: veterinarians apply techniques similar to those of medical care of animal care. Wild medicine implies the practice of medicine in nature, where conventional medical facilities may not be available. Many other fields of health sciences, eg. Dietetic education and legal controls Main items: Medical Education and Medical License Medical Students Learn about Points Education and Medical Training Vary around the world. Typically it involves the entry level education in a school of university medicine, followed by a period of practice or supervised internship, or residence. This can be followed by a post-university professional training. In the medical education, various teaching methods were used, which still constitute a focal point of active research. In Canada and the United States of America, a degree in medicine, often abbreviated M.D., or a degree in Osteopathic Medicine, often abbreviated D.O. It is unique in the United States, they must be completed and delivered by a recognized university. Since the knowledge, techniques and medical technology continue to evolve rapidly, many regulatory authorities require continuous medical formation. Doctors update their knowledge in various ways, including medical journals, seminars, conferences and online programs. A database of objectives concerning medical knowledge, as suggested by the national companies of the United States, can be consulted at the address 46] Headquarters of the OrganizaciÃƒÂ³n Medica Colegial de EspaÃƒÂ ± A, which regulates the medical profession in Spain in most countries, is a legal requirement for a doctor to be authorized or registered. In general, it involves a degree in university medicine and accreditation by a medical board or an equivalent national body, which may require the candidate to pass the exams. This limits the considerable legal power of the medical profession at doctors who are trained and qualified by national standards. It is also understood as a guarantee for patients and as a safeguard against charlatans who practice inadequate medicine for personal gain. While laws generally require doctors to be trained in "based tests", western, or hippocratic medicine, are not intended to discourage different paradigms of health. In the European Union, the medical doctor's profession is regulated. It is said that a profession is regulated when access and exercise is subject to the possession of a specific professional qualification. The database of regulated professions contains a list of regulated professions for the medical doctor in EU Member States, in the EEA countries and in Switzerland. This list is governed by Directive 2005/36 / EC. The doctors who are negligent or intentionally harmful in their care of patients can address the accusations of medical malproatic and be subject to civil, criminal or professional sanctions. Medical Ethics Main article: Medical Ethics A Byzantine manuscript of the hippocratic oath Medical ethics is a system of moral principles that apply values and judgments to the practice of medicine. As an academic discipline, medical ethics includes its practical application in clinical contexts and work on its history, philosophy, theology and sociology. Six of the values that are commonly applied to medical ethics discussions are: autonomy â € œThe patient has the right to refuse or choose their own treatment. (Voluntas Aegroti Supreme Lex.) Beneficience â € "A practitioner should act in the best interest of the patient. (Salus Aegroti Supreme Lex.) Justice â € "concerns the distribution of scarce sanitary resources, and the decision of those who get that treatment (faithfulness and equality). Non-Malificence â € "" First, don't do damage "(first non-to-stop). Respect for people â € "the patient (and the person who deals with the patient) have the right to be treated with dignity. Veridicity and honesty â € "The concept of informed consent is increased in importance since the historical events of the Doctors of the Nuremberg tests, the experiment of Tuskegee Syphilis and others. Values as these do not give answers on how to manage a particular situation, but provide a useful picture to understand conflicts. When the moral values are in conflict, the result can be an ethical dilemma or a crisis. Sometimes there is no good solution to a dilemma in medical ethics, and occasionally the values of the medical community (ie the hospital and its staff) collide with the values of the individual patient, family or non-medical community more great. Conflicts may also rise between health care providers, or family members. For example, some claim that the principles of autonomy and charity collide when i They refuse blood transfusions, considering them life saving; and truth-telling was not underlined largely before the HIV era. Main storyHistory of Medicine and Chronology of Medicine and Medical Technology Statue of the ancient Egyptian doctor Imhotep, the first doctor from antiquity known as ancient world prehistoric medicine embedded plants (herbalism), animal parts and minerals. In many cases, these materials have been used ritually as magical substances by priests, shamans or medical men. Well-known spiritual systems include animism (the notion of inanimate objects having spirits), spiritualism (an appeal to the gods or to communion with ancestral spirits); shamanism (the vesting of an individual