

**Research Protocol***Copyright © All rights are reserved by Jo Antonieta Ramírez*

# The Health Concept in the Complementary Medicine

**Antonieta Ramírez\* and Belén Martínez***Pablo de Olavide University, Seville, Spain***\*Corresponding author:** Antonieta Ramírez, Pablo de Olavide University, Seville, Spain.**Received Date:** July 21, 2020**Published Date:** September 11, 2020**Abstract**

Health is defined from current academy concepts and then is compared with the complementary medicine professional's definition. In order to compare analysis of discourse of professional from Ciudad de México y Seville is carried out focusing in their complementary health cultural framework. The preliminary results show a positive and multidimensional concept of health and currently it is working finishing the analysis and reporting the conclusions.

**Key words:** Complementary Medicine; Health Models; Qualitative Research.

**Research Design**

The subject of this qualitative research has been to know what is meant by health for professionals in complementary and alternative medicine (CAM). The fieldwork has been doing between the years 2014-2017. During this period, twenty-five in-depth interviews were conducted with professionals in the CAM field, whose areas of interest are those shown in [table 1]. The research design has been exploratory-descriptive and flexible [1, 2], which has allowed the incorporation of new categories of data [3], that is, new informants with new contributions where the design needed it. As well the flexible design has allowed including new "space of attributes" in the initial sample design [4,5].

[Table 1]

**Methodological Assumption**

The interviews have been carried out to professionals from Mexico City (Mexico) and from the city of Seville (Spain). Why?

It starts from the methodological assumption that the territory does not differentiate the discourses, but it starts from the assumption that the formation of any concept is connected to cultural frameworks that allow a complete objectification of the experience [6]. The cultural framework where the concepts are attached transcends merely geographical borders, since the corpus of beliefs, expressions, norms, etc., is subject to the practice of CAM, regardless of where it is practiced.

**Theoretical Assumption**

The theoretical frame of the research establishes a descriptive research hypothesis: it focuses on examining the presence of similarities and differences between the predominant concept of health and that held by the interviewees. Therefore, what exists is compared with what is reported in the interviews. To this end a bibliographic review of the concept of health managed in the scientific community is made to make the comparison possible.

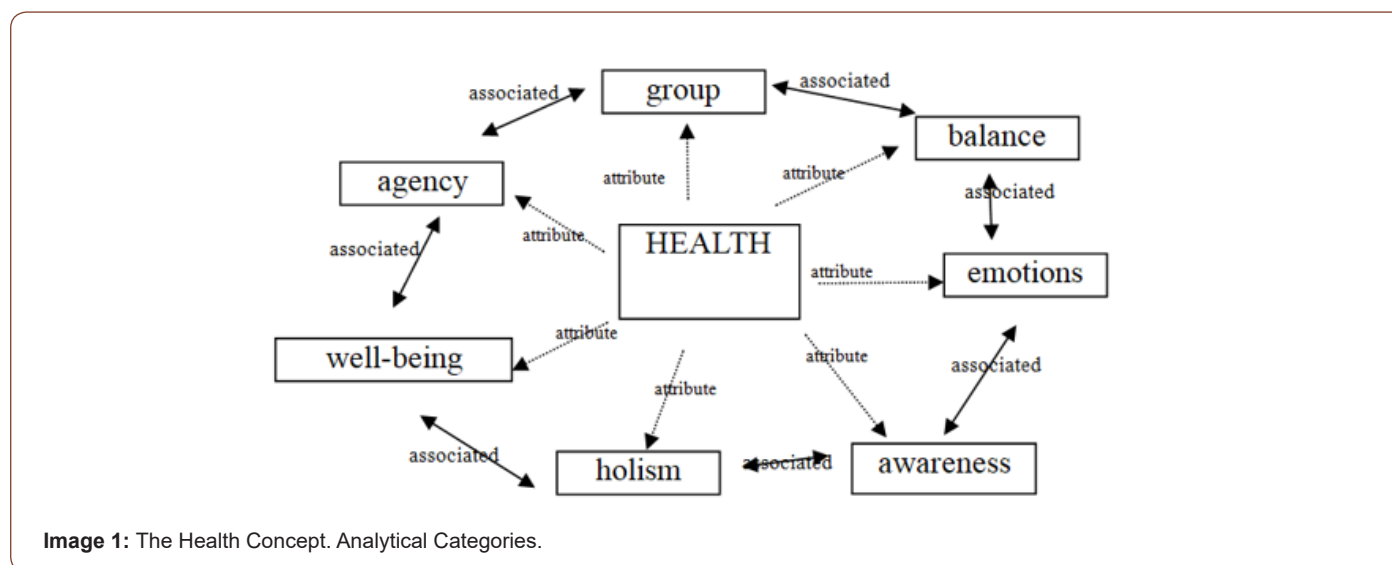
### Progress in the Analysis of Results

The preliminary results of the analysis of the interviews show that CAM professionals have a multidimensional concept of health, similar to that described by authors such as [7-11]. The discourses of professionals allow inferring seven analytical categories in the definition of health presented in image 1: balance, group, agency, well-being, holism, awareness and emotions. The analysis is

