

LETTER TO THE EDITOR

Premature aging, allostasis and restorigenesis

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I feel that the highlight of my research activities is bringing the topic of 'premature morbidity and aging' (*senectus praecox*), in people with spinal cord injury (SCI) and other disabilities, into public awareness.¹

We are facing almost near-normal life expectancy in this population. The clinical impression is that some disabled people, as well as people who have undergone extreme stress, captivity, hunger, torture, homelessness or displacement, Holocaust survivors, people with post-traumatic stress disorder (PTSD), and people who are traumatically blind, age prematurely.

Even a trivial insult may lead to such deterioration, in the absence of any detectable 'pathological' trigger. The ancient physicians differentiated between *senium*, the modern deficit model, and *senectus*, to describe the competence model of old age. Its success or failure is dependent on biological, psychological, social and mental determinants.

Allostasis, the constant struggle to maintain physiological and mental/psychological homeostasis, which means stability through change, has the potential to replace homeostasis as the core model of physiological regulation. Not constancy or freedom (Claude Bernard) but capacity to change is crucial to good physical and mental health. Therefore, not homeostasis but allostasis is at the basis of our new concept, and 'wear and tear' mechanisms may be responsible for this phenomenon.

Proper legislation that includes modern and comprehensive medical, psychological and rehabilitation therapies, as well as humane attitudes toward these populations, may decrease the signs and symptoms of premature aging and morbidities.

We had suggested a new concept, *restorigenesis*.² It addresses issues related to the essence of rehabilitation, such as defining the patient's potential for recovery, the milestones of the recovery process and its facilitating and impinging factors. This concept is a hybrid of two already-existing notions: pathogenesis, that is, the definition of the factors in the individual and his/her environment that are causative of illness, and salutogenesis, that is, the definition of factors in the individual as well as in the environment that promote health.

We suggest the notion of restorigenesis to embrace the processes of re-building and re-equilibrating that are at the core of the recovery process.

Most probably, various situations lead to 'The Final Common Pathway' or the Syndrome of Pre-Mature Aging (or morbidity): Disabilities, Trauma, Disease, The Holocaust, Torture, PTSD, Captivity, hunger, etc'.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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1 Ohry A, Keren O. The premature-aging process and new functional losses among people with chronic disabilities. *Crit Rev Phys Rehab Med* 2008; **20**: 77–88.

2 Keren O, Ohry A, Meyer S. Restorigenesis—reflections about recovery. *Crit Rev Phys Rehab Med* 2008; **20**: 55–64.