with mystical powers); and divination The field of medical anthropology examines the ways in which culture and society are organized or affected by health problems, health care and related issues. Early records on medicine were discovered by ancient Egyptian medicine, Babylonian medicine, Ayurvedic medicine (in the Indian subcontinent), classical Chinese medicine (predecessor to modern traditional Chinese medicine), and ancient Greek and Roman medicine. In Egypt, Imhotep (3rd millennium BCE) is the first doctor in history known by name. The oldest Egyptian medical text is the Kahun Gynecological Papyrus from about 2000 to BCE, which describes gynecological diseases. Edwin Smith’s Papyrus from 1600 BC is an early work on surgery, while Ebers' papyrus from 1500 BC is similar to a textbook on medicine. [47] In China, archaeological evidence of Chinese medicine dates back to the Shang Age Bronze Dynasty, based on seeds for herbalisms and instruments presumed to have been used for surgery. [48] The Huangdi Neijing, the progenitor of Chinese medicine, is a medical text written from the 2nd century BC and compiled in the 3rd century. [49] In India, Surgeon Sushruta has described numerous surgeries, including early forms of plastic surgery. [50] [Discussion â ¬ “Discussion] [51] The first records of dedicated hospitals come from Mihintale in Sri Lanka where trials of dedicated medical facilities for patients are located [52] [53] Mosaic on the floor of the Asclepieion of Kos, depicting Hippocrates, with Asklepius in the middle (2nd century 3rd century) in Greece, the Greek physician Hippocrates, the “Father of Modern Medicine”, [54] [55] laid the foundation for a rational approach to medicine. Hippocrates introduced the Hippocratic oath for doctors, which is still relevant and in use today, and was the first to categorize diseases as acute, chronic, endemic and epidemic, and use terms such as “exacerbation, relapse, resolution, seizure, paroxysm, peak and convalescence”. [56] [57] The Greek physician Galen was also one of the greatest surgeons of the ancient world and performed many bold operations, including surgeries of the brain and eyes. After the fall Western Roman and the beginning of the early Middle Ages, the Greek tradition of medicine has declined in Western, Western Europe,He continued uninterrupted in the Eastern Roman Empire (Byzantine). Most of our knowledge of ancient Jewish medicine during the 1st Millenniuma BC comes from the Torah, that is, the five books of Moses, which contain various laws and rituals related to health. The Jewish contribution to the development of modern medicine began in the Byzantine era, with the doctor Asaph the Hebrew. [58] Middle Ages a manuscript of al-Risalah al-Dhabiah by Ali Al-Ridha, the eighth Imam of Shiite Muslims. The text says: "The golden dissertation in medicine that is sent by imam Ali Ibn Musa Al-Ridha, peace be upon him, to Al-Ma'mun." The concept of hospital as an institute to offer medical assistance and the possibility of care for patients due to the ideals of Christian charity, rather than simply a place to die, appeared in the Byzantine Empire. [59] Although the concept of uroscopy was known to Galen, it did not see the importance of using it to locate the disease. He was under the Byzantines with physicians such as the theophile protospatospatio who realized the potential in the uroscopy to determine the disease at a time when no microscope or stethoscope existed. That practice eventually spreads to the rest of Europe. [60] After 750 CE, the Muslim world had the works of Hippocrates, Galen and Sushruta translated into Arabic and Islamic doctors engaged in significant medical research. Notable Islamic medical pioneers include Persian Polymath, Avicenna, which, along with Imhotep and Hippocrates, was also called the "Father of Medicine". [61] He wrote the Canon of Medicine that became a standard medical text in many European medieval universities, [62] considered one of the most famous books in the history of medicine [63]. Others include Abulcasis, [64] Avenzoar, [65] Ibn al-Nafis, [66] and Averroes. [67] The master of the Persian doctor [68] was one of the first to question the Greek theory of humor, which nevertheless remained influential both in Western medieval medicine and in Islamic medieval times. [69] Some volumes of Rhazes al-Mansuri's work, i.e. "on surgery" and "a general book on therapy", became part of the medical curriculum in European universities. [70] In addition, he was described as doctor of the doctor, [71] the father of pediatrics, [72] [73] and a pioneer of Ophthalmology. For example, it was the first to recognize the reaction of the unit of the eye to light. [73] Persian Bimaristan hospitals were a first example of public hospitals. [74] [75] In Europe, Charlemagne decreed that a hospital should be attached to each cathedral and monastery and the historian Geoffrey Blainey compared to the activities of the Catholic Church in health care during the Middle Ages to an initial version of a social state: "has conducted hospitals for the Old and orphanages for young people; ospizi for patients of all ages; places for lepers; andor inns where the pilgrims could buy a bed and an economic meal ". He provided food to the population during the famine and distributed the â €

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