[Image 1 & Table 1]

**Table1:** Sample Design by Areas of Interest in CAM.

Interviewees (E=España) (M=México)	Areas of Interest in CAM	Disciplines, Activities, Techniques
E1 E2 E3 E4 M1 M2 M7 M8 E5 E7 M9 M10 E9 E1	1. Integral or complete systems	Shamanic Consulting. Ayurveda medicine. Homeopathic medicine. Chinese traditional medicine. Naturopathy. Germanic New Medicine.
M3 E9 E14 M10	2. Techniques based on consciousness (mind-body)	Biodance. Kinesiology. Meditation. Pilates Qui Gong (Chi Kung). Sophrology. Tai Chi. Yoga.
M7 M9 M10 E6	3. Biological practices and with elements of nature	Apitherapy. Aromatherapy. Flowers (Bach, Alba, California). Aztec elixirs. Phytotherapy. Gemotherapy. Oligotherapy. Ozone therapy.
M3 E9 E14 M11 M4	4. Manipulative bodies practices	Auriculotherapy. Baunscheidt (cupping therapy). Iridology. Massage (Balinese. Californian. Circulatory. With Hot Stones. Cyriax. Infantile. Myofascial. Swedish. Thai. Deep Transverse). Osteopathy. Chiromassage. Chiropractic. Global Posture Reeducation. Reflexology. Sacrocraneal Therapy. Somato Emotional Liberation. Metamorphic Technique.
E10 M3 M10	5. Techniques based on energy	Chromotherapy. Energetic harmonization. Biomagnetic Pair. Reiki. Sintergetic. Chakras work. Polarity Therapy.
E8 M12 M13	6. Techniques based on the psyche and mental patterns	Bioenergetics, (Lowen). Family Constellations. Gestalt. Hypnotherapy, Ericksonian Hypnosis. Psych K. Regressive Therapy.



**Image 1:** The Health Concept. Analytical Categories.

### Acknowledgement

None.

### Conflict of Interest

All authors declare no potential conflict.

### References

1. Valles MS (2000) Técnicas cualitativas de investigación social. Reflexión metodológica y práctica profesional. Madrid: Síntesis.
2. Ruiz JI (1996) Metodología de la investigación cualitativa. Bilbao: Universidad de Deusto.
3. Yin RK (1993) Applications of Case Study Research. London: Sage.

4. Sartori Gy, Morlino L (1999) La comparación en ciencias sociales (comps., Ed.). Madrid: Alianza.
5. Barton A (1980) Concepto del espacio de atributos en sociología. In P. Boudon, R. y Lazarsfeld [Ed] Metodología de las ciencias sociales. Barcelona: Laia.
6. Pagis M (2010) From Abstract Concepts to Experiential Knowledge: Embodying Enlightenment in a Meditation Center. *Qualitative Sociology* 33(4): 469-489.
7. Juárez F (2011) El concepto de salud: Una explicación sobre su unicidad, multiplicidad y los modelos de salud. *International Journal of Psychological Research* 4(1): 70-79.
8. Moral MV (2008) Crítica a la visión dominante de salud-enfermedad desde la psicología social de la salud. *Boletín de Psicología* 94: 85-104.
9. Nordenfelt L (1997) On holism and conceptual structures. *Scandinavian Journal of Public Health* 25(4): 247-248.
10. Rivera F (2011) Análisis del Modelo Salutogénico en España: Aplicación en Salud Pública e Implicaciones para el Modelo De Activos en salud. *Rev Esp Salud Pública* 85: 129-139.
11. Yuste FJ (1988) Concepto de salud. *Aldaba* 6(10): 7-18.
12. Asad A L, Kay T (2015) Toward a multidimensional understanding of culture for health interventions. *Social Science and Medicine* 144: 79-87.
13. Ramírez A (2017) s. *European Scientific Journal* 13(5): 526-551.